

Introduction

This briefing from the Royal College of Paediatrics and Child Health has been produced for MPs ahead of a backbench business debate on children's health secured by Simon Opher MP on Thursday 10 July. It includes key messages and policy recommendations from the College including recent policy recommendations on child health services, the child health workforce, community health, vaccinations and poverty and health inequalities.

In the context of government plans to reform healthcare and implement its new 10 Year Health Plan, the debate is a timely opportunity to help ensure that its plans meets the needs of children. If you would like tailored information to support you in the debate, please contact public.affairs@rcpch.ac.uk. The College can support with tailored briefings including local data on several of the issues mentioned below.

State of child health:

- RCPCH has long warned of the systemic deprioritisation of children's health services. Children make up over a quarter of the population, yet their health outcomes have been allowed to decline for far too long.
- Children and young people in the UK have some of the worst health outcomes in Europe. This assessment is based on a combination of indicators, including:
 - High rates of **infant mortality** compared to other Western European countries.
 - Increasing **hospital admissions** for preventable conditions like asthma, dental decay, and respiratory infections.
 - Worsening **mental health outcomes** and long waiting times for specialist services.
 - Falling **vaccination uptake**, particularly for MMR and 6-in-1 vaccines.
 - Persistent and growing **health inequalities**, especially linked to poverty and deprivation.
- [Lord Darzi's review of the NHS](#) highlighted the specific challenges facing children's health and child health services:
 - The mental and physical health of children appears to have been deteriorating in recent years. Between 2001 and 2018 saw a 250 per cent increase in the prevalence of life limiting and life-threatening conditions in children and young people.
 - Childhood vaccination rates in England have been declining since 2013-14 and are now below WHO target levels of uptake.
 - 2.5 million children and young people in England are affected by excess weight or obesity, with 1.2 million living with obesity related complications.
 - Children are waiting too long for treatment. Waiting lists for children are growing at faster rates than adults.
 - Paediatric intensive care unit (PICU) beds are regularly over 90 per cent occupancy with some units at 100 per cent.
 - More children are attending A&E, but the emergency admission rate has not increased, suggesting that they could be cared for elsewhere.
- Our assessment is that, despite the best efforts of the child health workforce, a chronic underinvestment and a lack of focus on children's needs at a national and health system level, has resulted in this unacceptable state of affairs.

Investing in child health matters:

- As [noted by the King's Fund in a recent publication on child health](#), many lifelong health issues are established in childhood, and unless strong and meaningful action is taken to change course, the current generation of children is set to become an unhealthy generation of adults.

- This will have serious long-term implications for the economy, the health service and society as a whole – as well as consequences for the children themselves. Investing in the health of children and young people is an investment in the future and will provide long-term returns.

Child health services:

The challenge

- Our child health services are under immense pressure as they seek to address growing demand and rising complexity of need. Our [Blueprint for Child Health Services](#) sets these challenges out in greater detail.
- The number of children waiting for over 52 weeks for care has increased by 60% for elective services, and 94% for community health services, in just two years.
- Children are frequent users of health services, from primary care and community services to hospital-based care; 0–14-year-olds are more likely to attend Emergency Departments than any other age group.
- Children now wait longer than adults to access many health services, paediatric services are not recovering at the same rates as adult services, and there is a growing gap between demand and capacity.
- Policy agendas and reforms within the health system have not adequately addressed the specific needs of children or paediatric services, focusing predominantly on the needs of an ageing population.

Our recommendations

- **Introduce a Children's Health Investment Standard** to address the investment gap between child and adult health services, requiring local systems to increase their spending on children's health services , at a faster rate than their spending on other services, and gradually move towards more equitable service funding.
- Ensure **all national health funding commitments include a specific proportion that is allocated to children's health services.**
- **Develop a National Outcomes Framework for Children's Health.**
- **Prioritise the development of a digital child health record.**
- **Embed paediatric advice and assessment** within every NHS111 service (PCAS).

