Quick read:

From left behind to leading the way: a blueprint for transforming child health services in England

1. The issue

Children are waiting longer than adults to access healthcare, paediatric services have not recovered at the same rates as adult health services, and there is a growing gap between demand and capacity. Much of this is a result of chronic underinvestment in child health services and a deprioritisation of children in the national health policy agenda. The specific needs of children and paediatric services have not been adequately addressed, instead the focus has predominantly been on the needs of an ageing population.

This has coincided with an unprecedented increased demand for child health services, which is forecast to grow further. Many lifelong health issues are established in childhood and adolescence - if more children grow up with unaddressed ill health, multiple morbidities, and poorer health outcomes, we will have a less healthy nation.

Investment in child health services offers significant return, as it provides both long-term returns (cost savings across the life course) and cross-sector returns (saving money in health-related school absence, mental health, youth justice spending, labour market inactivity as well as within the health system). Investing in children's health now is vital for the future health and economic wellbeing of the UK.

2. The evidence[1]

The state of child health services

- The number of children waiting for over 52 weeks for healthcare has increased by 60% for elective paediatric services, and 94% for community health services, in just two years. Over 50,000 children have been waiting for a year or more.
- Children make up around a quarter of the total waiting list for community health services but over three-quarters of 52+ week waits.
- Only 8% of mental health spending is allocated to CYP mental health provision, despite them making up 30% of the demand.
- 0–14-year-olds are more likely to attend A&E than any other age group but have been largely overlooked in funding for emergency care.
- Only 16% of Trust leaders reported that their Trust was able to meet demand for child health services.

The state of child health (four areas which put particular strain on services)

- **Respiratory illness** - Around 1 in 11 children and young people live with asthma, and the UK has one of the highest rates of emergency admission for childhood asthma.
- **Chronic and complex conditions** - There has been an increase in the number of children with multiple health conditions. At the most complex, the proportion of children who have eight or more chronic conditions almost doubled from 7.6% in 2012/13 to 14.0% in 2018/19.
- **Excess weight** - 2.5 million children in England are affected by excess weight, and 1.2 million are living with complications from obesity. 23.4% of Year 6 children were obese in 2021/22, 80% of whom are predicted to remain obese as adults.
- **Mental health** - Nearly three-quarters of children and young people with a mental illness also have a physical health or developmental condition.

1. For evidence references, please see the full blueprint.

3. The blueprint

At the core of this report is an **overarching call to the UK government to commit to restoring health services for children**. It is unacceptable that children across the country are experiencing poor access to services, waiting times, and health outcomes, and that there is clear inequity between adults' and children's experiences of our health system.

Across seven themes, we set out a series of evidence-based, practical and immediate solutions. These are intended to act as a guide to the transformational change that is needed across child health services in England.

Four national foundations to recover children's health services and improve child health outcomes:

1. **Ensure fair funding for children.**
2. **Prioritise children in Integrated Care Systems.**
3. **Support a sustainable child health workforce.**
4. **Improve data and digital innovation.**

Three targeted areas of focus address parts of the health system under exceptional pressure:

5. **Reduce pressure on urgent and emergency care.**
6. **Reinvest in community health services.**
7. **Improve the interface between primary and secondary care.**

The blueprint focuses on challenges faced by child health services, but we recognise meaningful change must go beyond this. As such, alongside this report, we call for ambitious action on to prevent illness and address the wider determinants of health through a child health in all policies approach. And as children and young people have highlighted through RCPCH &Us, all of this should be set in the context of two fundamental principles: listening to children's voices, and respecting children's rights.

4. The solutions

Our evidence-based, practical and immediate recommendations are summarised here. For the full rationale, please see the relevant section of the full report.

Theme	Recommendation
1. Fair funding for children	Introduce a Children's Health Investment Standard to address the investment gap between child and adult health services.
	Ensure all national health funding commitments include a specific proportion that is allocated to children's health services.
2. Children prioritised by Integrated Care Systems	Establish national oversight of ICS performance for children and young people by: • Updating the CQC methodology for assessing ICSs; • Ensuring the annual NHSE Priorities and Operational Planning Guidance includes clear objectives and metrics on CYP; • Introducing a CYP-specific waiting times standard for ICSs.
	Ensure national prioritisation categories and risk frameworks take into account the differential risks experienced by children.
	Develop a National Outcomes Framework for children's health.
3. A sustainable child health workforce	Review the modelling on children's health which underpins the NHSE Long Term Workforce Plan.
	Develop a child health workforce strategy.
	Commit to expanding paediatric training and consultant posts.

Theme	Recommendation
4. Improve data and digital solutions	Implement the NHS number as a Consistent Child Identifier.
	Prioritise the development of a digital child health record.
5. Reduce pressure on urgent and emergency care	Improve the quality and accessibility of online health information available to families.
	Embed paediatric advice and assessment within every NHS111 service.
	Ensure national guidance on urgent and emergency care and winter planning addresses the distinct pressures in paediatric emergency care.
6. Reinvest in community health services	Prioritise community child health services in action to tackle elective waiting lists and waiting times.
	Invest in the community child health workforce.
	Ensure support for children in all settings (education, local authorities, and short break providers) is needs-led and does not require a diagnosis to access.
7. Improve the interface between primary and secondary care	Implement postgraduate training on children's health as a core part of GP and wider practice staff training.
	Develop models of joint working between primary care and paediatric teams.
	Re-invest in health visiting and school nurses.

5. Why now?

As each week passes, more data and stories come to light that bear witness to the fact that childhood in our country is simply not as good as it should be. The challenges in child health services are one part of this that we can no longer ignore, and where there is a clear moral and financial imperative to act.

"The lack of focus on children in policy, and especially in health policy, has resulted in poor health outcomes for children and young people. Children in the UK now have some of the worst health outcomes in Europe. These solutions provide the structure to help the UK Government forge ahead with their goal to create the healthiest generation of children ever, and will ensure that child health services are transformed from being left behind to leading the way." – Professor Steve Turner, President RCPCH

This blueprint for change sits alongside reports from other leading organisations such as NHS Providers and the Children and Young People's Health Policy Influencing Group (HPIG), who are also calling for change to address the unacceptable disparity in national prioritisation, service recovery, funding and waiting times for child health services.

Children deserve equal access to health services which have the right resources and workforce to meet their needs. Change is needed to ensure equity with adult health services, and more importantly to improve children's health outcomes and secure health benefits across the life course.

"We have the right to the best health and healthcare, to be protected from harm... There are two core principles to help in your mission to improve children and young people's health: be active in how children and young people's views are asked for, listened to and acted on (UNCRC Article 12) and do all you can to implement children's rights, protecting children and young people from the harm of being overlooked and forgotten in health planning (UNCRC Article 4, Article 24).." – Young people from RCPCH &Us.

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To read the full report, scan the QR code or go to www.rcpch.ac.uk/child-health-blueprint

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