

Health and Social Care Select Committee: Department's White Paper on health and social care

Written evidence submitted by the Royal College of Paediatrics and
Child Health - March 2021

Background

The [Royal College of Paediatrics and Child Health \(RCPCH\)](#) is responsible for training and examining paediatricians, setting professional standards and informing research and policy. 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.

Summary

RCPCH views publication of the White Paper, [Integration and Innovation: Working together to improve health and social care for all](#), as a positive development and recognise that it is formalising principles that have been the direction of travel for NHS England for some years. We believe the integration of health and care services are of particular importance for children and young people's health. There are a number of other points RCPCH would have wanted to see in the White Paper that do not currently form part of the proposals:

- A mandated role for a strategic lead of children's health services within each ICS.
- Consideration of whether there is a role for an independent body to undertake workforce projections that reflect population health needs to deliver a workforce that is diverse and inclusive to deliver culturally competent and effective care, and an associated statutory duty on the Secretary of State to ensure NHSEI, HEE and others have what they need to ensure those projections are met.
- The focus on reducing health inequalities better reflected in law both the local and national level.

1. Context

1.1 RCPCH response NHSEI consultation on integrating care

RCPCH supports the direction of travel towards greater integration of care. In our [response](#) to NHS England's consultation, [Integrating Care: Next steps to building strong and effective integrated care systems across England](#), we agreed that option 2, creating a statutory corporate NHS body, bringing CCG statutory functions into the ICS was the best option, and are pleased this has been taken forward in to the Government's White Paper.¹ We noted in our flagship project, [State of Child Health](#), in 2020, that greater integration and working in partnership to deliver shared priorities is essential to reduce inequalities, to prioritise public health and prevention, and to improve health services for children and young people.²

1.2 Service recovery post-pandemic

The NHSEI proposals covers the period to April 2022, and the Government have said that they are aiming to see the changes set out in the White Paper operational from that month too. During that time, we expect ICSs will be contending with the backlog of demand exacerbated by the coronavirus pandemic. Last year, RCPCH published principles to guide child health services to [reset, restore and recover](#) post-pandemic. In 2019, RCPCH published [recommendations](#) for the strategic plans that STPs/ICSs had to produce. We recommended integrated care, specifically between: physical and mental health; primary, community and acute services; paediatric and adult services should be a priority in these strategic plans.³ This is even more important post-pandemic.⁴

1.3 RCPCH Ambassadors

Following the publication of the NHS Long Term Plan, RCPCH established a network of volunteer member [Ambassadors](#) across England to advocate for the integration and improvement of local services in ways that benefit children and young people, as described in the NHS Implementation Framework. The programme was set up because it is crucial that the needs of children and young people (CYP) are considered in every ICS in England. In addition, the paediatric and wider child health workforce must also be advocated for within ICSs, to ensure that adequately resourced child health professionals are able to provide the highest quality care.⁵ The programme also serves to highlight and share best practice across the country.⁶

1 RCPCH, *RCPCH response to NHE/I integrated care systems consultation*, 2021, available at:

https://www.rcpch.ac.uk/sites/default/files/2021-03/response_to_nhsei_integrated_care_systems_consultation_jan_2021.pdf

2 RCPCH, *State of Child Health 2020: England*, 2020, p 6, available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/nations/england/>

3 RCPCH, *ICS and STP strategic plans recommendations*, 2019, available at: <https://www.rcpch.ac.uk/resources/ics-stp-strategic-plans-recommendations>

4 RCPCH, *Reset, restore, recover: RCPCH principles for recovery*, 2020, available at: <https://www.rcpch.ac.uk/resources/reset-restore-recover-rcpch-principles-recovery>

5 RCPCH, *Become an RCPCH Ambassador*, 2019, available at: <https://www.rcpch.ac.uk/get-involved/volunteering/rcpch-ambassadors>

6 RCPCH, *RCPCH Ambassadors: What does the role involve?*, 2020, available at: <https://www.rcpch.ac.uk/news-events/news/rcpch-ambassadors-what-does-role-involve>

1.4 Scope of this submission

RCPCH is a member of the [Academy of Medical Royal Colleges \(AoMRC\)](#). AoMRC have made their own submission to the Committee which covers the broader issues posed by this White Paper. The RCPCH's submission will consider specifically the implications of the proposed changes to children and young people's health services and outcomes.