Community health services:

The challenge

- The latest available data covering March 2025 shows that more than 314,000 children and young people are waiting for community health services, and wait times are getting worse. Our [recent report on community health services](#) goes into more detail.
- Paediatric services are not recovering at the same rates as adult services, and there is a growing gap between demand and capacity.
- The current state of children's community services is unsustainable. Failure to address pressures will worsen the health and wider societal outcomes of the most vulnerable children and their families.
- Long delays to community care have a particularly acute impact on children as many treatments are age or developmental stage critical.
- Improving care in the community is beneficial particularly for children and young people (CYP). Not only will it enhance health outcomes, but it can also be highly cost effective and reduce pressures elsewhere in the system, for example reducing unnecessary Emergency Department attendance and the growing economic burden on families. NHS Confed have estimated that for every £1 invested in community or primary care, there is a £14 return.
- Those who need care the most are often the least likely to receive it, which is particularly evident for children and young people. CYP from Black, Asian and minoritised ethnic backgrounds, CYP seeking asylum and refugees, and CYP from low-income households are more likely to experience barriers in accessing all healthcare, including care in the community.

Our recommendations

- **Introduce a distinct waiting times target for community waits** to match the referral-to-treatment target, with 92% of patients in England seen for treatment within 18 weeks by 2029 in a standard and equitable way
- **Ensure national prioritisation categories and risk frameworks consider the differential risks experienced by children.** This should include consideration of the proportion of life spent waiting, and the impact of long waits in childhood when prioritising resources.
- **Standardise data collection and sharing** between community health services.
- **Prioritise early intervention services** including through health visitors and school nurses, family hubs and best start for life programmes and by investing in the quality and accessibility of online health information.

Child health workforce:

The challenge

- Paediatricians and colleagues across the child health workforce are working hard to provide high quality care for an increasing number of children, but, [as outlined in a recent policy briefing on the workforce](#), without proper support, they continue to face an uphill battle.
- In 2019, RCPCH estimated that demand for paediatric consultants was around 21% higher than in 2017 and the gap between demand and supply has widened significantly since then.
- In December 2024 we published the results of our rota gaps survey, which noted that there is an average shortfall of 20% resident paediatric doctors on Tier 1 and Tier 2 rotas. Acute paediatric services run on a smaller number of highly trained staff with inherently less flexibility to cope with vacancies than the much larger adult services.
- Operating with such a deficit places immense strain on the workforce. In a survey conducted with over 400 RCPCH members in May 2025:
 - 75% of respondents have felt pressured to work additional shifts (or hours) over their job plan or rota more than once, with 11% saying this is always the case.
 - 63% of respondents have experienced burnout in their career, with 44% experiencing it in the last year.
 - 71% have gone to work despite not feeling mentally or physically well enough, with 55% saying this has happened on more than one occasion.
 - Only 18% believe there is sufficient staffing in their department to meet the needs of the children and young people they care for
- In 2024, the GMC published findings that 15% of joiners to the paediatric specialist register left within 5 years between 2016-18.
- The College's most recent member survey (2024) also outlined that 48% of paediatricians surveyed report having an issue with balancing work and personal life, and 43% have a lack of time for activities such as research and teaching.
- Need is outstripping supply, and persistently high waiting lists alongside known rota gaps means the child health workforce finds itself increasingly overstretched and unable to safeguard the wellbeing of the children and young people that rely on them. The child health workforce provides expert care for an age group that makes up 25% of the total population but 100% of our future, and child health conditions have long-term consequences for adult care.

