

The healthiest generation of children ever

A roadmap for the health system

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

November 2024



The roadmap in brief

The **Health Mission** includes explicit metrics for improving child health. Children are a central pillar of the forthcoming Ten Year Plan

A **Children and Young People's Board** is established to advise the Secretary of State on child health

A new **elective recovery standard** for children's health services (including community services) is mandated

The NHS number becomes the **single unique identifier** for children, alongside a programme to improve the quality and sufficiency of data

A more **equitable share of funding** is allocated to children in the three-year Spending Review, with a strategic approach to funding palliative care, long-term conditions, and SEND

ICs are made **directly accountable** for improving child health outcomes in line with the metrics the Health Mission

The NHS Long Term Workforce Plan is reviewed with a stronger focus on the **child health workforce**

The restoration of **key preventive services**, including health visiting and school nursing, is made a priority for the public health grant



The healthiest generation of children ever:
A roadmap for the health system

Foreword

About HPIG

The Children and Young People's Health Policy Influencing Group (HPIG) is a strong, independent voice advocating for improvements to the health of babies, children and young people. As a group of influential charities and Royal Colleges, we look to ensure that the particular and unique health needs of babies, children and young people are a focus for the health system.

Our roadmap for the health system

The following recommendations set out our roadmap for how the health system can put babies, children and young people at the heart of everything it does. This is essential if the government is to deliver on its commitment to raise the healthiest generation of children ever.

This roadmap sets out how different ways of thinking, alongside new structures and approaches, would significantly improve the health and outcomes of children even without considerable new investment. These must be taken forward as a priority to ensure that current and future funding for children's health is utilised effectively to support babies, children and young people.



Introduction

Babies, children and young people make up around 25% of the population, yet they only account for 11% of NHS expenditure.¹ Children have their own developmental and health needs, separate from those of adults, that are met through a distinct set of services, staffed by a specialised workforce and underpinned by specific legislation. Yet they have never been treated equitably in national or local decision-making.

HPIG warmly welcomes the Labour Party's manifesto commitment to the healthiest generation of children ever. However, this will require the health system to fundamentally reconsider how it prioritises care.

Children's physical and mental health outcomes in England are poor in relation to comparable countries, and there has been a shocking decline in the health of the most disadvantaged and vulnerable children in recent years.² When it comes to hospital waiting times, children's waitlists are growing at double the rate of adults.³

"Childhood is precious because it is brief; too many children are spending too much of it waiting for care".

Lord Darzi, 2024

Integrated Care Systems (ICSs) offer an opportunity to address the long-standing challenges in the children's system, particularly integration between health (including public health), local authority children's



Focus area 1. Make child health a central pillar of the Health Mission as part of a wider cross-cutting approach to childhood

The ambition to create the healthiest generation of children will only succeed if it is a central pillar of the government's Health Mission. It must also form part of a wider cross-departmental approach to childhood.

Children's mental and physical health cannot be separated from their wider experiences or the circumstances in which they grow up. Children living in poverty are significantly more likely to suffer from acute and long-term illness. They are significantly more likely to require hospital admission and were 72% more likely than other children to be diagnosed with a long-term illness.⁷

Family income, discrimination and abuse, the environment they grow up in, the support they receive in early education and school, and a whole range of other factors fundamentally shape children's health outcomes.

Recommendation

The Health Mission must include explicit metrics for improving child health and reducing health inequalities. Ministers from across government must be accountable for driving forward these ambitions, with explicit and adequate representation for children on the Health Mission Delivery Board.

