

Our manifesto for the next UK General Election: support children's health and wellbeing in a changing world

from the Royal College of Paediatrics and Child Health (RCPCH)
@RCPCHtweets | public.affairs@rcpch.ac.uk | www.rcpch.ac.uk

Dr Camilla Kingdon, RCPCH President

It should be the priority of any government to build a society that enables every child to thrive. Yet too often the needs of children and young people and the health professionals who support them are forgotten or neglected by policymakers.

As a nation, we cannot afford not to take children's health more seriously. Child health inequalities continue to widen, poor mental health is soaring, and record numbers of children are waiting for care. It is a scandal that across the board we have some of the worst child health outcomes in Europe. With consequences well into adulthood, we cannot ignore the economic cost of failing to act.

COVID-19, the cost-of-living crisis and climate change have left children's health and wellbeing at a crossroads. In 2020, we warned the UK was failing a generation of young people. This is true now as it was then and is why we urge all parties ahead of the next general election to set out an ambitious agenda for change for children's health and wellbeing.

Dr Camilla Kingdon
President,
Royal College
of Paediatrics and
Child Health



How the next UK Government can support children and young people

Too often our experience is that, when policies do not explicitly consider children, they and the services which support them are deprioritised in favour of adults. This challenge is further compounded by responsibility for children's health and wellbeing cutting across several government departments and ministers. To truly deliver for children the existing machinery of government must change. The College therefore calls on the next UK Government to:

- **Establish a Cabinet Level Minister for Children and Young People.**
- **Commit to a cross-departmental National Child Health and Wellbeing Strategy.**
- **Adopt a 'child health in all policies' approach to decision making and policy development.**



A clear strategy, with Cabinet level oversight, should aim to mitigate and reduce widening health inequalities, ensure high safeguarding standards, improve health outcomes, and deliver safe, timely and effective health and care to children and young people. Together with this, we urge political parties to consider the following five pillars that paediatricians know will help improve child health outcomes across England.

1. **A focus on child health services.**
2. **Support for the paediatric workforce.**
3. **Greater ambition on prevention.**
4. **Ensure every child is protected.**
5. **Harness the power of data and digital.**



1. A focus on child health services

The problem

More children and young people are now waiting for months to access health services than ever before, with many experiencing unacceptably long waits. The waiting lists for children's health services are rising at double the rate of adult waiting lists, with children waiting longer than ever for hospital appointments, operations, community health services, speech and language therapy, neurodevelopmental assessments, and support. However, all too often the experiences of children and young people are forgotten, against a focus on the pressure faced by the adult health system.

Long waits for care are particularly damaging for children as many treatments and interventions should be administered within specific timeframes or developmental stages. Prolonged waits not only impair children's mental and physical development but also have a detrimental impact on their education, their mental health and wellbeing and that of their parents and carers.



What your party can do about it



- Ensure there is ring-fenced funding for children's health services in any plans that seek to address pressures in the wider health system.
- Ensure investment in children's health service recovery including children's community services so at least over 92% of children are seen within the 18-week target and absolutely no child is left waiting more than 6 months for an appointment.
- Improve join-up across primary and secondary/urgent care so that more children and families receive the right support closer to home by:
 - Reinstating and improving the training, confidence, and capacity of the primary care workforce to manage common paediatric presentations.
 - Embedding paediatric clinical input into every NHS111 service so families receive more appropriate advice.
 - Improving the online health information and support available to families by investing in NHS online and a national roll-out of Healthier Together.
- Invest in the children's mental health system by:
 - Strengthening community mental health support to improve access to mental health services, reduce the number of children reaching crisis and improve outcomes.
 - Improve the training and environment of acute/inpatient settings so they are safer and more beneficial environments for any children and young people who do need hospital care.



Child health is at a critical juncture, yet it seems children and the services they use are an afterthought. When it comes to hospital waiting times, children waitlists are growing at double the rate of adults while community paediatrics, speech and language and mental health services have some of the highest waiting times across the whole health system. I know how hard my colleagues are working to address this situation, but without the backing of national government through child health specific recovery plans and ring-fenced investment, they will continue to face an uphill battle that sees all our children losing out.

Dr Mike McKean, Vice-President for Policy

2. Support for the paediatric workforce

The problem

Post-pandemic demand on the paediatric workforce has continued to increase, with the number of children on waiting lists now at an all-time high, a sharp rise in the complexity of child health needs, and additional expectations being placed on the paediatric and wider child health workforce. Despite this, the [NHS Long Term Workforce Plan](#) leaves the children's health



workforce largely unaddressed, with a 0% increase in child nursing numbers compared to a 92% increase in adult nursing numbers, which is unsustainable given the levels of demand.

