

Royal College of Paediatrics and Child Health (RCPCH) – Submission to the Spring 2023 Budget

The Royal College of Paediatrics and Child Health (RCPCH) is the membership body for paediatricians, and we have over 21,000 members across the UK and internationally. We are responsible for education, training and setting professional standards and informing research and policy. 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.

Child health services

The College recommends that the UK Government publishes a child health and wellbeing strategy, that is fully costed and multi-departmental in approach.

The children's health system is under unparalleled pressure, which unfortunately is having an impact on the system's ability to provide safe, effective and high-quality care to children. High demand over the winter only revealed the existing fragility of the system which is facing longstanding challenges around paediatric bed availability, the need for improved join-up between primary, community and emergency care, and workforce capacity.

Waiting times and elective and community service recovery levels are also lagging behind. Between [April 2021 and April 2022](#) 100,000 more children were added to the waiting list to be seen by a consultant – a rise of double the rate of adult waiting times. The number of children and young people in the queue for care and treatment [has soared to more than 350,000 and as of November 2022, nearly 15,000 children have been waiting for more than one year for treatment](#). Children's surgery and other elective care has been cancelled to free up bed availability, adding to the waiting lists. Action is needed to address the backlogs in care experienced by children and families and to address this issue in parity with the challenges in the adult system.

Yet, in policy and funding announcements made by the UK Government over the past year, there has been little support for our most vulnerable group in society, children and young people, as the focus on adults remains at the centre.

A clear strategy will help mitigate and reduce widening health inequalities, safeguard our children, improve health outcomes, and ensure safe, timely and effective health and care to children and young people. It should help to embed a child health in all policies approach to policy making. At a bare minimum, there must be a defined source of funding for recovery of NHS services that support children and young people.

The strategy must be underpinned by improvements to data capture and information sharing between professionals working with children and young people. This should include the national adoption as a consistent child identifier, rolling out the SNOMED CT paediatric terminology set, and investing in data capture tools at the point of care.

NHS Workforce

Given this escalating pressure on services, it is vital that the paediatric workforce is adequately staffed to ensure provision of high-quality care for children and young people.

The College welcomed the Chancellor's commitment to publish an NHS long-term workforce plan that includes assessments of how many staff are needed into the future. This is vital if we are to address existing pressures and keep pace with demand.

As part of the Budget, **the College urges the Chancellor to ensure there is adequate funding to underpin the workforce plan for the remaining spending review period.** It will be important that workforce projections are matched with funding in future spending review cycles. The [Strength in Numbers coalition, of which RCPCH is a member, notes](#) that current shortages are leading in part to additional costs to the public purse as locums and agency staff are employed to plug gaps.

Alongside this, the [College wants the NHS Pension Scheme to be amended](#). Currently, the rising and unpredictable pension-related tax burden is forcing senior paediatricians to either scale back their existing workload or take early retirement.

Our [recent workforce survey notes](#) that 75% of respondents predicted that they would retire before the age of 64. This indicates a sharp drop in senior paediatric workforce numbers over the next twenty years. Further still, in a survey of RCPCH members, 59% of respondents believe that pension-related tax bills have led to a reduction in paediatric services and 79% are likely to retire earlier because of this issue.

This is of particular concern for the paediatric workforce where the service is heavily reliant on senior clinicians and specialist expertise. Moreover, increasing drop-off of senior clinical staff may cause a 'ripple effect' on the emerging, younger workforce in terms of both retirement plans and availability of training and mentorship.

Proposed amendments from the NHS Pensions Policy Team do not directly address the issues caused by the annual lifetime allowance and our members will continue to face exceptionally high tax bills potentially leading to drastic reductions in the mid-career and senior paediatric workforce.

The RCPCH strongly recommends a resolution that safeguards the current paediatric workforce and encourages senior clinicians, in particular to remain in post at full working capacity without incurring large punitive tax bills.

Prevention and public health

In the context of escalating pressures on public services as well as rising demand, the College recommends where possible that the Budget prioritises public health, prevention and early intervention.

The College is concerned that there is too little focus on this agenda within Government given the worsening picture on children's health outcomes that are often entirely preventable, as shown in our [State of Child Health indicators](#).

Specifically, **the College recommends that the Budget ensures adequate funding for Local Authorities, and we support the call for an increased, sustainable, long-term funding settlement for local public health.** At a minimum, the UK Government should restore the public health grant that have seen a £1 billion real-terms cut since 2015.

The [Health Foundation have noted](#) that local authority public health interventions funded by the grant provide excellent value for money, with each additional year of good health achieved in the population by public health interventions costing £3,800. This is three to four times lower than the cost resulting from NHS interventions of £13,500.

The Government has rightly invested in early years interventions following a review conducted by the Rt Hon. Andrea Leadsom MP. **It is important that these interventions continue to receive the funding committed between 2022 – 2025, as set out in the Comprehensive Spending Review 2021.**

RCPCH endorses the representation made by the Obesity Health Alliance (OHA), of which we are a steering group member, to the Budget 2023. Their recommendations include:

- With regards to the Soft Drinks Industry Levy (SDIL), lower the threshold to 4.5g of sugar per 100g (from 5g of sugar per 100g) would encourage further reformulation and associated health benefits from children consuming less sugar.
- Raising the rate of SDIL to raise additional revenue to be spent improving child health. We support the call for all SDIL revenue to be allocated to measures that contribute to the UK Government's target of halving childhood obesity.
- The introduction of a mandatory levy payable by the food and drink industry as an effective way to achieve reformulation, building on the success of SDIL.
- Minimum funding for all weight-management services (for example, no less than five years). In particular, ensure that the £100m funding announced in March 2021 is restored and made into a long-term funding package.

RCPCH [has noted with concern](#) the decline in childhood immunisation rates in England. NHS Digital's Childhood Vaccination Coverage Statistics report for 2021 – 22 noted:

- A decline uptake in 13 out of the 14 routine vaccination measures for children in 2021-22
- No vaccinations met the 95% target set by the World Health Organization (WHO)
- Regional uptake of routine vaccinations (MMR, Polio) was at its lowest in London

The UK Government must acknowledge these low uptake figures and focus its attention on ensuring equal access to vaccinations across all regions and socioeconomic groups. **This means publishing a strategy to increase uptake that is backed by sufficient funding and support for the workforce required to help.**

Child protection

Over the course of the last year, child protection issues have been central in the public's mind. We saw the tragic deaths of Arthur Labinjo Hughes, Star Hobson who were murdered by the parents, and a review panel came together to publish lessons learned.

Furthermore, in October, the [Independent Inquiry into Child Sexual Abuse published its final recommendations](#). The report called the nature and scale of abuse in England and Wales "horrific and deeply disturbing" and said institutions too often "prioritised their personal and institutional reputations above the welfare of those they were duty bound to protect". It concluded that "child protection must be given a much greater priority in public life."

The recommendations made by the report ought to be seen as a defining moment for child protection. The College is clear – alongside other leading organisations in the sector – that this requires action and attention. The UK Government will need to take time to work through the Inquiry's detailed recommendations and maintain a cross-government approach. We look forward to seeing the formal response from Government later this year.

As part of this response, the College recommends that budgetary consideration is given to child protection, including the implementation of the recommendations outlined by IICSA in order to properly support victims of child sexual abuse, and protect children and young people from potential future harm.