

# RCPCH Spending Review submission September 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.

## Introduction

1. **RCPCH** welcomes the opportunity to contribute to the 2021 Spending Review (SR). Well-resourced child health services are needed to deliver the standard of care children deserve, ensure all children get the best start in life and to set them up for a healthy and happy adulthood.
2. Our **State of Child Health 2020** project showed that children and young people (CYP) 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.<sup>1</sup>
3. CYP with poor health outcomes are more likely to have poor health across their life course, reducing their ability to live fulfilling lives and meet their potential. The health of CYP is the strongest determinant of the country's future over the next 30 years. The number of CYP in the population will increase by 5% between 2017 and 2030.<sup>2</sup> This will put even more demand on services.

<sup>1</sup> RCPCH, *State of Child Health, Evidence – Mortality: Infant Mortality, 2020*, available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/mortality/infant-mortality/>

<sup>2</sup> Office for National Statistics (ONS) figures in *Child health in 2030 in England: comparisons with other wealthy countries, 2018*, 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)

4. The picture that is emerging from the impact of the pandemic on CYP shows child health outcomes have got worse over the last eighteen months. In addition, there are significant concerns about the paediatric backlog caused in relation to Child and Adolescent Mental Health Services (CAMHS), a doubling in the number of paediatric beds filled by CYP in hospital because of severe mental ill health<sup>3</sup> and CYP with complex needs who usually access care in the community. This will compound worsening outcomes. There was also increasing demand on CAMHS before the pandemic started, and waiting times were already long in many areas.
5. In addition to pressures on paediatric health services now, many of the preventative and surveillance programmes such as routine immunisations, oral health checks and the **National Child Measurement Programme (NCMP)** have been interrupted during the past eighteen months.<sup>4</sup> This means we are storing up more health problems for the future by missing opportunities for early intervention.
6. We welcome the Government's commitment to Build Back Better post-pandemic, and in particular the emphasis placed on ensuring strong and innovative public services and levelling up the country.
7. 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. Beyond this, services for children in each local area must be equipped to identify and meet local need. 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 across all government departments and ensure child health outcomes across the UK are improved, and health inequalities are reduced.
8. In our submission to the SR, we consider how to ensure strong and innovative public services in the context of the paediatric service backlog caused by the pandemic and levelling up.

## Ensuring strong and innovative public services

9. Ensuring strong and innovative public services for health is considerably contingent upon adequately addressing the backlog caused by the pandemic. RCPCH welcomes the additional funding for the NHS in England announced in September 2021 but shares concerns across the health sector that more investment will be needed. In addition, to improve child health outcomes, wider investment in public services in local communities is critical.
10. The nature of child health means it is difficult to get an accurate measure of the paediatric backlog. The latest data says over 267,000 CYP are currently waiting for

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<sup>3</sup> RCPCH, *Impact of COVID-19 on child health services*, 2021, available at:

<https://www.rcpch.ac.uk/resources/impact-covid-19-child-health-services-part-2-report>

<sup>4</sup> Hefferon C, Taylor C, Bennett D, et al, *Priorities for the child public health response to the COVID-19 pandemic recovery in England*, *Archives of Disease in Childhood*, 2021:106:533-38, available at:

<https://adc.bmj.com/content/106/6/533>

NHS treatment, with significant variety between regional areas.<sup>5</sup> However, it is unlikely this figure represents the full picture of the paediatric backlog. This is particularly the case with regard to **community child health** services where data are not captured in the same way as it is for primary and secondary services. Community child health is where most of the assessment and treatment for autism and behavioural difficulties take place. **Many were waiting more than** the National Institute for Care Excellence (NICE) recommended waiting time of 13 weeks before the pandemic, and for some, waiting lists were 18 months long. The window for treatment or intervention to have a positive effect is smaller for CYP than it is for adults.

