

We expect to see a more widespread impact of COVID-19 on child health outcomes in the coming months and years. Reduced access to public health services in current the circumstances disproportionately impacts upon children and young people. Vital prevention and early intervention initiatives have and will likely continue to be undelivered for some weeks.

The Government must work with local authorities, NHS bodies and other organisations to reduce the chance of children becoming the 'collateral damage' of the COVID-19 pandemic.

80% of children admitted to hospital with COVID-19 have had a fever, just under 40% have presented with a cough, 34% have presented with lethargy, 28% with

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collection project across local services, in order to track trends and patterns, highlight service pressures, and help identify pinch points.⁹

2.3 Interrupted paediatric care

RCPCH has identified a number of care pathways that are being interrupted because of workforce changes. This is largely linked to the deprioritisation of community services.

Along with the Institute for Health Visiting, RCPCH have published advice for parents who may not be able to attend the six-week check for newborn babies.¹⁰ All babies have routine physical examination between six and eight weeks. This is usually undertaken by a GP. These important appointments may be being missed due to the impact of COVID-19.

RCPCH have particular concerns regarding the impact of COVID-19 on immunisation rates. For a number of years, all four nations across the UK have failed to reach the 95% vaccination target¹¹ that the World Health Organization (WHO) advises is required to ensure a population is adequately protected from a virus like measles. We have worked with NHS England on their recent immunisations campaign¹² in response to this.

A number of public health services, including some immunisations and mental health services, are delivered through schools. Widespread school closure means these services have not been delivered, and there have been significantly fewer opportunities for those working with children and young people to observe and report any concerns about their welfare.

3. Deleterious child health service beyond the paediatric

3.1 Child and adolescent care

Whilst it is fortunate that children are not as severely affected by COVID-19 as adults, we recognised quickly that children and young people became 'collateral damage' from the crisis. This risk is escalated due to the impact public health services have on children and young people's health.

Necessity has meant we have had to reconfigure and pause services, and redeploy child health professionals to adult services - that was the right thing to do. But as a consequence, we are storing up health problems for our children and young people that may have significant impacts

9 RCPCH, 2020. <https://www.rcpch.ac.uk/resources/impact-covid-19-child-health-services-tool>

10 RCPCH, 2020. <https://www.rcpch.ac.uk/news-events/news/health-visitors-paediatricians-publish-advice-parents-about-six-week-postnatal>

11 RCPCH, 2020. <https://stateofchildhealth.rcpch.ac.uk/evidence/prevention-of-ill-health/immunisations/>

12 NHSE, 2nd May 2020. <https://www.england.nhs.uk/2020/05/nhs-urges-public-to-get-essential->

on their lives, and increase pressure on services in the future. In many areas, local authorities have needed to pause public health services to allow them to protect the most vulnerable in their communities from COVID-19, which will exacerbate this.

Interrupting normal pathways of care has meant that children have been presenting late to GPs and A&E, and routine appointments may have been deprioritised, paused or missed. This will likely have devastating effects for our measles immunisation status (87% in England¹³), our oral health record (which is the highest cause of paediatric admissions), and our extremely long wait lists for children referred for autism diagnoses (2 years in some parts of the country).

3.2 Re-raise the bar

We also concerned that the Government and NHS England will prioritise the restoration of acute services as those services that have been paused to build system capacity to deal with COVID-19 begin to be stood up. It is vital for child health outcomes that primary and community care have the resources they need to provide essential public health services and respond to delayed presentations of illness in local communities. In the context of the financial pressures facing local authorities – exacerbated by further demands on local authorities during the current pandemic – mean this will be a challenge.

Our State of Child Health 2020 report shows our challenge in reaching optimum health outcomes for children across the UK.¹⁴ COVID-19 will likely frustrate our journey towards ‘levelling up’ outcomes for health compared with our European counterparts. We have long called for governments to address widening health inequalities and whilst COVID-19 is a human tragedy, it is sending shocks through the global economy. Children from socially vulnerable backgrounds will fall at the sharp end of this pandemic. Public health services will be critical in ensuring the current pandemic does not entrench existing health inequalities.

There have been some positives of the current pandemic for the delivery of child health services in the UK. Local and community services have worked together more closely due to necessity. This is one example of lessons from this pandemic that services should take forward.

The restoration of health services following this outbreak of COVID-19 provides us with an opportunity to reset services, using new models of innovative care, underpinned by data and evidence. This will ensure paediatricians and other child health professionals can delivery the high quality of care they strive to in every shift, and ensure every child gets the best start in life.

¹³ RCPCH, <https://stateofchildhealth.rcpch.ac.uk/evidence/prevention-of-ill-health/immunisations/>, 2020.

¹⁴ RCPCH, <https://stateofchildhealth.rcpch.ac.uk/>, 2020.

4. Call on the UK Government

In order to support the restoration of services, we are calling on Government to: