This briefing summarises the key policy documents on children and young people’s health and wellbeing that have been published over the last two years. It provides a useful literature review to members of health and wellbeing boards on an issue where local inter-agency cooperation is much needed, and where there have recently been several significant policy developments. This briefing was commissioned by the health and wellbeing board learning set for children and young people, part of the National Learning Network for health and wellbeing boards.

A remarkably consistent body of knowledge

The past two years have seen a raised profile for child health in the UK, with numerous high-level reviews, reports and policy documents

Key points

- Early intervention is the most effective way to promote the health and wellbeing of children and young people.
- Children and young people engage with so many agencies and services that effective partnership working is the only way to successfully support them.
- Coordination between local services is needed to overcome the often confusing patterns of provision and planning.
- The involvement of children and young people in the design of their services is a priority.
- The genuine and systematic participation of children and young people is an essential element of successful service delivery.

At a glance

**Audience:** This document is aimed at health and wellbeing board (HWB) members and others involved in planning, coordinating, commissioning or providing services that affect children or young people.

**Purpose:** To give HWB members an understanding of the policy environment around children and young people’s health and highlight the most important documents to be aware of.

**Background:** This document was developed by the health and wellbeing board learning set for children and young people, which is part of the National Learning Network (see back cover) and is supported by the Department of Health, NHS Confederation, the Local Government Association and the NHS Institute for Innovation and Improvement.
emerging. The documents in this body of work share several consistent themes.

- Early intervention is the most effective way to promote the health and wellbeing of children and young people.
- Children and young people engage with so many agencies and services that effective partnership working is the only way to support them successfully. These partnerships need to be real – with shared information, data, budgets, strategy and even staff or managers.
- Having a single coordinating body for children and young people at local authority level is key to delivering the focus needed in a complex environment.
- The genuine and systematic participation of children and young people is an essential element of successful service delivery.
- Promotion of a ‘life course’ approach to planning.


www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

Professor Sir Michael Marmot’s landmark review of health inequalities advocated an approach of ‘proportionate universalism’, whereby actions to improve health and the social and economic determinants of health must be applied to all, but with greater intensity to those towards the bottom of the social gradient. He proposes six policy action areas.

1. Give every child the best start in life.
2. Enable all to maximise their capabilities and have control over their lives: especially through early elimination of inequalities in educational outcomes through a ‘whole child’ approach in schools and closer links between schools, families and communities.
3. Create fair employment and good work for all.
4. Ensure a healthy standard of living for all.
5. Create and develop healthy and sustainable places and communities.
6. Strengthen the role and impact of ill health prevention.

The Marmot review recommendations

Central to the review is a ‘life course’ perspective: disadvantage starts before birth and accumulates throughout life, therefore action to reduce health inequalities must start before birth and be followed through the life of the child. For this reason, giving every child the best start in life (Policy Objective A) was the review’s first and highest priority recommendation; proposing:

i. reducing inequalities in the early development of physical and emotional health, and cognitive, linguistic, and social skills

ii. ensuring high quality maternity services, parenting programmes, childcare and early years education to meet need across the social gradient

iii. building the resilience and wellbeing of young children across the social gradient.
Kennedy, Prof Sir Ian (September 2010) *Getting it right for children and young people: Overcoming cultural barriers in the NHS so as to meet their needs* (Department of Health)


This independent review was requested by the Department of Health in response to ‘widespread concern about the services provided by the NHS to children and young people’. The review concentrates on understanding the role of culture in the NHS and the relationship with the wider system of care and support. The review concludes that: services should integrate within the NHS along care pathways; a single government department should be responsible for children’s health and wellbeing; in each local authority there should be coordination and strengthening of children’s services through a strong local partnership. It also calls for more investment, particularly in early years services.

Field, Frank (Dec 2010), *The Foundation Years: preventing poor children becoming poor adults.*
The report of the Independent Review on Poverty and Life Chances
webarchive.nationalarchives.gov.uk/20110120090128/http://povertyreview.independent.gov.uk

The review concluded that wealth is not the most important factor in a child’s development, rather the things that matter most are the emotional and mental health of the relationships surrounding the child (with a particular emphasis on good parenting) from the point of pregnancy, and the support of good services.

The report has two over-arching recommendations:
• establishing a set of life chance indicators that measure how successful we are as a country in making more equal life outcomes for all children

**The Kennedy review recommendations**

A local partnership is essential, dedicated wholly to meeting the needs of children and young people, and existing to bring local public services together in order to do this.

