Parliamentary
Committee
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RCPCH
Royal College of
Paediatrics and Child Health
Leading the way in Children's Health

Public Bill Committee: Health and Care Bill

Written evidence submitted by the Royal College of Paediatrics and Child Health: August 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.

1. Context

1.1 State of Child Health in the UK

RCPCH noted in our flagship project, **State of Child Health 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.

Child health outcomes in England are some of the **worst in Europe**, and the data shows us that **inequalities in child health outcomes are widening** across a number of indictors. This trend can only be reversed, and children and young people's health outcomes improved with a comprehensive, cross-Government public policy response. But the Health and Care Bill has the potential to play a critical role.

1.2 Impact of COVID-19 on child health in the UK

It will be some time before we understand what the full impact of the pandemic on children and young people's health services will be. But we do know that in addition to the **wider health and wellbeing implications** of the pandemic on them, the consequences will be far-reaching.

1.3 Impact of COVID-19 on child health services in the UK

Like services across the NHS, child health services are currently under significant pressure due to the impact of the pandemic. We have seen significant pressure on paediatric A&E departments in recent weeks, due in part to a rise in respiratory infections usually seen in winter.

Paediatric beds are also under significant pressure due to the uptick in children and young people with serious mental health problems – doubling compared to 2019. Additionally, 38% of respondents said they did not have effective joint pathways with Child and Adolescent Mental Health Services (CAMHS) in their local area.

Additionally, paediatricians have been redeployed to adult services over the course of the pandemic. In the second peak of COVID-19 in January 2021, 13% of services reported paediatric consultants were redeployed to adult services. 46% and 11% of services reported community child health trainees were redeployed in the first and second waves of the pandemic respectively. This is particularly significant given the role of community paediatricians in identifying safeguarding issues. 81% of survey respondents said they were concerned about missing safeguarding issues in virtual consultations. This highlights the particular importance of in-person assessments for children and young people.

1.4 Future of child health in the UK

Earlier this year, RCPCH published Paediatrics 2040, which considered what the child health service of the future needs to look like. It set out a vision for what we need to meeting demand, with integration being identified as one of three key enablers.

Integration at the local level is now even more important post-pandemic, as NHS services look to address the backlog of required care, and the increased demand that has developed as a result of the broader impact of the pandemic. Substantively joined-up, cross-sector care has the ability to drive child health outcomes and ensure children and young people access the care they need, when they need it, from the most appropriate person.

1.5 What's needed alongside the Health and Care Bill

In this context, the passage of this legislation must be accompanied by a long-term settlement for our NHS services, to allow them to address the backlog and plan the future of services to deliver care in the most effective and efficient way.

In addition, Government must provide long-term sustainable funding to Local Authorities for the delivery of local services. The foundation of the Office for Health Promotion provides a further opportunity to embed prevention in to our health system and broader service.

2. Ensuring children and young people's health is prioritised

2.1 A named, strategic clinical lead for children's health services in ICS

We consider it essential that there a named, strategic clinical lead for children's health services 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. We want assurance from Government that this will be in the statutory guidance for ICS.

2.2 Importance of clinical leadership

Whilst we welcome the duty on ICS to obtain appropriate advice, we would have liked to have seen explicit commitment to clinical leadership at ICS board level in the 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. For this reason, we want to see clinical leadership at ICS board level in the statutory guidance.

2.3 Engaging children and young people in ICS

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. 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.

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.

We are pleased to see the clause on public involvement and consultation by ICS and want to see the need to meaningfully consult with children and young people by ICS in the statutory guidance.

2.4 New powers for Secretary of State

We note there are concerns from a number of commentators regarding the new powers for Secretary of State set to be enshrined by the Bill. Government should listen to and address any concerns with regard to the scope of powers and set out clear reasoning behind the move for greater political influence over health services.

2.5 Competition

The Bill seeks a direction of travel towards integration and we support the proposed clause that would end requirements around enforced competition through automatic tendering of NHS services. We also note the call from some health stakeholders for NHS to be the default option for NHS contracts, and tender competitively where this is not possible. This will help ICSs reduce fragmentation of services and improve pathways of care for children and young people.

3. Workforce

3.1 Child health 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.)

3.2 Forecasting the future of the child health workforce

In **Paediatrics 2040**, we 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. We welcome and encourage this flexibility. 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.

Additionally, 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. This is particularly important because of the critical role community paediatric teams play in the delivery of mental health care and working with vulnerable children.

3.3 Impact of COVID-19 on paediatric training

A proportion of paediatric trainees have been redeployed to adult services at different points of the pandemic. In the second peak of COVID-19, **30% of services had to redeploy trainees to adult services.** This has implications for the care available to children and young people but also for the education of those doctors who are training to become paediatricians. We welcome the duty on ICS board to promote education and training but without substantive action nationally, the benefits of this duty will be stymied.

3.4 Duty on Secretary of State

The Health and Care Bill provided the opportunity to provide a long overdue solution to the workforce issue with our National Health Service. It is very disappointing that this opportunity has been missed. We note the call from leading health organisations for Health Education England to make projections of workforce demand and supply based on population need. We also note the suggestion from the Health Select Committee Chair that these projections should be undertaken by an independent body. The value of these projections is that they would provide Secretary of State with data to present 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 measures contained in the Bill do not go far enough to address the urgent long-term workforce issues in health and care. Without addressing these workforce pressures, there is a limit to what new ICS will be able to achieve.

4. Public Health

4.1 Junk Food Marketing

We are pleased to see the commitments to ban on junk food marketing on television pre 9pm and a total ban online included in the Health and Care Bill. These are critical measures to reducing rising levels of childhood obesity and the **increasing inequalities** in these rates. We want to see this policy introduced with minimal exceptions.

4.2 Water fluoridation

As noted earlier in this briefing, oral health in England is poor and disproportionately effects those children living in deprivation. Therefore, we welcome the clauses within the Health and Care Bill that give Secretary of State the power to directly introduce water fluoridation schemes, subject to local consultation and funding.

4.3 Duty to reduce health inequalities

RCPCH welcome the duty on ICS boards to reduce health inequalities in terms of access to care and health outcomes. We have set out the importance of reducing child health inequalities above, and a members of the **Inequalities in Health Alliance**, we want to see more commitment to reducing health inequalities at a national level, including a cross-government strategy.

5. Calls to Government

In order to guarantee the Health and Care Bill makes a substantive, positive contribution to ensuring all children get the best start in life, enjoy the best possible health, and child health outcomes are levelled up across the country, we are calling on Government to undertake the following actions as the Bill makes its way through committee stage:

- Provide assurance that the statutory guidance accompanying the Health and Care Bill **mandates and strategic children and young people's lead in every ICS.**
- Strengthen the **duty on the Secretary of State in the Health and Care Bill** will regards to workforce.
- **Implement an overarching child health strategy**, multi-departmental in approach; to help ensure existing health inequalities are not entrenched by COVID-19. This will also help to embed a child health in all policies approach to policy making.
- Develop and introduce a national, cross-government **strategy to reduce health inequalities** to complement the duty on ICS to ensure this, and to maximise the benefit of the key public health measures set out in the Health and Care Bill.
- **Provide ring-fenced funding of CAMHS and inpatient paediatric mental health services** that reflects local service demand.
- **Implement** the ban on junk food marketing with minimum exceptions.
- **Urgently increase funding to Local Authorities Provide sufficient funding for Local Authorities** commensurate to local population need. 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.

For further information please contact:

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