

FORGOTTEN GENERATION

**Shaping better services for
children and young people**



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KEY POINTS

- Children and young people risk becoming a forgotten generation, and need to be prioritised by frontline health services and the government. Without collective action to improve outcomes, we are storing up problems for the future. Instead, focusing on prevention in childhood and adolescence leads to a healthier adult population, both relieving pressures on burdened services and ensuring a healthy and thriving society and population in the long-term.
- Rising demand and long waits for services are the biggest challenges for NHS trusts and foundation trusts providing children and young people's services.
 - 82% of respondents to our survey said their trust is not able to meet the current demand for children and young people's services.
 - 97% said the current level of demand their trust is experiencing for children and young people's services has increased compared to pre-pandemic.
 - 86% said overall waiting times for children and young people to access an initial assessment provided by their trust has increased compared to pre-pandemic.
- The top three reasons trusts are struggling to meet demand are: increased complexity and acuity of patients (58%), insufficient services commissioned (39%) and the long-term impact on demand caused by the Covid-19 pandemic (30%). Insufficient investment and staff shortages were also highlighted as a barrier to providing safe and timely services for children and young people.
- Trust leaders are deeply concerned by the challenges providing children and young people's services, and the impacts long waits for care have on patients, families and frontline staff.
 - 86% of respondents said they were concerned about the impact that challenges providing care for children and young people is having on staff morale.
 - 71% agreed that long waits at their trust were contributing to health inequalities.
- Despite the challenges, trusts report they have been able to make progress in meeting demand and reducing long waits for care by prioritising children and young people and working collaboratively with key partners (for instance schools, local authorities and the voluntary sector).
- Nearly all respondents (90%) said that the health and wellbeing of children is not considered enough in national policy, while only 33% said they were satisfied that their local integrated care system (ICS) plans adequately prioritise these services.
- The key policy changes respondents would like to see national government make to help their organisation to improve services for children and young people are:
 - Increasing investment in prevention and early intervention in the NHS (44%).
 - Adopting a cross-government approach to improve the health and wellbeing of children and young people (40%).
 - Increasing investment in targeted early years support across a range of health and wider services (39%).
- NHS Providers has set out a series of recommendations for government, NHS England (NHSE) and systems to tackle the challenges outlined in the report, and to improve the health and wellbeing of the next generation of children and young people.

INTRODUCTION

Increasing demand for children and young people's services, and increasing acuity of patients, have been growing concerns among trust leaders in recent years. Trust leaders tell us that due to a unique combination of pressures, services are struggling to keep pace with increasing levels of need. This is resulting in concerns about quality of care and patient safety.

NHS trusts and foundation trusts provide a variety of essential services for children and young people at home, in the community, in hospitals and inpatient settings. These include health visiting, speech and language therapy, audiology, neurodevelopmental services, acute psychiatric inpatient care and paediatric surgery.

Our previous work on children and young people's services, which focused on health inequalities (NHS Providers, 2023), community services (NHS Providers and NHS Confederation, 2023) and mental health services (NHS Providers, 2021) has sought to understand and raise the profile of pressures being experienced in this sector. This report builds on these findings to provide a comprehensive view across the provider sector of the state of children and young people's healthcare services in England – across acute, ambulance, community and mental health services. It gives an overview of the challenges facing children and young people in accessing care; shares examples of the local initiatives and progress made by providers and their partners; highlights the national and system-level action needed to further support trusts; and makes a set of recommendations for the government.

We hope to highlight the importance for all trusts and foundation trusts of prioritising improving outcomes for children and young people. Our findings demonstrate that where one part of the system fails to meet children and young people's needs, there will be a knock-on impact elsewhere on service demand. Without concerted action, we are storing up problems for future demand and society at large.

Prevention is better than cure

Childhood is a key period of life. It is one of change and development, where children and young people learn and adopt behaviours that can either benefit or worsen their health outcomes, such as sleep patterns, diet, self-care and rates of physical activity. Most long-term health conditions are developed during childhood – for example, 75% of mental health problems are established before the age of 24 (National Library of Medicine, 2005). Intervening during this period is therefore critical to improving children and young people's health outcomes both now, in the present, and into the future, ensuring a healthy and thriving society and population in the long-term. Research has shown that interventions to improve health outcomes for children are particularly effective in comparison to intervening later (Academy of Medical Royal Colleges, 2023), and providing high quality services for children and young people can prevent ill health in later life (NHS Providers, 2023).

In our picture of health vision for the next generation NHS (NHS Providers, 2024), we called for a focus on prevention and early intervention to ensure the sustainability of the NHS and to secure a significant social and economic return on investment. Improving the

health of children and young people today will enable them to contribute fully to the future workforce, boost economic activity and help public services, including the NHS, to keep pace with demand.

Despite the recognised importance of this age group, children and young people have not routinely been prioritised within policy and decision making, or within service commissioning and planning. Healthcare expenditure is higher for older age groups ([UK Health Security Agency, 2019](#)), reflecting the needs of older age groups. Yet we know children and young people represent a significant population group with their own healthcare needs. In 2020, approximately a quarter (23%) of 11-15 year olds in England reported living with a long term illness, disability or medical condition ([National Institute for Health and Care Excellence, 2020](#)) – contributing to the UK having one of the highest rates of 16-24 year olds with long term health conditions ([Nuffield Trust, 2019](#)), in comparison to similar countries. These trends are expected to worsen over time, as research ([Health Foundation, 2023](#)) has projected that nearly one in five adults will be living with a major illness in 2040.

Current trends are moving in the wrong direction. While the Hewitt Review ([Rt Hon Patricia Hewitt, 2023](#)) called on systems to increase investment in prevention, this has not yet been delivered in practice due to the financial pressures healthcare systems. The environment in which children are born and grow inevitably impacts upon their health and wellbeing, including factors such as housing, education, financial security, and air pollution (the 'wider determinants of health'). Arguably, we are seeing deteriorations across many of these areas, with unequal impacts experienced by specific groups of children and young people.

The Covid-19 pandemic had a unique and significant impact on children and young people, in terms of their education, social development and interaction with wider public services. Those from disadvantaged backgrounds, ethnic minorities, and those with disabilities have been particularly affected. However, it is not the only factor; child poverty levels were high in the decade leading up to the pandemic ([Independent, 2021](#)) and NHS waiting lists were growing. The cost of living crisis has only exacerbated these trends; in 2022/23 4.3 million children were living in relative poverty, after housing costs ([The End Child Poverty Coalition, 2024](#)). We do not yet know the long term implications of these broader societal trends, which will play out in the years ahead, but can anticipate the impact of delays to children and young people's physical, social and emotional development. Trust leaders have told us that they are already experiencing a rising level of demand for services, coupled with increasing complexity of childhood presentations.

