

Department of Health and Social Care: Transforming the public health system

Response submitted by the Royal College of Paediatrics and Child Health

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Securing our health: The UK Health Security Agency

What do local public health partners most need from the UKHSA?

- In the UK, vaccination is the norm and uptake of most vaccines is high, with over 90% of 12-month olds and 24 months olds fully vaccinated with the primary vaccines and MMR respectively¹. However, there is variation in uptake with under vaccination in some geographical areas and vulnerable groups. Health professionals should be supported to better identify groups at risk of low vaccine uptake, including children in large families, in lone parent families, in mobile families, in some ethnic minority groups, in displaced and refugee families, asylum seekers and undocumented children, looked after children and children with chronic conditions or disability.
- UKHSA should empower practitioners to take every opportunity to enquire about vaccination history, and to counsel families, carers, and young people of the importance of vaccination. Practitioners should direct them to immunisation services for routine or catch-up immunisations. This will enable health providers to consider how 'on the spot' vaccinations could be provided to children not up to date with their vaccinations. Where this is not possible, health professionals must communicate the need for vaccines with the child's GP or health visitor.
- The COVID-19 pandemic has further reduced access to routine vaccination uptake in children and young people due to parental concerns about visiting GP surgeries and prolonged school closures. All agencies should prioritise routine vaccination uptake to address the large number of children and young people who missed out during the COVID-19 pandemic and need to be caught up to obtain protection. Most children receive vaccines through schools and could continue to miss out if schools are not fully reopened or have alternative provision made.

How can the UKHSA support its partners to take the most effective action?

Vaccination is proven to be a highly effective intervention to protect children and young people against serious and potentially fatal diseases. To ensure the greatest number of children and young people are protected, RCPCH recommends that:

- The UK Government should publish its overdue vaccination strategy to prevent a fall in up-take and protect children and young people from deadly infections and ensuring equity of access.
- The NHS should take a renewed focus on vaccination and ensure full implementation of national guidance, for example, NICE recommendations for reducing differences in immunisation uptake.
- UKHSA should continue to ensure provision of accurate data on infectious diseases and vaccination coverage in UK.
- UKHSA should commission research into strategies to address vaccine hesitancy and refusal, tailoring interventions appropriately, ensuring the interventions known to be effective in achieving high vaccine uptake rates, e.g. providing accessible or flexible services, and use of reminders and recall should be fully implemented.
- UKHSA should improve their understanding of why routine immunisation rates aren't improving. There is currently no compelling evidence to suggest anti-vaccine groups and social media messaging have a significant impact on parental confidence. Reasons for under immunisation

¹ Public Health England. Quarterly vaccination coverage statistics for children aged up to five years in the UK (COVER programme): October to December 2020. Health Protection Report Volume 15 Number 7, March 2021.

include practical issues, such as lack of easy access to services, cost of travel to services and competing demands on parents' time, as well as parents having questions or concerns about the vaccines. An understanding of uptake rates could be examined through mapping uptake by locality as a start to assess the barriers to effective uptake.

- UKHSA should consider a whole system approach to improve vaccine uptake. An effective immunisation programme needs to consider the important role of services, such as health visiting and school nursing, who are ideally placed to contribute to a whole system approach to improving immunisation uptake. Youth services, schools and primary care should also be included.

How do you think the health protection capabilities we need in the future should differ from the ones we have had to date?

- Future health protection capabilities should have a stronger focus on reducing inequity of access to services. Targeted public health messaging should take causes of inequalities in vaccine uptake into account; for example, ethnicity, deprivation, geography and religious belief. There are other groups including unregistered children, younger children from large families, children with learning difficulties, looked after children and those from non-English speaking families that are more likely to not be fully immunised, who should also be fully considered.
- Greater clarity on the relationship between UKHSA and the public health bodies in the devolved nations within the UK is required, with clear flow of engagement, communication and accountability established.
- In anticipation of future pandemics, UKHSA should learn from low- and middle-income countries in successfully delivering mass vaccination programmes. This would involve UKHSA expanding investment on:
 - Effective mass media outreach on information, education and communication on vaccinations to all groups, including use of relevant local languages and promotion through local organisations
 - Developing a larger reserve workforce of trained volunteer vaccinators with qualified health worker support
 - A prepared plan for wide use of ancillary sites as a standing infrastructure for mass vaccination.

