



Introduction

The policy context for childhood bereavement services is changing fast, and can feel unnerving. This paper summarises key policy developments from the last two months, and links you to sources of further information, as well as letting you know what CBN is doing on behalf of you and the children and families you work with.

CBN responds to relevant consultations as well as working proactively to influence policy. It is always helpful for us to have your input into policy consultation responses, particularly if you have any case studies which are particularly relevant, or evidence of the impact of your services. Please contact apenny@ncb.org.uk if you'd like to be involved.

Comprehensive Spending Review

http://www.hm-treasury.gov.uk/spend_index.htm

On 22 October, the government announced its plans for the three year spending cycle from April 2011. The cuts have been widely reported. While the implications for the children's sector aren't quite as dire as had been feared, they are still significant. However, much of the detail remains sketchy, and will become clearer as local authorities work out what services they should and will provide. Potential areas which may affect bereaved families and those working with them include:

Local government

- The money which local authorities receive from central government is being cut by 28% over the next four years. At the same time, the ring-fencing of grants will end (apart from those for schools and for public health) so local authorities will be able to spend the money intended for particular services on another aspect of their work (such as 'potholes or rubbish collection' Sir Paul Ennals, Children and Young People Now, 26 October 2010).
- Local authorities will cease reporting on local area agreements.

Education

- The schools budget is protected until 2015 with small annual increases, but the non-schools element of the Department for Education's budget (eg children's social care, youth services) faces cuts of 12%.
- Support for schools will be significantly reduced, including education welfare, schools improvement and special educational needs provision.

Early intervention

- Funding for Sure Start will be maintained in cash terms (meaning a real-terms fall in spending). DfE have made assurances that it will remain a universal service, but will investigate ways of better targeting disadvantaged families.
- An Early Intervention grant worth about £2bn by 2014/15 will be allocated to local authorities to spend on a range of early intervention services as they see fit. The sum for 2011/12 has not yet been fixed. It is not yet clear which existing funding streams make up the grant and whether it will maintain their equivalent value.

Voluntary and Community Sector

- The Office of Civil Society will administer £470m funding for the voluntary and community sector over four years. This includes a one-year transition fund of £100m to support those delivering frontline services to help them manage the impact of spending reductions. However, ACEVO estimates that the charity sector faces £4.5bn in funding reductions over the next four years, partly as a result of local authorities having much less to spend on commissioning services and giving grants.
- 40% of lottery funding will be allocated to the voluntary and community sector.

Welfare benefits

- Child benefit will be withdrawn from families which have a higher rate taxpayer from January 2013. Presumably this will include families where a widowed parent is a higher rate taxpayer.
- In April 2011, the percentage of childcare costs parents can claim through the childcare element of the Working Tax Credit will be reduced from 80 to 70 per cent.
- From 2013, household benefits will be capped at around £500 for couple and lone parent households, and around £350 for single adult households, except those receiving Disability Living Allowance and working families claiming Working Tax Credits.

Health

- The NHS budget will increase by 0.4% in real terms over the next four years.

Adult Social Care

- An additional £2bn will be spent on adult social care by 2014-15, including £1bn within the NHS budget to support joint working between health and social care.

Family support

- There will be a national campaign to support families with multiple problems, underpinned by local Community Budgets that provide pooled resources from 2011-12. Community Budgets will be rolled out nationally from 2013-14.

Mental health

- The government has pledged to expand talking therapies for young people. No further details are available yet.

Youth Justice

- The government signalled its intention to send fewer offenders to custody, and plans to invest in mental health liaison services at police stations and courts will be taken forward.

Devolved Nations

Northern Ireland, Scotland and Wales will see a real terms reduction of 25 percent in their resource budget, and of 33 percent in their administration budget (para 2.132). As usual, the devolved nations can decide how to allocate their budgets on devolved issues such as education and health. However, in his statement, the Chancellor confirmed that the devolved nations' settlements will reflect the government's decision to protect education spending. The majority of the welfare measures announced in the Review – for example changes to tax credits – will apply across the UK.

NHS Reform

The Department of Health has published a short document on the implications of its plans for NHS reform for children's health services *Achieving Equity and Excellence for Children* http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_119449 . The paper responds in part to Sir Ian Kennedy's review into NHS services for children http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_119445, and follows the publication of an NHS White Paper in July and subsequent consultation documents.

- It rejects the notion of "creating a single organisation with responsibility for all of the public services that support children and young people", at the national or local level, as a means of securing integration across those services. This is likely to be in response to Sir Ian Kennedy's recommendation that a 'dedicated Local Partnership' for children's health and other services be established in every local area
- Primary Care Trusts' and Strategic Health Authorities' cooperation and safeguarding duties under the Children Act 2004 will be transferred to GP commissioning consortia, and the consortia will be required to become members of Local Safeguarding Children's Boards
- Arrangements for joint working across the new local health and well-being boards and children's trusts will be left to local discretion
- Local HealthWatch will be expected to promote the voices of children, young people and families to inform health commissioning and ensure shared decision-making about their care
- Health Visitors, Children's Centre outreach services and voluntary organisations will have a role to play in helping families navigate the healthcare system
- Government will seek to use the NHS Outcomes Framework to provide incentives to GP commissioning consortia to prioritise children and young people's services
- Government is thinking through how the NICE quality standards, which will underpin the NHS Outcomes Framework, can reflect key issues for children's health, including: transition,

safeguarding, promoting the voices of young children and those who are severely disabled, arrangements for looked after children and the impact of parental health

- Government is exploring the practicality of implementing a national signposting service to help practitioners identify others working with a vulnerable child so that they can share information (replacing ContactPoint).