The next UK Government must recognise that none of the above challenges will be addressed effectively without properly considering and resourcing the child health workforce, including paediatricians.

The paediatric workforce is under extreme pressure. Pressure on staff capacity and significant population demand is stretching a workforce already vulnerable to surges in infectious disease and workplace burnout, with up to 1 in 4 gaps on hospital rotas. [Paediatrics 2040](#) shows that while the ratio of paediatric consultants has steadily grown over the last 8 years, UK paediatric workforce numbers still fall behind countries of similar economic and healthcare models by up to 40%. Frontline NHS activity and waiting times have also risen by up to 40% since the pandemic.

What your party can do about it



- Ensure equitable investment in the child health workforce compared to the adult health workforce, to reflect the increased demand and complexity faced by the child health system, and to ensure child health services are safely staffed. This could include the appointment of a national lead or advisory group to support and oversee child health workforce planning and development.
- Introduce measures that will help drive recruitment and retention of paediatricians, for example in equality, diversity, and inclusion (EDI), support for wellbeing and lifelong careers, and adequate flexible working and flexible retirement policies.
- Appoint a Neonatal Safety Champion with responsibility to improve safety across maternity and neonatal services.
- Investment in the community child health workforce with the view to increase the number of community paediatricians and action to address gaps in community consultant posts.
- Commit to long-term funding for a Mental Health Champion on every paediatric ward across the country.



You will not improve child health without a focus on the workforce that support them. The data speaks for itself. Too many paediatricians feel they aren't appropriately supported with morale declining and burnout increasing. Elsewhere, we do not have enough health visitors, school nurses or members of the child mental health workforce to properly address the challenges children face today. We need action to ensure we have enough staff, that they can work flexibly, are supported with their health and wellbeing and properly resourced. Ultimately, we cannot forget that any action on the wider workforce must ensure focus and inclusion on children and young people. **Dr Kay Tyerman, Officer for Workforce**

3. Greater ambition on prevention

The problem

Prevention is key to raising a healthy and productive population. It is our view that the key window for preventing and addressing poor health outcomes is in childhood, starting from pregnancy. This is the biggest opportunity to intervene and makes economic sense.

There are five key indicators that demonstrate most acutely the benefits when prevention and early intervention of ill health are realised to ensure healthy children can grow up to be healthy adults and should be priority areas for improving child health. They are healthy weight, oral health, vaccinations, clean air and mental health. It is also important to reflect that poverty is often a key driver to poor health and health inequalities.

What your party can do about it

Recognise that poverty is a key driver of poor child health outcomes and commit to reduce child poverty and ensure no policy exacerbates child health inequalities. Additionally, ensure a focus on the following target areas:

Healthy weight

- Regulations and guidance are in place to reduce the sugar and salt contained in foods; however, baby food and drinks are excluded from these. You can act now to change this by committing to publish guidelines for improving nutritional content of infant foods.
- In England, expand the Free School Meals scheme to all children in primary schools so they can all be provided with a nutritious meal.
- Implement ambitious policies in order to meet a goal of halving childhood obesity by 2030, including those set out by the [Obesity Health Alliance](#).



Obesity prevalence amongst children is increasing, with 23.4% of Year 6 children living with obesity in 2021/22 in England. This is more than twice as high compared to reception-aged children (10.1%).

Oral health

- Enable children to take up positive oral health habits by implementing supervised tooth brushing schemes in all nurseries and primary schools.
- Ensure all children are seen by a dentist by the age of one to support good oral health development.



In 2022, 29.3% of five year olds in England had tooth decay.

Vaccinations

- Publish and implement a vaccinations strategy to drive progress in reaching WHO targets for vaccination uptake rates.



Vaccination coverage decreased in 13 out of 14 of the routine childhood vaccination programmes in the UK, and no vaccines met the 95% uptake target in 2021-22.

Mental health

- Provide greater investment in Child and Adolescent Mental Health Services (CAMHS) and community support to improve children's access to mental health support, reduce the long waits for care, and reduce the growing number of children and young people who are reaching crisis point and ending up in emergency care settings whilst waiting for mental health support.



Rates of poor mental health for children and young people **are rising**: in England, **5.5% of 2 to 4-year-olds have experienced a mental disorder**, while **15% of 7-10s, 20% of 11 to 16s and 26% of 17-19 year olds now have a probable mental health disorder.**

Clean air

- Improve air quality across the UK by committing to meet the 2005 WHO limits Air Quality Guidelines (for particulate matter (PM2.5) of no more than 10 micrograms per cubic metre) by 2030, 10 years earlier than the current UK Government's proposal of 2040.



