

Briefing for Peers on the Health and Care Bill, Second Reading

December 2021

Summary

- RCPCH believes the Health and Care Bill provides a much-needed opportunity to improve child health outcomes in England, which are some of the worst in Europe.
- This briefing outlines the four key areas – **ensuring children and young people are represented in Integrated Care Systems (ICSs), supporting the child health workforce, addressing health inequalities, and improving data sharing** - where this Bill needs to be strengthened if it is going to help effectively improve children's health outcomes.
- RCPCH believe the **integration of health and care services** are of **particular importance** for children and young people's health. We acknowledge this Bill is formalising changes which have been underway for some time.
- RCPCH **supports the premise** that this Bill is intended to be permissive rather than restrictive. We welcome confirmation from the Minister at Committee stage that bespoke guidance requiring ICSs to consider the needs of babies, children and young people is being developed. However, **we need a children and young persons lead on each ICS board** to ensure guidance is delivered and local areas can be held properly accountable for their decisions/for prioritising services.
- We want to see a stronger duty on the Secretary of State with regards to **workforce**. The child health workforce faces **severe current and future pressure** and, as it stands, the measures contained in the Bill do not go far enough. Without further action, there is a limit to what new ICSs will be able to achieve.
- RCPCH welcomes the duty on ICS boards to **reduce health inequalities** in terms of access to care and outcomes. However, with **child health inequalities widening** across several indicators, there is a need to go further and RCPCH is pleased to support the **Inequalities in Health Alliance** to develop amendments in the Lords.
- RCPCH shares the concerns of the children's sector that measures to improve the **sharing of information and data** in the Bill only apply to the adult system. The Bill should be widened to ensure better information and data sharing applies equally to children, including through **the development of a single unique identifier** for children.
- The direct clinical impact of COVID-19 has been comparatively mild on children and young people, but the **wider impacts of the pandemic** are overwhelmingly negative. The burden falls disproportionately on the most vulnerable children. Increased demand for mental health care, the need for significant catch-up across public health programmes like immunisations and the pause to much surveillance of children mean children's health services face serious pressures in the coming months and years.
- These challenges are complex. Alongside this Bill there must be investment and cross-government coordination on policies pertaining to child health and wellbeing.

Introduction

Ahead of the Second Reading of the Health and Care Bill in the House of Lords, RCPCH has prepared this briefing to outline our broad position on the Bill and the areas where we believe further change is needed to effectively address poor child health outcomes in England.

After outlining the importance of integration and the state of children's health services today, this briefing focuses on the need to:

- Ensure **children and young people's needs are represented** in ICSs
- Support the **child health workforce**
- Address **health inequalities**
- **Improve how children's data is shared** between services

It is welcome that this Bill formalises the integration of health and care services. 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 indicators. This trend can only be reversed, and children and young people's health outcomes improved, with a comprehensive, cross-Government public policy response. And the Health and Care Bill has the potential to play a critical role.

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 in order to meet demand, with **integration being identified** as one of three key enablers alongside innovation and inclusion.

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 and team.

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Children's health services today

The Health and Care Bill provides a significant opportunity for the NHS, and children and young people's health in England. To maximise this opportunity, the legislation and its implementation must be viewed in the context in which it is being introduced.

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 months, 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 were 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.

In addition to longstanding workforce pressures, the paediatric workforce has been under a huge amount of pressure, with over **15% of services reporting absence due to stress** and **45% of clinical leads reporting concerns about future absences**. As across the whole NHS workforce, staff need to be supported to recover from stress and burnout.

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.

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 Improvement and Disparities provides a further opportunity to embed prevention into our health system and broader service network, but without accompanying investment, that opportunity will be lost.

The remainder of this briefing outlines our calls for change as the Bill progresses through the Lords.

Ensure children and young people are represented on ICSs

Overview

As outlined in the introduction, the integration of health and care services are of particular importance for children and young people's health. We acknowledge this Bill is formalising changes which have been underway for some time.

To fully grasp the opportunity that integration offers, it is important that children's health and care services have strong representation within the ICS governance structures that this Bill introduces at a statutory level. There is currently no duty to include representation from children's health and social care services on ICS boards.

We were also concerned to see that children and young people as a group were not given consideration in the impact assessment of the Bill, undertaken by the Department for Health and Social Care (DHSC).

The RCPCH call for the following:

1. Ensure a children and young person's lead on every ICS board

Key points

We consider it essential that there is a named, strategic clinical lead for children's health services identified as a mandatory role in ICS governance arrangements.

Whilst we welcome the duty on ICSs 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 arrangements 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.

Furthermore, a lead for children's health services 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. At the very least, we want assurance from Government that this will be in the statutory guidance for ICSs.

At Committee stage, the Minister committed that the Government would develop "bespoke guidance for Integrated Care Systems on meeting the needs of babies, children and young people". This is welcome and it is important the children's health sector continues to be consulted in the development of this guidance, which should be statutory.

Our recommendation

RCPCH recommends that the Government, on the face of this Bill, require ICS boards to appoint a strategic lead to the board. This would ensure local areas are accountable and responsible for delivering the bespoke guidance that is being developed for children and young people.

2. Engage with children and young people in ICSs

Key points

The [NHS Long Term Plan Implementation Framework](#) states that the plans produced by ICSs must be co-produced with input from 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.

Our recommendation

We are pleased to see the duty under Clause 19 on public involvement and consultation by ICSs and want to see the need to meaningfully consult with children and young people by each ICS in the statutory guidance that supports this Bill.

Support the child health workforce

Overview

RCPCH believes this Bill is an opportunity to address long-standing issues facing the health and care 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.)