2. Systems leadership

2.1 Importance of integration for children and young people's health outcomes

There are a number of reasons why integrated care is particularly important for children and young people. These are:

- Ensuring children can access the right care at the right time and in the right place
- Ensuring children's needs are met holistically
- Increasing access to paediatric specialist skills
- Reducing the reliance on reactive urgent and emergency care
- Improving the patient and family experience
- Reducing health inequalities.⁷

In RCPCH's recently published [Paediatrics 2040](#) project, which sets out a vision for the future of paediatrics in the UK, increased integration was identified as a key requirement for future models of care.⁸ There are a number of reasons for this:

- 1) The way we deliver paediatric care is not working and needs to change. Integration has long been demonstrated to improve patient experience and health outcomes.
- 2) We want to see a whole population approach to care that focuses on symptoms and takes a holistic approach to prioritise the needs and complexities of each individual patient and their family.
- 3) We need to simplify the system, try and keep care as close to home as possible and communicate any change well, concentrating especially on hard to reach populations.⁹

2.2 Local Authorities

It is not quite clear from the Government's White Paper where Local Authorities will fit in the governance structures of ICSs. Having two governance structures introduces complexity. This is of particular relevance to children and young people's health and wellbeing because of the number of public health services accessed by children and young people delivered by Local Authorities. Examples include the delivery of immunisation programmes through schools and

⁷ RCPCH, *Integrated care explained*, 2019, available at: <https://www.rcpch.ac.uk/resources/integrated-care-explained>

⁸ RCPCH, *Paediatrics 2040: Models of Care – Summary*, 2021, available at: <https://paediatrics2040.rcpch.ac.uk/our-evidence/models-of-care/summary/>

⁹ *Ibid.*

oral health checks. Whilst empowering local communities to work together to make decisions that best address local population need is welcome, there is a possibility that ICS Health and Care Partnerships do not work effectively in areas where there are barriers – whether practical or cultural - to this kind of collaborative working, despite the statutory duty. A key priority highlighted by [State of Child Health 2020](#) was the need to build and strengthen local, cross-sector services for children and young people to reflect local need. This included the need for community services not provided by health services, but important for health and wellbeing, such as children’s services should integrate where possible.¹⁰

2.3 Risk of children and young people’s health needs falling between the cracks

The separation of Health and Care Partnerships and ICS Boards makes it more likely children and young people’s health needs will not be addressed in a timely manner. This is crucial because of the importance of surveillance in addressing children’s health and wellbeing needs. Health and Care Partnerships, education, children’s services, and other Local Authority commissioned services including public health all have an a role to play in identifying potential health needs and where appropriate, making the relevant referrals. Early identification and intervention is key to improving child health outcomes.¹¹ The Government White Paper speaks of the importance of embedding prevention in to the system. The governance structures currently set out may undermine the ability of ICSs to ensure this happens.

2.4 Importance of clinical leadership

We welcome the explicit recognition of and commitment to clinical and professional leadership in the NHSEI consultation on ICSs and would like to see this reflected in legislation. We understand that some flexibility in membership gives ICSs the opportunity to tailor their governance to the needs of their population, but this approach does introduce a risk that key perspectives and experience may be missing from planning and commissioning decisions.

2.5 Call for mandatory strategic lead for children’s health services

As part of this, we consider that it is essential that a strategic clinical lead for children’s health services be identified as a mandatory role in ICS governance arrangements. 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.¹²

10 RCPCH, *State of Child Health 2020 - Priorities*, available at: <https://stateofchildhealth.rcpch.ac.uk/key-priorities/local-cross-sector-services/>

11 RCPCH, *Prevention Vision*, 2019, p 3, available at: https://www.rcpch.ac.uk/sites/default/files/2019-06/rcpch_prevention_vision_for_child_health_-_june_2019.pdf

12 RCPCH, *RCPCH response to NHE/I integrated care systems consultation*, 2021, available at: https://www.rcpch.ac.uk/sites/default/files/2021-03/response_to_nhsei_integrated_care_systems_consultation_jan_2021.pdf

2.6 Case studies

Should there not be a mandatory strategic lead for children's health services, there are a number of [case studies](#) identified by NHS England where integrated models of care have been deployed for the benefit of children and young people. Whilst these are examples should be considered best practice, a combination of cultural, practical and resource constraints can impede these sorts of ways of working. This is why we want a mandatory role for a children's health services strategic lead within each ICS.

