





## 1.4 Scope of this submission

RCPCH is a member of the [Academy of Medical Royal Colleges \(AoMRC\)](#). AoMRC have made their own submission to the Committee which covers the broader issues posed by this White Paper. The RCPCH's submission will consider specifically the implications of the proposed changes to children and young people's health services and outcomes.

## 2. Systems leadership

### 2.1 Importance of integration for children and young people's health outcomes

There are a number of reasons why integrated care is particularly important for children and young people. These are:

- Ensuring children can access the right care at the right time and in the right place
- Ensuring children's needs are met holistically
- Increasing access to paediatric specialist skills
- Reducing the reliance on reactive

oral health checks. Whilst empowering local communities to work together to make decisions that best address local population need is welcome, there is a possibility that ICS Health and Care Partnerships do not work effectively in areas where there are barriers – whether practical or cultural - to this kind of collaborative working, despite the statutory duty. A key priority highlighted by [State of Child Health 2020](#) was the need to build and strengthen local, cross-sector services for children and young people to reflect local need. This included the need for community services not provided by health services, but important for health and wellbeing, such as children’s services should integrate where possible. <sup>10</sup>

## 2.3 Risk of children and young people’s health needs falling between the cracks

The separation of Health and Care Partnerships and ICS Boards makes it more likely children and young people’s health needs will not be addressed in a timely manner. This is crucial because of the importance of surveillance in addressing children’s health and wellbeing needs. Health and Care Partnerships, education, children’s services, and other Local Authority commissioned services including public health all have an a role to play in identifying potential health needs and where appropriate, making the relevant referrals. Early identification and intervention is key to improving child health outcomes. <sup>11</sup>The Government White Paper speaks of the importance of embedding prevention in to the system. The governance structures currently set out may undermine the ability of ICSs to ensure this happens.

## 2.4 Importance of clinical leadership

We welcome the explicit recognition of and commitment to clinical and professional leadership in the NHSEI consultation on ICSs and would like to see this reflected in legislation. We understand that some flexibility in membership gives ICSs the opportunity to tailor their governance to the needs of their population, but this approach does introduce a risk that key perspectives and experience may be missing from planning and commissioning decisions.

## 2.5 Call for mandatory strategic lead for children’s health services

As part of this, we consider that it is essential that a strategic clinical lead for children’s health services be identified as a mandatory role in ICS governance arrangements. This role would provide leadership for a system-wide view across all services for children and young people, for high quality, safe and effective integrated services. It would also demonstrate a clear commitment to meeting the specific public health and healthcare needs of this group and the workforce that is needed to deliver this. This role could be mirrored by similar positions within place-based partnerships that ensure all children and young people can access preventative services, joined up care and clear advice on staying well. <sup>12</sup>

## 2.6 Case studies

Should there not be a mandatory strategic lead for children’s health services, there are a number of [case studies](#) identified by NHS England where integrated models of care have been deployed for the benefit of children and young people. Whilst these are examples should be considered best practice, a combination of cultural, practical and resource constraints can impede these sorts of ways of working. This is why we want a mandatory role for a children’s health services strategic lead within each ICS.

# 3. Working with children and young people

## 3.1 NHS Long Term Plan

The [NHS Long Term Plan Implementation Framework](#) states that the plans produced by ICS must be co-produced with the input of children, young people and parents/carers. The input of children and young people should not end there, however; the plans themselves should outline how children and young people will be consulted and engaged with on decisions that affect their health. <sup>13</sup>

This is vital if services for children and young people in the area are to be successful and sustainable. Patient consultation is also mandated by the [NHS Constitution for England](#) and the [UN Convention on the Rights of the Child](#), which applies to the NHS and associated bodies. <sup>14</sup>

## 3.2 Children and Young People’s Voice

In 2018, over 300 young people took part in workshops; events and activities to share their views on what would support their health over the next ten years. 16% of participants wanted NHS services to improve how they listened to young people’s voice in shaping health services and in individual care decisions. <sup>15</sup> We welcome the commitments in the NHSEI consultation on ICS about lay governance; RCPCH believe CYP representation is crucial. In our [Paediatrics 2040](#) project, we offer some thought on the need for a clear focus on ‘the whole child’ for every encounter. <sup>16</sup>

<sup>13</sup> RCPCH, ICS and STP strategic plans recommendations, 2019, available at: <https://www.rcpch.ac.uk/resources/ics-stp-strategic-plans-recommendations>

<sup>14</sup> Ibid.

