

# Briefing: RCPCH Submission to the 2020 Comprehensive Spending Review

September 2020

## Introduction

The [Royal College of Paediatrics and Child Health \(RCPCH\)](#) welcomes the opportunity to contribute to the Comprehensive Spending Review (CSR). Well-resourced child health services are needed to deliver the standard of care children deserve, to set them up for a healthy and happy adulthood.

Our [State of Child Health 2020](#) project showed that children and young people in England have some of the worst health outcomes in Europe. Data shows that rates of infant mortality - considered a wider indicator of societal health outcomes - have started to rise in recent years. Children and young people with poor health outcomes will find it much more difficult to live fulfilling lives and meet their potential. The health of children and young people is the strongest determinant of the country's future over the next 30 years. The number of children and young people in the population will increase by 5% between 2017 and 2030.<sup>1</sup> This will put even more demand on services.

We recognise that we are in a very difficult period of financial adjustment and strongly welcome the Government's interest in improving outcomes in public services including supporting the NHS. Paediatric care should provide a safe, sustainable, high-quality and modern service that meets the health needs of every child, young person and their families. We have long called for a national Child Health and Wellbeing Strategy to provide a cross-government approach. It would identify and address the full range of child health issues in a co-ordinated way and ensure child health outcomes and inequalities in the UK are truly transformed.

In our submission for the CSR, we comment on levelling up and the impact of COVID-19. We also outline three overarching areas for investment to improve child health outcomes:

- Reduce child health inequality
- Prioritise public health, prevention and early intervention
- Build and strengthen local, cross sector services

<sup>1</sup> Office for National Statistics (ONS) figures in *Child health in 2030 in England: comparisons with other wealthy countries*, 2019, available at: [https://www.rcpch.ac.uk/sites/default/files/2018-10/child\\_health\\_in\\_2030\\_in\\_england\\_-\\_report\\_2018-10.pdf](https://www.rcpch.ac.uk/sites/default/files/2018-10/child_health_in_2030_in_england_-_report_2018-10.pdf)

## Levelling up and the impact of COVID-19

Data consistently shows that disadvantage and inequality impact a child's whole life, affecting their education, housing and social environment - and in turn impacting their health outcomes.

Our [State of Child Health indicators](#) reveal a widening gap between the health of children from wealthy and deprived backgrounds. This is particularly acute with regard to obesity, where the most deprived children aged 4-5 years in England were 1.6 times more likely to be overweight than the least deprived.<sup>2</sup> Vulnerable groups such as Looked After Children (LAC) and young carers have significantly worse health outcomes than their non-vulnerable peers.<sup>3</sup>

The CSR should act to tackle the root causes of disadvantage and inequality to ensure all children have the best start in life, regardless of where they live. There is a generational opportunity to level up the country by taking a cross-government strategic approach to child health and wellbeing. Improving child health outcomes holds the key to the levelling up agenda. Integration of local services must be led and driven by policy-making at a national level that considers the links between child health outcomes, education and opportunity and the role of Local Authorities and communities in driving improvement to both.

Undoubtedly, levelling up has been seriously challenged by COVID-19. Children and young people are not as badly affected as adults in clinical terms by COVID-19, but they have been severely affected by the collateral damage of this pandemic. This has included school closures, cancelled appointments and scaled back community services, invisibility from child protection systems, and the widespread redeployment of health visitors and community paediatricians. In many areas, Local Authorities have had to pause the delivery of children's and public health services to focus on urgent needs during the pandemic. These services were already struggling to meet demand before COVID-19 took hold. As a consequence, we are storing up health and social problems for our children and young people, risking further adverse impact on their lives and economic and educational prospects. It is a certainty that we will see increased pressure on services in the years ahead.

We [know from our members](#) that over 40% of paediatric trainees in the community, and 15% of community paediatricians were redeployed to hospital services at the height of the pandemic. Community-based children's health services will now face more demand in order to 'catch up' the services that have been paused or redeployed during this period.

In the wake of the COVID-19 pandemic, we have an opportunity to reset how we plan and deliver healthcare for children and young people, to think about how we harness innovation and learning so that it can be shared and maintained and to use this as a basis to train and educate our paediatricians and broader child health workforce. We set this out in our

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2 RCPCH, *State of Child Health, Evidence – Healthy Weight*, 2020, available at: <https://stateofchild-health.rcpch.ac.uk/evidence/prevention-of-ill-health/healthy-weight/>

3 RCPCH, *State of Child Health, Evidence – Family and Social Environment*, 2020, available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/family-and-social-environment/>

[principles for recovery](#)<sup>4</sup> to reset, restore and recover child health services, which should form the context for any future planning. We also recognise the importance of data and sharing best practice in innovation and quality improvement as key drivers to help the levelling up agenda. We have seen unprecedented changes in paediatric services due to COVID-19 and we have captured examples of innovation in our [Paediatrics 2040 project](#),<sup>5</sup> which is informing our vision for paediatrics in the UK.

## Ensuring every child has the best start in life

The fiscal environment will be extremely challenging but it is essential that future decision-making has child health and wellbeing at the centre of public policy for the short, medium and long term. In order for the Government to achieve its levelling up agenda, the CSR should adhere to the following priorities and introduce a number of key policy changes to improve child health outcomes:

### Reduce child health inequality

- Introduce a cross-departmental National Child Health and Wellbeing Strategy to monitor and reduce child poverty and health inequalities.
- Reintroduce national targets to reduce child poverty rates and introduce specific health inequality targets for key areas of child health.
- Focus funding on services relating to the first 1001 days of life.

### Prioritise public health, prevention and early intervention

- Ensure Local Authorities have adequate funding to deliver public health services.
- Public health provision should increase at the same rate as NHS funding.
- Public health funding should be allocated based on population health needs, commensurate to levels of poverty and inequality in a local area.

### Build and strengthen local, cross-sector services

- Provide funding to ensure the integration of children's services at the local level.
- Fund and secure the future of the Healthy Child Programme, which has driven improvement on key child health indicators like breastfeeding rates.
- Ensure health-visiting services are protected, supported and expanded.

## About the RCPCH

The [RCPCH](#) is responsible for training and examining paediatricians, setting professional standards and informing research and policy for the benefit of children and young people.

4 Reset, Restore, Recover – RCPCH Principles for Recovery, RCPCH available at:

<https://www.rcpch.ac.uk/resources/reset-restore-recover-rcpch-principles-recovery>

5 Reimagining the future of paediatric care post-COVID-19, RCPCH available at:

<https://www.rcpch.ac.uk/sites/default/files/2020-06/paed2040-post-covid-report-20200626.pdf>

RCPCH has over 19,000 members in the UK and internationally. We work to transform child health through knowledge, research and expertise, to improve the health and wellbeing of infants, children and young people across the world; ensuring all children have the best start in life.

We are an evidence-driven body and charity, working to improve the quality of medical practice for children in hospital and in the community. We work with children, young people and their families to inform our ideas, our training and our practice.

## Contact

**For more information on issues raised in this submission, please contact our Media and Campaigns Team:**

T: 020 7092 6006

E: [public.affairs@rcpch.ac.uk](mailto:public.affairs@rcpch.ac.uk)

W: [www.rcpch.ac.uk](http://www.rcpch.ac.uk)