Impact on provision of children and young people's services

The Children's Commissioner for England has described access to children and young people's healthcare services as a 'postcode lottery' ([Children's Commissioner, 2024](#)), highlighting specific barriers for particular groups of young people experiencing disadvantage. The Royal College of Paediatrics and Child Health (RCPCH) has gone further in stating that we are 'failing a generation of young people' through our lack of dedicated focus and attention ([RCPCH, 2024](#)).

Evidence suggests that children and young people's services are recovering at a slower rate post Covid-19, in comparison to adult services, impacting on waiting lists and the availability and accessibility of services. The latest NHSE data show record levels of demand. In May 2024 287,300 children and young people were on the community health services waiting list, with 39,600 of this group waiting over 52 weeks. For planned and acute paediatric care, 362,900 children and young people were waiting as of May 2024; an increase of 105,500 in just three years. The latest data for mental health services also paints a concerning picture: there were close to 450,000 children and young people waiting for mental health services in April 2024, a slight drop on this time last year (-4%), but 70% higher than the levels seen five years ago¹. The RCPCH has highlighted the disproportionate impact of long waits on children and young people ([RCPCH, 2024](#)), in relation to the need to administer treatments within specific developmental timeframes, alongside implications on education and wellbeing.

Children and young people have themselves shared their hopes for how children and young people's healthcare services can be improved. The Children's Commissioner's Big Ambition survey of 367,000 children found health to be a key priority for children, describing them as a "health conscious generation" ([Children's Commissioner, 2024](#)). Results demonstrated that children and young people do not distinguish between mental and physical health and recommended improving the join up between children and young people's services to improve their experiences and outcomes. Similar research has found that children and young people value good communication with healthcare professionals, who help them to understand what is happening. Importantly, children and young people want to feel listened to and heard ([National Children's Bureau, 2021](#)), and they want to be included in decisions about their care.

Results of the Care Quality Commission (CQC)'s children and young people's survey ([CQC, 2020](#)) found overall positive experiences of treatment, but that children and young people were less positive about feeling involved in decisions about their care, and about not having enough to do or play with in hospital settings. The National Institute for Health and Care Excellence (NICE) has developed a guideline for delivering good patient experience for babies, children and young people in healthcare settings ([NICE, 2021](#)). Recognising the formative period of childhood and adolescence, children and young people's experiences

¹ Please note, these figures come from different data collections and are therefore not comparable at the same intervals.

of healthcare services can potentially impact on how they engage and interact with services into the future. Though it can be easy to overlook the views of children and young people, they are vitally important for improving experiences of services.

Time to act

The evidence indicates that children and young people risk being a forgotten generation – but prioritising children and young people in decision-making presents the opportunity to improve our nation's health, bring down the pressures that are currently impacting services, and enable a prosperous society.

No single organisation is responsible for taking on this challenge: all provider types, local systems and national leaders have a part to play in improving outcomes for children and young people. Trusts are willing and committed to this agenda – and are already working hard to make improvements, some examples of which are set out in this report – but they require backing of the government to see meaningful change. Health services alone cannot provide the solution, we need to see collective action across education, housing and other areas to truly prioritise the needs of children and young people.

A new government led by Prime Minister Sir Keir Starmer was elected on 4 July, making this a timely moment to focus attention on the issues facing children and young people's services. The Labour Party's manifesto ([Labour Party, 2024](#)) made it clear that children and young people are a priority, and its commitments to roll out a cross-government child poverty strategy and mental health hubs in every community are welcome. We believe the findings and recommendations in this report will support further, meaningful, urgent action on the issues outlined, enabling the new government to fulfil its promise to raise the *"healthiest generation of children and young people in our history"*.

About our research

The themes in the report are informed by a recent survey of NHS trusts. The survey was open from April to May 2024. We received 134 responses from 95 unique trusts, accounting for 45% of the provider sector. We received responses from a mix of leadership roles, including chairs, chief executives, strategy directors, chief operating officers and directors of children and young people's services. All regions and trust types – including acute, community, mental health and ambulance – were represented in the responses.

For the purpose of this survey, we define children and young people as those aged between 0-25 years old to reflect the commissioning and provision of these services within the NHS.

THE STATE OF CHILDREN AND YOUNG PEOPLE'S SERVICES

2

Demand for services

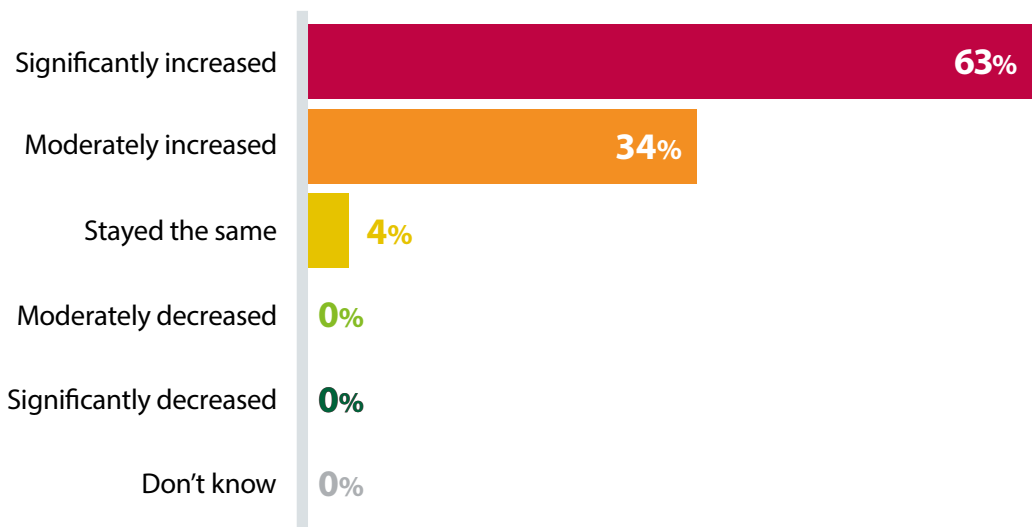
Increasing demand for children and young people's services

Nearly all respondents (97%) said that the current level of demand for children and young people's services has increased since the pandemic. The national data shows that trusts across the NHS are providing care to an increasing number of children and young people but are still struggling to meet rising demand. For instance, 5.3 million children and young people were in contact with mental health services in 2023/24 – up by 8.1% compared to 2022/23 and 25.7% compared to 2021/22.

Figure 1

How does the current level of demand your trust is experiencing for children and young people's services compare to pre-pandemic?

