RCPCH &Us submission to the Change NHS portal as at 02.12.24 at 15:45.
4979 words excluding references.

1. **Name of organisation**
   RCPCH &Us, the children, young people and family network of RCPCH

2. **What does your organisation want to see included in the 10-year health plan and why?**

Children and young people have a right to the best health and health care possible (UNCRC Article 24[i]) and the right to have their voices heard in decisions that affect them (UNCRC Article 12[ii]) *both individually and collectively, which should be considered in decision-making, policymaking and preparation of laws[iii].*

Children and young people are passionate about having their voices heard in the discussions about health service developments. RCPCH &Us, the children and young people's network of the Royal College of Paediatrics and Child Health (RCPCH), were therefore disappointed that their rights under the UN convention were not met due to the Change NHS portal engaging with 16+. We hope that this was an oversight on the part of the government, and we look forward to constructive engagement which meets our rights in the future. RCPCH &Us has canvassed the voices of more than 2000 children and young people to present our views, to have parity with adults in shaping services that children and young people will use. We hope and expect these views to count.

The General Comments on voice and health states "*Article 12 imposes no age limit on the right of the child to express her or his views and discourages States parties from introducing age limits*"[iv] and the option must be provided for children and young people to share "*views on all aspects of health provisions, including, for example, what services are needed, how and where they are best provided, barriers to accessing or using services, the quality of the services and the attitudes of health professionals, how to involve them more effectively in the provision of services, as peer educators*"[v].

Children and young people (rights holders), need everyone who works within the health and care sector or hold the power to make decisions and legislate (duty bearers) to protect and promote their rights under the United Nations Convention on the Rights of the Child[vi]. In our submission, we would like to take the opportunity to set out practical ways in which policy-makers can ensure that children and

young people can be actively supported to participate. These insights will greatly aid policy-makers in any considerations for health services that support children and young people in a rights-based way.

We hope that by raising the issue of children and young people being overlooked, that this also can extend to their representation in the Change NHS working groups, whose membership currently does not include professional representatives for children and young people. The UN General Comment states: *"Children and young people under the age of 18 have the right to express their views freely in all matters affecting them either directly, or through a representative or appropriate body. Representatives must have sufficient knowledge and understanding of the various aspects of the decision-making process and experience in working with children"* [vii].

The workshop in a box, needs to be adapted for sessions with children and young people, to provide age and stage appropriate materials, so that they are not further excluded as a group from being heard on what matters to them [viii].

Furthermore, their digital rights have also been overlooked, with the UN saying *"States parties should promote awareness of, and access to, digital means for children to express their views and offer training and support for children to participate on an equal basis with adults, anonymously where needed, so that they can be effective advocates for their rights, individually and as a group"* [ix] alongside their right to have information provided in a way that meets their needs [x].

In addition to a children's rights oversight for those aged under 16, we feel that the Change NHS online portal and workshop in a box process has not been informed by the principles in the NHS Statutory Guidance: Working in partnershp with people and communities (2022) for under 16s, as well as the Equality Act (2010) not being followed in relation to age discrimination for this age group.

We are calling for children and young people's rights to be respected, and for them to be given equal access through a rights-based [xi] approach to engage with the Change NHS programme and the ongoing reform of the NHS.

Children and young people from the Royal College of Paediatrics and Child Health (RCPCH) are clear in their request to policymakers, governments and public services:

> *We are the future. But if we are the future, we need to be looked after now. Our health matters.*
>
> *We have a right to have the best health possible and for the government to provide quality health services for all children (Article 24 of UNCRC).*
>
> *Having good health and access to good health services matters to us, our families, our communities, and so we can contribute fully in the future.*
>
> *Our voices aren't currently being heard. Children and young people are overlooked because we don't have a vote, and if we are asked our views, it is selective due to our age, so we don't have a chance to really add our opinions[xii].*
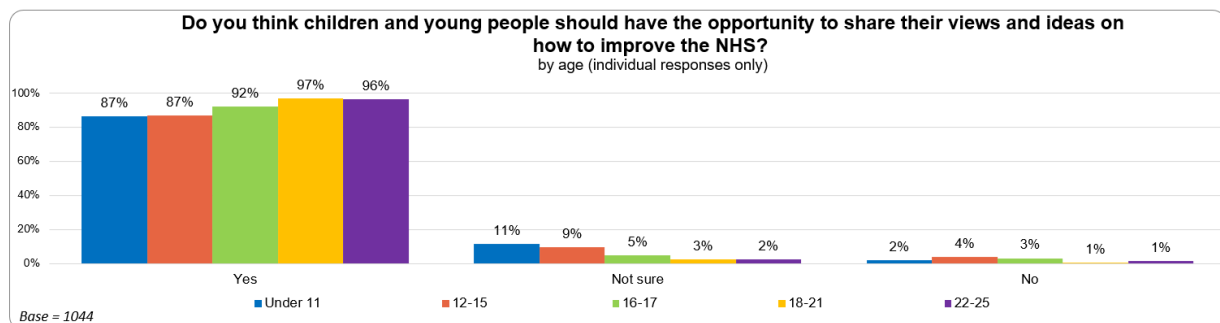>
> RCPCH &Us young people

Children and young people are 20.79%[xiii] of the population in England. It is possible to engage with and get input from children and young people at scale and with under-represented groups, by creating a rights-based engagement approach. Children and young people actively want to be involved and to share their views.

