





## Engaging children and young people in ICS

The [NHS Long Term Plan Implementation Framework](#) states that the plans produced by ICS must be co-produced with the input of children, young people and parents/carers. Patient consultation is also mandated by the [NHS Constitution for England](#) and the [UN Convention on the Rights of the Child](#), which applies to the NHS and associated bodies.

In 2018, over 300 young people took part in workshops; events and activities to [share their views](#) on what would support their health over the next ten years. 16% of participants wanted NHS services to improve how they listened to young people's voice in shaping health services and in individual care decisions.

We are pleased to see the clause on public involvement and consultation by ICS and want to see the need to meaningfully consult with children and young people by ICS in the statutory guidance.

## Duty to reduce health inequalities

RCPCH welcome the duty on ICS boards to reduce health inequalities in terms of access to care and health outcomes. We have set out the importance of reducing child health inequalities above, and a members of the [Inequalities in Health Alliance](#), we want to see more commitment to reducing health inequalities at a national level, including a cross-government strategy.

## New powers for Secretary of State

We note there are concerns from a number of commentators regarding the new powers for Secretary of State set to be enshrined by the Bill. Government should listen to and address any concerns with regard to the scope of powers and set out clear reasoning behind the move for greater political influence over health services.

## Competition

The Bill seeks a direction of travel towards integration and we support the proposed clause that would end requirements around enforced competition through automatic tendering of NHS services. We also note the call from some health stakeholders for NHS to be the default option for NHS contracts, and tender competitively where this is not possible.

# Workforce

## Context

The child health workforce across the UK is suffering from the same planning problems, underfunding and staffing issues as the rest of the health workforce. In 2018, an [NHS Improvement report](#)



## Public Health

### Context

There are a number of national public health measures within the Health and Care Bill which will work to reduce rates of health problems that disproportionately affect those children and young people living in the most deprived areas, such as [tooth decay](#) and [obesity](#). These sorts of preventative policies are key to ensuring children and young people enjoy the best possible health.

### Junk Food Marketing

We are pleased to see the commitments to ban on junk food marketing on television pre 9pm and a total ban online included in the Health and Care Bill. These are critical measures to reducing rising levels of childhood obesity and the [increasing inequalities](#) in these rates. We want to see this policy introduced with minimal exceptions.

### Water fluoridation

As noted earlier in this briefing, oral health in England is poor and disproportionately affects those children living in deprivation. Therefore, we welcome the clauses within the Health and Care Bill that give Secretary of State the power to directly introduce water fluoridation schemes, subject to local consultation and funding.

## Children's health services today

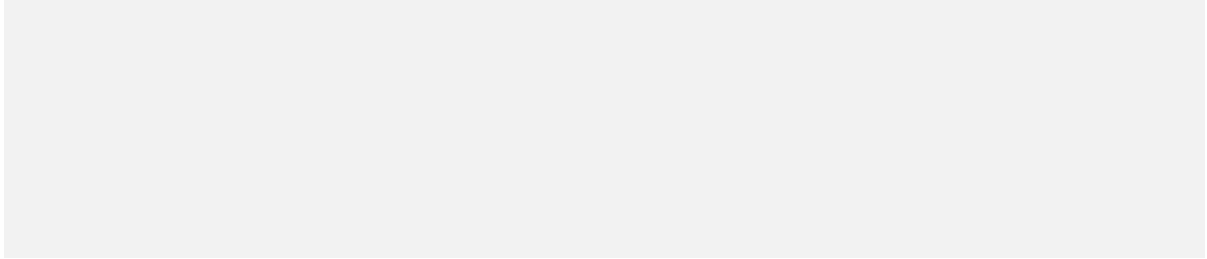
The Health and Care Bill provides a significant opportunity for our National Health  
F en i i



Provide assurance that the statutory guidance accompanying the Health and Care Bill mandates and strategic children and young people's lead in every ICS.

Strengthen the duty on the Secretary of State in the Health and Care Bill will regards to workforce.

Provide ring-fenced funding of CAMHS and inpatient paediatric mental health services that reflects local service demand.



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