(n=134)

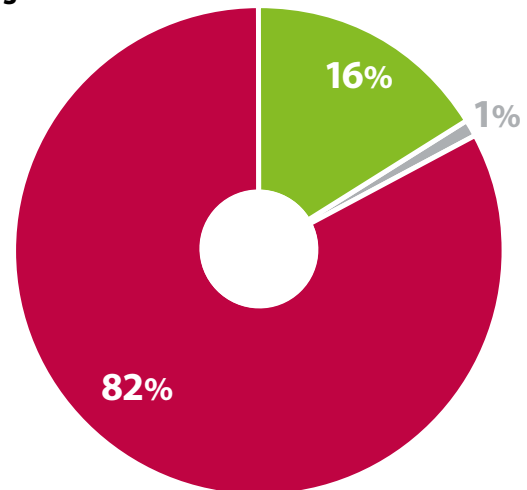


Only 16% of respondents said they were meeting current demand for children and young people's services. When broken down by sector, ambulance trusts were more positive about their ability to meet demand, with 50% (four respondents from ambulance trusts) saying they are doing this. Looking to the next 12-18 months, 75% of respondents said they would be unable to meet anticipated levels of demand. These findings support the national data outlined above, and are consistent across trusts delivering acute, mental health and community services, although respondents from ambulance trusts were more likely to say that demand had stayed the same compared to pre-pandemic levels.

Figure 2
How would you describe your trust's ability to meet the current demand for children and young people's services it provides?

(n = 134)

- Meeting demand
- Not able to meet demand
- Don't know



Trust leaders were similarly concerned by their wider partners' ability (schools and colleges, the voluntary sector, social care and local authorities) to meet demand for children and young people's services, with 89% saying that their partners were unable to do this. Capacity across both health and wider public services is central to tackling the challenges outlined in this report.

Why demand cannot currently be met

The most common answers to the question 'what are the top three reasons that demand for children and young people's services is not being met at your trust?' were: increased acuity and complexity of patients and service users (58%), insufficient services commissioned (39%) and long term impact on demand caused by the Covid-19 pandemic (30%). Trust leaders report that the increased acuity and complexity of children and young people has several causes. All of the following are viewed as having had an impact, particularly on children and young people presenting to mental health services: the long-term effects of the Covid-19 pandemic, including the impact of lockdowns on health and wellbeing, in-person education, and contact with public services; cost of living pressures and inequalities; and wider societal shifts such as access to smartphones and social media. These factors are also impacting on acute trusts, with leaders reporting increasing numbers of children and young people with eating disorders presenting in emergency departments and being admitted to adult hospital beds. These are not the most appropriate settings for children and young people to receive treatment, but they are often viewed as a 'place of safety' while individuals wait for a specialist care.

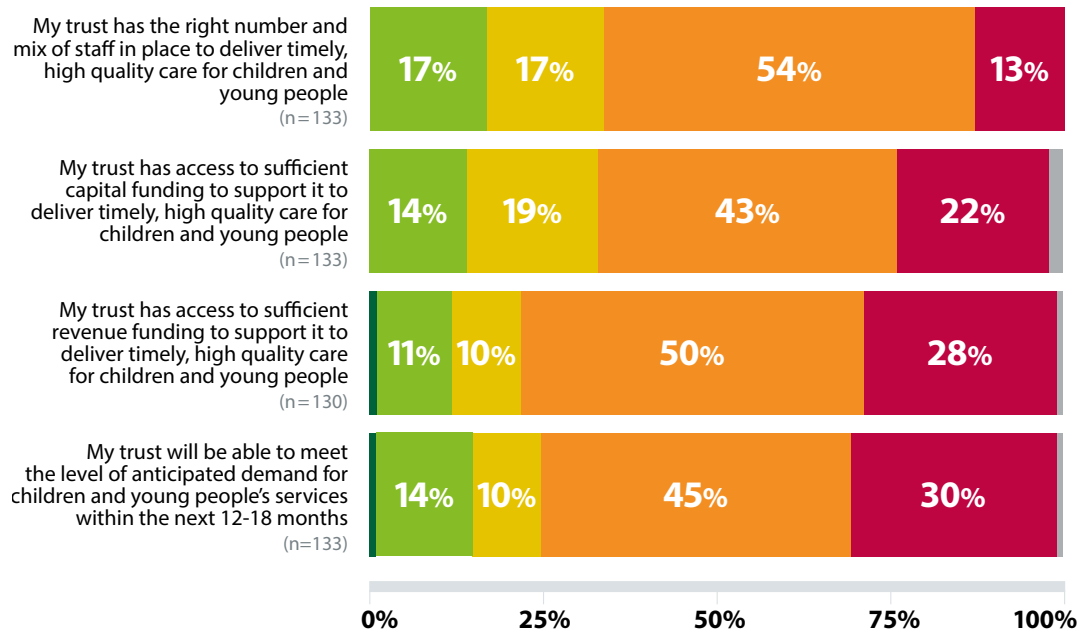
Staff shortages and insufficient funding are also contributing to challenges meeting demand for children and young people's services. Only 17% of respondents felt their trust had the right number and mix of staff in place to deliver timely, high quality care. Likewise, only 14% said this was the case for capital funding, and 15% for revenue funding.

RECOMMENDATION

NHSE and government should require ICSs to give sufficient prioritisation to children and young people's services, and ICSs should protect local capital and revenue funding to help to address the challenges outlined in this report.

Figure 3
To what extent do you agree with the following statements:

Strongly agree ■
Agree ■
Neither agree nor disagree ■
Disagree ■
Strongly disagree ■
Don't know ■



Explaining in more detail, several respondents said that growing recognition and understanding of neurodevelopmental disorders, including attention deficit hyperactivity disorder (ADHD) and autism, was leading to increasing referrals, diagnoses and demand for services. This had the greatest impact on trusts providing mental health and community services.

“ Since 1 April 23 to 1 April 24 there is an 83% increase in referrals onto the ADHD Pre diagnostic pathway and 85% increase for ASD within the same timescale.

CHIEF OPERATING OFFICER, COMMUNITY TRUST

“ 41% increase in referrals to CAMHS in 2022/23 compared to 2019/20; 127% increase in referrals to eating disorders in 2022/23 compared to 2019/20; ASD/ ADHD diagnostic pathway (inc. continued challenges with ADHD meds shortage) – 103% increase in waiting list size over previous year (1034 March 2023 vs. 2100 March 2024).

FINANCE DIRECTOR, ACUTE SPECIALIST TRUST

Gaps between paediatric and adult services are also contributing to challenges meeting demand, and can leave young people struggling to access care because there is an age cut off for a service or waiting list, or because they transition between children and adult services. Four out of five respondents (80%) reported concern about gaps in service delivery between paediatric and adult services. This is despite the commitment in the NHS Long Term Plan (NHS England, 2023) to move to a '0-25 years' service by 2028. Respondents said this often occurred in mental health services and neurology or neurodevelopmental services, and had the greatest impact when health needs were most complex. Considering growing demand in these service areas, there is a risk that increasing numbers of children will face very long waits and struggle to access care due to gaps between paediatric and adult services.