RCPCH &Us engaged with over 2000 children and young people across England in a 10-day period in November 2024. Children and young people aged 7 to 25 from different locations, socio-economic backgrounds, with those who have health and disability experiences and from a range of ethnic backgrounds. Participants took part via online surveys, individual conversations and a range of group sessions on the street, in clinics, schools, pupil referral units, hospitals, voluntary sector providers, specialist education centres and youth clubs, replicating the "Start Here / Your Experiences / Your Ideas" elements of the Change NHS Portal. Children and young people taking part have life experiences of being in care, additional learning needs, disabilities, health inequalities, child poverty, LGBTQIA+, young carer experiences amongst other diverse backgrounds.

Through our analysis, whilst not a representative sample of children, young people and young adults, our comparison of our subgroup data (ethnicity, gender, age and disability) and the numbers involved (over 2000) provides us with statistical confidence in our overall findings. (Full data available on request via and_us@rcpch.ac.uk)

Children and young people are passionate about the NHS, sharing thoughtful and creative ideas and want to support the transformation of the NHS over the next 10 years.

90% children and young people said that they want to be involved in working with the NHS from those that took part in our individual surveys (1000+). When looking at the subgroups analysis (age, ethnicity, disability/health condition, gender), all had a consistently high response to this question. The chart below shows the responses to our individual surveys with similar views being held by those who took part in our wider engagement activity.

Do you think children and young people should have the opportunity to share their views and ideas on how to improve the NHS?
by age (individual responses only)

	Yes	Not sure	No
Under 11	87%	11%	2%
12-15	87%	9%	4%
16-17	92%	5%	3%
18-21	97%	3%	1%
22-25	96%	2%	1%

Base = 1044

1035 online survey comments from children and young people captured the best things about the NHS such as:
- free healthcare
- healthcare that treats everyone equally, regardless of income, background or circumstances
- high standards of care provided by the NHS including emergency care that saved lives and tailored treatment for chronic illnesses like epilepsy or cancer
- round-the-clock availability access care locally or through systems like 111 was also seen as highly convenient
- quick and reliable responses during emergencies
- free or subsidised medication, particularly for under-18s. This was seen as a significant benefit for young people with chronic conditions or for accessing preventative care like contraception
- a wide range of services was appreciated. This included not only physical health but also mental health support, vaccinations in schools, orthodontics, and pharmacy access
- peace of mind in times of illness or injury. The reassurance that care is always available, without the financial stress, was a recurring theme.
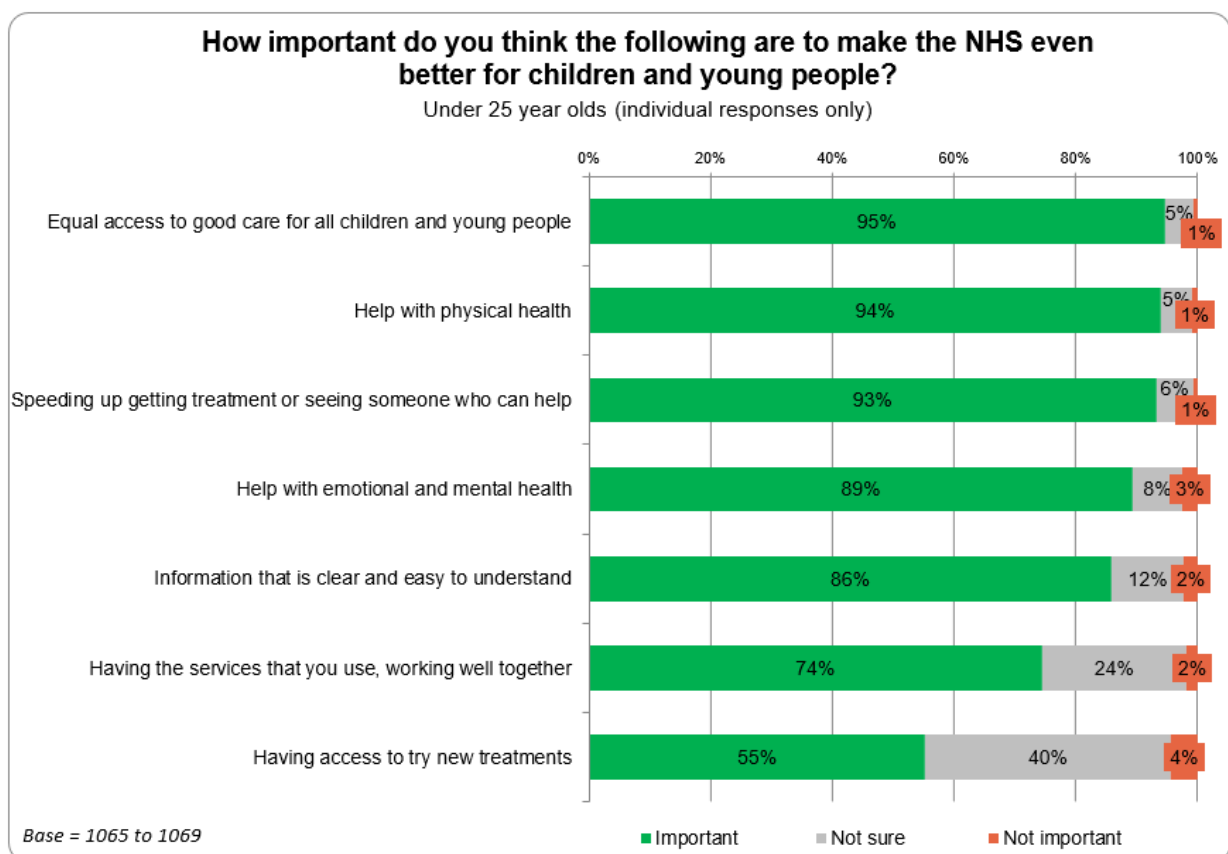
Comments included:
- *"It's free! I don't have to worry about my financial situation when it comes to my health."*
- *"It's available for all, no matter your background, circumstances, or beliefs."*