Recommendation

The Health, Opportunity and Safer Streets Missions, alongside the cross-government Child Poverty Strategy, must align on key metrics to ensure local systems are clear on their priorities and outcomes on child health.

services and education. Important progress was made during the passage of the Health and Care Act 2022 to recognise children as a priority group within ICSs, and Integrated Care Boards (ICBs) are legally required to set out how they intend to meet the needs of babies, children and young people.⁴ Despite this progress, 90% of NHS Trusts say children's health and wellbeing is not a high enough national priority.⁵ Our own analysis of the ways in which children were included in the strategies and plans of ICSs highlighted wide variation in the types of need that were prioritised, and there were crucial vulnerable groups of children that were left out by many ICSs.⁶

We must have leadership from the very top that prioritises childhood. The first step will be making babies, children and young people a central

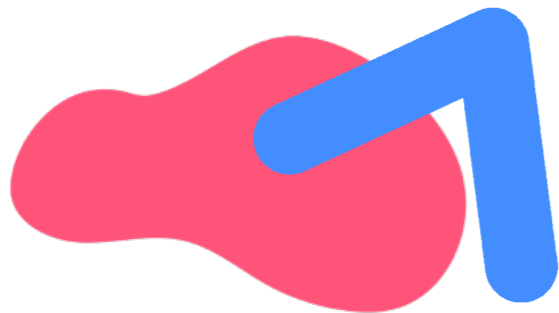
pillar of the Health Mission and the forthcoming Ten Year Plan. This must be followed by a greater and more equitable share of health service funding being allocated to children in the multi-year Spending Review in the Spring. Nothing less than this will do.

Alongside the manifesto commitment to the healthiest generation of children ever, HPIG welcomes the government's prevention-first approach to health. The evidence is crystal clear: if we are to take upstream action to prevent illness in the general population, we must begin with healthy childhoods. This focus on prevention must be balanced with a focus on improving services for children with rare diseases, long-term illness and disabilities which are often not caused by preventable factors.



Focus area 2. Treat children equally in national policy making

We cannot expect a system which has been designed with the needs of adults in mind to work effectively for children, yet children have so often been an afterthought in national policy making. We welcome the spotlight that Lord Darzi has shone on children's health services, and hope this signifies that the health needs of babies, children and young people will be a genuine priority for this new government.



Recommendation

The Secretary of State for Health must make babies, children and young people a central pillar of the forthcoming Ten Year Plan.

Recommendation

All national policy announcements made by the Department of Health and Social Care (DHSC) and NHS England must clearly specify the extent to which the policy applies or impacts on child health.

Focus area 3. Deliver equitable funding for children health services

Children and young people are 25% of the population, yet account for only 11% of NHS expenditure.⁸ This general lack of equitable funding is also reflected in funding for specific services. For example, Integrated Care Boards (ICBs) spend less than 1% on children and young people's mental health services, as compared to adult mental health services that receive 13 times more investment.⁹ A greater and more equitable share of health service funding being allocated to children is a necessary step in rebalancing health and care services towards childhood.

An Investment Standard mandated by DHSC, similar to the Mental Health Investment Standard,¹⁰ would ensure that systems increase their spending on specific services, such as children's services, by a greater proportion than their overall spending. This would help child health services recover and create a more equitable spend between adult and children's services.

Recommendation

The Ten Year Plan must commit to more equitable funding for children by the end of the Parliament. DHSC and HM Treasury must establish a new Children's Health Investment Standard that mandates growth as a proportion of new spending.

Recommendation

DHSC and HM Treasury must allocate a greater and more equitable share of health service funding to children at the forthcoming multi-year Spending Review.

Recommendation

All national funding announcements made by DHSC and NHS England must clearly specify the extent to which the funding is allocated to children's health services. ICBs must be required to report their spending on children's services specifically.

Focus area 4. Prioritise waiting times in diagnosis and treatment for children

The failure to provide children with timely access to services can irreparably damage childhoods, puts unacceptable pressure on emergency care, and leads to greater demand on resources in the long run. Children's hospital waitlists have grown to a record high, at times growing at double the rate of the adult waiting times. While paediatric diagnostic pathways, speech and language therapy and mental health services have some of the highest waiting times across the whole health system.¹¹ Some 343,000 referrals for children and young people under the age of 18 are waiting for mental health services, including around 109,000 referrals waiting for more than a year.¹² Addressing this urgent need requires a major re-prioritisation towards children within the health service recovery model.

