vulnerable, will have more significant needs because of the impact of the pandemic on their health due to a delay or pause in access to therapies.

Nearly all children will have some needs in terms of health service catch-up because they have missed universal services and programmes, such as immunisations, as these are largely delivered through schools. The reduced availability of these programmes disproportionately harm CYP from deprived backgrounds who already have _____. The need to reduce health inequalities is one reason these programmes must be caught up as quickly as possible. Much of the most pressing paediatric backlog relates to CYP mental health need, where prevalence has undoubtedly increased over the pandemic and access to services is becoming ever more difficult. The nature of some children's needs is time-critical, and so there are sensitivities in terms of priorities as services address the backlog created by the pandemic.

Paediatric services, mental health services, NHSE, local systems, DHSC and the wider UK Government all have critical roles in the coming months. What is needed from them all is integration, multidisciplinary working, and recognition that the CYP backlog is fundamentally different in nature and requires a bespoke response.

To support this, the NHS needs a sustainable, multi-year settlement from Treasury to allow for planning and prioritisation, wider long-term funding for other CYP services, Child and Adolescent Mental Health Services (CAMHS), Local Authorities and voluntary services. The Health and Care Bill provides a significant opportunity for improving CYP care and health outcomes, but it must be seized to its full potential. In addition, a cross-government children and young people's health and wellbeing strategy will ensure joined-up thinking in Whitehall, which will in turn ensure children are at the heart of recovery from the pandemic.

The nature of child health

development and may need to work with a speech and language therapist and require additional support in school to remediate this.

There is a much smaller group of around 80,000 CYP with complex needs[2], who will have multiple needs in terms of 'catch-up.' This is because they would usually be in receipt of care from a range of different providers. Furthermore, these needs interact with each other, and the lack of access to one treatment over the duration of the pandemic may have seen the number, severity and complexity of the needs increase.[3] For example, children awaiting neurodevelopment assessment may now have a longer wait due to the backlog caused by the pandemic, and their cases may now be more complex and require the involvement of more clinicians or agencies. Community paediatricians repeatedly tell us that seeing children with complex needs is critical. The pandemic has meant that there have been many missed opportunities to recognise or address developmental issues. In addition, children may have outgrown equipment or aids provided by community child health teams or had limited access to therapists. Not having timely access to therapies and appropriate aids can have severe consequences for their skeletal development, language development or feeding skills. In order to support children with complex needs, there must also be sufficient investment in education and early years support and catch-up funding. Many children will not have had social contact outside their immediate family for 18 months, and for very young children, at all. Support delivered in an education setting will ensure children are not getting prematurely labelled with neurodevelopmental disorders when it is not appropriate.

College members across paediatric specialties repeatedly tell us that they have seen a worrying increase in CYP with severe mental health difficulties. Paediatric beds are under significant pressure due to the increase in CYP with serious mental health problems – doubling compared to 2019.[4] Paediatricians specialising in eating disorders in CYP have told us the number of patients unwell enough to be in hospital since the pandemic have doubled, tripled or even quadrupled.[5] Additionally, 38% of respondents to the survey on the impact of COVID-19 on child health services said they did not have effective joint pathways with CAMHS in their local area which means more CYP are getting to crisis point.[6] In addition to those

one in nine in 2017 to o

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. Our latest census showed we need another 850 Working Time Equivalent (WTE) consultants to meet demand in child health services.[13] In 2018, an ____ identified workforce problems as the main contributor to poor ratings of paediatric services by the Care Quality Commission (CQC).

In the second peak of COVID-19 in January 2021, 13% of services reported paediatric consultants were redeployed to adult services.[14] In the first wave of the pandemic, 22% of the child health workforce on the acute rota were redeployed to adult services – largely PICU nurses to adult ICU.[15] 46% and 11% of services reported community child health trainees were redeployed in the first and second waves of the pandemic respectively.[16] This is particularly significant given the role of community paediatricians in identifying safeguarding issues.

A proportion of paediatric trainees have been redeployed to adult services at different points of the pandemic. In the second peak of COVID-19, 30% of services had to redeploy trainees to adult services.[17] This has implications for the care available to children and young people but also for the education of those doctors who are training to become paediatricians. For example, the lack of bronchiolitis in 2019/20 meant that clinics were cancelled or reduced, disrupting usual training. More generally, paediatric surgery trainees and paediatric anaesthetic trainees have not been getting much clinical exposure over the previous eighteen months.

In addition to longstanding workforce pressures, the paediatric workforce has been under a huge amount of pressure because of the pandemic with over 15% of services reporting absence due to stress and 45% of clinical lea( )]T.36

health services, and NHSE must show leadership across the CYP pathway, not just in particular parts of it. It is imperative that NHSE must keep the focus across care delivery to tackle backlogs, and not just focus on elective care. Siloed working across children's health services will not see the backlog addressed.

Local systems have a critical role to play in addressing the backlog, especially in areas where there are significant health inequalities and deprivation. ICS must know and understand the needs of their CYP population, and ensure they are prioritised. RCPCH have previously voiced concern that the health and wellbeing needs of CYP could fall through the cracks of ICS, given the number of partners and providers involved –

As COVID-19 is a new virus, there is much about it that we still don't understand. Post-COVID syndrome is an area where we are still building knowledge through research, and c6 77 S2 841.92ng knowledge through