



National Children's
Bureau



The NHS Long Term Plan

Summary of feedback and questions from the children and young people's voluntary and community sector

March 2019

About this report

In January 2019, NHS England published its long anticipated Long Term Plan, which sets out the health service's key priorities and ambitions over the next decade. National Children's Bureau has been closely involved in the development of the NHS Long Term Plan, and has engaged in constructive, open dialogue with NHS England throughout.

Following the publication of the Long Term Plan, in February 2019, the Health Policy Influencing Group (HPIG) – hosted by the National Children's Bureau - convened a meeting of leading children's sector organisations, attended by senior NHS England officials.

The meeting was held at the Dragon Hall Trust community centre in central London, and brought together stakeholders from over 40 leading children's charity organisations. The meeting provided a forum for the children's sector to interact with key NHS England officials involved in the development and implementation of the Plan, sharing their concerns and questions in the process.

This report summarises the views of HPIG members who participated in the meeting, and discusses the key themes that were raised.

Initial reactions to the Long Term Plan

The NHS Long Term Plan received a largely warm reception from HPIG members, with the general feeling being that the Plan's overall emphasis upon transforming provision for children and young people is a welcome step in the right direction.

Aspects of the Plan which were particularly welcomed by participants include:

- The Long Term Plan's commitment to 'selectively moving to a "0-25 years" service... to improve children's experience of care, outcomes and continuity of care' (3.47, LTP)
- The Plan's offer for whole genome sequencing to all children with cancer. (3.38, LTP)
- The pledge to provide a keyworker to children and young people with learning disabilities and/or autism by 2023/24, implementing the recommendation made by Dame Christine Lenehan. (3.38, LTP; *These are our Children*)
- The provision of supported internship opportunities for children with a learning disability and/or autism
- The Plan's provisions for mental health, including the commitment to increasing the CAMHS workforce, and implementation of social prescribing to address mental health issues experienced by young carers. (1.40, LTP)

1. Public health and prevention

The Long Term Plan's emphasis upon prevention, and recognition of a 'comprehensive approach to preventing ill-health' that engages 'individuals, companies, communities and national government' was well-received by participants. (2.3, LTP)

What is the rationale for revisiting commissioning arrangements for sexual health services, health visitors and school nurses? How will this achieve better outcomes for children and young people?

The NHS's consideration of playing a 'stronger role' in the commissioning sexual health services, health visitors, and school nurses attracted some concern. (2.4, LTP)

It was asked what the rationale would be for moving the commissioning of health visitors, sexual health services, and school nurses back to the NHS, considering the positive outcomes that current commissioning arrangements that have brought for children and young people.

Moreover, it was argued by one participant that, the focus should be on *integrating* – rather than restructuring – services.

How can the NHS maximise opportunities for prevention from the introduction of compulsory health education in schools?

Some participants were particularly interested in exploring the role of health education as a prevention activity, and noted the importance of the Long Term Plan in linking up with the health aspect of PSHE which is due to become compulsory in schools from 2020.

Who will provide the funding for the Long Term Plan's provisions for prevention?

Participants were keen to learn about how the key prevention provisions in the Long Term Plan would be funded, and by whom.

2. 0-25 services

The Long Term Plan's commitment towards "selectively moving to a '0-25' service... to improve children's experience of care, outcomes and continuity of care" was well received by HPIG members, as was the establishment of the Children and Young People's Transformation Programme to implement this transition. (3.47, 3.42; LTP)

Which services will be included within the 0-25 service and the Transformation Plan, and how will these be evaluated to ensure quality service delivery?

Two key concerns were raised regarding this aspect of the Plan. Participants were keen to hear i) which services were envisaged to be included within the '0-25 service'; and ii) how the transition towards a 0-25 service will be monitored to ensure its maximum effectiveness in achieving its commitment of improving outcomes, experience and continuity of care for children and young people.

3. Integration of services

How the NHS work with schools to meet the needs of children and young people with SEND and or medical conditions?

Participants requested further information as to how i) schools and school nurses will be involved in the integration of support for children and young people, and how this will satisfy schools' legal duties under the Children and Families Act? (Section 100: 'duty to support pupils with medical conditions')

How will keyworkers help coordinate care and support beyond NHS services?