Addressing waiting times should also include a shift in approach towards services in community settings, and an increase in the proportion of the workforce able to support children with lower-level needs.¹³ This should include drop-in sessions in community settings and assessments and targeted

support in schools and early years settings, thus reducing the number of young people being referred for specialist support and formal diagnosis. This would create more equity and ensure those who needed it were able to access support rather than a lengthy queue. The National Children's Bureau has heard from parents about the helpful impact of an early diagnosis for learning disabilities as it paved the way for relevant integrated support.

Recommendation

DHSC must introduce an elective recovery standard for children's health service recovery, including children's community services, so that 100% of children are seen within the 18-week target by the end of this Parliament.

Recommendation

There must be a review of the Further Faster Programme with a view to mainstreaming good practice in time-effective paediatric treatment pathways.

Recommendation

NHS England must report specifically on the length of time children are waiting for treatment after their initial appointment.



Focus area 5. Put families and the experience of babies, children, young people at the centre of services

Illness and treatment can be frightening for many children. This can be exacerbated by acute and specialised services focusing only on their condition without regard to their mental and emotional vulnerability. Health policy needs to steer the NHS and its practice communities towards more child-friendly, child-centred approaches. For example, there is strong evidence that including health play specialists within paediatric care is extremely valuable for children's wellbeing, and the quality and effectiveness of their treatment.¹⁴

The Darzi Review has rightly acknowledged that "the patient voice is simply not loud enough."¹⁵ In responding to this finding, it is essential that the voices of children and young people are considered by DHSC and NHS England, and the crucial role that parent/carers play in supporting their child's health is acknowledged. Full adoption across the health service of the current NICE (2021) guideline on

babies, children and young people's experience of healthcare¹⁶ would go some way in safeguarding them from avoidable anxiety and trauma.

Recommendation
DHSC must commission a standing Children and Young People's Board to advise them on health policy, and the Ten Year Plan in particular.

Recommendation
DHSC must update the [Guidance on the preparation of integrated care strategies](#) to strengthen expectations on co-production taking place, including who was consulted, and what was changed as a result.

Recommendation
Play services, including health play specialists for clinical support, should be integral to the commissioning, design, and delivery of all paediatric care.

Focus area 6. Make local systems accountable for improving child health

Local areas should have a significant degree of autonomy to assess and decide on their population health needs, but babies, children and young people are not an optional extra. Our experience tells us that children will not be sufficiently prioritised in local systems unless there are specific requirements and accountability for doing so.

Current accountability for ICBs is

fragmented and unclear. The NHS England operational planning guidance often fails to include system priorities for children and creates perverse financial incentives that do not support investment in children's health. Furthermore, the service specifications that populate NHS commissioning contracts often inadequately include the specific needs of babies, children and young people. The current NHS Outcomes Framework¹⁷ includes only a

few child-focused indicators that are very condition specific. As the Darzi Review states: "The Care Quality Commission – which inspects the NHS – is not fit for purpose."¹⁸

As ICSs mature, a clear pathway to accountability and system inspections must be clarified, considering the differential risks experienced by children.

DHSC should build off its 2014 review carried out by the Children and Young People's Health Outcomes Forum¹⁹ to develop a National Outcomes Framework for Children's Health. This should focus on indicators that reflect health, development and wellbeing, as well as include specific indicators for children with long-term illness, disabilities or medical conditions. The development of the indicators must be consulted on with children and families and include indicators that capture their voice and experience.

Recommendation
Building on the metrics in the Health Mission, DHSC and NHS England must publish a National Outcomes Framework for Children's Health.

Recommendation
ICSs must be required to set local targets for these metrics in their strategies and plans. The Health Mission Board should publish an annual report summarising the extent to which these metrics have progressed the ambition.

Recommendation
System responses to the needs babies, children and young people must be central to Care Quality Commission reform.