- *"I appreciate the confidentiality—it allows young people to seek help without embarrassment or fear."*
- *"The staff work tirelessly despite being underfunded and underappreciated."*
- *"Nurses and doctors are incredibly kind and supportive. They go the extra mile for patients."*
- *"I have type 1 diabetes, and the NHS allows me to get free prescriptions for life. Without this, it would cost a fortune."*
- *"It puts you at ease knowing that if you fall ill, the NHS is there for you."*

Children and young people want equal access to good care that meets their needs.

Children and young people shared views on the Darzi priorities, which were adapted to be asset focused. In rating the topics below, children and young people provided a clear mandate that having equal access to good care for all.

How important do you think the following are to make the NHS even better for children and young people?
Under 25 year olds (individual responses only)

Topic	Important	Not sure	Not important
Equal access to good care for all children and young people	95%	5%	1%
Help with physical health	94%	5%	1%
Speeding up getting treatment or seeing someone who can help	93%	6%	1%
Help with emotional and mental health	89%	8%	3%
Information that is clear and easy to understand	86%	12%	2%
Having the services that you use, working well together	74%	24%	2%
Having access to try new treatments	55%	40%	4%

Base = 1065 to 1069
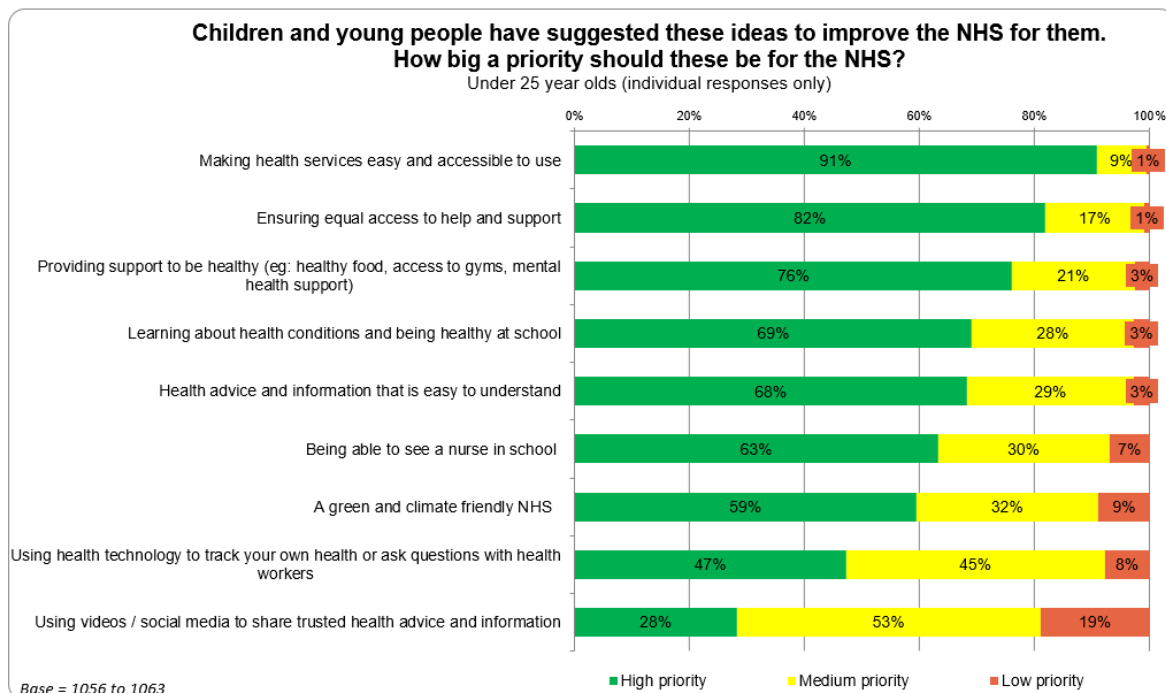
■ Important ■ Not sure ■ Not important

