Public Accounts Committee Inquiry: NHS England's modelling for the Long-Term Workforce Plan

Written evidence submitted by the Royal College of Paediatrics and Child Health: May 2024

About us

The Royal College of Paediatrics and Child Health (RCPCH) is responsible for training and examining paediatricians, raising professional standards and informing research and policy. RCPCH has over 23,000 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

1.1 The College had been calling for a multi-year, evidence based and fully costed workforce plan for a number of years. We therefore welcomed the publication of the Long-Term Workforce Plan when it was finally published alongside the increased investment in training as an important first step towards putting the NHS workforce on a more sustainable footing.

1.2 However, we were disappointed by the lack of focus on children's health and recognition of the pressures faced by child health professionals, including paediatricians, despite the strong rationale to do so.

1.3 There is a concern that without specific focus on how these commitments apply to child health, the paediatric workforce will be left behind in both local and national decision-making. Unfortunately, nearly one year on from publication that clarity has not been forthcoming.

1.4 As an immediate action from the publication of the NHS England (NHSE) LTWP in June 2023, the College asked for a Child Health Working Group to be established to review the evidence base and modelling used for paediatrics and ensure the NHSE LTWP was equitable for all.

1.5 We have proactively pursued discussion and shared extensive evidence with NHSE to work constructively on ensuring the investment outlined in the LTWP applies equally to child health, and that any modelling and ongoing planning does justice to the needs of children and young people as 25% of the population. Progress on this from NHSE has been notably slow and stalled in recent months.

1.6 Its important to note that post-pandemic demand for child health services has consistently increased, exacerbated by a changing landscape of child health inequalities and rising complexity of care.

1.7 Investing in the child health workforce to tackle ill health and reduce risk factors early in life is vital to ensure a healthier future population and mitigated future demand, and associated increased costs, by investing more in prevention and early intervention.

1.8 While the Long-term Workforce Plan recognises increased demand for children and young people mental health services, it does not recognise the significant increase in demand for child health services at all levels from secondary speciality care, community services, to urgent and emergency care.

1.9 There are significant workforce pressures across paediatrics and the children's health workforce. Workforce numbers are insufficient to match the growing demand for children's health services or to meet the increased complexity of children's health needs.

1.10 There has been a 30% increase in the general paediatric workload, a 72% increase in outpatient attendance among children since 2007, and even greater increases in emergency department attendance and inpatient hospital stays, but no equivalent expansion of the paediatric workforce.[i]

1.11 The commitments to significant investment to grow medical education and training places over the next 5 years are adult-focused and do not sufficiently consider or commit to investment in the children's health workforce.

1.12 The College has called on stakeholders to begin a programme of work from the LTWP that will more appropriately reflect the needs of 25% of the UK population. We believe that in taking forward this programme the government and NHS England should:

(1) Review the modelling that underpins the NHSE Long Term Workforce Plan (LTWP), to ensure that planned investment in the workforce is equitable, evidence-based, and considers the increased demand, survivorship, and complexity of child health.
(2) In the medium term, NHSE and DHSC should develop a children's health workforce strategy.
(3) Commit within the next iteration of the LTWP to an expansion of training places for paediatricians to deliver services which safely and sustainably meet children and young people's health needs.
(4) Increase the focus on the community paediatric workforce, where the gap between demand and workforce supply continues to widen.

1.13 We would be happy to go into further detail or provide oral evidence to the committee. Please do let us know if this would be of interest by contacting us on public.affairs@rcpch.ac.uk

Models underpinning the LTWP

2.1 RCPCH have substantial concerns about the modelling which underpins the workforce projections. We note this is primarily based on demographic population growth, as well as analysis of growing complexity of need and historical trends, and service plans which include the ambition to move care out of hospitals.

2.2 Our view is that the modelling approach focuses predominantly on the needs of an ageing population and does not seem to have sufficiently accounted for the recent rise in birth rate across England, increased complexity in the health needs of children and young people, and rising demand for health services, all of which has created significant pressure on the workforce.

2.3 Demand for children's health services has been rising at a faster rate than demand for adult health services – with the elective waiting list growing at double the rate and community service waiting lists growing at three times the rate.[ii]

2.4 We strongly believe the increase in demand and complexity needs a well-resourced workforce and are calling on future workforce modelling to consider these factors in their projections.

2.5 Planning should be based on robust data and modelling, and take into account:

1) Current demand for child health services
2) Future demand projections including population complexity
3) Future demand prevention and inequalities.

Current demand for CYP health services

3.1 Demand for elective paediatric care is at its highest level with the CYP waiting list rising at double the rate of that for the adult population.[iii],[iv]

3.2 CYP waiting lists for community services are rising at three times the rate of adult health services.[v],[vi]

3.3 Capacity in current CYP mental health services is unable to meet the increasing demand of the CYP population.[vii],[viii]

3.4 Persistent annual rises in CYP emergency department attendance over the last 10 years. In summary, the current demand projections indicate health care needs that already exceed CYP workforce resources.[ix]

3.5 The LTWP recognises increased demand for CYP mental health services but does not identify how it will apply to increased demand across all CYP secondary care, community services, and urgent and emergency care. There is no certainty as to how the LTWP will apply to wider CYP services.