11. Nearly all children will have some needs in terms of health service catch-up because they have missed universal services and programmes, such as immunisations, as they are largely delivered through schools. There was a 20% drop in the number of teenagers in England getting routine immunisations following the first lockdown, and a 2% drop in the number of younger children having their first dose of the MMR vaccine.<sup>6</sup> As schools have been closed to the majority of pupils at different points in the pandemic, the delivery of surveillance programmes through schools, such as the NCMP have been paused.
12. As we moved out of the spring 2021 COVID-19 wave of the pandemic, paediatric emergency departments were under intense pressure from a combination of increased numbers of CYP presenting in mental health crisis and an unseasonal surge in respiratory syncytial virus (RSV) and other respiratory viruses. Rates of respiratory conditions were much lower last winter due to the various restrictions and infection control measures in place across the country towards the end of 2020 as a result of the pandemic<sup>7</sup>.
13. RCPCH's 2019 Workforce Census showed we need another 850 Working Time Equivalent (WTE) consultants to meet demand in child health services - which would constitute an increase of 21%.<sup>8</sup> In addition to longstanding pressures, the paediatric workforce has been under a huge amount of pressure because of the pandemic with over 15% of services reporting absence due to stress and 45% of clinical leads reporting concerns about future absences.<sup>9</sup> A strong training pipeline is required to ensure there is an increased number of paediatric consultants as required, with nearly a quarter of both consultant and trainee doctors now working less than full time (LTFT).<sup>10</sup> Delivering strong and innovative public services is contingent on ensuring the relevant workforces. In relation to health services in particular, there are significant, long-term challenges in workforce terms that have been further exacerbated by the pandemic.

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<sup>5</sup> LCP, *NHS waiting list tracker*, 2021, available at: <https://nhswaitlist.lcp.uk.com/>

<sup>6</sup> The Guardian, *UK child immunisation drop due to vaccination fatigue, advisers warn*, 2021, available at: <https://www.theguardian.com/society/2021/aug/24/uk-child-immunisation-drop-due-to-vaccination-fatigue-advisers-warn>

<sup>7</sup> Department for Health and Social Care, *Health chiefs issue warning as childhood respiratory infections rise ahead of winter*, 2021, available at: <https://www.gov.uk/government/news/health-chiefs-issue-warning-as-childhood-respiratory-infections-rise-ahead-of-winter>

<sup>8</sup> RCPCH, *Workforce Census: UK Overview*, 2019, available at: <https://www.rcpch.ac.uk/resources/workforce-census-uk-overview-report-2019>

<sup>9</sup> *Ibid.*

<sup>10</sup> *Ibid.*

## Levelling up

14. 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>11</sup> Vulnerable groups such as Looked After Children (LAC) and young carers have significantly worse health outcomes than their non-vulnerable peers.<sup>12</sup>
15. The SR 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 once-in-a-generation opportunity to level up the country by taking a cross-government strategic approach to child health and wellbeing.
16. The wider societal impacts of COVID-19 have both compounded and exposed the inequalities in health. Deprived communities have borne the brunt of the wider negative impacts of the pandemic.
17. Whilst CYP have overwhelmingly been spared the worst of the clinical impact of COVID-19, the response to the pandemic has had far-reaching negative effects on their health and wellbeing. This is largely because [schools play a significant role](#) in the health and wellbeing of all CYP, and a pivotal role in identifying vulnerable children, providing the setting from which children can access health and safeguarding surveillance, support and advice, as well as individual and group therapeutic programmes. It also provides the setting in which [20% of children](#) access free school meals. Widespread school closures over the previous eighteen months have reduced CYP's access to these health benefits, and also meant some vulnerable children have slipped under the radar.
18. Much of these public health services and other support delivered in schools disproportionately benefit the CYP from the most deprived areas. One such example is [supervised tooth brushing schemes](#) for younger children. Tooth decay is [clearly linked to deprivation](#), and remains the most common reason for children aged 5-9 to be hospitalised<sup>13</sup>.
19. Schools also perform a critical role in safeguarding surveillance and referral where appropriate. Again, the closure of schools to the majority of pupils for significant periods of 2020 and 2021 has meant children may not be getting the help they need. Whilst schools remained open to vulnerable children, take up remained low with the [Department of Education's own data](#) saying only 15% of vulnerable children eligible to attend school in lockdown did so. There has been a 6% reduction in the number of children on a child protection plan in 2020-21 compared to 2019-2020.<sup>14</sup> In

<sup>11</sup> RCPCH, *State of Child Health, Evidence – Healthy Weight*, 2020, available at:

<https://stateofchildhealth.rcpch.ac.uk/evidence/prevention-of-ill-health/healthy-weight/>

<sup>12</sup> RCPCH, *State of Child Health, Evidence – Family and Social Environment*, 2020, available at:

<https://stateofchildhealth.rcpch.ac.uk/evidence/family-and-social-environment/>

<sup>13</sup> *Ibid.*

<sup>14</sup> Department for Education, *Vulnerable Children and Young People Survey*, 2021, available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/995709/VCYP\\_Survey\\_Publication\\_Waves\\_1\\_-\\_24\\_June\\_2021.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/995709/VCYP_Survey_Publication_Waves_1_-_24_June_2021.pdf)

addition, serious incident notifications relating to children's safeguarding were up nearly 20% in 2020/21 compared to 2019/20.<sup>15</sup>

