

P 09

Ymchwiliad i'r Adolygiad Blaenoriaethau ar gyfer y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Inquiry into the Priorities for the Health, Social Care and Sport Committee

Ymateb gan: Coleg Brenhinol Pediatreg ac Iechyd Plant

Response from: Royal College of Paediatrics and Child Health

## **Consultation: Priorities for the Health, Social Care and Sport Committee Response from the Royal College of Paediatrics and Child Health (RCPCH)**

*In order to help inform its Forward Work Programme, the Committee is interested in hearing your views on what the priorities of the Committee should be during the Fifth Assembly. In particular, the Committee is keen to learn what you see as the key priority areas that should be considered during the next 12 to 18 months.*

### **1. Who we are**

1.1. The Royal College of Paediatrics and Child Health (RCPCH) works to transform child health through knowledge, innovation and expertise. We have over 550 members in Wales and over 17,000 worldwide. The College is responsible for training and examining paediatricians. We also advocate on behalf of our members, represent their views and draw upon their expertise to inform policy development and the maintenance of professional standards.

1.2 For further information please contact xxxx, External Affairs Manager for Wales: xxxx or xxxx

### **2. Our priorities for the Health, Social Care and Sport Committee**

2.1 Our priority for the Health, Social Care and Sport Committee is to consider the impact of Welsh Government policy, legislation and expenditure on the health and wellbeing of children and young people in Wales. We would urge the Committee to examine the need for a cross-departmental child health strategy, given that policy, legislation and expenditure that will have an impact on child health is spread across many areas of government. We would encourage the Committee to consider, in particular, the following:

### **3. Prevention and Early Intervention**

3.1 Children who enjoy better health and wellbeing now will grow up to be resilient adults. In addition to the benefit to the population this also means reduced pressure on the health service and all public services that children and families use. With more than a quarter of children in Wales at reception age overweight or obese<sup>1</sup> and most adult mental health problems starting in childhood<sup>2</sup>, early intervention and prevention for children's mental and physical health is crucial. We would like to see the Committee scrutinise Welsh Government plans for prevention and early intervention and ensure this is a priority. In particular, we would like the Committee to:

- Hold the Welsh Government to account on action to reduce consumption of food and drinks high in fat, sugar and salt

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<sup>1</sup> NHS Wales, Child Measurement Programme for Wales Report 2011/12

[http://www.wales.nhs.uk/sitesplus/documents/888/Child%20Measurement%20report%20\(Eng\).pdf](http://www.wales.nhs.uk/sitesplus/documents/888/Child%20Measurement%20report%20(Eng).pdf)

<sup>2</sup> See Chapter 13 p3 and Annex 9 p11 Our Children Deserve Better: Prevention Pays (Annual Report of the Chief Medical Officer 2012)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/255237/2901304\\_CMO\\_complete\\_low\\_res\\_accessible.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255237/2901304_CMO_complete_low_res_accessible.pdf)

- Scrutinise Welsh Government plans relating to the introduction of evidence-based personal and social education (PSE) programmes across primary and secondary schools covering social inclusion, bullying, drug and alcohol use, mental health and healthy relationships that foster children's social and emotional health and wellbeing
- Call for the timely publication and implementation of the [2016-19 Together for Mental Health Delivery Plan](#) and ensure that the multi-agency [Together 4 Children and Young People](#) project is effective in delivering Together for Mental Health objectives as they relate to children and young people.

#### **4. Tackling Child Health Inequalities**

4.1 Poverty, inequality and where a family lives have a direct relationship with child health. Child death rates in the most deprived parts of Wales are 70% higher than in the least deprived parts<sup>3</sup>. Every opportunity must be taken to reduce inequalities to improve the health of children and young people in Wales. We ask that the Committee makes holding the Welsh Government to account on reducing child health inequality a priority. Specific areas that require scrutiny include:

- Ensuring that the Welsh Government delivers parity of esteem for child mental and physical health
- Establishing what plans there are to improve support for children with medical needs in education settings and how all schools can be made to comply with these plans, challenging the Welsh Government on how this can be ensured in the absence of a mandatory duty on schools to do so
- What plans there are to address the known risk groups and factors to reduce child deaths across all ages<sup>4</sup>, ideally as part of a cross-departmental child health strategy.

#### **5. Involving children and young people in decision making in Wales**

5.1 At present the voice of children and young people and their families is often lost within the adult-centric nature of health and social care provision. Children's services are not a bolt-on to adult services and should be co-produced with children and young people. Their voices must be heard and listened to with their views given due weight. We would urge the Committee to establish how the Welsh Government will achieve this. Again, we would suggest specific actions:

- We would urge that the Committee itself engages directly with the views of children and young people across Wales to ensure they are included in decisions about their health and wellbeing
- We would also suggest that the Committee scrutinises the collection and use of data we have about child health and wellbeing. Currently, the National Survey for Wales does not include children under 16 years old and does not take survey responses directly from children.