How can UKHSA excel at listening to, understanding and influencing citizens?

- When looking to improve services that will have an impact on children and young people, UKHSA should be consulting with them throughout the process. Children, young people and family engagement within decision making is vital to be able to understand what matters to them, to collate and unpack experiences as service users, as well as creating space to think collaboratively through participation or co-designing approaches to develop services and identify solutions. Having a rights based approach where children and young people are taken seriously in being supported to engage in decision making and have their best interests in health and paediatric service design, will inform the development of evidence-based services that improve child health outcomes.
- It's important that the data and analytical support PHE provided is maintained as the data collection and surveillance systems will ensure everyone is counted. This will enable UKHSA to understand the needs at local and regional level to monitor and respond to issues effectively. PHE's Fingertips platform of Public Health Profiles should be maintained as a source of indicators to support with service planning and commissioning that improve health and wellbeing and reduce inequalities.
- Regional Directors of Public Health (RDPH) have a responsibility to work for the health of a population within a defined area and are required to have an in depth understanding of their local population's health and wellbeing needs. RDPH should have a meaningful role in the

relationship with UKHSA and there should be clear working arrangements in place to ensure the needs of the local populations are considered.

Improving our health

Within the structure outlined, how can we best safeguard the independence of scientific advice to Government?

- RCPCH is supportive of proposals to strengthen the role of the CMO as the independent source of expert public health advice but recognise it should be closely linked with the Chief Nursing Officer to ensure the new Office for Health Promotion does not result in a medically led system.

Where and how do you think system-wide workforce development can be best delivered?

- RCPCH welcomes the Government's The Best Start for Life vision and its actions to strengthen and build skills across the Start for Life workforce, addressing workload issues to better meet the needs of all families.
- Many of the risks and challenges that prevent a healthy start in life can be mitigated or overcome through the interventions and support that the public health workforce offers. A renewed focus and investment to improve the capacity and capability within the public health workforce must be made to ensure school nurses and health visitors are supported to act as a frontline defence against multiple child health problems, through their key roles in prevention, early identification and intervention – including providing advice to parents on nutrition and feeding, advising on administration of vaccines, supporting good mental health and early identification of risk factors for morbidity and mortality.
- Enhanced health visiting programmes should target families living in deprived areas or at-risk families to reduce health inequalities, expanding programmes that have shown to improve outcomes in certain parts of the country and have been well proven internationally.
- All health visitors should receive training in feeding, nutrition and parenting to further strengthen their contribution to preventing obesity. The 'HENRY programme' provides a successful model that could be expanded and supported further.
- Medical training should also continue to include and emphasise public health and intervention-based approaches.

How can we best strengthen joined-up working across government on the wider determinants of health?

- RCPCH believes health is everyone's business, which requires a whole system approach to strengthen joined up working. The UK government should introduce a cross-departmental National Child Health and Wellbeing Strategy on health improvement to address and monitor child poverty and health inequalities, which outlines the role each department has in contributing to solutions. The Strategy should:
 - Adopt a 'child health in all policies' approach to decision-making and policy development, with HM Treasury measuring and disclosing the projected impact of the Chancellor's annual budget statement on child poverty and inequality. The Government should also collect adequate data to ensure all Departments can consider the impact of policies on child health as accurately as possible and reduce the unintended consequences of policies that have negative impacts on child health.
 - Reintroduce national targets to reduce child poverty rates and introduce specific health inequality targets for key areas of child health. Specific Government departments should be responsible and accountable to deliver targets set. The Department for Work and

- Pensions in particular should undertake a review into the impact of recent welfare changes on child poverty and inequality.
 - Provide funding for the public health workforce, that meets demand, and ensures children and young people receive the best possible care.
 - Include a specific focus for the first 1,001 days of life, with funding to implement the proposals set out in The Best Start for Life.
- UK government must ensure a long-term settlement for the public health grant for local authorities, so they have sufficient resources to deliver services to local communities. This must include restoring the £1 billion of real-terms cuts to the public health grant since 2015. Future investment in public health provision should increase at the same rate as NHS funding and be allocated based on population health needs.

