New report says there is a desperate need for government to wake up to implications of health reforms for children

The Government must act now to minimise the risks to children and child health as it fundamentally reforms the NHS. There is a real sense that insufficient attention has been paid to what the reforms will mean for child health. To rectify the situation, the Government should start by clarifying and simplifying how services will work together and go on to produce a cross-government strategy.

These are the messages from an analysis of views of leaders across the health and social care system carried out by the NHS Confederation in conjunction with the Royal College of Paediatrics and Child Health (RCPCH) and the Office of Public Management.

Under the reforms, there is potential for services to improve as clinicians take on more of a leadership role and public health becomes the responsibility of local authorities.

But, children with the most complex health problems could lose out the most as their different needs will be the responsibility of different organisations or groups of organisations. Responsibility for these needs will also shift between organisations as they get older, their health problems change or if they move home.

The report details how these responsibilities will be split under the reforms across six different organisational levels that range from the local to national. At the same time, health and local government commissioners will work across different geographical populations making it harder still to join up services.

Successive public enquiries and reviews have shown that it is at the boundaries between different organisations’ responsibilities that children often fall through the gaps and their care suffers.
The report also says that children risk losing out overall as the Government target to create 4,200 new health visitors is being put in place without regard for locally defined needs. Child health teams usually employ a range of professionals to meet local need. Because the target only focuses on one specific job role, many established and successful teams are having to be re-arranged and in some cases disbanded simply to employ more health visitors.

The government should, the report says, make the target more in tune with the rest of government policy and focus more on outcomes. In some areas the priorities for child health include speech development or readiness for school which might require extra speech and language therapists or other professionals. By making the target less focussed on one particular role and more on what is really needed in local areas, the Government will be better able to deliver the more preventative services that the policy is meant to prioritise.

The report says there is now an urgent need for the government to pay more attention to what its reforms mean for children. The Department of Health has taken some action as this report was written but it must leave absolutely no doubt about where accountability for child health lies between different organisations in its new system.

New commissioners of services must be supported to join up their efforts and ensure children do not fall through the gaps. Failure to do so could be disastrous for individual children and almost certainly more expensive overall in the longer term.

More importantly, there is a desperate need for the government to draw up a cross-government strategy that links up all the relevant organisations – from police to schools – in focusing on working together to improve child health.

This will be vital if we are to hang on to the improvements that have been made by the current system where local authorities and primary care trusts work together over the same areas.

While improvements have been made over the last five years, the report makes it clear that, currently, the UK has higher all-cause childhood mortality compared with other European countries. Children and young people in the UK also have worse health and well-being outcomes than their European counterparts.

Making services work for children and young people has to become more of a priority across Government so that problems are identified and dealt with early and, in the longer term we have a healthier economically active population.

NHS Confederation deputy policy director Jo Webber said:

“There is a real sense that the Government have not paid sufficient attention to child health as part of its NHS reforms. This can not go on and there is a risk that we will not do the right thing for our children.

“Major reform does offer important opportunities to improve care but only if all the organisations involved - especially the new ones - are clear on how they will interact together.
“Currently, we simply do not have that clarity. The Department has started to take some steps as this report was written but there is still much more to do. The consequences of simply bumping along as we are could mean we will fail large numbers of children young people for no reason.

“While maintaining a focus on outcomes, the Department of Health must work with other government departments to draw up a cross government strategy. It must then lead the implementation of that strategy with the rest of central government.”

On health visitors, Jo Webber said:

“The health visitors target was a welcome sign that the government prioritised child health - especially in terms of prevention and safeguarding.

“It would be more sensible and be more effective if the government altered its target to focus on outcomes. It can not be right that trusts are having to re-arrange their teams to accommodate a specific job role that might not best meet the needs of local people. Worse still, in a very few places, we have been told these teams are being disbanded to make way for extra health visitors.

“Whatever happens, we need to ensure that any increased resources will genuinely better meet the Government’s overall objective of prioritising child safeguarding and more preventative child health services.”

Professor Mitch Blair, Officer for Health Promotion at RCPCH said

“Ensuring that Children’s health is as good as it can possibly be requires a much greater focus specifically on the Child and lessons from Europe indicates we have still not got it right in this country. The reforms offer enormous opportunity for doctors, nurses, therapists and commissioners to really work together effectively to design services around the child but they need the right infrastructure and support to make that happen.