Air pollution is linked to **40,000 deaths in the UK every year.**



It should trouble us all that children in the UK have amongst the worst health outcomes and face some of the gravest inequalities in Western Europe. As an emergency paediatrician, I see first-hand the impact income inequality and the social determinants have on the health of children and young people as well as the desperate long-term consequences for society. We can no longer afford to accept tooth decay as a leading cause of hospital admission, a child impacted by serious complications from measles nor a single death because of air pollution.

Dr Helen Stewart, Officer for Health Improvement

4. Ensure every child is protected

The problem

As signatories of the United Nations Convention on the Rights of the Child (UNCRC), the UK Government is required to uphold children's rights to protection from violence, abuse and neglect. Recent serious case reviews and the Child Safeguarding Practice Review Panel national review, such as Child Protection in England, have demonstrated that the current social care system is not fit for purpose in protecting children and young people and supporting families.

It is essential that the next UK Government acknowledges the scale of reform required to adequately support families and protect children, and the costs associated with this.

The UNCRC also requires the UK Government to uphold the rights of children seeking refuge and asylum in the UK. Currently, children across the world who face danger or persecution are not offered safe or legal routes through which to seek asylum in the UK. Children who arrive in the UK seeking refugee or asylum must be afforded their rights to protection, shelter and education promptly.

What your party can do about it

Support families and protect children

- Align with advice received from the independent review lead Josh MacAlister in ringfencing £2.6bn in order to modernise the social care system into one which adequately supports families and children and provides equal provision to all those who need it.
- Commit, as a part of social care reform, to updating and reforming all relevant existing legislation which impacts children for whom there are safeguarding (and child protection) concerns and Looked After Children.



Current estimates indicate that **1 in 6 girls** and **1 in 20 boys** experience child sexual abuse before the age of 16.

Uphold the rights of children seeking refuge and asylum

- Ensure that safe routes are available for children and young people facing persecution to access their right to seek asylum without further risk to their safety and wellbeing.
- Adequately commission services which ensure that children arriving in the UK can promptly access safe, appropriate accommodation, healthcare, education and support.



In 2022, over **850** children were wrongly 'assessed' to be adults by border officials and sent to adult accommodation/ detention (some for many months) before being referred to local authorities whose social workers found them to be children.



Whether they are born here or have come to seek refuge, every child in the UK has the right to be protected from harm. As paediatricians, we know it remains the case that too often, despite the obligations under the UN convention on the rights of the child, they are not afforded this protection. The next UK Government must ensure we uphold our collective duty to protect all children and ensure they have equal access to the safety, healthcare and education they deserve; that they are entitled to; and that enables them to thrive.

Professor Andrew Rowland, Officer for Child Protection

5. Harnessing data and digital to transform child health

The problem

Whether it is building a clearer picture of child health needs, supporting professionals to share information more easily within and between services, or empowering children, young people and parents to take control of their health, improving data and investing in digital innovations has the power to transform child health outcomes.

Yet even now improvement in data and digital health often fails to reach child health services. It is right that political parties are talking about the importance of data interoperability. It is vital that the specific benefits it can bring for children and young people are properly considered.

What your party can do about it

- Develop a children's information standard and amend adult-centric legislation to make it clear when and how child health, care and education services can share information to improve children's health and identify harm.
- Implement the NHS Number as a consistent child identifier for improved information sharing and linkage across children's health, care and education, to support the provision of better, more joined-up care and protection of children and young people.
- Ensure the digitisation of the red book is taken forward and goes beyond just the use of growth charts, vaccines, and screening in order to support parents and provide professionals with a full picture a child's health.
- Invest in Electronic Medical Records systems which make it much easier for clinicians to capture data at the point of care.



As part of the Health Policy Influencing Group, over 70 children's organisations have called for improvements to multi-agency information.



*Despite politicians increasingly leaning on the use of technology to improve public services, we still fail to get the basics right when it comes to the use of data and digital to improve children's services. It is unnecessarily difficult for professionals such as paediatricians to share information with other services and, ultimately, children are the ones who lose out with the most vulnerable hit hardest. We repeatedly hear children tell us they do not want to tell their story twice whether that is to a social worker or health professional. The next government must recognise better data linkage has myriad benefits from supporting joined-up care, identifying harm at an earlier stage and ultimately improving health and wellbeing outcomes for children. **Dr Ronny Cheung, Officer for Health Services***

About us

The Royal College of Paediatrics and Child Health is the membership body for paediatricians and we have over 22,000 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.

For more information on issues raised in this document, please contact our Media and Campaigns Team: Public.Affairs@rcpch.ac.uk | www.rcpch.ac.uk