

Public Accounts Committee Inquiry: Introducing Integrated Care Systems

AYPH response

At the Association for Young People's Health we support the intentions set out with the introduction of Integrated Care Systems (ICSs) across England. It is crucial that patients receive more joined up and holistic care. We are specifically interested in how ICSs contribute to the following two areas:

- Addressing the specific needs of children and young people aged 0-25;
- Reducing health inequalities.

We are pleased that both of these areas are covered within the legal framework and accompanying guidance relating to ICSs.

Integrated Care Boards (ICBs) must appoint an executive lead for children and young people, to provide strategic oversight to meet the needs of this age group. The lead will be involved in drafting the integrated care strategy for their area.

In relation to health inequalities, there is a duty for ICBs to have regard to the need to reduce health inequalities with relation to both inequalities in health outcomes and accessing health services. ICBs will be required to publish data and information on the extent to which inequalities have been reduced. Additionally, NHS England is in the process of developing a Core20PLUS5 approach for reducing health inequalities for children and young people, which will outline specific metrics for ICSs to deliver.

Additionally, we welcome the proposals for ICSs to increase collaboration between the NHS, Local Authorities and local VCSE partners. Efforts locally to improve overall population health will ultimately contribute to reducing health inequalities. This aim will be achieved through the establishment of Integrated Care Partnerships (ICPs). Much will rely on the membership of these groups, which will vary from place to place. Partnership arrangements should adequately and appropriately represent services and organisations that meet the needs of children and young people, including increased collaboration with schools and colleges.

Currently, there is little information or evidence on how ICSs are meeting the needs of children and young people, whether they are making progress on reducing health inequalities or what the makeup of their ICP boards are. We do not have a comprehensive understanding of what is or is not happening at the local level across England. We need an improved understanding of what the metrics will be for ICSs addressing these topics, and how this will be reported and assessed in data reporting.

It is imperative that in the establishment of ICSs and publication of local strategies, there are accountable structures and systems to ensure that the duties relating to children and young people and reducing health inequalities are upheld. There must be robust and transparent mechanisms for checking what has been delivered and achieved. Anecdotally, we have heard good practice emerging from some ICSs but it is unclear whether these are widespread. For example, one ICS has created a children and young people's committee to support the work of the executive lead for children and young people. This approach embeds the focus on children and young people in a more systemic way and shares the responsibility and accountability across teams and staff members.

Support and guidance may be needed for ICSs where there is no existing experience of engaging with children and young people. AYPH have developed [guidance on engaging young people in health services research and service design](#), which would be useful to be disseminated to all ICSs.

About AYPH

The Association for Young People's Health works to understand and meet the particular health and wellbeing needs of 10-25 year olds.

We want all young people to have the best possible health and equal access to high quality youth friendly services.

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