As a key prevention mechanism, participants were particularly pleased about the Plan's commitment to providing a keyworker to children and young people with a learning disability and/or autism by 2023/24, to those who are inpatients or at risk of being admitted to hospital. (3.33, LTP)

However, participants are keen for clarification as to the parameters of this keyworker role: i.e. will the keyworker support be primarily focused on health concerns, or will he/she work across education, health and social care services?

How will the implementation of the Plan align with - or replace – existing programmes of system change?

Participants requested further information and clarity as to where the implementation of the Long Term Plan will sit within the context of other key initiatives such as the Mental Health Green Paper and Local Transformation Plans for Children and Young People's Mental Health.

How will Health and Wellbeing Boards, and all of their members who work with children, be involved in the development and delivery of Integrated Care Systems?

Some participants recommended the recognition of Health and Wellbeing Board as statutory bodies, in order to harness their full potential to help deliver service integration and lead local health systems.

How will the Long Term Plan develop into a truly cross-governmental plan?

Another key question raised by participants was how other government departments will be involved to ensure the success of the Long Term Plan's provisions for children and young people. Participants were concerned at the Plan's lack of specific details for involving other departments such as the Department for Education, Health and Social Care etc.

4. Funding

How will the funding within the NHS Long Term Plan be distributed among provisions for children and young people?

While participants broadly welcomed the Long Term Plan's commitment to pledging funding increases for children and young people's mental health services, there were significant concerns over the specificity of the funding proposals within the Plan. Specifically, it was felt that the Plan lacked costings for different key provisions, and specific details for how much funding would be distributed across these areas.

There was also a general concern as to how the additional funding outlined within the Long Term Plan would be ensured to reach the right services successfully, and not risk becoming 'lost' in the system.

How will plans take into account the result of the forthcoming spending review?

Further to concerns about integration (see above) some participants were keen that the potential impact of spending review be properly taken into account. Participants pointed out that funding for local authority social care, public health and Health Education England will have implications for how NHS resources need to be targetted to deliver improved outcomes for children and young people.

5. Accountability and Engagement

How will NHS England assure that the Long Term Plan is holding local health economies to account?

How will local plans be monitored to ensure that variance in service delivery is kept to a minimum?

Participants sought further clarity on how it will be ensured that the commitments set out for children and young people would be delivered in a consistent manner across the country.

How can children and young people's views be heard in decisions about implementation and be embeded in ongoing accountability?

Participants raised questions as to how children and young people will be engaged through the implementation phase of the Long Term Plan, to ensure that genuine co-production will be an integral part of this process. Participants emphasised the need for opportunities for the input of young people, and to keep them engaged through the membership bases of children's sector organisations.

Specifically, some participants questioned how children and young people networks will fit in with the local engagement work that is to be undertaken by the NHS Assembly.

What mechanisms will there be for engagement with the children and young people's voluntary and community sector?

Participants raised concerns about the Plan's absence of the role of cultural factors in implementing structural change, including the role of co-production and the voluntary sector within this.

In addition to this, participants were particularly vocal in their concerns about the Long Term Plan's lack of specific details for charity sector engagement with the implementation of the Plan.

A particularly key concern centred around the mechanisms by which sector organisations can influence the implementation of the Plan. One such question specifically concerned whether children's sector organisations should focus their energies on engaging with existing 'legacy' programmes, or new, emerging models.

6. Workforce

How can the whole children's workforce be strengthened?

Workforce was a particularly prominent theme within participants' responses. Participants were particularly receptive to the Long Term Plan's commitment towards addressing shortages in workforce supply for the delivery of care to children and young people. Participants particularly approved of the Plan's stated commitment to addressing respective workforce shortages within speech and language therapy as well as CAMHS. (4.20, LTP)

Participants noted that the workforce implementation plan should aim to address shortages within all professions that have an impact on the health of children and young people. Several participants felt that the Long Term Plan's workforce chapter is not tied up with the Public Health Care Plan, Social Care and the implications Integrated Care Systems not fully explored

How will the children's sector be able to engage with the workforce implementation plan?

The Long Term Plan's announcement of a workforce implementation plan - to be published later in 2019 – was a particularly key discussion point. (4.10, LTP) Participants asked the following questions:

- What will the evidence base for the implementation plan consist of?
- How will the workforce implementation plan ensure an integrated approach across the social care and public health workforces?
- Will the workforce implementation plan be subject to consultation?
- How will the children's sector be able to engage with the plan?