Our recommendations

- Develop a **comprehensive child health workforce strategy**.
- Commit to **expanding paediatric training and consultant posts** in line with changes in working, service and demand.
- Implement **measures to retain existing staff**, including improved working conditions and financial support for mental health and well-being.
- Ensure **all staff** (including primary care, urgent care centres and NHS 111 services) who see, assess and manage children **have the appropriate paediatric competence** to provide immediate assessment

- Fund **new models of joint working between primary care and paediatric teams** to ensure coordinated and continuous care. Every Integrated Care System and Primary Care Network should be supported to do this, using examples of best practice such as Connecting Care for Children.
- **Implement funded postgraduate training on children's health** as a core part of GP and wider practice staff training to ensure they have the knowledge, experience and confidence to manage common paediatric presentations, with programmed support for trainers.
- **Invest in health visiting and school nurses.** This will provide earlier help for children and families and reduce the reliance on specialist or urgent health services when these are not needed.
- **Review the modelling on children's health which underpins the Long-Term Workforce Plan** to factor in rising complexity and increasing demand in child health.

Childhood vaccinations:

The challenge

- An [RCPCH report published in July 2025 on vaccinations](#) is clear that over the last decade the uptake of vaccines has stalled in the UK and is in many cases declining.
- Data shows that since 2021 none of the routine childhood vaccinations have met the 95% coverage targeted recommended by the World Health Organisation to protect vulnerable groups.
- A decrease in childhood vaccination rates pose a significant public health risk, with outbreaks of preventable diseases such as measles and pertussis (whooping cough) already being seen.
- Data from 2023 shows there were 1,623 suspected cases of measles in the UK; in 2024, there were 2,979 confirmed measles cases. Measles infections have surged with an 84% increase in the UK in one year.
- In 2023-24, only 88.9% of children received their first dose of the MMR vaccine. This is the third consecutive year that coverage has been below 90%.
- Underneath stalled or falling aggregate levels of population immunisation, there are notable and deeply worrying disparities in vaccination rate across different demographic groups and regions within the UK.
- In a large-scale study of over one million children's electronic health records from 2006–2021, those born to mothers in nine ethnic minority groups had lower vaccination coverage compared to the White British group.
- Declining vaccine uptake represents an **inefficient use of public health resources and reduces the effectiveness of the UK's pandemic preparedness and disease control strategies.**
- While significant emphasis has been placed on the role of 'vaccine hesitancy', the report found that in the UK, where vaccine confidence is still relatively high, **under vaccination is more often due to difficulties accessing services for practical or logistical reasons**

Our recommendations

- Ensure **easier access to vaccination services** by expanding service capacity, utilising NHS apps to improve bookings, providing sufficient funding for health visitors.
- **Improving immunisation data systems** by implementing the single unique identifier for children and finalising the development of the digital red book.
- **Strengthening public information, education and communication** by investing in improvements to accessibility of health information, providing standardised information translated into multiple languages, implementing public health campaigns and supporting efforts to reach underserved and seldom heard communities.

Child poverty and health inequalities:

The challenge:

- Children living in poverty are at a higher risk of poor health outcomes, including malnutrition, obesity, tooth decay and mental health issues.
- The latest National Child Mortality Database figures show children in most deprived areas have twice as high mortality rates than the least deprived areas.

- Living in poverty can also create a self-perpetuating cycle as children growing up in low-income households are at greater risk of ill health, which limits their education or employment opportunities and therefore makes it difficult for families to escape poverty.

Our recommendations:

- **A Young Patients Family Fund:** To fund a Young Patients Family Fund for in and outpatients to help families cover the costs of attending hospital and accessing healthcare. In Scotland, where this already exists, this should be extended to include both in and outpatients.
- **End the two-child limit to benefit payments** to provide further financial support to children and their families.
- **Extend the Healthy Start Scheme to all children living in households receiving universal credit and increasing the value in line with inflation.**
- **Restore the public health grant for Local Authorities** and the equivalent authorities in the devolved nations with investment in public health provision allocated based on children and young people's health needs.

About us

We are the Royal College of Paediatrics and Child Health, the membership body for paediatricians in the UK and around the world. We play a major role in postgraduate medical education, professional standards, research and policy.