3. Working with children and young people

3.1 NHS Long Term Plan

The [NHS Long Term Plan Implementation Framework](#) states that the plans produced by ICS must be co-produced with the input of children, young people and parents/carers. The input of children and young people should not end there, however; the plans themselves should outline how children and young people will be consulted and engaged with on decisions that affect their health.¹³

This is vital if services for children and young people in the area are to be successful and sustainable. Patient consultation is also mandated by the [NHS Constitution for England](#) and the [UN Convention on the Rights of the Child](#), which applies to the NHS and associated bodies.¹⁴

3.2 Children and Young People's Voice

In 2018, over 300 young people took part in workshops; events and activities to share their views on what would support their health over the next ten years. 16% of participants wanted NHS services to improve how they listened to young people's voice in shaping health services and in individual care decisions.¹⁵ We welcome the commitments in the NHSEI consultation on ICS about lay governance; RCPCH believe CYP representation is crucial. In our [Paediatrics 2040](#) project, we offer some thought on the need for a clear focus on 'the whole child' for every encounter.¹⁶

13 RCPCH, *ICS and STP strategic plans recommendations*, 2019, available at: <https://www.rcpch.ac.uk/resources/ics-stp-strategic-plans-recommendations>

14 *Ibid.*

15 RCPCH, *What do children and young people want from the NHS Long Term Plan?*, 2019, available at: <https://www.rcpch.ac.uk/resources/what-do-young-people-want-nhs-long-term-plan>

16 RCPCH, *Paediatrics 2040: Models of Care – Conclusions*, 2021, available at: <https://paediatrics2040.rcpch.ac.uk/our-evidence/models-of-care/conclusions/>

3.3 Patient voice and the White Paper

A number of patient organisations have raised concerns about the lack of reference to patient engagement and involvement in the Government White Paper.¹⁷ The legislation must embed a way for ICS to be held accountable for a failure to listen to patient voice; ideally with specific reference to children and young people.

One of the case studies cited in section 2.6, the Great Manchester (GM) Children's Board – the Executive of which are responsible for the deployment of the [Children's Health and Wellbeing Framework](#) on behalf of the GM Health and Social Care Partnership Board and the GM Children's Board.¹⁸ At the centre of the Framework is the 'Children's Charter' that puts young people's voice at the centre of the framework and includes young people as key stakeholders in which to monitor progress. The framework is built around the principle of an integrated model that covers health, education, social care, youth justice and the voluntary sector.¹⁹ This is something we would like to see in all ICS.

4. Workforce

4.1 Importance of national workforce planning

We welcome the proposal in the White Paper on the Secretary of State having accountability for the NHS workforce. In May 2019, we responded to an NHS Confederation consultation, "[Defining the Role of Integrated Care Systems in Workforce Development](#)". We were concerned that the then-proposed role and responsibilities of local systems for workforce development would create a further barrier between workforce planning and DHSC, reducing accountability to central government and increasing the risk that local systems would be blamed when things go wrong. We were particularly concerned that paediatrics would be overlooked because local priorities tend to focus on social care and adult services.²⁰ National accountability for workforce planning is of crucial importance for the delivery of children and young people's health services and improving health outcomes.

17 Health Foundation, *The Health and Care White Paper Unbound* [webinar], 2021, recording available at: <https://health.org.uk/about-the-health-foundation/get-involved/events/webinar-the-health-and-care-white-paper-analysis>

18 RCPCH, *ICS and STP strategic plans recommendations*, 2019, available at: <https://www.rcpch.ac.uk/resources/ics-stp-strategic-plans-recommendations>

19 Greater Manchester Health and Social Care Partnership, *Greater Manchester Children & Young People Health & Wellbeing Framework 2018-2022, 2017*, available at: <http://www.gmhsc.org.uk/wp-content/uploads/2018/10/Greater-Manchester-Childrens-and-Young-People-Health-and-Wellbeing-Framework-2018-2022-Final-Print.pdf>

20 RCPCH, *Roles of ICS in workforce development in England*, 2019, available at: https://www.rcpch.ac.uk/sites/default/files/2019-07/role_of_ics_in_workforce_development_england_-_nhs_confederation_-_rcpch_consultation_response_sent_april_2019.pdf

4.2 Paediatric workforce

The child health workforce across the UK is suffering from the same planning problems, underfunding and staffing issues as the rest of the health workforce. In 2018, an NHS Improvement report identified workforce problems as the main contributor to poor ratings of paediatric services by the Care Quality Commission (CQC).²¹

RCPCH last collected data from the paediatric workforce in 2017. A census has started being undertaken last year but had to be paused due to COVID-19. The 2017 census found the following trends:

- The consultant paediatric workforce in the UK grew from 3,996 in 2015 to 4,306 in 2017 or 3,756.9 to 3,997.1 in terms of Whole Time Equivalents (WTE). There was a 7.8% rise in headcount and 6.4% rise in terms of WTE.
- RCPCH currently estimates that demand for paediatric consultants in the UK is around 21% higher than 2017 workforce levels; an increase of approximately 850 WTE consultants is required.
- SAS²² doctor numbers are now only 51.9% of the total reported in the RCPCH Census of 2001.
- The proportion of consultants in community child health posts in 2017 was 17.4% of the consultant workforce, a reduction from 18.5% in 2015.
- There is a 11.1% rota vacancy rate on tier 1 (junior), 14.6% on tier 2 (middle grade).
- RCPCH estimates that there is a need to recruit approximately 600 doctors into ST1 training posts each year for approximately the next five years.
- Overall, 84% of respondents in the UK said that paediatric training posts and gaps pose a significant risk to their service or to children, young people and their families.
- There was recognition among respondents that pressures facing paediatrics are interlinked with problems and shortages across the NHS, especially Emergency Care, Child and Adolescent Mental Health Services (CAMHS) and primary care.²³

4.3 Workforce projections from Paediatrics 2040

Workforce was one of the four priority areas of consideration in the RCPCH Paediatrics 2040 project, published in February 2021, under the theme of 'working lives'.²⁴

21 NHS Improvement, *Improvement and Assessment Framework of Children and Young People's Services*, 2018, available at: <https://improvement.nhs.uk/resources/improvement-and-assessment-framework-children-and-young-peoples-health-services/>

22 NHS Employers, *What is a SAS doctor?* 2020, available at: [https://www.nhsemployers.org/pay-pensions-and-reward/medical-staff/sas-doctors/what-are-sas-doctors#:~:text=Specialty%20and%20Associate%20Specialist%20\(SA](https://www.nhsemployers.org/pay-pensions-and-reward/medical-staff/sas-doctors/what-are-sas-doctors#:~:text=Specialty%20and%20Associate%20Specialist%20(SA)

23 RCPCH, *Workforce Census: Overview Report*, 2019, available at: https://www.rcpch.ac.uk/resources/workforce-census-uk-overview-report-2019#footnote2_zx2jgot

24 RCPCH, *Paediatrics 2040: Evidence*, 2021, available at: <https://paediatrics2040.rcpch.ac.uk/our-evidence/>

As part of the data and evidence area of the project, RCPCH made some projections based on recent trends observed in our paediatric workforce census. Trainee less than full time working is forecast to increase from 30% in 2019 to over 60% in 2040.²⁵ We welcome and encourage this flexibility, as discussed in our working lives content. However, this is of major concern with regards to paediatric trainee whole-time-equivalent (WTE) numbers if the current cap on the number of training places available is not reviewed.

Projecting future numbers of SAS grade doctors, based on recent trends of decline, leads to worrying conclusions about the number there may be by 2030 if action is not taken. This is an important workforce group who need urgent support.

The proportion of community paediatricians is forecast to decrease from around 18% of workforce to 12% of workforce by 2030, based on the last ten years of trends.²⁶ Elsewhere in the project, we discuss the need for more paediatricians to be working in the community to meet the needs of children and families in the future, and this trend therefore needs some attention and thought.²⁷

4.4 Need for population needs-based approach

RCPCH welcomed the publication of the [NHS People Plan](#) in June 2020. Now that NHS England has done its part in producing its plan, the Government ensure there is a clear process for it to consider and act on recommendations on workforce numbers. ICSs have an important role in workforce planning, but long-term planning must be a national responsibility. The current workforce situation is one of – if not the – key challenges facing the NHS.²⁸ We will only be able to address the current workforce crisis if we are clear about what the health needs of the population are, and plan to meet them.