When looking at the subgroups analysis (age, ethnicity, disability/health condition, gender), all had a consistently high response to this question. Children and young people commented that they wanted:

- *"Easier accessibility, easier to understand, equal support and access."*
- *"Better healthcare in poorer areas."*
- *"A bus to transport people to the hospital and back in case people can't afford fuel or cars but need a check-up."*
- *"Improve care and treatment provision between 15–17-year-olds ending post code lotteries bring back equality to treatment."*
- *"Include children in all decisions made on their health, communicate well and offer support. All staff should be trained to deal with kids who may have mental or physical needs e.g. children with autism."*
- *"Access to inclusive information- e.g., support for Queer young people."*
- *"Understanding cultural differences and the impact this can have on equal access, especially mental health needs."*
- *"Providing ethnic related knowledge. Certain races/ethnicities are more prone to certain conditions which doesn't tend to be taught in white predominant schools."*

Children and young people need health services which are easy and accessible to use.

We reviewed comments from 1250+ children and young people volunteering with RCPCH &Us over the last 2 years, to identify common ideas or themes for children and young people rate, replicating the "Your Ideas" section of the Change NHS portal.

Children and young people have suggested these ideas to improve the NHS for them. How big a priority should these be for the NHS?
Under 25 year olds (individual responses only)

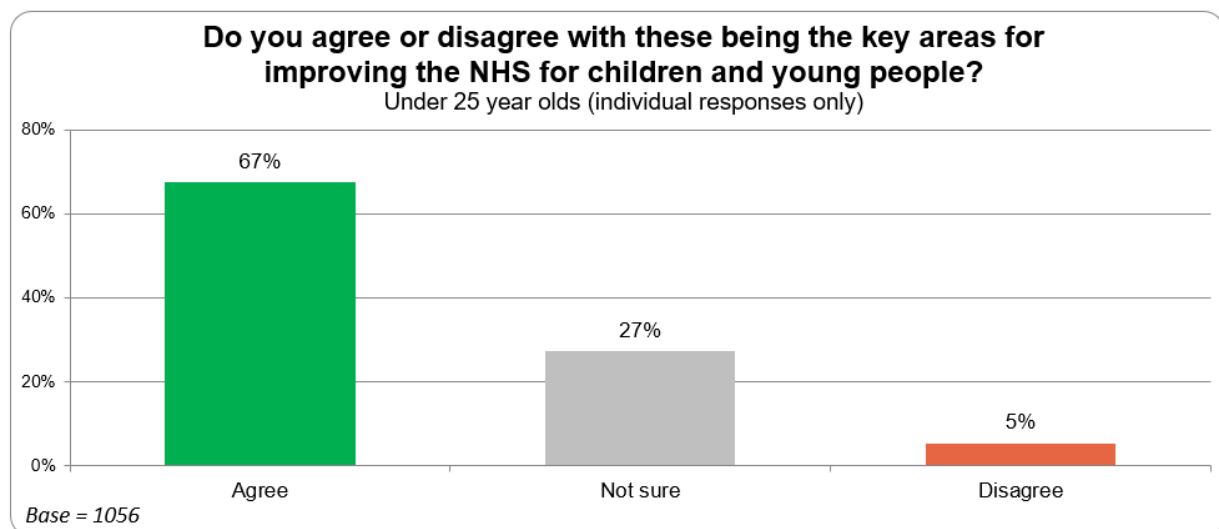| Idea	High priority	Medium priority	Low priority
Making health services easy and accessible to use	91%	9%	1%
Ensuring equal access to help and support	82%	17%	1%
Providing support to be healthy (eg: healthy food, access to gyms, mental health support)	76%	21%	3%
Learning about health conditions and being healthy at school	69%	28%	3%
Health advice and information that is easy to understand	68%	29%	3%
Being able to see a nurse in school	63%	30%	7%
A green and climate friendly NHS	59%	32%	9%
Using health technology to track your own health or ask questions with health workers	47%	45%	8%
Using videos / social media to share trusted health advice and information	28%	53%	19%

Base = 1056 to 1063

Children and young people routinely express that services to do not meet their age and stage needs, are not providing them with services that work around their right

to education and that the workforce are not all confident and competent in supporting children and young people across health and care services.