“Children are not "little adults" - and the health and other services they need must not be fragmented or tacked as an afterthought onto adult service contracts. All children, but particularly those who are severely ill and disabled need properly integrated care, commissioned specifically around their needs. There is too little emphasis in the detail of the reforms on how this will be achieved. The NHS Operating Framework published last month failed to focus sufficiently on children’s and young people’s services. The Government needs to demonstrate a clear commitment to children and the long term health of the next generation by improving its focus and investment in their immediate and wider health and child protection needs.”

ENDS
Notes for editors
A worked potential example of extra complexity in the new NHS system

Example: John, a child with complex needs
John is born naturally in 2013 and experiences good health throughout his early years. This means John is delivered through maternity services commissioned by CCGs, immunised by services commissioned by the NHSCB and receives support through the healthy child programme including visits from a health visitor commissioned by the NHSCB 2013 – 2015 and subsequently commissioned by the local authority 2015 onwards. Once John goes to school he may see the school nurse which is now commissioned by the local authority (after 2015).

John develops acute lymphatic leukaemia aged 7. He has received universal primary care and community services up until diagnosis, having been referred by his GP to secondary care commissioned by the CCG. Once in secondary care he goes through the childhood cancer pathways which will include both secondary services commissioned by the CCG and specialist services commissioned by the NHSCB. However John's family also need support, they receive this through local authority commissioned services. When John has a relapse he has to go back into hospital and then once he becomes terminally ill or complications develop, he is referred for tertiary specialist services commissioned by the NHSCB. Throughout this time he may also have accessed primary care which is probably commissioned by NHSCB at sub-national level.

Risks of gaps and duplication occur wherever there is a transfer or gap between services from primary to secondary, or secondary to tertiary or social care. The key issue across John’s pathway is who coordinates the John’s journey along the pathway and makes sure at each stage he is getting the quality care he needs, and who ensures overall quality? The biggest risk to quality of care occurs at transitions, when patients move from one service to another such as from adolescent to adult mental health services, or child to adult diabetic care. The future NHS model must establish which part of the system is responsible for ensuring the quality of a whole pathway of care and identifying gaps in service or poor quality handovers between providers.

Six levels of commissioning health and public health services for children and young people

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<tr>
<th>National</th>
<th>1. NHS Commissioning Board</th>
<th>Commissioning specialist NHS services including some mental health and acute care within managed clinical networks; child public health including the Healthy Child Programme for underfives (including health visitors) until 2015 when it will move to local authorities; healthcare for young people in custody; and immunisation, core pharmacy and primary ophthalmic services. Some of these functions may be commissioned sub-nationally.</th>
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and locally and will host specialist expertise such as dental public health. Public Health England will have local ‘units’ for those functions which depend on close relationships with local government and four geographical hubs will be coterminous with the NHS Commissioning Board and Department for Communities and Local Government (DCLG) resilience hubs.

| Sub-national | 3. NHS Commissioning Board | Likely to commission the GP contract which includes primary care, contraception and sexual health services. However, these could happen at a different level. |
| Supra-local | 4. Clinical commissioning groups (CCGs) | May work together with local authorities to commission those specialist services for which they are responsible, where commissioning over a larger geographical area may be more effective such as healthcare for Looked After Children, provision for disabled children and those with complex or high-cost needs. To achieve this they may cluster to align with local authorities. |
| Local | 5. Clinical Commissioning Groups | Commissioning local child health and maternity services in acute and community settings. |
|           | 6. Local authorities (LAs) | Commissioning the child public health services including the Healthy Child Programme five-18 and school nurses. Commissioning the majority of other public health services including: dental public health, tobacco, alcohol and drugs, public mental health, accidental injury prevention and sexual health services. LAs will take over commissioning for 0-five public child health including the healthy child programme and health visitors 2015 onwards. Schools may also commission elements of Special Education Needs services and other school health initiatives that local authorities do not commission. This might be particularly pertinent in free schools and academies. |

1. The NHS Confederation is the only body to bring together the full range of organisations that make up the modern NHS. We are an independent membership organisation that represents all types of providers and commissioners of NHS services in England. We also represent trusts and
health care boards in Wales; and health and social service trusts and boards in Northern Ireland.

2. The report can be downloaded from http://www.rcpch.ac.uk/child-health/standards-care/health-policy/health-policy

3. Contact Francesca Reville 020 7074 3312 or Niall Smith 020 7074 3304. For out of hours media enquiries, please call the Duty Press Officer on 07880 500726.