

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

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



Royal College of
Paediatrics and Child Health

Leading the way in Children's Health

Professor Steve Turner, RCPCH President

Every child has a right to grow up happy, healthy and well, and the next government should build a society that gives every child this right. Too often the needs of children and young people are forgotten by policymakers in national and local governments.

Much more must be done to deliver the child health workforce our children deserve. As a nation, we have to take child wellbeing more seriously than we do at present. Child health inequalities continue to widen, poor mental health is soaring and record numbers of children are waiting for care. It is unacceptable that the UK has some of the worst child health outcomes in Europe. Children very quickly become adults, and the seeds of poor health in adulthood are sown in childhood. Put another way, children who are healthy become healthy adults who contribute to society, and pay taxes. We cannot ignore the economic cost of failing to act and improve child health now.

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 more self-evident in 2024. We urge the next UK Government to set out an ambitious agenda aimed at improving our children's health and wellbeing.



Professor Steve Turner,
RCPCH President

How the next UK Government can support children and young people

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:

1 Establish a Cabinet Level Minister for Children and Young People.

2 Commit to a cross-departmental National Child Health and Wellbeing Strategy.

3 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 seven priority areas that paediatricians know will help improve child health outcomes across England.

Our seven priority areas



1. Prioritise child health services



5. Address children's mental health



2. Support the child health workforce



6. Strengthen child protection



3. Harness the power of data



7. Tackle climate change



4. Promote the prevention of ill health



1. Prioritise 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.



416,000+
children in England were
waiting for consultant
-led treatment as of
May 2023.



20,000+
children in England have
been waiting for over a
year for consultant-led
care, and this number
continues to
increase.

Recommendations



- Ensure child health services are front and centre of any plans to reform health services including through fair funding for services and ensuring children are prioritised by Integrated Care Systems (ICSs).
- 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 the interface between primary and secondary care for children so that more 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



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. The paediatric workforce is under extreme pressure. Pressure on staff capacity and significant population demand is 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.

Recommendations



- Ensure the NHS Long Term Workforce Plan is based on accurate modelling, taking into account increased demand, complexity and survivorship in child health and take steps to grow the child health workforce.
- 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.
- Invest 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.



You can not improve the health of children without a focus on the workforce that supports 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. Harness the power of data

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 have 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 also vital that the specific benefits it can bring for children and young people are properly considered.

Recommendations

- 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 of 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 that 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**



4. Promote the prevention of ill health

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.

Recommendations



- 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. RCPCH is a signatory to a [joint statement](#) on how the next UK Government can end child poverty.
- 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 mandatory 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](#).
- 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.
- Implement the NHS Vaccinations Strategy to drive progress in reaching WHO targets for vaccination uptake rates.
- Provide resources to expand access and capacity of vaccine appointments to provide more flexible access to families.
- Take forward plans for a Smokefree Generation as outlined in the Tobacco and Vapes Bill and ban disposable vapes.



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%).



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



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**.



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



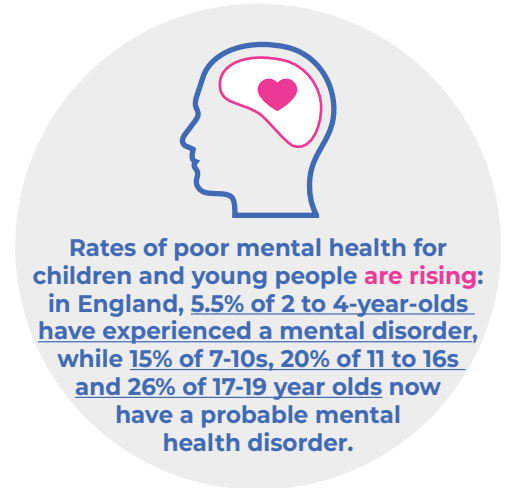
5. Address children's mental health

The problem

Childhood mental health problems are common and increasing; almost one in five children aged 7 – 17 has a probable mental disorder which is a 50% increase from one in nine in 2017. There has also been an increase in complexity of mental illness and the number of children and young people experiencing mental health crises. This includes increases in emergency department attendance and hospital admissions due to mental ill health, suicide attempts, self-harm, and eating disorders.

Problems accessing mental health support are not new, but they have been exacerbated during and since the COVID-19 pandemic. Access to timely support is vital to support children's mental health and prevent children and young people ending up in crisis, yet 85% of providers say they are now struggling to keep up with demand.