4.5 Call for independent workforce projections

The proposal to introduce a Secretary of State duty to publish a report every Parliament, which will support greater clarity around workforce planning responsibilities, is a positive development. However, we believe further steps are needed to help improve workforce planning. There is merit in exploring the recommendation of the Committee Chair that there should be an independent body responsible for making projections about what is required from an NHS workforce, based on the needs of the population, reflecting the health burden.²⁹ We also believe it is important to avoid unwarranted variation and to be mindful of equality, diversity and inclusion to provide a cultural competent workforce. These projections would

25 RCPCH, *Paediatrics 2040: Data and Evidence – Workforce*, 2021, available at: <https://paediatrics2040.rcpch.ac.uk/our-evidence/data-and-evidence/conclusions/>

26 *Ibid.*

27 RCPCH, *Paediatrics 2040: Data and Evidence – Future*, 2021, available at: <https://paediatrics2040.rcpch.ac.uk/our-evidence/data-and-evidence/future/>

28 Ham C, *The challenges facing the NHS in England in 2021*, 2020, BMJ 371;M4973, available at: <https://www.bmj.com/content/371/bmj.m4973>

29 The BMJ Podcast (2021), 24th February 2021[Podcast.] Available at: <https://www.bmj.com/content/372/bmj.n335.full>

then be able to be presented to Her Majesty's Treasury in a bid for long-term funding for NHS England, specifically to enable them to produce a long-term workforce strategy. The Secretary of State would then be responsible and accountable for ensuring the Government enable NHS England to deliver this. There should be appropriate consultation with bodies that would be impacted by this, included, though not necessarily limited to, Medical Royal Colleges, other professional organisations, ICS leaders, employers in the health and care sector and NHS Trusts. The need to improve healthcare workforce data collection and ensure it is robust, reliable and comprehensive was another recommendation of the State of Child Health 2020 project.³⁰

5. Public Health

5.1 Future of functions of PHE

Whilst there was some discussion of prevention and public health in the White Paper, RCPCH was surprised to see that these references were few and fairly brief. We welcome the measures to give the Secretary of State more power over specific public health measures. However, we are awaiting information about how public health will fit in to the wider health services, following the announcement from the Secretary of State in the summer that Public Health England would be abolished. This White Paper seemed like a timely opportunity to set out how this will work in future. This is of particular concern for paediatrics because of the crucial role Public Health England plays in collecting and publishing key surveillance data on children and young people's health indicators. There is also a considerable wealth of child health knowledge currently held within Public Health England; it remains unclear if or how this expertise will be retained.³¹

5.2 Public health grant

Additionally, RCPCH felt that the White Paper provided an opportunity to secure the future of public health funding. We have, for the last decade, reduced funding for public health and a national and local level, and have paid far too little attention to long term preventative policies to help narrow health inequalities.³² Public health services, largely delivered by Local Authorities, have had their grants cut by over £700 million over the past five years. Children and young people in particular benefit from public health services. In recent years, the grant settlement has been announced a year at a time, at the very end of the financial year.³³ This means that Local Authorities, in the context of wider funding reductions, are unable to commission services on a longer-term basis, or produce a public strategy that would drive down health inequalities.

30 RCPCH, *State of Child Health 2020 – Workforce*, available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/workforce/child-health-workforce/>

31 RCPCH, *RCPCH responds to abolition of Public Health England*, 2020, available at: <https://www.rcpch.ac.uk/news-events/news/rcpch-responds-abolition-public-health-england>

32 *Ibid.*

33 Local Government Association, *Public health funding boost needed to fuel post-pandemic recovery*, 2020, available at: <https://www.local.gov.uk/lga-public-health-funding-boost-needed-fuel-post-pandemic-recovery>

6. Health Inequalities

6.1 ICS role in reducing health inequalities

We welcome the establishment of the ICS Health and Care Partnerships as a way to improve population health and tackling inequalities. We have raised concerns about the ability of Health and Care Partnerships to do work effectively without statutory footing in sections 2.2 and 2.3. [State of Child Health 2020](#) identified the reduction of health inequalities as one of three priorities needed in order to improve child health outcomes across England.

6.2 A call for a national health inequalities strategy

In addition to a focus on health inequalities within ICS, RCPCH believes it is vital that there is an accompanying national focus on reducing health inequalities, and that this should be enshrined in law. The evidence around the social determinants of health are well-established and in order to ensure all children have the best start in life, wherever they are, Government should act to tackle the causes of poverty.³⁴ This requires cross-government action in ensuring all departments across Whitehall consider the impact of their policies on people's health. As a member of the [Inequalities in Health Alliance](#), we want to see Government adopt a national cross-government health inequalities strategy. The White Paper and subsequent legislation provides an opportunity to see this established.

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The Royal College of Paediatrics and Child Health is a registered charity in
England and Wales (1057744) and in Scotland (SCO 38299)

³⁴ RCPCH, *State of Child Health 2020 – Key Priorities: Health Inequalities*, available at:
<https://stateofchildhealth.rcpch.ac.uk/key-priorities/reduce-health-inequalities/>