RECOMMENDATION

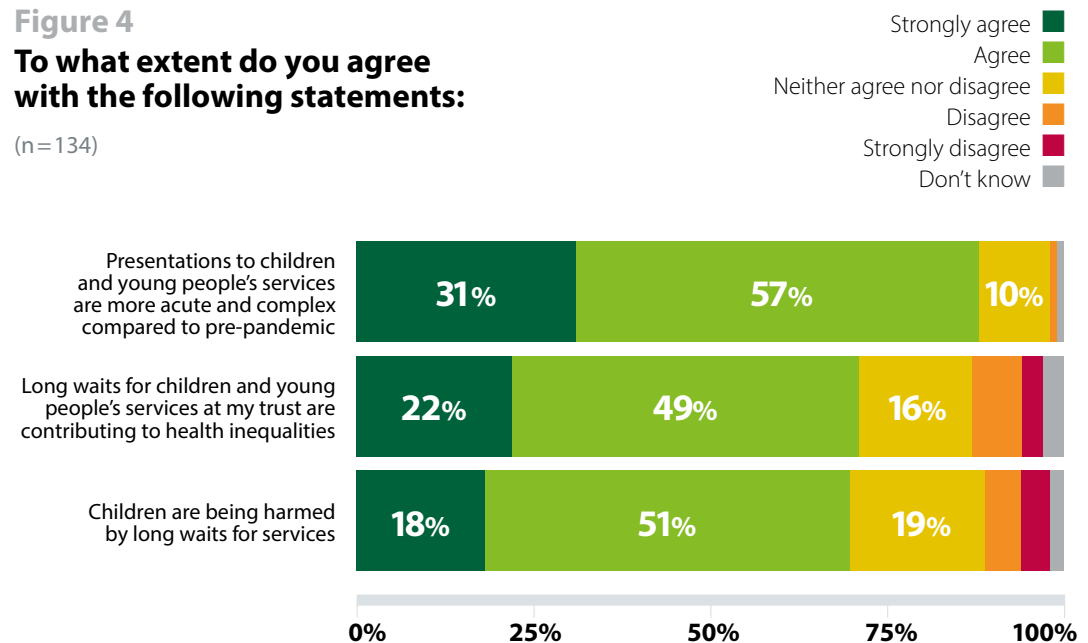
NHSE should undertake a full review of transitions between paediatric and adult services to understand where there are common gaps. This would build one existing national work around delivering a 0-25 service, and inform the development of nationally led policy and guidance to support providers and systems to tackle this.

Impacts of demand not being met

Trust leaders are deeply concerned by the impact that difficulty accessing services is having on children and young people. Over two thirds of respondents (69%) said children were being harmed by long waits for services, while 71% agreed that long waits at their trust were contributing to health inequalities.

Figure 4
To what extent do you agree with the following statements:

(n = 134)



In their comments, respondents highlighted links between deprivation, long waiting times to access services and worse outcomes. Our report 'Reducing health inequalities faced by children and young people' (NHS Providers, 2023) outlines a suggested set of actions trusts could take to tackle health inequalities experienced by children and young people. These include embedding NHS England's Core20PLUS5 (NHS England, 2021) framework for children and young people, and seeking to involve children and young people more in the design and delivery of services.

“ Long waiting times for children from deprived backgrounds or recent immigrants mean that they are sicker when they finally get to us. Also seeing an increased level of mental illness in our patients.

CHAIR, ACUTE SPECIALIST TRUST

“ [The trust] serves a population in which c. 67% of children and young people live in absolute or relative poverty; this means significantly higher prevalence of issues with oral health, mental health and driving exceptionally high demand, which cannot be adequately met – and therefore widening inequalities.

STRATEGY DIRECTOR, ACUTE SPECIALIST TRUST

Respondents were also concerned about the impact the challenges outlined are having on staff delivering these services. Indeed, 86% of respondents said they were extremely or moderately concerned about the impact that challenges providing care for children and young people is having on staff morale. These impacts on staff morale have the potential to make recruitment and retention of staff more difficult, exacerbating existing workforce pressures and challenges meeting demand. The NHS Long Term Workforce Plan (LTWP) (NHS England, 2023) outlines opportunities to increase the number of staff delivering children and young people's services, including by increasing the health visiting workforce by 2031/32. However, the workforce pressures in children and young people's services require further focus, both within the NHS and outside the remit of the plan, in social care and the voluntary sector.

RECOMMENDATION

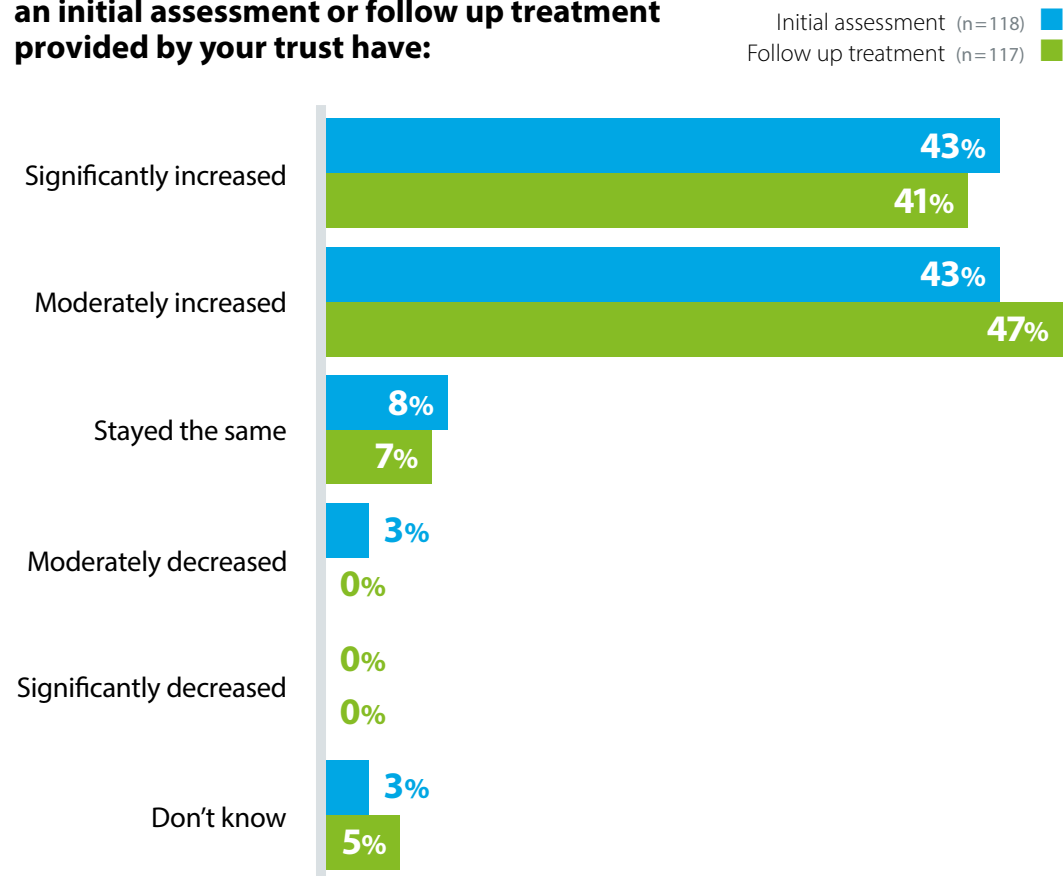
To support and embed the work that frontline trusts are pursuing, government should commit to fully funding and delivering the LTWP and, at the review taking place in summer 2025, update the plan so there is a stronger and clearer focus on prevention and early intervention.