RCPCH [has set out how paediatricians can play a role to support children's mental health](#), including promoting positive mental health and wellbeing in all interactions, in early recognition and intervention and responding well in inpatient and emergency settings. However, we cannot do this alone and need greater national support to undertake this important side of the work.



Recommendations

- Promote protective factors and minimise risk factors through national action to tackle child poverty, improve housing conditions and access to green spaces, and to improve children's physical health.
- Increase funding to expand early mental health support, including funding to expand coverage of Mental Health Support Teams to every school and college.
- Increase funding for Child and Adolescent Mental Health Services (CAMHS) to improve access to support, reduce long waits for care and reduce the number of children who reach crisis while waiting for CAMHS services.
- Implement a Mental Health Champion role in every setting which admits children as NHS England has done for acute settings.
- Improve the design of paediatric wards and emergency settings to ensure they are fit for purpose and take into account the increase in children presenting with acute mental distress.



In the wake of COVID-19, many children and young people will have greater mental health support needs. As services begin to recover, the time is ripe to connect across the entire child health workforce and local, regional, and national boundaries. Together, we can work to develop improved and integrated mental health services.

Dr Karen Street, Officer for Mental Health

6. Strengthen child protection

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.

Recommendations

Support families and protect children

- Commit to removing the Reasonable Punishment Defence from the Children Act 2004 to secure Equal Protection from physical assault for children in England and Northern Ireland, as has already been enacted in Wales and Scotland.
- 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

7. Tackle climate change and air pollution

The problem

We support government policies around adaptation to climate change, but strongly advocate for more emphasis on climate change mitigation, particularly addressing the primary driver of climate change—fossil fuels. Fossil fuels not only accelerate climate change but also exacerbate air pollution, a major public health and child health issue. Commitment to an accelerated, just and equitable phase-out of fossil fuels while investing in renewable energy transition is not only critical for climate change mitigation but also for unlocking the co-benefit of cleaner air—a fundamental element for optimal child health.

Air pollution is the single greatest environmental threat to public health, contributing to cancer, asthma, and cardiovascular disease. Children are disproportionately vulnerable to poor air quality as they breathe faster and inhale a higher proportion of airborne toxicants relative to their weight. Furthermore, their organs are still forming therefore exposure to air pollutants during pregnancy and early childhood can have harmful and irreversible effects on the development of the lungs and other organs, with the potential for respiratory and other health problems as an adult.

Tackling air pollution must become a key cornerstone of government policy, bringing together child health with child rights and a focus on prevention and keeping people away from our overstretched NHS.



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

Recommendations



- Accelerate the commitment to reach net-zero greenhouse gas emissions by 2050 through a rapid and just transition to clean, renewable energy sources and elimination of government subsidies, investments, and new licences for fossil fuel exploration, extraction, and sales.
- Commit to creating a Clean Air Act within the first 100 days of government, which establishes a cross-government approach to addressing the challenge of cleaning up the air, mandates meaningful interaction with devolved parliaments and local authorities, and creates a legal right to clean air. The Act should commit to meet the 2005 WHO limits for particulate matter (PM2.5) of 10 micrograms per cubic metre by 2030, 10 years earlier than the current UK Government's proposal of 2040. Once 2030 or 10 micrograms has been reached, the limit should be reduced to 5 micrograms (the current WHO limit) to be achieved as soon as possible.
- Provide investment towards ensuring that half of journeys in towns and cities in England can be walked or cycled by 2030. This funding commitment should include expansion of clean air zones, infrastructure for active travel, public transport and electric vehicles to open up cleaner, greener transport, and allowing local authorities power to close or divert roads when air pollution exceeds set limits, particularly near schools.



All children deserve the opportunity to have the best chance for a healthy start in life, yet more than 99% worldwide are already exposed to one or more climate and environmental risks to their health – the most significant of which being air pollution, with more than 90% of children exposed to pollution levels above the World Health Organisation's Global Air Quality Guidelines. Climate change remains the greatest global health threat facing the world in the 21st century and it is children who will bear the greatest burden of impact. Policy decisions we make in the UK can have worldwide impact and we have a responsibility to all children everywhere to take bold and ambitious action to mitigate the impact of this significant threat.

Dr Helena Clements, Officer for Climate Change

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 references or issues raised in this document, please visit:

<https://www.rcpch.ac.uk/manifesto-2024> or contact Public.Affairs@rcpch.ac.uk

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