Focus area 7. Put prevention at the heart of health policy by starting with childhood

Childhood must be at the heart of any serious attempts to take a preventative approach to ill-health and reduce health inequalities between groups and regions. The evidence is crystal clear that health inequalities start in the earliest years and widen over the course of childhood and across the life course. The first 1,001 days of a baby's life are particularly important for their health outcomes, where maternal health during pregnancy and post-natal parental mental health are crucial.²⁰

Protecting children from harmful products is key to preventing health

harms in both children and across the population. We welcome the government's commitment to introduce regulations to stop children seeing junk food advertising on TV and online, consult on measures to stop new hot food takeaways near schools, end the sale of energy drinks to children and phase out smoking over time.

In addition to regulating products that harm children's health, there is also a need for programmes to support children and families to live healthier lives. The government's focus on improving toothbrushing

and providing free breakfast clubs is therefore also welcome. Alongside this, NHS models which address social determinants of health and support prevention, such as social prescribing (which has predominantly focused on adults), must develop their delivery model to include children and young people as a clear priority.

Despite these positive steps, the Healthy Child Programme (HCP), which is a comprehensive and evidence-based statutory public health framework for children, has been chronically undervalued and underfunded. Local authorities have been given responsibility for the HCP but with none of the levers or resources to deliver it effectively. The public health grant has been slashed by more than 25% in real terms since 2015.²¹



Focus area 8. Create equitable access to health services for children with long-term illness, disabilities or conditions

In 2020, 23% of 11–15-year-olds in England reported living with a long-term illness, disability or medical condition.²² Between 2001 and 2018, there was a 250% increase in the prevalence of life limiting and life-threatening conditions in children and young people.²³

While prevention is rightly central to the government's Health Mission, the needs of children with long-term health conditions and impairments must not be overlooked. For children, these conditions are often not caused by preventable factors and come with unique and specific needs which

are different from adults. However, conditions can be prevented from escalating to crisis, by ensuring the right support is in place as early as possible. These children must receive timely, equitable access to health services that are integrated with other services that they use. This integration must consider the wider impact of the child's condition or disability on the life of the child beyond their clinical care, including the additional financial costs for the family. Services should aim for a person- and family-centred approach to treatment, care and support for children and young people with long-term illness, including

Recommendation

Government must direct the use of the public health grant so that spending is used to restore the provision of key services, such as health visiting and school nursing.

Recommendation

Full delivery of the Healthy Child Programme must be fully costed so we can identify the current funding gap and the 0–19 Commissioning Guidance should be refreshed and renewed, with a longer-term aim of giving them the status of statutory guidance.

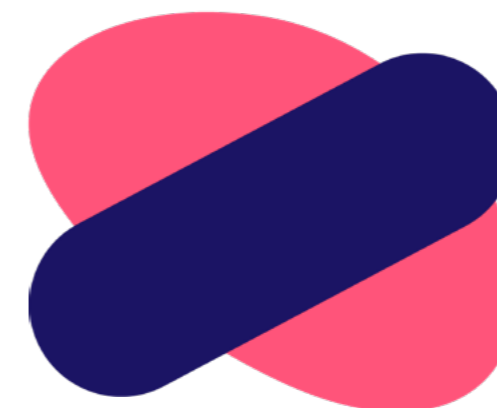
Recommendation

DHSC must continue and expand funding for the Start for Life programme until it has developed and fully costed its own comprehensive vision for giving children the best start in life.

ensuring holistic support for both their physical health and psychosocial needs.

A health system that works for all children must explicitly consider children with special educational needs, and children with chronic illness, disabilities and long-term conditions. This is necessary as the services that support children with certain illnesses, such as cancer, are specialised and often commissioned separately to other services, reducing the level of oversight and accountability towards them. As children transition between services and between children's and adult services, consideration must be given to their safety and maintaining access to care beyond the clinical setting. This is especially important in scenarios where special educational needs and disabilities are co-occurring.

Explicit attention must also be given to children with palliative and end of life care needs. Only a third of local areas in England are meeting the recommended NICE quality standard for 24/7 end of life care for children and young people at home.²⁴ Robust mechanisms should therefore be put in place to ensure critical support services are funded and seriously ill children are able to access the care and support they need, when and where they need it. This should include care before, during and after a death, including bereavement support for siblings and families.