Waiting lists and waiting times

Compared to before the pandemic, respondents said waiting times for children and young people to access an initial assessment have increased (86% said significantly or moderately). Likewise, 88% of respondents reported that waiting times for follow up treatment had increased compared to pre-pandemic.

When asked about the services they were most concerned about, the highest number of mentions referenced neurodevelopmental services like autism, ADHD and community paediatrics. Many trusts also referenced speech and language therapy, eating disorder services and dental services. This aligns with existing evidence on demand for and access to these services. National data shows a rising number of children are struggling to access dental services ([Office for Health Improvement and Disparities, 2024](#)) while reports by the Children's Commissioner ([Children's Commissioner, 2024b](#)) and the Royal College of Speech and Language Therapists ([Royal College of Speech and Language Therapists, 2022](#)) highlight growing demand for mental health and speech and language therapy.

Figure 5
Compared to pre-pandemic, overall waiting times for children and young people to access an initial assessment or follow up treatment provided by your trust have:



Respondents shared examples of their waiting lists and waiting times for children and young people's services, revealing significant increases in both. This is particularly the case for neurodevelopmental pathways, where there are examples of 300% increases in waiting lists and average waiting times of three years.

Trust leaders said delays to accessing services would have a significant impact on children and young people, especially to their personal development, school readiness and educational attainment. Not only does this contribute to anxiety and stress for individuals and their families, but it is likely to have a longer term impact on the life chances of these children and young people. Long waits were also viewed as diminishing the scope for early intervention and contributing to increasing complexity and acuity later, when treatment is accessed.

“ *300% increase in children and young people awaiting neurodevelopment assessments from September 2019 to September 2024.*

STRATEGY DIRECTOR, COMBINED ACUTE AND COMMUNITY TRUST

“ *The waiting list for children's continence is now 50% higher than it was in June 2021. There are c. 1000 children and young people on our speech and language therapy waiting list, which pre-pandemic was c. 300. Pre-pandemic the majority waiting for speech and language therapy were assessed within 13 weeks. In April '24, 62% wait more than 13 weeks, with 47% waiting over 18 weeks.*

CHIEF OPERATING OFFICER, COMMUNITY TRUST

“ *Children's spinal surgery waiting times were below 52 weeks in 2019. In comparison we now have a maximum wait time >104 weeks*

CHIEF OPERATING OFFICER, ACUTE TRUST

RECOMMENDATION

Using the insights from frontline services, NHSE should review children and young people's services facing the most significant issues meeting demand, for instance autism and ADHD, with a view to setting national strategy to improve access, experiences and outcomes. This is likely to build on and bring together existing national work, for instance NHSE's new ADHD taskforce announced in March 2024.

PROGRESS AND GOOD PRACTICE

Trust leaders are working hard to address the issues outlined above. The task is not easy amid system-wide financial and operational pressures, but delivering safe and timely services for children and young people is a key priority for trusts.

Around two thirds (68%) of trust leaders said they are providing training and development opportunities for staff, or recruitment and retention initiatives (63%), to support them to better meet demand for children and young people's services. Given issues around staff shortages and morale, steps to improve staff development, recruitment and retention are key to improving access to services.

The areas that trusts reported making the most progress on were improving access to outpatient services, reducing avoidable admissions to hospital or inpatient beds, and reviewing the commissioning and pathways for neurodiversity services such as autism and ADHD.



We have improved our waiting list position for children accessing outpatient services by focussing on patient tracking processes, management of patients who miss appointments and maintaining open access services for children and families most [in] need.

CHIEF OPERATING OFFICER, ACUTE TRUST



Establishment of a children and young people's Alliance as part of our system's provider collaboratives – to bring together the elective recovery effort, diagnostics etc for children and young people specifically.

FINANCE DIRECTOR, ACUTE SPECIALIST TRUST



Our [regions] wide tier 3.5 intensive home treatment is avoiding admissions for young people into inpatient units. It is helping keep family units together and children living at home. It has reduced the demand for inpatient beds...

