Royal College of Paediatrics and Child Health Wales

Leading the way in Children's Health

RCPCH Wales response to the Health and Social Care Committee's consultation for its priorities for the Seventh Senedd

September 2026

The Royal College of Paediatrics and Child Health (RCPCH) Wales welcomes the opportunity to respond to the Health and Social Care Committee's consultation on the priorities of the Seventh Senedd.

Children are 20% of the Welsh population and yet far too often are overlooked within the health system. This is reflected in the worsening state of child health in Wales, as highlighted in our recent State of Child Health publication.

The failure to prioritise children's health is leading to poorer physical and mental health outcomes, increased inequalities and greater demand on public services now and in the future. Investing in children's health is therefore not only the right thing to do for children and families, but also essential for building a healthier and more prosperous Wales. Without urgent action, paediatricians are clear that we risk raising one of the unhealthiest generations of children in decades.

Children's health and wellbeing lays the foundation for their future development, learning and quality of life. Healthy children are more likely to attend school regularly, achieve their potential, build positive relationships and grow into healthy adults.

Early identification and treatment of health conditions can prevent problems from becoming more serious and reduce their long-term impact. Investing in child health also helps tackle inequalities, improves life chances and reduces future pressure on health and social care services. Children who are healthy today are more likely to contribute positively to society in the future.

Plaid Cymru committed to introducing a Children's Health Plan within their 2026 Senedd election manifesto. RCPCH would welcome the Committee seeking timelines and scrutiny of the delivery of this manifesto commitment.

RCPCH urge the Senedd Health and Social Care Committee to:

- **Conduct an inquiry into the health of babies, children and young people**, with a particular focus on access to health services, workforce capacity and the persistent health inequalities affecting outcomes.
- **Ensure the voices of child health professionals and children and young people are heard throughout the Committee's work programme**, and collaborate with the Early Years, Children, Young People and Education Committee to identify opportunities for joint working to improve child health outcomes in Wales.

State of Child Health in Wales

Nearly ten years on from the first RCPCH State of Child Health review, outcomes for children in Wales have either worsened or stalled across almost all key indicators.

The findings from our 2026 review show that current approaches are not yet delivering the change needed. While there have been pockets of improvement, the overall picture is one of uneven progress and growing gaps in outcomes.

- Over a quarter (27.3%) of children aged 4-5 are overweight or obese, the highest among UK nations.
- Over a quarter (27%) of children aged 5-6 had obvious signs of tooth decay.
- An estimated 135,000 children and young people having a diagnosable mental health condition
- Alcohol consumption among children aged 11-16 remains widespread (35.6%) but has decreased since 2021 (40.2%).
- Uptake for MMR 2nd dose sits at 89.5, a decline from 92 in 2020 and far below the 95 threshold.
- Infant mortality remains largely unchanged, with 3.5 death per 1,000, with inequalities noticeable between the most and least deprived areas, 4.7 per 1,000 live births, compared to 3.7.
- Wales has seen the most significant improvement in child (1-15 years old) mortality rates of all UK-nations since the previous State of Child Health report, with the lowest rates of 6.4 (2024), compared to 13 in 2018.

Alongside this, there are over 53,554 open pathways for children (under 18s), including 5,478 waiting over 52 weeks and 288 waiting over 104 weeks.

RCPCH analysis identifies three key themes driving worsening outcomes for children and young people across the 12 indicators:

- **Gaps in data**: Inconsistent and incomplete data makes it harder to measure outcomes, understand trends, and develop effective evidence-based policies.
- **Widening inequalities**: Children growing up in deprived areas are more likely to experience poorer health and wellbeing, highlighting the strong influence of social and economic factors.
- **Underinvestment in the workforce**: Limited and unequal funding has reduced capacity in child health services and made joined-up support more difficult.

Child health workforce

In 2026 the Welsh Royal Colleges Child Health Collaborative (WRCCHC) produced a briefing to show pockets of best practice and how, when resourced effectively, services

can be delivered promptly and with the child's overall health and wellbeing in mind. However, we know this is not currently the case across Wales.

The current workforce is overstretched, and at risk of burnout. The General Medical Council (GMC) annual survey of trainees and trainers in the NHS reported 67.8% of paediatric trainees and 50% of trainers in Wales were at high or moderate risk of burnout.

While paediatric pathways increased by 40.5% between June 2019 to May 2026, rising from 8,474 to 11,914, the number of consultant paediatricians only increased by 32 Full Time Equivalent (FTE). This translates to a 40.5% increase in pathways versus a 16.8% increase in consultants.

This by no means plugs the gap in completing patient pathways that have built up over more than a decade. Added to this, investment in other child health professions has not kept up with demand. There are persistent challenges with rota gaps and workforce shortages across the breadth of the child health workforce.

As of March 2026, there are 850.6 FTE health visitors in Wales, an increase from 2022, but not yet returned to 2020 levels of 885.1. In 2026, there were over 1,162 registered nursing, midwifery and health visitor vacancies in Wales. Anecdotally, we know other professions such as physiotherapist, occupational therapists and speech and language therapists have seen sporadic investment which has not kept up with demand, but as data on these professions working within child health are not published it is difficult to quantify current workforce numbers.

Chronic underinvestment and staff shortages is having an impact on the provision of safe and timely care for children. It is also contributing to surgical cancellations, reduced capacity and pressures across healthcare services. Policy agendas and reforms have not adequately addressed the needs of the child health workforce.

Workforce planning and service sustainability should be a priority.

Children are 20% of the population, and key users of health services and yet workforce planning has not kept up with demand. Previous workforce plans have generalised professions and have not paid due diligence to the value and importance of child health. It is necessary to assess how previous workforce planning has been implemented and the effect it has had, while determining how we can support the current and future workforce to deliver complex care in a timely manner and meet demands.

About the Royal College of Paediatrics and Child Health (RCPCH)

RCPCH works to transform child health through knowledge, innovation and expertise. The RCPCH is responsible for training and examining paediatricians. We also advocate on behalf of members, represent their views and draw upon their expertise to inform policy development and the maintenance of professional standards. We have over 25,000 members with around 600 members in Wales.

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