Recommendation

NHS England must undertake a full review of transitions between paediatric and adult services and between services that cross ICS boundaries to understand where there are common gaps. This must inform the development of a national service specification and guidance to support providers and systems to tackle this.

Recommendation

DHSC and the Department for Education (DfE) must develop a long-term funding strategy to account for the additional costs of palliative care, long-term conditions, Special Educational Needs and Disabilities, including strong investment in the education and specialist workforce.

Recommendation

All published service specifications for services accessed by babies, children and young people must be reviewed to ensure they are fully up to date, reflect recommended good practice (e.g. NICE, 2021), and are consistent with revised 0–19 Commissioning Guidance.

Recommendation

DHSC and DfE work together to address the growing waiting lists for neurodevelopment assessments, drawing on the latest evidence and emerging models to ensure support is always available at the earliest possible stage and children are never left without the support they need as they wait for months, or years, on a diagnostic waiting list.

Focus area 9. Centre the children's workforce in the NHSE Workforce Plan

Babies, children and young people need well-skilled professionals who feel valued and have manageable caseloads. This is a pre-requisite for meeting the needs of children and families. This workforce should reflect the diversity of the communities it serves. There is an urgent need for a sustainable solution to the shortages in the children's health workforce. These shortages range from midwifery and health visiting, through allied health professionals, play specialists and school nurses, to consultant paediatricians. Alongside new recruitment, far more must be done to encourage professionals to stay in the NHS. Professionals who work across all ages, for example GPs, should be supported to maintain and grow their child health capability.

Recommendation

DHSC must commit to fully funding and delivering the Long-Term Workforce Plan and, at the review taking place in summer 2025, update the plan so there is a stronger and clearer focus on the child health workforce.

Recommendation

The manifesto commitment to undertake regular independent workforce planning must include a specific focus on the sufficiency of the children's workforce; this should start with developing NHS data that measures the children's workforce specifically.

Focus area 10. Improve multi-agency data and information sharing across all services that children and their families use

Timely access to high-quality, personalised health and care services is fundamental to improving childhood outcomes and reducing health inequalities. Important information on children's needs and outcomes is held by many services including health, children's social care and Early Help, local authority SEND teams and commissioned services, by police and youth justice services, and by education settings. However, the lack of high-quality, shared data means it is hard to have a population health profile and to work efficiently together, for example, between primary care and schools.

Numerous serious safeguarding case reviews and successive policy papers

have concluded that improvements to information sharing between services is urgently needed to safeguard children as well as improve their health, care, education and wider outcomes. For example, SEN data will always provide information about a child's primary need, but often data about secondary needs is incomplete or missing.²⁵ This is an example of a system failing to recognise complexity that falls within its remit. When needs cross professional and system boundaries they are even more likely to get missed.

Healthcare professionals also play a vital role in preventing children from experiencing harm through multi-agency safeguarding of babies,

children and young people. Healthcare professionals are in a good position to identify signs of abuse or neglect – in 2023, health services made 92,350 referrals to children's social services.²⁶ Health workers' safeguarding role is particularly important for the youngest children as, until they are of school age, they may see few other professionals that can help identify signs of abuse and neglect. All health professionals should feel well equipped, supported and confident in identifying and reporting abuse. Sharing of information is the first step in ensuring that services are able to carry out effective multi-agency working for safeguarding and health and wellbeing purposes.

Additionally, sharing of de-identified data on cohorts at risk of poor outcomes (e.g. children with SEND, children missing education or children looked after) will allow commissioners, researchers and national government to aggregate different data sources and to analyse needs, risk factors and outcomes across different services. This will help identify gaps in provision and to inform interventions.

Recommendation

DHSC must review the sufficiency and quality of the data that is available on child health and make recommendations for change.

Recommendation

The government must implement the NHS number as the single unique identifier, alongside new primary legislation in the Children's Wellbeing Bill that gives professionals full confidence about when they can and should share information about children.