The local partnership must operate according to the following principles: holistic focus on children and young people; a duty to ensure that local organisations work together; appropriate ways of ensuring accountability to the public; emphasis on efficiency in the provision of services; and children and young people should be actively engaged and involved.

The commissioning of services from the NHS will sit alongside the commissioning of all the other services for children and young people.

**Frank Field’s report on poverty and life chances recommendations**

The review included substantial recommendations for local authorities (LAs) regarding: support for children’s centres (particularly deepening their work with disadvantaged families); potential joining with neighbouring LAs to develop Poverty and Life Chances Commissions; developing appropriate data to understand the needs of the children in their areas; and ensuring that the types of services they commission have a strong evidence base.
• Establishing the ‘Foundation Years’ as a first pillar of a new tripartite education system. The Foundation Years cover a child’s life from before birth to age five.

Allen MP, Graham (January 2011), *Early Intervention: the next steps.*
www.dwp.gov.uk/docs/early-intervention-next-steps.pdf

This report makes a strong social and economic case for investing in Early Intervention and creating a new and all-pervasive Early Intervention culture.

‘Early Intervention’ refers to policies and programmes which help to give children aged 0–three the social and emotional bedrock they need to reach their full potential.

The report makes a number of recommendations that are broadly aimed at making children ‘genuinely ready for school’, in particular it identifies the 19 most effective Early Intervention programmes and presents calculations of their cost-effectiveness. This is intended to be a useful tool for private, public and third sector commissioners looking at how they should best spend their money.


Hospital admission is expensive and often traumatic for children, yet the numbers of their admissions and attendances at A&E have been rising. The paper gives examples of where innovative commissioning and relatively small investments in different models providing specialist advice in primary and community care services can reduce admissions and deliver better outcomes, these include:

• Clinical leadership driving processes forward, including engaged GPs

Graham Allen’s report on early intervention recommendations

Allen believes that under the Government’s proposed new arrangements for health services a great opportunity exists to localise Early Intervention, and recommends that the new local structures focus on antenatal education/preparation for parenthood, and on social and emotional development for the under-threes.

• Clinical commissioning groups and local authorities should work together to commission evidence-based preventive Early Interventions, especially in pregnancy and the first years of life.

• The new health and wellbeing boards should, as part of their proposed role in developing and overseeing local health and wellbeing strategies, create integrated Early Intervention approaches, share best practice and have the freedom to tie in appropriate institutional arrangements.

• In establishing the new directors of public health (jointly appointed by Public Health England and local authorities), there must be strong accountability for improving social and emotional capability as a central aspect of children’s health.

A number of local authorities have come forward since this report to become ‘Early Intervention Places’, clearly this will be significant for the health and wellbeing board in those areas.
• children’s assessment and observation units where children can be managed for limited periods
• committed and informed commissioners
• community nursing teams, especially those that include specialist practitioners to support primary care to deliver better management of long-term or complex conditions in the community
• partnership working in order to deliver care close to home.

www.education.gov.uk/tickellreview

This report was a review of progress on the Early Years Foundation Stage (EYFS) work, which began in 2008. The general thrust of the report is that EYFS has delivered improvement in the healthy development of children nationally. Dame Tickell uses the term ‘healthy development’ to describe strong progress across all areas of learning – highlighting the important inter-relationship between early years and health.

Tickell believes that in the future EYFS needs to ensure that children who have specific needs, or come from particularly disadvantaged backgrounds, are identified and supported as early as possible given the overwhelming evidence of the positive impact that this has. Ensuring a close working relationship between those people in health, early years and education alongside parents and carers is an absolute pre-requisite to this. She recommends that more needs to be done to oil the wheels of multi-agency working, particularly in this era of scarce resources.

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www.education.gov.uk/munroreview

In June 2010, the Secretary of State for Education asked Professor Munro to conduct an independent review of child protection in England. She developed a set of recommendations aimed at reforming an over-bureaucratised child protection system concerned with compliance to one that keeps a focus on children, enabling professionals to make the best judgments about the help to give children, young people and families.

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**The Munro review recommendations**

This review is persuaded by the growing body of evidence of the effectiveness of early intervention with children and families. The review recommended the Government place a duty on local authorities and their statutory partners to secure the sufficient provision of local early help services for children, young and people and families. The Government decided that a new statutory duty is not needed, as there is sufficient existing legislation but local areas are encouraged to continue to work to provide early help for the reasons articulated by Professor Munro. Munro noted concern about the impact of health reorganisation on effective partnership arrangements and the ability to provide effective help for children who are suffering, or likely to suffer, significant harm.
Green Paper (March 2011), Support and aspiration: A new approach to special educational needs and disability (Consultation that ran until June 2011)
www.education.gov.uk/publications/standard/publicationDetail/Page1/CM%208027

Key proposals:

- a new approach to identifying Special Educational Needs (SEN) through a single early years setting-based categories and school-based categories of SEN
- a new single assessment process and education, health and care plan by 2014
- local authorities and other services will set out a local offer of all services available – health and wellbeing boards will have a key role in this
- the option of a personal budget by 2014 for all families with children with a statement of SEN or a new education, health and care plan
- give parents a real choice of school, either a mainstream or special school
- introduce greater independence to the assessment of children’s needs.