STRATEGY DIRECTOR, COMBINED MENTAL HEALTH/LEARNING DISABILITY AND COMMUNITY TRUST



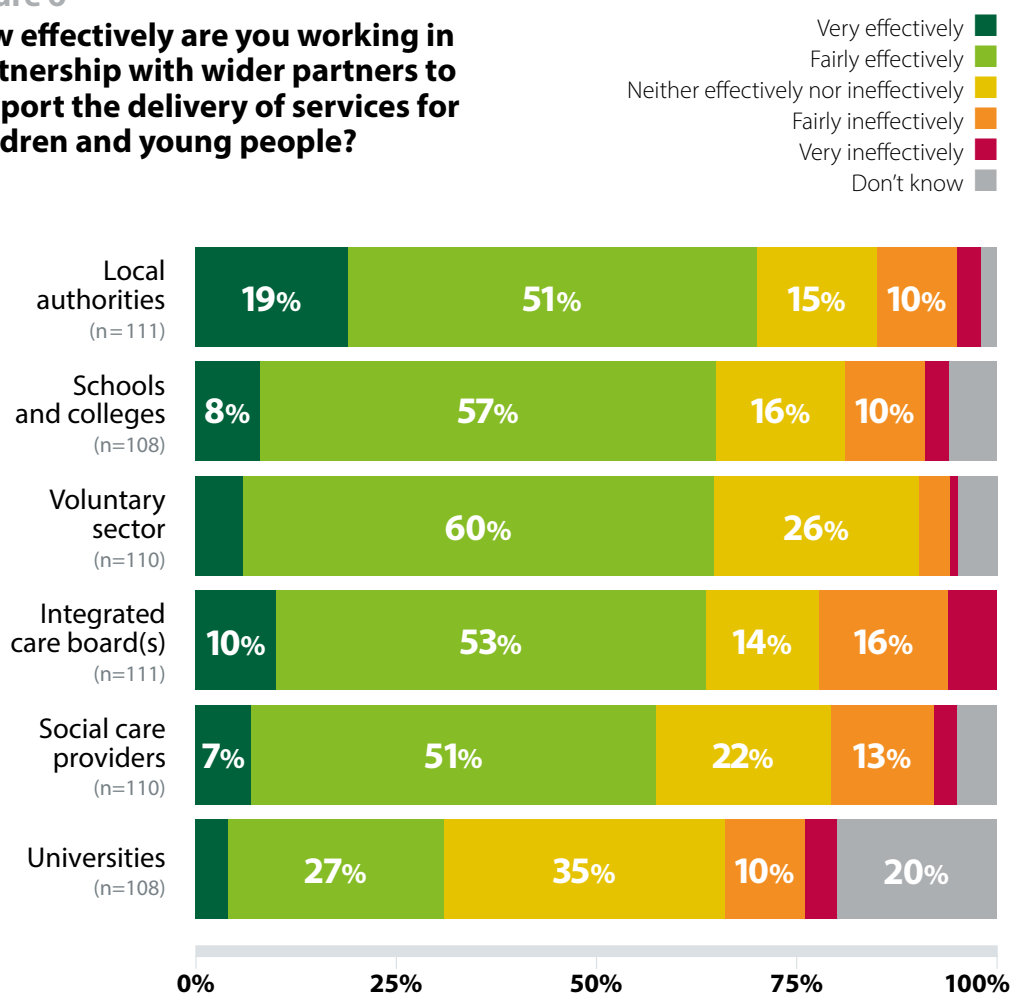
Redesign of neurodiversity pathways to make a case for change to include commissioning the private sector to deliver on diagnostic appointments to 'hold' the waiting list at a steady rate. In CAMHS implementation of the "Thrive" model has significantly reduced waiting time for first appointments. In therapies services we are moving to more digital solutions with website development.

DIRECTOR OF CHILDREN AND YOUNG PEOPLE SERVICES,
COMBINED MENTAL HEALTH/LEARNING DISABILITY AND COMMUNITY TRUST

Survey results showed a clear recognition of the value of collaboration and partnership working. More than four out of five respondents (84%) said their trust was working effectively in partnership to meet demand for children and young people's services, with the most commonly cited partners being local authorities, schools and colleges, and the voluntary sector. Three quarters said they were working to meet demand via collaboration between NHS providers. This demonstrates that trusts are embracing the shift towards collaboration

and partnership working through the formalisation of system working in the 2022 Health and Care Act by progressing partnerships within and outside of the NHS. There is scope to continue building on this progress and appetite for joined up care delivery for the benefit of children and young people.

Figure 6
How effectively are you working in partnership with wider partners to support the delivery of services for children and young people?



OPPORTUNITIES AND SOLUTIONS

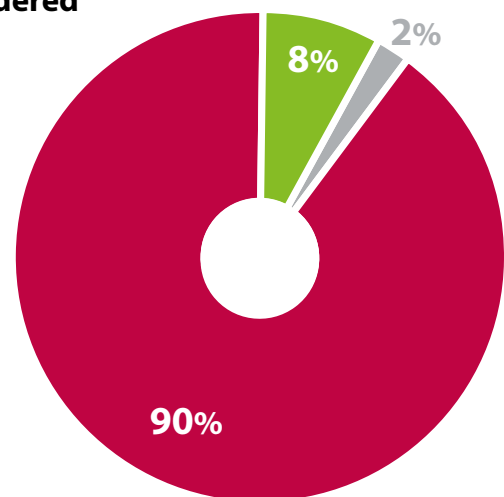
National policy and prioritisation

Nearly all respondents (90%) said the health and wellbeing of children and young people was not considered enough in national policy. Many felt that the national focus and prioritisation was disproportionately focused on adult services. In part, this is related to the lack of voice given to children and young people in the design of policy that affects them and services they use. Respondents were clear that the voice of children and young people should be central to developing a vision for the future of children and young people's services. As outlined in a recent NHS Providers' blog ([NHS Providers, 2024](#)) to mark Children's Mental Health Week, enabling children and young people to have a say in how they want to receive care and working with them as equal partners can help services better meet their needs and manage rising levels of demand.

Figure 7

Do you think the health and wellbeing of children and young people is considered enough in national policy?

(n=111)



When asked what policy changes they would like to see national government make to help their organisation to improve services for children and young people, the most popular responses were:

- increasing investment in prevention and early intervention in the NHS (44%).
- adopting a cross-government approach to improve the health and wellbeing of children and young people (40%).
- increasing investment in targeted early years support across a range of health and wider services (39%).

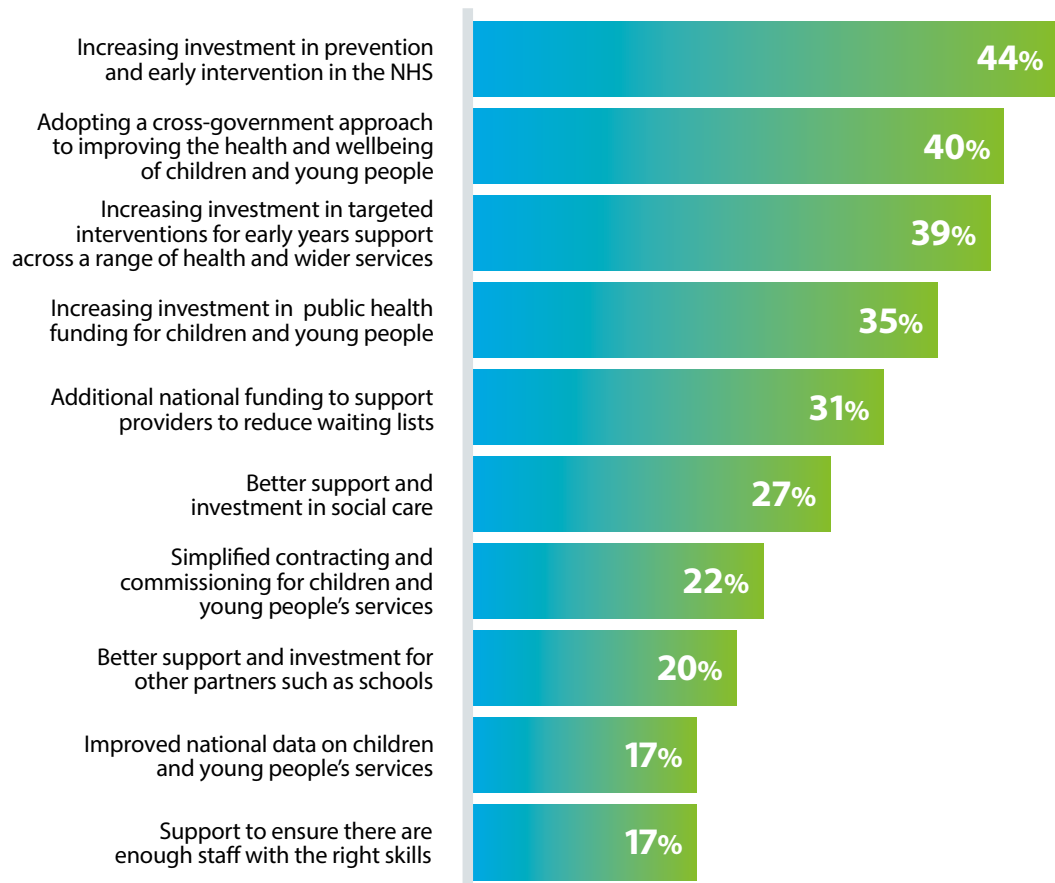
The emphasis on prevention and early intervention is notable and reflective of the view that, to create a sustainable healthcare system for the future, focus must shift towards keeping people well at home and in the community. Prevention initiatives in childhood are vital in preventing the onset of long-term illnesses later in life.