Comments included:

- *"I think that if the NHS could be more interactive for children (making them see, hear and feel what is going on) it would make visits more fun"*
- *"Add different sections for young people, 2-year-olds and 16-year-olds are very different and will require different care, so they shouldn't be in the same section"*
- *"Friendly environment to ensure better wellbeing, good interactions from nurses and doctors to make the overall feeling of NHS better for us. To make the NHS have a good atmosphere we need good talkers to support those with issues"*
- *"Coming into schools and explaining what happens in hospitals so young people won't be scared of hospitals"*
- *"Ensure that children are seen in an age-appropriate environment which is as interesting and least intimidating as possible"*
- *"Ensuring that the rooms are 'child friendly' (and can work with other people as well) so bright colours etc so that they feel safe and comfortable in the room instead of isolated and suffocated"*
- *"Youth support available for all youth receiving treatment in hospitals"*.

Not all children and young people felt that the three shifts were relevant to their age group or health service experience.

Do you agree or disagree with these being the key areas for improving the NHS for children and young people?
Under 25 year olds (individual responses only)

Agree — 67%, Not sure — 27%, Disagree — 5%

Base = 1056

Only 67% of children and young people engaged with, agreed with the three shifts. When looking at the subgroups analysis (age, ethnicity, disability/health condition, gender), the results for this question didn't not have uniformity in their responses:

- 76% of 16–17-year-olds and 22-25 years olds agreed, compared to 62% of under 11s
- 83% of Asian respondents agreed compared to 65% of White respondents
- 72% of participants without a disability/health condition/learning need agreed compared to 58% of those with lived experience of disabilities or health conditions

Comments included:
- *"Good but there could be other areas particularly tackling health inequalities amongst ethnic groups"*
- *"I think they're areas that need to be improved but I wouldn't say they are the things that need to be improved first"*
- *"For me, as a 13-year-old with big physical disabilities, none of the things mentioned will make a great difference to me"*
- *"I feel like there are more important areas that should be focused on such as visiting schools and providing mental health care"*
- *"No but they should remember children and young people. We are just as important as adults. We are the future patients/carers".*

RCPCH &Us is best placed to support duty bearers with further rights-based engagement with children and young people in a meaningful, robust, age and stage appropriate way. RCPCH &Us can deliver at scale with diverse children and young people.

We were impressed with the energy and enthusiasm of children and young people, and the sector that supports them, to engage with our Change NHS activities. After a primary school took part in sessions, year 5's then took the initiative to go out into the playground to lead peer to peer conversations, enabling year 3s to take part. Young people took the initiative after engaging in conversations with RCPCH staff, to run sessions and focus groups with their peers or to send the children and young people's focused survey on to their friends and connections.

Youth workers in hospitals spoke with inpatients and their youth forums to find out their ideas, priorities and experiences, and targeted support services opened their doors to our staff to give full access to children and young people with adverse life experiences, disabilities or other protected characteristics.

We can support in developing a further engagement plan to be able to explore with children and young people the focus of the working groups, the impact of the three shifts on their age group and be able to influence thinking with and for 20% of the population as this programme develops over the next 10 years.

RCPCH &Us
The voice of children,
young people and families

> *We can see things differently, can come up with new ideas, opportunities, possibilities and want to work with you on creating a healthier future together.*
>
> *We need this to happen everywhere – in every hospital, in every trust or board, and across the government.*
>
> *We need to be able to plan ahead in relation to our health.*
>
> *We have the right to the best health and healthcare, to be protected from harm, to have an education, to rest and play, to have access to information, to be protected from war, and to have a good standard of living.*
>
> *These are our rights; they are not gifts. We need you, as duty bearers for our rights, to think about, understand, and act on Children's Rights as written in the United Nations Convention on the Rights of the Child (UNCRC).[xiv].*
>
> *RCPCH &Us young people*

3. What does your organisations see as the biggest challenges or enablers to move more care from hospitals to communities?

