

Briefing: Health and Care Bill – Amendment Briefing

December 2021

Introduction

At the Royal College of Paediatrics of Child Health (RCPCH) we are hoping to work with you to put forward an amendment to the health and care bill to ensure that there is a strategic lead for children and young people in every integrated care board.

This briefing outlines the proposed amendment and a short background on why this is needed. We have also included some key statistics and information taken from RCPCH's state of child health report, and our resulting calls to government.

We would be delighted to work with you on this amendment, and if you have any questions please contact our Public Affairs Lead Bruce Warwick on bruce.warwick@cpch.ac.uk

Proposed amendment

Part 1, Clause 19, page 17, below line 26, (14Z42) insert subsection:

“(d) drive improvements in child health and wellbeing outcomes within the population of its area, including through appointment of a strategic clinical children and young people’s health lead.”

Member’s explanatory statement

This amendment would require integrated care boards to ensure the provision of health services is integrated with health-related services or social care services to drive improvements in child health outcomes in their local area. This should include appointment of a strategic clinical children and young people’s health lead to the integrated care board.

Why is this amendment needed?

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 associated workforce requirements.

Additionally, it would provide a safeguard on ensuring children and young people themselves are consulted by integrated care boards. We are pleased to see the clause on public involvement and consultation by 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 want to see the need to meaningfully consult with children and young people by integrated care boards in the accompanying guidance. We want the Minister to confirm this will be the case.

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

The current state of child health

RCPCH believes the integration of health and care services are of **particular importance** for children and young people's health. We also acknowledge this Bill is formalising changes which have been underway for some time.

RCPCH's **evidence-based service standards** set out what is needed to secure greater integration and joint working across traditional service boundaries for the benefit of children's health. They provide the rationale, guidance, metrics and practice examples to enable system service planners and clinical leaders to design and deliver integrated care pathways based around the needs of children and young people. The standards emphasise the importance of involving children and young people in service codesign and the need for dedicated leadership and clinical networks to deliver and improve services and health outcomes.

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.

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** recently, 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.

Further, 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.

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.

The Health and Care Bill provides a significant opportunity to improve care and child health outcomes in England. Whilst we understand the reasons why the Bill is intended to be as permissive as possible; the fruits of this opportunity will only be borne if the measures set out in this briefing accompany the legislation in statutory guidance.

In addition to the provisions of the Bill, we have called on the UK Government to supply long-term investment for health services and cross-government coordination on policies pertaining to child health and wellbeing. These calls can be found at the end of this briefing for information.

Whilst children and young people have overwhelmingly been spared the worst of the clinical impact of COVID-19, the response to the pandemic – particularly the closure of schools to most children – has had [far-reaching negative effects](#) on their health and wellbeing.

The Health and Care Bill provides an opportunity to address these negative impacts of the pandemic, as well as the broader worrying trajectory in child health outcomes in the UK, which are [some of the worst in Europe](#).

Our flagship report, [State of Child Health 2020](#), showed that across a number of indicators, child health outcomes in the UK are worsening, and health inequalities are becoming further entrenched. In order to achieve meaningful levelling up, and ensure every child gets the best start in life, ICS must be required to give CYP health due priority, attention and resources.

The [interim guidance produced by NHS England](#) for ICS says that improving the health of children and young people is one of the complex challenges they will need to address. RCPCH believe this is only possible with a strategic clinical children and young people's health lead in every ICS.

About RCPCH

The [Royal College of Paediatrics and Child Health \(RCPCH\)](#) is the membership body for paediatricians, representing more than 19,500 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.

For further information please contact:

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