<sup>15</sup> RCPCH, What do children and young people want from the NHS Long Term Plan?, 2019, available at: <https://www.rcpch.ac.uk/resources/what-do-young-people-want-nhs-long-term-plan>

<sup>16</sup> RCPCH, Paediatrics 2040: Models of Care – Conclusions, 2021, available at: <https://paediatrics2040.rcpch.ac.uk/our-evidence/models-of-care/conclusions/>



## 4.2 Paediatric workforce

The child health workforce across the UK is suffering from the same planning problems, underfunding and staffing issues as the rest of the health workforce. In 2018, an NHS Improvement report identified workforce problems as the main contributor to poor ratings of paediatric services by the Care Quality Commission (CQC.)<sup>21</sup>

RCPCH last collected data from the paediatric workforce in 2017. A census has started being undertaken last year but had to be paused due to COVID-19. The 2017 census found the following trends:

- The consultant paediatric workforce in the UK grew from 3,996 in 2015 to 4,306 in 2017 or 3,756.9 to 3,997.1 in terms of Whole Time Equivalents (WTE). There was a 7.8% rise in headcount and 6.4% rise in terms of WTE.
- RCPCH currently estimates that demand for paediatric consultants in the UK is around 21% higher than 2017 workforce levels; an increase of approximately 850 WTE consultants is required.
- SAS<sup>22</sup> doctor numbers are now only 51.9% of the total reported in the RCPCH Census of 2001.
- The proportion of consultants in community child health posts in 2017 was 17.4% of the consultant workforce, a reduction from 18.5% in 2015.
- There is a 11.1% rota vacancy rate on tier 1 (junior), 14.6% on tier 2 (middle grade).
- RCPCH estimates that there is a need to recruit approximately 600 doctors into ST1 training

As part of the data and evidence area of the project, RCPCH made some projections based on recent trends observed in our paediatric workforce census. Trainee less than full time working is forecast to increase from 30% in 2019 to over 60% in 2040. <sup>25</sup> We welcome and encourage this flexibility, as discussed in our working lives content. However, this is of major concern with regards to paediatric trainee whole-time-equivalent (WTE) numbers if the current cap on the number of training places available is not reviewed.

Projecting future numbers of SAS grade doctors, based on recent trends of decline, leads to worrying conclusions about the number there may be by 2030 if action is not taken. This is an important workforce group who need urgent support.

The proportion of community paediatricians is forecast to decrease from around 18% of worryingly pic 0.1892 q



then be able to be presented to Her Majesty's Treasury in a bid for long-term funding for NHS England, specifically to enable them to produce a long-term workforce strategy. The Secretary of State would then be responsible and accountable for ensuring the Government enable NHS England to deliver this. There should be appropriate consultation with bodies that would be impacted by this, included, though not necessarily limited to, Medical Royal Colleges, other professional organisations, ICS leaders, employers in the health and care sector and NHS Trusts. The need to improve healthcare workforce data collection and ensure it is robust, reliable and comprehensive was another recommendation of the State of Child Health 2020 project.

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## 5. Public Health

### 5.1 Future of functions of PHE

## 6. Health Inequalities

### 6.1 ICS role in reducing health inequalities

We welcome the establishment of the ICS Health and Care Partnerships as a way to improve population health and tackling inequalities. We have raised concerns about the ability of Health and Care Partnerships to do work effectively without statutory footing in sections 2.2 and 2.3. \_\_\_\_\_

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