There was also support for increasing investment, in the form of: public health funding for children and young people (35%); national funding to support with waiting list reduction (31%); and better support and investment in social care (27%). This is important as the Health Foundation reports that the public health grant has been cut by 24% since 2015/16, and this has had the greatest impact in the most deprived areas (Health Foundation, 2024). The grant is allocated by the government to local authorities each year to provide services including children’s health, sexual health and smoking cessation.

The prominence of the ask around social care draws attention to the importance of social care partners in supporting children and young people. Trust leaders, especially those delivering mental health and learning disability services, work very closely with these partners, who play an essential role in supporting people to live well in the community. Pressures in the sector have a profound impact on the people accessing these services, as well as NHS delivery.

Figure 8
What policy changes would you like to see national government make to help your organisation to improve services for children and young people?

(n = 110)



RECOMMENDATION

Government should increase the public health grant to restore the provision of key services, such as health visiting and school nursing, which support children and young people to live well in the community and help to prevent ill health. Without this fundamental enabler the efforts of services closest to children, young people, their families and communities will not reach their full potential.

RECOMMENDATION

The new government should develop and implement a cross-departmental strategy for the health and well-being of children and young people to support national prioritisation and focus on early years support and prevention. A cross-departmental strategy would mirror collaboration taking place between services and across systems at a local level, and would also align with similar recommendations made by the Children's Commissioner for England.

System working

Respondents were asked to describe how their local ICSs are currently supporting the delivery of children and young people's services and addressing health inequalities. System working was viewed as playing an important role in ensuring these services are prioritised locally, and facilitating better joined-up, partnership working. In one example, regular communication between key system partners had led to a reduction in the number of children and young people escalating into crisis. When discussing how systems are tackling health inequalities faced by children and young people, respondents referenced the Core20PLUS5 (NHS England, 2021) approach, system-wide audits on health inequalities, and programmes to reduce variation in access. System-level work on health inequalities tended to be at an early stage, and results on the longer-term ambitions of ICSs further away.

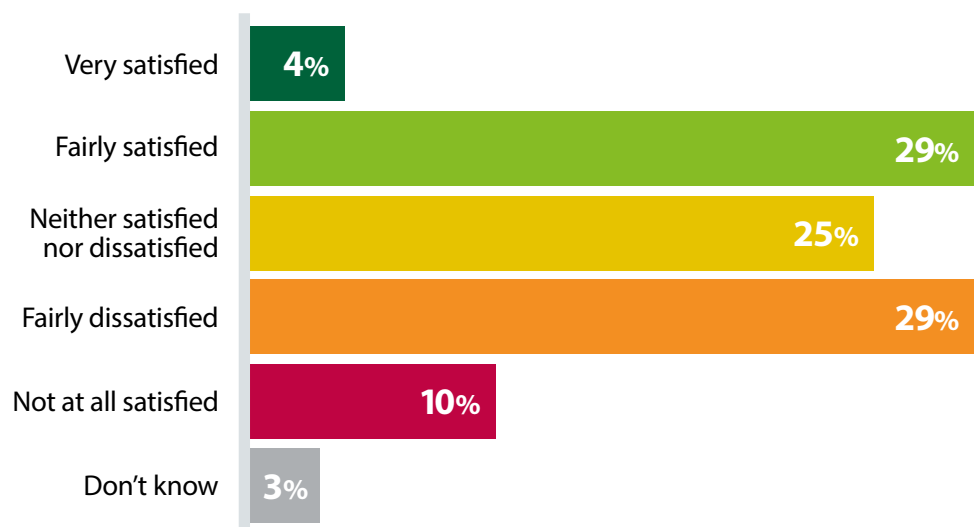
Three quarters (76%) of respondents said their trust is involved in improvement initiatives taking place at system level for children and young people's services. Likewise, 77% said they knew who their ICB executive lead for children and young people's services was. While these figures show good levels of engagement with this agenda at system-level, there is scope to develop this further, and for all trust types to be brought into improvement work (ambulance trusts were less likely than others to feel involved).

However, only a third of respondents (33%) said they were satisfied that their local ICS plans adequately prioritised children and young people’s services, and 39% of respondents felt dissatisfied with their ICSs’ plans, with levels of dissatisfaction higher among ambulance and community trusts. Again, this suggests that there is further work to do to ensure that trusts from all sectors, are brought into system-level work to tackle some of the challenges being felt across the system.

Overall, respondents said systems needed to dedicate a proportionate amount of spending on children and young people to address the existing inequities. However, they acknowledged that the financial pressures facing ICSs would likely make these conversations challenging.

Figure 9
How satisfied are you that your local integrated care system(s) plans adequately prioritise children and young people’s services?

(n=110)



RECOMMENDATIONS

The survey results demonstrate the scale of the challenge facing children and young people's services. Yet, the responses also highlight good practice among trusts, particularly around prioritising training and development to support the child health workforce. Partnership working among providers and across sectors has been an effective lever for enabling change, including reducing demand for beds and improving waiting lists. There are also examples of redesigning pathways and prioritising specific groups of children and young people that might require more targeted support. Elsewhere, we have spotlighted trust case studies that are targeting their efforts in reducing health inequalities (NHS Providers, 2023) experienced by children and young people.

These are welcome examples which will be improving children and young people's outcomes and reducing the burden on services. But much more is needed to effectively address the issue. The government can play a key role in supporting trusts to do more for children and young people, by ensuring prioritisation, policy focus, commissioning and funding alignment. Trusts have told us that there is more that they could do if the right conditions were in place to enable them to act. The recommendations provided here represent a starting point for improving children and young people's health services.