20. Children living in poverty are **more likely** to have the low birth weight, poor physical health like obesity and some chronic conditions and mental health problems. The health impacts of growing up in poverty are significant and follow children across their life course.
21. Before the pandemic, **over 4 million children** were living in poverty. Whilst we await the data, with growing unemployment, a recession, and the likely long-term health impacts of COVID-19, it is reasonable to assume that rates of child poverty will increase in the coming months and years.
22. The Institute for Public Policy Research has **estimated** a further 200,000 children have been pushed in to poverty as a result of the pandemic so far.
23. An increasing rate of child poverty is perhaps the surest indicator that child health outcomes will continue to worsen, and inequalities will be further entrenched. The longer we fail to act, the more we are storing up problems for our children's futures, but also for our future as a country.
24. RCPCH believes there is a key measure that Government could focus on that would see their stated aim of levelling up of the country realised - improving child health outcomes. Data consistently show that poverty and inequality impact a child's whole life, affecting their education, housing and social environment, and in turn impacting their health outcomes and life chances.<sup>16</sup>
25. RCPCH welcomes the foundation of the **Office for Health Improvement and Disparities (OHID)** and acknowledges it will be the cornerstone of efforts to reduce health inequalities across the country. It is critical that that OHID is given the funding it needs to do this. In addition, as members of the **Inequalities in Health Alliance**, we want the government to introduce a cross-departmental strategy on reducing health inequalities.
26. RCPCH welcomed and served on the expert advisory group of the **Early Years Policy Review**. We also welcomed its recommendations and are keen to see the review provided with funding in the SR in order to see them implemented. The nature of how many early years services are provided means this must include ensuring Local Authorities have the funding to meet the needs of their population, including restoring over £1 billion of cuts to the public health budget since 2015.<sup>17</sup>
27. Many children's health services are delivered via Local Authorities, such as health visitor provision, children's centres and breastfeeding promotion. The

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<sup>15</sup> Local Government Association, *Serious child harm cases reported by councils rise by nearly a fifth, 2021*, available at: <https://www.local.gov.uk/about/news/serious-child-harm-cases-reported-councils-rise-nearly-fifth>

<sup>16</sup> RCPCH, *State of Child Health, Evidence: Family and Social Environment, 2020*, available at: <https://stateofchildhealth.rcpch.ac.uk/evidence/family-and-social-environment/>

<sup>17</sup> Health Foundation, *Public health grant allocations represent a £1 billion cut since 2015/16, 2021*, available at: <https://www.health.org.uk/news-and-comment/news/public-health-grant-allocations-represent-a-24-percent-1bn-cut>

disproportionate positive impact of preventative services such as these means Local Authority funding is critical to improving child health outcomes and reducing inequality. This funding should be allocated in a manner relative to local need.

28. Currently, just **3%** of UK health research funding is spent on projects regarding CYP. This is a significant mismatch with the population, health burden and service use patterns of this demographic. Additionally, our members repeatedly tell us they are unable to undertake research over the course of their careers – 80% of paediatric consultants have no research-associated professional activities.
29. The health research environment needs levelling up. We believe a new National Institute for Health Research (NIHR) School for Child and Adolescent Health Research would address these issues by providing a joined-up, multidisciplinary approach to child health research, providing strong national leadership and produce work that informs health and education policy. We anticipate that the cost of creating and managing such a School through the NIHR will be £25-30 million over each five-year cycle. This is a less than 10% uplift on overall funding for child health research in the UK.
30. Investment in a School for Child and Adolescent Health Research would also help to cement the UK as a global science superpower.

## Policy recommendations

31. In order to adhere to its priorities of ensuring strong and innovative public services and levelling up, Government should include the following measures in the SR:

- **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.
- **Provide a sustainable, multi-year settlement for the NHS** to allow them to plan and prioritise their approach to clearing the backlog.
- **Provide ring-fenced funding to CAMHS and inpatient paediatric mental health services** that reflects local service demand.
- **Develop and introduce a national, cross-government strategy to reduce health inequalities** to maximise the benefit of the key public health measures set out in the Health and Care Bill.
- **Provide funding for implementation of the recommendations of the Early Years Policy Review** chaired by Rt Hon Andrea Leadsom MP.
- **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.

- **Provide investment for a School for Child Health Research** in order to improve child health outcomes across the country, help cement the UK as a science superpower and provide paediatricians and paediatric trainees with opportunities to undertake research across the course of their career.

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