How can we design or implement these reforms in a way that best ensures prevention continues to be prioritised over time?

- The COVID-19 pandemic revealed deep health inequalities in our nation. Addressing this with a long-term strategy should be a priority as prevention should be viewed as an investment that will reap many benefits over time.
- RCPCH believes the following principles should be at the core of reforms design and implementation to ensure prevention is prioritised:
 1. Child centred - children and young people should be consulted throughout this process.
 2. Equitable – public health functions should address population health need and health inequalities. Children must be provided with a universal service with extra focus, support and capacity for the most vulnerable.
 3. A health improvement approach to public health – the future of public health for children and young people should focus on influencing determinants of child health outcomes.
 4. A life-course approach – health improvement starts before birth and continues throughout life.
 5. Integrated – services provide joined-up care for children and young people. Organisations must work together to plan, resource and deliver services that support health improvements.
 6. Resourced – the public health grant for Local Authorities should be restored. Future investment in public health provision should increase at the same rate as NHS funding and be allocated based on population health needs.
 7. Good governance – a national framework for delivering public health for children and young people should be strategic, accountable and expert-led.
 8. Leadership – any organisation given health improvement functions should be supported by solid leadership that makes the case for the importance of public health across Government.
 9. Capacity – a renewed focus on the public health workforce must be made to ensure school nurses and health visitors are supported to act as a frontline defence against multiple child health problems.
 10. Information - accurate and timely data and surveillance should be collected to support research, monitoring and intervention evaluation.

Strengthening our local response

How can we strengthen the local authority and Director of Public Health role in addressing the full range of issues that affect the health of local populations?

- A key priority highlighted in the RCPCH State of Child Health 2020 was the need to build and strengthen local, cross-sector services for children and young people to reflect the local needs. Key to this is ensuring local authorities have adequate resource to provide services. Provision of a long-term public health grant settlement to local authorities would ensure they can meet local need in a holistic way. This should include restoring the £1 billion of real-term funding cuts since 2015.

How do we ensure that future arrangements encourage effective collaboration between national, regional and local actors across the system?

- We welcome DHSC's proposals to place a statutory duty on local authorities and the NHS to cooperate in the forthcoming Health and Social Care Bill, which we believe will encourage effective collaboration between actors across the system.
- However, there is a risk that governance structures will become complex and may hinder, rather than support, collaboration. Greater clarity on roles, responsibility, accountability and interface of each system would be welcomed to enable local leaders to plan and deliver services effectively, while ensuring the same outcomes are achieved across the system.
- RCPCH would like to see a mandated role for a strategic lead of children's health services within each ICS Board to meet the needs of their local population. This role would provide leadership for a system-wide view across all services for children and young people, for high quality, safe and effective integrated services. It would also demonstrate a clear commitment to meeting the specific public health and healthcare needs of this group and the workforce that is needed to deliver this. This role could be mirrored by similar positions within place-based partnerships that ensure all children and young people can access preventative services, joined up care and clear advice on staying well.

What additional arrangements might be needed to ensure that regionally focussed public health teams best meet the needs of local government and local NHS partners?

- The focus of public health teams should be meeting the needs of the regional population, as these teams can provide useful oversight and assurance of local arrangements that approaches will help deliver the best outcomes. Regional teams would also be key to sharing good practice and driving quality improvement.
- There should be a renewed focus on supporting the public health workforce. Engaging with professional bodies, such as the Institute of Health Visiting, will support this.