Future demand: CYP population and complexity

4.1 Children and young people between 0-19 years make up almost 25% of the UK population.

4.2 The birth rate is higher in disadvantaged populations with increased risk of inherited disease and poorer health outcomes reported.[x]

4.3 Birth rate modelling remains a simplistic approach, not considering unpredicted reversals (increase of 1.8% 2021 -2022 with Total Fertility Rate up for the first time since 2012), immigration or changes in disease burden.[xi]

4.4 Challenges in the transition from child to adult health care for young people as part of ambitions for the 0-25 years model with evidence to suggest high risks of disengagement and variation in services.[xii]

4.5 Children with more complex healthcare needs across physical and mental health are increasing the demand on specialist paediatric care.[xiii],[xiv]

4.6 Sharp increases in mental health need, particularly in adolescents.[xv]

4.7 Increases in the incidence of neurodevelopmental disorder, neurodisability and epilepsy in the CYP population.[xvi]

4.8 Increases in the numbers of children with chronic conditions and rare disease driven by changes in neonatal outcomes and advances in neonatal care requiring complex care pathways and new treatments.[xvii].

4.9 The rate of child deaths has fallen consistently since 1981.[xviii]

4.10 Increasingly complex CYP care pathways require working between multiple sectors, including primary care, community, CAMHS, schools and social care. This also creates complexities in managing appropriate transition between CYP and adult services.

4.11 The CYP workforce has and will continue to need to resource the impact of new or growth areas in medicine, working in new ways on a wider range of issues alongside the development of new technology with benefits most clearly realised for children and young people. This includes Genomics, AI and Gender Identity Services.

4.12 In summary, future demand for CYP service is likely to continue growing, with increasing complexity in its population and case mix and increasing demands from new or growing advances.

4.13 The LTWP discusses the increasing complexity of service delivery, integrated career pathways and the impact of technological advances on health services. However, none of these focus on CYP services or consider how an already over-stretched workforce can contribute to, develop or manage these impending changes.

4.14 At present the LTWP associates modelling of the medical workforce with a further predicted fall in birth rate. However, midwifery education and training will be grown in line with the Ockenden review, with anticipated increases in trainee numbers and additional focus on retention that is notably independent of birth rate. The modelling appears to use an age range of 0-15 years (taken from the national population projects, which is not in line with current or future ambitions for CYP services. It also does not consider other factors, including migration.

Future demand: Prevention and Inequalities

5.1 One in four UK children live in poverty with the health impacts significant and likely to follow children across their lifetime. Children living in poverty are more likely to have poorer health outcomes including low birth weight, poor physical and mental ill health, exacerbated by the recent cost-of-living crisis.[xix],[xx],[xxi]

5.2 The number of looked after children is increasing and this group is particularly vulnerable to health inequalities and poorer health outcomes including significantly higher rates of mental health issues.[xxii],[xxiii]

5.3 Having sufficient child nurses and paediatricians, particularly those based in community health services, is essential to providing responsive, early and effective support to vulnerable children and those who experience overlapping inequalities.

5.4 There are child health inequalities associated with both ethnicity and deprivation alongside regional variation that impact local child health needs.[xxiv].

5.5 Focussing on two interlinked healthcare areas, diabetes and obesity: a quarter of children aged between 10 and 11 years in England are obese with increasing incidence of Type 2 DM reported in CYP. [xxv]

5.6 The key window for preventing and addressing poor health outcomes is in childhood. As well as addressing inequalities there needs to be investment in the child health workforce to support prevention and ensure children can have timely access to care, preventing health problems worsening and compounding into adulthood. In summary, the negative impacts of increasing health inequalities and the positive impacts of prevention and technological advances are both managed most effectively in childhood.

5.7 The LTWP acknowledges that health inequality leads to more long-term conditions and that CYP from ethnic minority backgrounds experience worse health outcomes. The proposed increase in the health visiting workforce and the number of school nurses to promote early child health and address health inequalities begins this discussion but will inevitably fall short without considering the wider integrated CYP workforce. When the LTWP discusses prevention, this is primarily linked to mental health problems alone.

5.8 The LTWP commits to increasing capacity in community care, but this is discussed through the lens of an ageing population. It is vital that there is investment in community child health services, which have some of the longest waits of any part of the health system and an ongoing decline in current and future numbers of community paediatricians.[xxvi]

References

[i] RCPCH, 2021. Paediatrics 2040, Data and evidenced: the future

[ii] Record high: Over 400,000 children waiting for treatment amidst child health crisis | RCPCH

[iii] Royal College of Paediatrics and Child Health. Record high: Over 400,000 children waiting for treatment amidst child health crisis 2023 [https://www.rcpch.ac.uk/newsevents/news/record-high-over-400000-children-waiting-treatment-amidst-child-healthcrisis.