Prioritisation

- 1 The new government should develop and implement a cross-departmental strategy for the health and well-being of children and young people to support national prioritisation and focus on early years support and prevention. A cross-departmental strategy would mirror collaboration taking place between services and across systems at a local level, and would also align with similar recommendations made by the Children's Commissioner for England.

Setting strategy and direction

- 2 Using the insights from frontline services, NHSE should review children and young people's services facing the most significant issues meeting demand, for instance autism and ADHD, with a view to setting national strategy to improve access, experiences and outcomes. This is likely to build on and bring together existing national work, for instance the new ADHD taskforce NHSE announced in March 2024.
- 3 NHSE should undertake a full review of transitions between paediatric and adult services to understand where there are common gaps. This would build on existing national work around delivering a 0-25 service, and inform the development of nationally led policy and guidance to support providers and systems to tackle this.

Funding and investment

- 4 NHSE and government should require ICSs to give sufficient prioritisation to children and young people's services, and ICSs should protect local capital and revenue funding to help to address the challenges outlined in this report.
- 5 Government should increase the public health grant to restore the provision of key services, such as health visiting and school nursing, which support children and young people to live well in the community and help to prevent ill health. Without this fundamental enabler the efforts of services closest to children, young people, their families and communities will not reach their full potential.

Workforce

- 6 To support and embed the work that frontline trusts are pursuing, government should commit to fully funding and delivering the LTWP and, at the review taking place in summer 2025, update the plan so there is a stronger and clearer focus on prevention and early intervention.

CONCLUSION

The view from frontline trusts is clear: children and young people's services are struggling to keep up with demand. The complexity and acuity of patients is rising, placing pressure on integrated services and joined up pathways. Health inequalities are widening as a result. While wider operational pressures and staff shortages are undoubtedly compounding these pressures, children and young people's services face the double disadvantage of a long-term lack of prioritisation which needs to be addressed.

Despite this very challenging environment, NHS leaders are progressing important work locally to tackle these issues. Trusts are often doing this by collaborating with partners from both within and outside the NHS, including local authorities, schools and the voluntary sector: the challenges to improving the health and wellbeing of the next generation will require genuine system working, involving a wide range of public and voluntary sector partners.

To help support and progress the work being led locally, children and young people need greater national prioritisation— otherwise they risk becoming a forgotten generation. Children and young people's services have not been given the right level of focus; there must now be parity with adult services. The new government must take urgent action to support trusts and systems to make further, faster progress for children and young people.

The key to delivering meaningful change lies in prevention and early intervention. Improving the health of children and young people today will enable them to contribute fully to the future workforce, boost economic activity and help public services, including the NHS, to keep pace with demand. Intervening in childhood and adolescence is critical, or we risk storing up problems for the future.

In this report, we have set out a series of recommendations for government, NHSE and systems to tackle the challenges outlined and to improve outcomes for children and young people. NHS Providers looks forward to working alongside our members to support the government, NHSE and systems to make improvements to the provision of care for children and young people.

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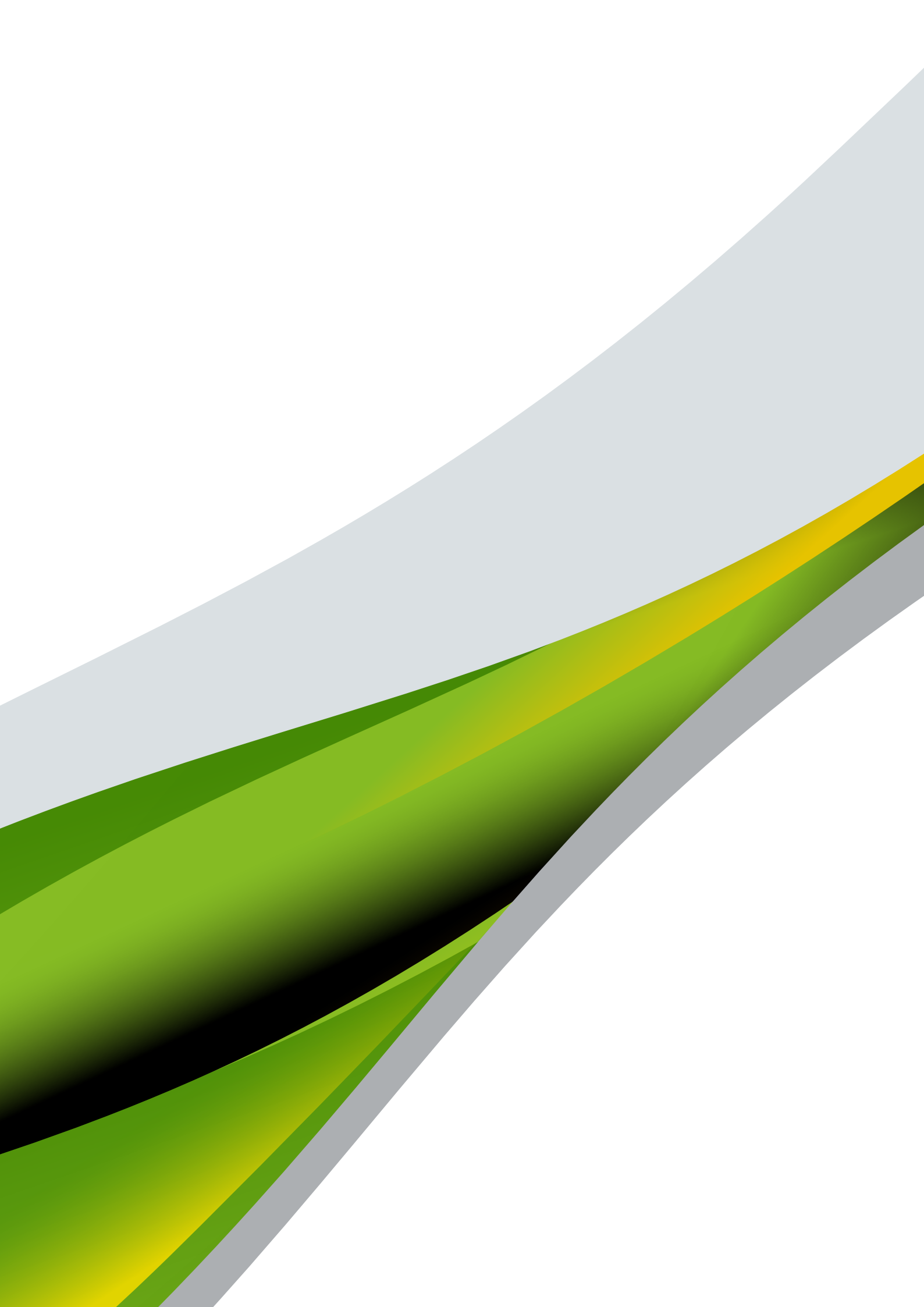
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Interactive version

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