Change NHS engagement work identified challenges that need to be addressed:

- **Signposting where community services can be accessed**. Suggestions included better online directories and public campaigns to raise awareness of available services. *"Make them more widely advertised – people don't know where these community centres are or what they offer"*
- **Improve the quality and accessibility of community-based healthcare**. Children and young people highlighted the importance of ensuring that community centres are well-equipped with medical tools and adequately staffed with trained professionals. Some raised concerns about regional inequality in the availability of services. *"Local health centres must be staffed with experts and have access to medical records to offer proper care"*
- **Improving communication between services is key.** Suggestions included integrated IT systems to improve coordination between GPs, hospitals and community centres, enabling seamless referrals and reducing the need for patients to repeat their history. *"Community care always impacts hospital admissions. Early intervention and better integration are crucial"*.

RCPCH &Us projects identified further challenges:

- **Convenience of services and community hubs**. The need for more local transport options and support for travel to healthcare appointments, particularly for those in rural areas, to make accessing care more

manageable. *"A way to help people travel to appointments (e.g. cost of travel)"*

- **Reducing inequality and promoting inclusivity**. Reducing inequalities in healthcare access for different communities. Children and young people emphasised support for underserved groups and inclusivity in healthcare materials and services to ensure equal treatment regardless of background, social class or geographical location. There were also comments on the need for equitable access to digital health services, mental health support and inclusive educational resources. *"Reducing inequalities faced by children and young people when accessing rural/urban services, having to use devices or data to access digital health systems, don't have access to appropriate information around LGBTQ+ experiences or sexual health due to the schools or communities they are in or due to poverty, rashes section to make sure there is representation of all different backgrounds especially for families who may have difficulty identifying rashes, but lots of resources out there are rashes/skin conditions in Caucasian children"*

- **Data sharing and communication between services**. Frustrations with the lack of communication and data sharing between healthcare providers, especially between hospitals, GPs and schools. Young people felt this created inefficacy and led to repetitive processes that could be improved with better connected systems. *"GP can't access hospital data and hospital can't access GP data, then they say they can't request it due to information governance, so we walk around with folders. I want confidence between areas, so the basic things are done"*

- **Mental health support and non-medical resources**. Many comments reflected a need for greater mental health support within community settings, such as access to therapists in schools, youth clubs and GP clinics, the importance of non-medical support, including social care networks, emotional support and community-based mental health resources, *"Increasing numbers of school care plans and whole school awareness/teacher training... increasing access to youth workers and youth mental health workers (not clinical psychology/psychiatrists) in the first year."*

The Change NHS work identified enablers:

- **Community and school integration**. Suggestions included having nurses or GPs in schools for regular check-ups, mobile units in underserved areas, and health workshops in schools or community centres and integrating healthcare into everyday settings to make services more accessible and approachable for young people. *"Schools should teach children about staying healthy from a young age and make a healthy environment normal in schools"*

- **Importance of children and young people-friendly environments**. Responses emphasised the need for brighter, more welcoming healthcare

spaces with activities, sensory rooms, and age-appropriate areas. Clear, child-friendly information was also suggested to help young people feel more comfortable and less intimidated. *"Making the wards look more child-friendly with more things to do while waiting"*

- **Holistic and preventative care**. E.g.activities like yoga, meditation, and exercise, focusing on early intervention through regular check-ups, and addressing multiple conditions simultaneously. *"Prescribing activities, lifestyle changes, and holistic treatments as well as traditionally medical ones"*

- **Improving access to services**. Children and young people emphasised the need to reduce waiting times for appointments and treatments, emphasising the need for faster and more efficient processes with suggestions such as reducing delays in scans and check-ups and improving appointment booking systems. *"There is usually a very long queue to get seen by a doctor or nurse. I think the NHS could be quicker for patients to get seen and to leave"*.

RCPCH &Us children and young people's projects identified enablers. They said:

- **Convenience of services and community hubs**. Many children and young people's comments referred to the convenience of having healthcare services, such as pharmacies and clinics, closer to home. *"It has been good getting medicines, the pharmacy gets it straight from the doctor online so it's now direct and quicker as the pharmacy picks it up, this means I don't have to get a bus to the doctor and then go the pharmacy so that's good"*

- **Data sharing and communication between services.** Children and young people expressed a desire for a more streamlined approach where health records are accessible to all relevant parties to ensure continuity of care and reduce the burden on families to manage communication. *"Data sharing - a system that everyone involved in children and young people life can access and update with notes and info on meds etc in order to feel more cared for and like a person rather than being treated like they don't know your history as repeating self can be stressful"*

- **Education and awareness within the community**. Some comments highlighted the importance of educating the community about managing non-life-threatening illnesses, to reduce unnecessary hospital visits, providing health education in schools and community centres, ensuring better understanding of conditions and equipping teachers and parents with knowledge to support young people's health. *"Educate the community so they know how to treat non-life-threatening illnesses / unnecessary amount of hospital visits."*