[iv] Royal College of Paediatrics and Child Health. Paediatricians call on government to take action as children's waiting lists soar to 350,000 for the first time 2022 [https://www.rcpch.ac.uk/news-events/news/paediatricians-call-government-take-actionchildrens-waiting-lists-soar-350000.

[v] NHS Providers. Community Network survey on waiting times in children and young people's services 2023 [https://nhsproviders.org/resources/briefings/communitynetwork-survey-on-waiting-times-in-children-and-young-peoples-services.

[vi] . Royal College of Paediatrics and Child Health. RCPCH response to NHS Confederation and NHS Providers report on waiting times for children's community services 2023 [https://www.rcpch.ac.uk/news-events/news/rcpch-response-nhsconfederation-nhs-providers-report-waiting-times-childrensRCPCH
[vii] Mental Health Foundation. Children and young people: statistics [https://www.mentalhealth.org.uk/explore-mental-health/statistics/childrenyoung-peoplestatistics#:~:text=We%20take%20a%20life%2Dcourse,problem%20in%20any%20given%20year.&text=50%25%20of%20mental%20health%20problems,and%2075%25%20by%20age% 2024.
[viii] NHS Digital. Rate of mental disorders among 17 to 19 year olds increased in 2022 2022 [https://digital.nhs.uk/news/2022/rate-of-mental-disorders-among-17-to-19-year-oldsincreased-in-2022-new-report-shows.
[ix] NHS England. Urgent and Emergency Care Daily Situation Reports 2022-23 2023 [https://www.england.nhs.uk/statistics/statistical-work-areas/uec-sitrep/urgent-andemergency-care-daily-situation-reports-2022-23/
[x] Royal College of Paediatrics and Child Health. Child health inequalities driven by child poverty in the UK - position statement 2022 [https://www.rcpch.ac.uk/resources/child-health-inequalities-position-statement.
[xi] Conceptions in England and Wales - Office for National Statistics
[xii] National Confidential Enquiry into Patient Outcome and Death. The Inbetweeners 2023[https://www.ncepod.org.uk/2023transition/The%20Inbetweeners_summary%20repor t.pdf
[xiii] Royal College of Paediatrics and Child Health. Paediatrics 2040 [https://www.rcpch.ac.uk/work-we-do/paediatrics-2040.
[xiv] . Fraser LK G-SD, Jarvis S, Norman P, Parslow RC. Estimating the current and future prevalence of life-limiting conditions in children in England. . Palliative Medicine. 2021;October.https://pubmed.ncbi.nlm.nih.gov/33323043/. RCPCH/August 2023 Page 6 of 6
[xv] NHS Digital. Rate of mental disorders among 17 to 19 year olds increased in 2022 2022 [https://digital.nhs.uk/news/2022/rate-of-mental-disorders-among-17-to-19-year-oldsincreased-in-2022-new-report-shows.
[xvi] Royal College of Paediatrics and Child Health. Paediatrics 2040 [https://www.rcpch.ac.uk/work-we-do/paediatrics-2040.
[xvii] Royal College of Paediatrics and Child Health. Paediatrics 2040 [https://www.rcpch.ac.uk/work-we-do/paediatrics-2040.
[xviii] Royal College of Paediatrics and Child Health. Paediatrics 2040 [https://www.rcpch.ac.uk/work-we-do/paediatrics-2040.
[xix] Office for National Statistics. National population projections: 2020-based interim 2022[https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/bulletins/nationalpopulationprojections/2020basedinterim#:~:text=The%20UK%20population%2C%20which%20was,million%20(6.9%25%20increase).
[xx] NHS Digital. National Child Measurement Programme, England, 2021/22 school year 2022 [https://digital.nhs.uk/data-and-information/publications/statistical/nationalchild-measurement-programme/2021-22-school-year.
[xxi] aomrc.org.uk/wp-content/uploads/2023/09/Securing_our_healthy_future_0923.pdf
[xxii] Royal College of Paediatrics and Child Health. Looked After Children (LAC) – resources and guidance 2022 [https://childprotection.rcpch.ac.uk/resources/looked-afterchildren/.
[xxiii] . GOV.UK. Children looked after in England including adoptions 2022 [https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-inengland-including-adoptions/2022#releaseHeadlines-tables.
[xxiv] End Child Poverty. Child poverty in your area 2022 [http://endchildpoverty.org.uk/child-poverty/.
[xxv] Simmonds M, Llewellyn, A., Owen, C.G., Woolacott, N. Predicting adult obesity from childhood obesity: a systematic review and meta-analysis. Obesity Review. 2016.https://pubmed.ncbi.nlm.nih.gov/26696565/. 20. Obesity Health Alliance. Turning the Tide: A 10-year Healthy Weight Strategy 2021 [https://obesityhealthalliance.org.uk/turning-the-tide-strategy/.
[xxvi] Royal College of General Paediatrics. Workforce Census 2022: Service and Design 2022 [https://www.rcpch.ac.uk/work-we-do/workforce-service-design/about-workforcecensus.