Palliative Care Funding Review

In the Coalition Agreement, the Government made a commitment to introduce per-patient funding for palliative care. Putting this system in place will take several years, so the Government has set up an independent review to examine dedicated palliative care funding for adults and children in England, and to make recommendations on the way forward. The review is chaired by Tom Hughes-Hallett and Professor Sir Alan Craft.

The Review Team published their interim report on 3 December 2010 and it can be read here <http://palliativecarefunding.org.uk/> The interim review draws on extensive consultation with the palliative care sector and provides a definition of core dedicated palliative care services. Importantly for the bereavement field, core components include counselling and psychological services, spiritual and social support, and bereavement support for families and carers.

An important next step for the Review Team is to make recommendations on which of these core components should be funded by the NHS as a statutory responsibility, and which should be funded through a 'top-up' by the voluntary sector, private sector or individuals.

CBN will be coordinating a response from the child bereavement field to recommend what aspects or proportion of bereavement care for children should be state funded. We will be consulting with CBN members at the regional policy meetings, and will organise a national consultation event for early spring 2011. Please contact apenny@ncb.org.uk if you would like to attend.

Public Health White Paper

Healthy lives, healthy people: our strategy for public health in England

The Department of Health published the Public Health White Paper on 1 December <http://www.dh.gov.uk/en/Publichealth/Healthyliveshealthypeople/index.htm>

The paper outlines the government's commitment to 'protecting the population from serious health threats; helping people to live longer, healthier and more fulfilling lives; and improving the health of the poorest, fastest' (para 1). It responds to Professor Sir Michael Marmot's *Fair Society, Healthy Society* report and adopts its life course framework for tackling the wider social determinants of health. Of relevance to bereaved children and those working with them, the paper announces that

- The government will transfer local health improvement functions to local government from April 2013, with ring-fenced funding for public health and a new health premium to

reward them for progress made against the forthcoming public health outcomes framework, taking health inequalities into account

- Directors of Public Health will take the local strategic lead for public health and health inequalities
- In local government there will be new opportunities to develop integrated local strategies between public health services, children's services and the NHS. Increased numbers of health visitors will deliver the Healthy Child Programme and the Family Nurse Partnership programme.
- Schools will continue to promote health through PSHE and their pastoral role (para 3.16)
- 'Public health funding, alongside the new early intervention grant, will allow local areas to develop a tailored approach that responds to the needs, age and vulnerability of the young person and particularly targets at-risk groups' (3.17)
- School-based health promotion will aim to improve self-esteem and develop positive social norms (3.18)
- The Department of Health will broaden the Change4Life programme to take a more holistic approach to childhood issues, eg covering mental-wellbeing (para 3.19)
- The Healthy Child Programme for school age children will include an expanded talking therapies service (3.21)
- For children and adolescents with mental health problems, central government will support interventions that promote mental health resilience and effective early treatment, including talking therapies, thus reducing the likelihood of problems extending into adulthood (3.23)
- The Department of Health will continue to promote the implementation of the End of Life Care Strategy and in particular the societal strand being led by the National Council for Palliative Care and the Dying Matters coalition (3.70).
- The paper acknowledges the importance of parent-child relationships in building self-esteem and reduce the risk of children adopting unhealthy lifestyles (1.18)

Departmental Business Plans 2011-2015

Government departments have published their business plans for the coming period. Points of relevance to bereaved children and those working with them are summarised below.

Department for Education

<http://www.education.gov.uk/aboutdfe/departmentalinformation/business%20plan/a0066705/department-for-education-business-plan-november-2010>

1.4 Introduce a new pupil premium for disadvantaged pupils

5.1. ii Work with local authorities to develop a plan to increase voluntary and community sector involvement within Sure Start Children's Centres, improve accountability arrangements, increase the use of evidence-based interventions, and introduce greater payment by results

5.1 iii Introduce a new Early Intervention Grant to provide local authorities with the funding they need to support Sure Start and other intervention programmes

6.1 ii Work with the Department of Health to develop and publish a mental health strategy, including improved support for children and adolescents

6.2 Improve arrangement for protecting children from harm

6.4 i Develop proposals to support a wider range of providers to offer services to young people

6.4 iii Develop proposals to support vulnerable young people by refocusing youth services on early intervention

6.5 i Develop a new child poverty strategy, taking account of the conclusions of Frank Field's Review on Poverty and Life Chances

6.6 i Develop a new approach to turning around the lives of chaotic and dysfunctional families

6.6 ii Put funding for relationship support services on a stable footing through continued central government investment

Department of Health

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121393

1.1 v. Implement choice of treatment and provider in some mental health services, and extend this where practicable

1.4 Introduce personal health budgets for people with chronic/ long term conditions

1.5 Create HealthWatch, a new body to act as the voice for patients and the public

2.2 iv. Extend Payment by Results to community services, mental health and end-of-life care

2.3 Devise a palliative care funding system which is responsive to the wishes of patients

2.3 iv. Announce a new funding model for dedicated palliative care

2.4 ii Consult on proposals for a Cancer Drugs Fund

2.4 iv. Create a Cancer Drugs Fund to enable patients to access an increased range of cancer drugs until full transition to the new pricing process

2.6 iii. Publish cross-government strategy for mental health services and public mental health

2.6 iv. Begin to implement the Improving Access to Psychological Therapies service

2.6 v. Initiate a stand-alone programme to extend access to NICE-approved talking therapies for children and young people

4.7 Recruit 4,200 extra Sure Start health visitors

5.1 Reform funding of the social care system

5.3 i Publish an update of the carers' strategy, including the intention to increase spending each year to increase the number of breaks for carers

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