4. What does your organisations see as the biggest challenges or enables to making better use of technology in health and care

Change NHS engagement work identified challenges that need to be addressed:
- **Ensure technology does not exclude certain groups or impact accessibility to healthcare**. Concerns were raised about those without access to the internet struggling to use digital systems disjointed systems across NHS trusts lead to inefficiencies. *"Using technology is good, but it must be easy for everyone to use and shouldn't replace in-person care"*

RCPCH &Us children and young people's projects identified further challenges. They said:
- **Adapting technology for accessibility needs**. Comments highlighted concerns about whether healthcare technology is accessible for people with additional needs, platforms should be designed to support features like screen readers, plain text and British Sign Language (BSL) to ensure inclusivity, apps or digital systems may not be age-appropriate or may lack necessary features, suggesting better customisation options and accessibility features would improve usability. *"Access - not everyone has access to tech, or the tech isn't age or stage appropriate for people with additional needs like are disabled people catered for, do apps or online systems work for screen readers, plain text, BSL.".*

Change NHS engagement work identified enablers:
- **Apps, AI, and integrated systems.** Children and young people noted the potential for technology to speed up processes and enhance diagnosis accuracy, streamline booking, improve patient records and enhance health education. *"An AI booking process could make it easier to direct patients who don't need immediate A&E care to local health services"*
- **Help waiting times and booking appointments**. Suggestions included apps for streamlined booking systems, managing prescriptions and accessing medical records more efficiently. *"I think using technology across health and care is the most important as it will help people get faster and better care"*
- **Health education**: Through apps, social media, easy-to-access video tutorials or in-person alternatives to bridge the digital exclusion gap or gamified platforms targeted at children and young people. *"Apps for managing appointments, accessing prescriptions, and health records should be rolled out nationally to make things easier for young people".*

RCPCH &Us children and young people's projects identified enablers. They said:
- **Convenience and accessibility of technology for appointments and medication**. Using technology for healthcare appointments and prescriptions made accessing care much easier and more convenient,

young people appreciated how phone consultations with GPs could ease anxiety, and direct prescription services made picking up medications quicker and reduced the need for multiple trips. *"Phone consultations with GP's eased the worries of those with social anxiety, and for students that didn't have access to technology for educational purposes, schools hand delivered laptops and packages directly to them"*

- **Engagement through social media and digital platforms**. Many young people suggested that social media channels, rather than traditional websites, would be more effective for sharing healthcare information. Platforms like Instagram, TikTok, and Snapchat could reach more young people and make health information feel relevant and relatable. *"We use social media not websites, so have real life stories on insta, Tiktok, snapchat. You can put links to apps and things on there"*
- **Apps could help them track health information**. Symptoms or medication schedules and offer ways to share this data directly with healthcare providers. They found features like graphs and logs helpful for managing long-term conditions. *"used to be an amazing epilepsy app but not running, you could clock you had a seizure, how long it lasted... I was able to record and go to the hospital and so efficient and give them the evidence then a couple of years ago it no longer worked."*

5. What does your organisations see as the biggest challenges or enables to spotting illnesses earlier and tracking the causes of ill health?

Change NHS engagement work identified no challenges.

RCPCH &Us children and young people's projects identified challenges. They said:
- **Preventing harm from substances like vapes and e-cigarettes**. Many young people expressed concerns about the widespread use of vapes and e-cigarettes, highlighting the need for better education and clearer information on the risks, asking schools to incorporate guidance directly to young people, especially as current resources are scattered or inconsistent. *"Vapes/e-cigarettes needed for YP direct, take from the secondary school new education systems and need info about where to go"*
- **Addressing health inequalities and supporting vulnerable groups.** Some young people stressed the need for preventive health services that address health inequalities. They felt that schools and healthcare providers should work together to reduce disparities. A few young people mentioned that healthcare should focus on specific needs of diverse communities and unique health risks among different ethnic groups or providing resources for individuals with disabilities to ensure equitable care. *"Providing access to more preventative services will support the most vulnerable in our society, tackling health inequalities and support us, the future leaders giving us the best possible start in life"*

- **Environmental health and climate impact on health**. Many young people highlighted the impact of environmental factors, especially the climate crisis, on their physical and mental health. They felt that healthcare providers should consider the effects of climate change on children and young people as it affects those with chronic conditions most acutely. Comments emphasised the need for better air quality both indoors and outdoors, particularly near schools. *"Clean air quality not just for people with chronic conditions but also helping to prevent more acute illnesses and stopping the development of the chronic conditions through poor air quality."*