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<sup>3</sup> Public Health Wales Child Health Review Programme 2014

<http://www.wales.nhs.uk/sitesplus/documents/888/38446%20PHW%20CDR%20Annual%20Review%20E.PDF>

<sup>4</sup> See RCPCH Why Children Die report <http://www.rcpch.ac.uk/news-campaigns/campaigns/why-children-die/why-children-die-rcpch-campaign>

## **6. A joint commitment on health for children and young people**

6.1 Integrating all care around the needs of children, young people and their families is crucial to improving health outcomes. Working across professional and service boundaries should be the norm for all those who work with children and young people. We would urge the Committee to scrutinise work across government departments and hold government to account collectively if action on child health is not joined up.

6.2 We also need to address the paediatric workforce across Wales, which is facing considerable pressures in recruiting and retaining paediatricians and addressing shortfalls. The Committee has a role in scrutinising the Welsh Government's successes or otherwise in recruiting and retaining paediatricians.

6.3 We would suggest specific actions by the Committee to:

- Make the case for a cross-governmental child health strategy
- Scrutinise the work and success of Public Health Wales in raising awareness of unexpected sudden infant deaths and of known risk factors such as parental smoking; and to increase awareness of safe sleeping habits
- Scrutinise the effectiveness of measures to address shortfalls in the paediatric and child health workforce
- Scrutinise the implementation of the RCPCH's [Facing the Future: Standards for Acute General Paediatric Services](#) and [Facing the Future: Together for Child Health](#) Standards.

## **7. Areas the Committee may wish to include in its longer term work programme, based on initial, informal discussions.**

### ***Neonatal services:***

*The Fourth Assembly's Children, Young People and Education Committee previously reported on neonatal services. The Committee could undertake an inquiry to monitor progress, specifically looking at ongoing concerns about staffing and the sustainability of services.*

7.1 A recent report by [Bliss](#) showed that services for premature and sick babies in Wales are facing staffing shortages, putting babies' safety and long-term health at risk. RCPCH will publish the annual [National Neonatal Audit Project](#) (NNAP) report in late September, which covers Wales, Scotland and England.

7.2 We would recommend that the Committee engages with both of these reports to scrutinise the effectiveness of neonatal services in Wales overall, as well as progress on the Fourth Assembly's Children, Young People and Education Committee report on this. RCPCH can brief members of the Committee after publication of the NNAP report and would welcome the opportunity to do so.

### ***Sport and public health:***

*The Welsh Health Survey 2015 shows that obesity levels in Wales have increased since the 2014 survey, with 24% of adults classified as obese and 59% of adults classified as overweight or obese. 58% of adults reported doing at least 150 minutes of at least moderate intensity physical activity, in blocks of 10 minutes or more, in the previous week.*

*Given the inclusion of sport in the health portfolio, the Committee could examine its potential health benefits and the role of NHS Wales in promoting sport and physical activity generally.*

7.3 More than a quarter of children in Wales at reception age are overweight and obese<sup>5</sup>. With this in mind, we would ask that the Committee looks at the benefit of sport and physical activity for children and young people as well as adults.

7.4 We need joined up action across Welsh Government to make the necessary changes. We have called for action to ensure that local authority planning decisions include a public health impact assessment to consider the likely impact of planning decisions on, for example, physical activity and obesity. We have also suggested that tax powers being devolved to Wales should introduce further levies on food and drinks high in fat, sugar and salt.

7.5 We would encourage the Committee to scrutinise the child health outcomes of Welsh Government policy and expenditure across the board, taking a particular interest in levels of physical activity and actions to reduce childhood obesity.

## References

Facing the Future: Standards for Acute General Paediatric Services

<http://www.rcpch.ac.uk/facingthefuture>

Facing the Future: Together for Child Health <http://www.rcpch.ac.uk/facing-future-together-child-health>

Why Children Die report <http://www.rcpch.ac.uk/news-campaigns/campaigns/why-children-die/why-children-die-rcpch-campaign>

Consultation on Together for Mental Health Delivery Plan 2016 - 19

<http://gov.wales/consultations/healthsocialcare/delivery-plan/?lang=en>

Together for Children and Young People

<http://www.wales.nhs.uk/togetherforchildrenandyoungpeople>

Bliss Baby Report 2016 <http://www.bliss.org.uk/campaigns-and-policy-reports>

National Neonatal Audit Project (NNAP) <http://www.rcpch.ac.uk/improving-child-health/quality-improvement-and-clinical-audit/national-neonatal-audit-programme-nn-3>

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<sup>5</sup> NHS Wales, Child Measurement Programme for Wales Report 2011/12

[http://www.wales.nhs.uk/sitesplus/documents/888/Child%20Measurement%20report%20\(Eng\).pdf](http://www.wales.nhs.uk/sitesplus/documents/888/Child%20Measurement%20report%20(Eng).pdf)