Recommendation

DHSC must work with DfE to regularly review whether each of the 42 Integrated Care Boards are meeting their statutory child safeguarding duties, including meeting the expectations set out in Working Together to Safeguard Children.



Conclusion

This HPIG roadmap comes alongside other influential reports from across the sector that focus on child health (Royal College of Paediatrics and Child Health, NHS Providers and Academy of Medical Sciences, to name a few). There is increased recognition of the unique challenges that face child health services, the lack of equity in accessing support when required and the importance of good child health to improve health outcomes across the life course.

Our roadmap calls for children to be a central pillar of forthcoming health plans, with children advising directly on health policy that affects them. It calls for equitable funding for children,

in particular children with palliative care, long-term conditions, and special educational needs and disabilities, and it calls for Integrated Care Systems to be made accountable for improving set child health outcomes. It is ambitious and yet clear that there are significant, impactful, low-cost steps that the government can take to shift the dial on child health and guarantee that children are not an afterthought when it comes to health policy.

HPIG is committed to working with the government, NHS England and ICSs to implement our roadmap and ensuring that improving child health and the services they rely on is a priority.

Endnotes

- 1 Darzi, 2024; [Independent Investigation of the National Health Service in England](#)
- 2 Academy of Medical Sciences, 2024; [Prioritising early childhood to promote the nation's health, wellbeing and prosperity](#)
- 3 RCPCH, 2023; [Record high: Over 400,000 children waiting for treatment amidst child health crisis](#)
- 4 UK Government, 2022; [Health and Care Act 2022](#)
- 5 NHS Providers, 2024; [Forgotten generation: shaping better services for children and young people](#)
- 6 HPIG, 2024; [Integrated Care Systems and the health needs of babies, children and young people](#)
- 7 RCPCH, 2024; [Child health inequalities driven by child poverty in the UK – position statement](#)
- 8 Darzi, 2024; [Independent Investigation of the National Health Service in England](#)
- 9 Children's Commissioner for England, 2024; [Over a quarter of a million children still waiting for mental health support](#)
- 10 NHS England; [NHS mental health dashboard](#)
- 11 RCPCH, 2024; [Policy report From left behind to leading the way: a blueprint for transforming child health services in England](#)
- 12 Darzi, 2024; [Independent Investigation of the National Health Service in England](#)
- 13 Council for Disabled Children, 2024; [Rethinking health services for disabled children and those with special educational needs](#)
- 14 Starlight Children Foundation, 2021; [The importance of play in hospital](#)
- 15 Darzi, 2024; [Independent Investigation of the National Health Service in England](#), p111
- 16 NICE, 2021; [Babies, children and young people's experience of healthcare](#)
- 17 NHS England; [NHS Outcomes Framework](#)
- 18 Darzi, 2024; [Independent Investigation of the National Health Service in England](#), p11
- 19 UK Government, 2015; [Children and Young People's Health Outcomes Forum: 2014 to 2015](#)
- 20 The Academy of Medical Sciences, 2024; [Prioritising early childhood to promote the nation's health, wellbeing and prosperity](#)
- 21 The Health Foundation, 2024; [Investing in the public health grant](#)
- 22 National Institute for Health and Care Excellence, 2020; [Managing long-term conditions in the community](#)
- 23 Darzi, 2024; [Independent Investigation of the National Health Service in England](#)
- 24 Together for Short Lives, 2024; [Short Lives Can't Wait](#)
- 25 Pinney, 2017; [Understanding the needs of disabled children with complex needs or life-limiting conditions](#)
- 26 UK Government, 2023; [Characteristics of Children in Need, reporting year 2023 \(C5 – referrals to children's social care services by source of referral and local authority\)](#)



Children and Young People's Health Policy Influencing Group

Convened by the National Children's Bureau (NCB) and the Council for Disabled Children (CDC), the Children and Young People's Health Policy Influencing Group (HPIG) provides a strong, independent voice on the health needs of babies, children and young people in England.

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