Change NHS engagement work identified enablers:
- **A focus on preventative healthcare would take some stress off the NHS**. Emphasising the cost savings of investing in prevention, such as reducing emergency hospital admissions and managing chronic illnesses before they escalate. *"Preventing ill health is so important, especially long-term with an ageing population. It should cut waiting times in the future"*
- **Importance of holistic solutions.** Highlighting the need to look at the root causes of ill health, including poverty, poor housing and lack of access to nutritious food. Children and young people also pointed out that mental and physical health are deeply interconnected, and non-medical support was needed like youth work. *"Preventative care needs to address socio-economic factors and mental health, not just physical health"*
- **Educating about and encouraging healthy lifestyles**. Suggestions included embedding health education into school curriculums, school-based initiatives like mental health workshops providing interactive workshops and using social media to share health tips in an engaging way. *"Teaching children about nutrition and exercise early can lead to healthier lifelong habits".*

RCPCH &Us children and young people's projects identified enablers. They said:
- **Early education and awareness on preventive health**. Some young people felt it would be valuable to introduce health and preventive topics earlier, especially regarding sustainable health practices and environmental awareness. A few young people also suggested that schools and healthcare providers could collaborate to increase awareness of preventive health and provide guidance on maintaining physical and mental well-being. *"Younger children are already aware and want conversations so if you start having those conversations in appointments, especially where you have eco-friendly medications or recyclable inhalers"*
- **Promoting healthy lifestyles and improving standard of living**. Many young people suggested that access to resources promoting healthy living, such as mental health support, nutritious food and physical activity opportunities, is essential for preventive health. They advocated for affordable gyms, healthy eating campaigns, and free school meals for all

children to foster long-term wellness. Some young people felt that addressing basic needs like housing, community support, and economic stability would have a profound impact on health outcomes, allowing more young people to live comfortably and avoid health issues linked to low standards of living. *"Ensure that all children and young people get access to healthy free school meals and have access to facilities that support their physical and mental health in schools."*

6. Please use this box to share specific policy ideas for change. Please include how you would prioritise these and what time frame you would expect to see this delivered in, for example:
   a. Quick to do, that is in the next year or so
   b. In the middle, that is in the next 2 to 5 years
   c. Long term change, that will take more than 5 years

Children and young people engaged through the RCPCH &Us Change NHS activity had lots of ideas for change which have been integrated in the response to enablers. They were not asked to create policy options or time frames, but as with our suggestion in question 2, we would be keen to develop a new engagement plan with you to explore this with children and young people across England.
In summary some of their ideas for change included:

- Children and young people being fully involved in shaping health services that meet their needs
- Reducing waiting times
- Increasing funding and staffing for children and young people specialist workers
- Improving access to mental health services
- Health advice and information that is easy to understand (age and stage appropriate)
- School nurses
- Holistic treatments and support
- Support to be healthy (healthy food, access to gyms, mental health support)
- Green and climate friendly NHS
- Focus on support in school and with school to support children and young people's physical and mental health
- Resolving issues around transition / thresholds to move between services
- Increasing GP knowledge and training on child health conditions
- Solving digital inequity
- Improving communication skills between NHS staff and children/young people
- Creating child and youth friendly services (space, communication, support, approach)

- Having consistent and equal access to services or treatments across England
- Resolving concerns over confidentiality and data sharing between services without consent
- Supporting you when you move to university (dual registration with GPs)

To enquire about the full data pack or any of the findings in this submission, please contact and_us@rcpch.ac.uk

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[i] UN (1989) *Convention on the Rights of the Child* https://www.ohchr.org/en/professionalinterest/pages/crc.aspx

[ii] UN (1989) *Convention on the Rights of the Child* https://www.ohchr.org/en/professionalinterest/pages/crc.aspx

[iii] UN General comment No. 12 (2009) The right of the child to be heard

[iv] UN General comment No. 12 (2009) The right of the child to be heard

[v] UN General comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24)

[vi] UN (1989) *Convention on the Rights of the Child* https://www.ohchr.org/en/professionalinterest/pages/crc.aspx

[vii] UN General comment No. 12 (2009) The right of the child to be heard

[viii] UN General comment No. 12 (2009) The right of the child to be heard

[ix] UN General comment No. 25 (2021) on children's rights in relation to the digital environment

[x] UN General comment No. 12 (2009) The right of the child to be heard

[xi] UNICEF: Child Rights Based Approach https://www.unicef.org.uk/child-friendly-cities/crba/

[xii] Jenkins S, Firth A, Cheung R, McKean M, Turner, S. (2024). From left behind to leading the way: a blueprint for transforming child health services in England. London (UK): Royal College of Paediatrics and Child Health.

[xiii] https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2023

[xiv] Jenkins S, Firth A, Cheung R, McKean M, Turner, S. (2024). From left behind to leading the way: a blueprint for transforming child health services in England. London (UK): Royal College of Paediatrics and Child Health.