Barnardo's submission to the Health and Care Bill Committee

September 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 more than 791 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 mental health and wellbeing services deliver community-based social prescribing, 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.

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.[1]

For more information, please contact Menna Thomas, Senior Policy Adviser, at 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.[1] 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.[2] Alongside this, we continue to see the increasing impact of climate change on children's health, including increased air pollution.[3] In addition, children living in the most deprived communities face much poorer health outcomes than their wealthier peers. Many of

[1] https://www.educators-barnardos.org.uk/
[2] Royal College of Paediatrics and Child Health, 2018. Child health in 2030 in England.
[3] Environment Agency, 2021. State of the environment: health, people and the environment.

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. 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 believes that Integrated Care Systems (ICSs) will lead to reduction in inequalities, 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:

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

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.[4]

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'.*[5]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,[6]creating childhood health inequalities as well as impacting their health as an adult.[7]
- At increased risk of developing mental health difficulties.[8] For children physical and emotional health are closely intertwined as they grow and develop.[9]
- The stress and stigma of poverty impacts on children's physical and mental health[10] 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.[11]
- Stressed children and young people can develop 'behavioural, physical, and psychological problems' which last a lifetime,'[12] 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'.[13]

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.'[14]

---

[4] https://www.england.nhs.uk/wp-content/uploads/2021/06/B0754-working-together-at-scale-guidance-on-provider-collaboratives.pdf

[5] https://stateofchildhealth.rcpch.ac.uk/one-year-on/

[6] https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2018-19-school-year

[7] as above

[8] Poverty and Mental Health.pdf

[9] https://www.mentalhealth.org.uk/a-to-z/p/physical-health-and-mental-health

[10] https://www.rcpch.ac.uk/news-events/news/impact-poverty-child-health

[11] https://www.bmj.com/content/371/bmj.m3048

[12] https://www.bmj.com/toxic-stress

[13] https://www.bmj.com/toxic-stress

[14] https://bmcmedicine.biomedcentral.com/track/pdf/10.1186/1741-7015-12-72.pdf?site=bmcmedicine.biomedcentral.com

We know that around half of mental health disorders start by age 14[15] and whilst research has shown that around 30-40% of the risk of anxiety and depression is genetic and 60-70% is environmental.[16]

Barnardo's surveys its practitioners 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.[17]

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.[18]

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.

[15] Half of all mental illness begins by the age of 14 | World Economic Forum (weforum.org)
[16] as above
[17] Young People - High Impact Areas (phe.org.uk)
[18] 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

2. Clauses 12-20 - Integrated care boards; Integrated care boards: functions; Integrated care partnerships

Ensuring that children's health and social care services are provided with 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.[19]

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.

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".[20] 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).

---

[19] https://www.hsj.co.uk/service-design/integrating-care-for-children-and-young-people/7024263.article

[20] https://www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf

As outlined earlier in this brief, investing in integrated, holistic approaches to supporting children and family's wellbeing is an investment in lifelong health.

Barnardo's view is that by not mandating leadership representation for children and young people's services on the ICSs, decision making in relation to developing the 'Integrated Care Plan' for a local area (Clause 20) risks not being informed by the specialist knowledge of those working in children's public and VCSE organisations. This means that children, young people and their families may miss out on having their views and needs represented, and on funding for key services.

Barnardo's believes that 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 VCSE leadership and engagement with ICS structures so that they are seen as equal partners to 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.**

The suggested clause below would create a duty on ICBs to champion the physical and mental health needs of children and young people and require the Board to: establish a Strategy for Children, Young People and Family Services; mandate that each ICB should establish a Committee or Sub-Committee dedicated to service planning for children and young people; ensure representation for VCSE organisations on the Committee; and require NHS England's annual performance assessment of each ICB to assess whether the Board is meeting its duty to champion children and young people's physical and mental needs.

Insert a new clause:

"Duty for integrated care board to represent children and young people

(1) Each integrated care board must take steps to represent children and young people's physical and mental health needs.

(2) Each integrated care board must take steps to reduce and address the impact of child health inequalities

(3) Each Integrated care board must have a strategy for children, young people and family services

(4) Each Integrated care board must establish a committee or sub-committee dedicated to service planning for children, young people and families.

(5) Each integrated care board must ensure representation for Children's Public Sector and voluntary, community and social enterprise organisations on any Children focused committee or sub-committee

(6) As part of NHS England's annual performance assessment of each Integrated care board it must assess whether it's meeting its duty to champion children and young people's physical and mental needs."

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.[21]

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 [22], 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.";

[21] 5424.pdf (pssru.ac.uk)
[22] 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.[23] 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[24] 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.[25]

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.[26] Barnardo's also called for checks to be made at the point of discharging a patient from hospital regrading 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.'[27]

---

[23] 210140en.pdf (parliament.uk)
[24] The lives of young carers in England (publishing.service.gov.uk)
[25] https://www.nottingham.ac.uk/news/pressreleases/2018/september/children-england-care-sick-family.aspx
[26] Still Hidden Still Ignored Barnardo's young carers report.pdf (barnardos.org.uk)
[27] Still Hidden Still Ignored Barnardo's young carers report.pdf (barnardos.org.uk)

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, 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.[28]

In order to ensure the needs of young carers are considered, we are calling for the Bill to be amended in two places: Clause 14Z36 and Clause 78.

Suggested amendments:

14Z36 Duty to promote involvement of each patient
Each integrated care board must, in the exercise of its functions, promote the involvement of patients, and their carers, **[INSERT] "including young carers,"** and representatives (if any), in decisions which relate to—
(a) the prevention or diagnosis of illness in the patients, or
(b) their care or treatment.
[INSERT] "(c) consider impact on carers, including young carers, when discharging Hospital patients with care and support needs."

Clause 78 Hospital patients with care and support needs: repeals etc
[INSERT] "(5) Must consider the impact on carers, including young carers, when discharging hospital patients with care and support needs."

[28] Still Hidden Still Ignored Barnardo's young carers report.pdf (barnardos.org.uk)

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.[29] 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."

29 https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2019estimates

ANNEX: Barnardo's Service examples

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.

HAPPY service, Bradford

HAPPY is a 6-week antenatal programme, targeting women at 22-32 weeks gestation. Referrers encourage pregnant women with a BMI>25 to engage. The programme aims to reduce childhood obesity rates, reducing percentage of babies born with low birthweights, improve perinatal mental health and increase confidence in parenting skills by engaging at-risk groups during their pregnancy, by promoting healthy

behaviours and addressing known risk factors, such as substance misuse, stress (including food security and Domestic violence).

Embedded as a public health intervention, referrals come from midwifery teams, Health Visitors and community practitioners. Engagement is maintained through HAPPY project workers holding weekly check-ins, (doorstep visits, phone calls, emails, texts) providing key guidance/information/literature (available in different community languages with culturally sensitive imagery) and email. The programme has adapted to COVID-19 by offering increased virtual support and undertaking activities outside.

Participant feedback on the service include the following comments:

'I never wanted to breastfeed before coming on to this programme. Seeing the advantages for both mother and baby has made me want to try breastfeeding.'

'Bond with new baby was stronger than it had been with previous pregnancies and believes this is down to discussions about bonding with baby during the programme.'

Examples of new models of child –centred, accessible emotional wellbeing and mental health support services include the following health and social care approaches which harness resource across sectors:

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 has 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[39]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: https://surreywellbeingpartnership.org

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.