In **Paediatrics 2040**, RCPCH made some projections based on recent trends observed in our paediatric workforce census. The number of trainees in less than full time working is **forecast to increase** from 30% in 2019 to over 60% in 2040. We welcome and encourage this flexible approach 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.

RCPCH is making two calls on workforce ahead of Second Reading:

1. Strengthen workforce planning

Key points

Clause 34 places a duty on the Secretary of State to publish a report describing the system in place for assessing and meeting workforce needs. This is welcome, but it will not tell us whether we are training enough people now to deliver health and care services in future.

RCPCH supported an amendment tabled by Rt. Hon. Jeremy Hunt MP and over 60 organisations that proposed to amend Clause 34 to strengthen workforce planning.

This amendment would have required the Secretary of State to publish independent assessments of the workforce numbers required to deliver the work that the estimates will be carried out in future, based on projected demographic changes, the growing prevalence of certain health conditions and likely impact of technology.

The value of independent workforce projections is that they would provide the Secretary of State with data to present to HM Treasury in a bid for long-term funding for NHS England, specifically to enable them to produce a long-term workforce strategy.

Such projections would provide strong foundations to take strategic long-term decisions about funding, workforce planning, regional shortages and the skill mix required to help the system keep up with rising patient need, based on evolving changes in patient demand and in working patterns among staff, such as a growing proportion of doctors working part-time.

Our recommendation

We are disappointed the Government did not adopt Hunt's amendment at Report Stage and, in order to support the future child health workforce, we encourage similar action on this issue as the Bill makes it passage through the Lords.

2. Recognise the impact of COVID-19 on paediatric training

Key points

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.

Our recommendation

We welcome the duty under Clause 19 on ICS board to promote education and training but without substantive action nationally on workforce planning, the benefits of this duty will be stymied.

Address health inequalities

Overview

RCPCH welcomes the duty under Clause 19 on the need for ICS boards to reduce health inequalities in terms of access to care and health outcomes. However, given the scale of the challenge when it comes to health inequalities amongst children, there is a need to go further.

Key points

Data across a range of health indicators highlight a **widening gap between the health of children from wealthy and deprived backgrounds**. However, in some cases there is not enough data to effectively target service improvement, such as **breastfeeding rates**.

The UK has one of the lowest rates of breastfeeding in Europe with the prevalence being particularly low among young mothers and disadvantaged socio-economic groups, potentially widening existing health inequalities and contributing further to the cycle of deprivation. The 2010 Infant Feeding Survey - the most recently available data - showed that 46% of mothers in the most deprived areas were breastfeeding compared with 65% in the least deprived areas. Action is needed to address inequalities such as these and it must be informed by recent and robust data, something such an amendment would help deliver.

Our recommendation

Alongside a range of other Royal Colleges, RCPCH **supports amending** the line on 'duties as reducing inequalities' under Clause 19 to include a requirement for ICS boards to set up systems to identify and monitor inequalities in health between different groups of people within the local area.

The existing duty will only be effective if systems can identify where local inequalities exist and monitor any changes to them. The data collected will support targeted service improvement and evaluation.

More broadly, as 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.

Improve information and data sharing

Overview

RCPCH is concerned that the measures under Part 2 of the Bill that aim to improve the sharing of information and data only apply to the adult system. This is despite the clear need to improve how children's data is shared between vital health, education and local services.

Key points

Research, including from our own **State of Child Health**, has demonstrated that there is a link between children's health, education and social outcomes. However, data collected on children is not routinely shared between these different agencies. The Health Policy Improvement Group (HPIG) of which RCPCH is a member highlight research that shows barriers to sharing information and data is a key barrier to joint working, commissioning and research across the children's system.

Everyone in England and Wales is assigned a unique NHS number at birth or after the first time they interact with NHS services. However, children are frequently in contact with other agencies and services, such as Local Authority social care services or early years provision services.

There is a lack of legislation and guidance on exactly what information, when and how it should be shared between agencies. In practice, paediatricians have reported difficulties in exchanging information, which may result in poor communication between professionals and/ or a lack of interoperable information systems available to effectively share information.

Children repeatedly tell us they do not want to have to "tell their story twice". This is particularly important for children who confide in a 'trusted adult' and may not feel comfortable telling their story to others.

Our recommendation

We **support improved information sharing** where it is deemed to have benefits for child health and wellbeing and are supporting HPIG in drafting amendments on this.

This includes requiring the Government to **develop plans for moving towards the use of the NHS number as single unique identifier for children**, which has numerous benefits such as reduced risk of incorrect identification, improve care pathways and services, and ease of healthcare transition into adulthood.

Any plans should be developed under careful consideration and through consultation with children and families. Correct guidance, processes and standards must be developed and adhered to, to ensure that the risks and barriers outlined in this paper are effectively mitigated.

Implement measures on public health

There are a number of national public health measures within the Health and Care Bill which will work to reduce rates of health problems that disproportionately affect those children and young people living in the most deprived areas, such as **tooth decay** and **obesity**. These sorts of preventative policies are key to ensuring children and young people enjoy the best possible health.

Junk Food Marketing

We are pleased to see the commitments to ban 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.

Water fluoridation

As noted earlier in this briefing, oral health in England is poor and disproportionately affects 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.

About RCPCH

The **Royal College of Paediatrics and Child Health (RCPCH)** is the membership body for paediatricians, representing more than 20,000 child health professionals in the UK and abroad. We are responsible for the training, examinations and professional standards of paediatricians across the country, and we use our research and experience to develop recommendations to promote better child health outcomes. Our mission is to transform child health through knowledge, innovation and expertise and to ensure that children are at the heart of the health service.

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