The Department for Education have now published the responses it received to this green paper, along with its next steps. These plans include the publication of a white paper in the summer of 2012 – with the intention that this is passed as a Children and Families Bill before the next election. The update also details a number of areas where the Department has already begun introducing some of the changes suggested in the green paper.
www.education.gov.uk/childrenandyoungpeople/sen/a0075339/sengreenpaper


This sequel to the January Allen report focuses on how to finance an expansion of Early Intervention through better use of public resources and through the use of alternative routes – such as social investors and investment banks - to attract additional investment.

The NHS Confederation, Royal College of Paediatrics and Child Health and Office for Public Management, (December 2011), Children and young people’s health – where next?
www.nhsconfed.org/Publications/reports/Pages/Children-young-people-health.aspx

This paper argues that the current health and social care reforms provide an opportunity to put children and young people at the heart of local services. However, it finds there is not sufficient clarity on how the new structures will practically deliver improvement in children and young people’s health. Recommendations include:

- a cross-government strategy should be developed to provide a clear vision for improving the health and well-being of children, young people and families
- greater alignment is required between child and adult services, across NHS care pathways and different providers, and across local disciplines
- Clinician-led commissioning needs to be evidence-led.
Children and young people are key stakeholders of the NHS. This paper expresses the view that the current health and social care reforms will significantly change the commissioning and delivery of services to children and young people but their views have rarely been heard in this reform process. Key points include the following:

- Participation or involvement must take place on two levels: individual involvement with people's own healthcare choices; and group involvement either as service users of members of the public.

- Local health systems need to have governance and policies in place to ensure systematic, non-tokenistic participation of children and young people.

- A culture of participation must be developed. Engagement must become the norm.

Children's outcomes strategy – in development

In January 2012 the Government announced the development of a children and young people's health outcomes strategy, with the aim of focusing the health service on improving results for children. To inform the strategy, a group of independent experts from local government, the NHS and charities undertook a three month engagement period, hearing views from children, parents, carers and wider families as well as health professionals. This Children and Young People’s Health Outcomes Forum will report to the Government later this year on: the health outcomes that matter most for children and young people; how well these are supported by the NHS and Public Health Outcomes Frameworks; and how the different parts of the health system will contribute and work together in the delivery of these outcomes.

The forum has decided to focus on the following themes: public health/prevention; acutely sick children; mental health; long-term conditions and complex disability.

Consultation on Revised Safeguarding Statutory Guidance
www.education.gov.uk/consultations

Following the Munro review the Government response accepted the main recommendations and committed to revise and reduce the statutory Working Together guidance, with an aim of:

- making clear what the statutory responsibilities are on organisations and individuals to safeguard and promote the welfare of children

- removing prescriptive practice guidance and renewing emphasis on trusting organisations and professionals to exercise their professional judgment so that they can develop innovative approaches to safeguarding.

This consultation seeks views on three statutory guidance documents:

- Working Together to Safeguard Children: draft guidance on what is expected of organisations, individually and jointly, to safeguard and promote the welfare of children
• **Managing Cases: the Framework for the Assessment of Children in Need and their Families:** draft guidance on undertaking assessments of children in need

• **Statutory Guidance on Learning and Improvement:** proposed new arrangements for Serious Case Reviews (SCRs), reviews of child deaths and other learning processes led by Local Safeguarding Children Boards (LSCBs).

*NHS Atlas of Variation in Healthcare for Children and Young People, Child and Maternal Health Observatory & Right Care,* March 2012

Using data gathered from across England, the atlas demonstrates the extent of variation that exists in children’s health and health services nationally. The authors argue that this level of variation cannot be explained by differing local needs alone, but is also the result of limitations in the efficiency and effectiveness of local commissioning and provision. In short, some areas are using their resources better than others.

Variation is demonstrated across a range of indicators, from admission rates to vaccine coverage to accident rates affecting children and young people. Each indicator is accompanied with a map, a context and an explanation of the extent of variation and suggested actions for how areas with poor rates could improve.