Inequalities experienced by children across the UK accessing the right care, at the right time, in the right place

An RCN briefing document
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**Key messages**

- The health of children and young people is critical to the health of the whole nation and the population's future families, as well as the UK’s social and economic success.
- Many children, young people and their families are unable to access the right care, at the right time, in the right place.
- There are wide variations in waiting times for a range of health care services. This means that children face unacceptable delays in receiving the right care and have different access to services, depending on where they live.
- Nursing plays a vital role in every aspect of child health: public health and prevention; primary and unscheduled health care; mental health services; and the delivery of highly specialist services, such as cancer care. Cuts to nurse numbers and the underfunding of services across the UK have reduced access to the right nurse, with the right knowledge and skills.
- Significant and unjustified variation in the services available to children, young people and their families needs to be addressed. Furthermore, measures need to be in place to ensure that the health care professionals who deliver services are fully skilled and equipped to provide the best possible care.

**Why we need to act**

What happens in a child’s life has a huge impact on their health and development through their teenage years and on to adult life. Poverty and deprivation are linked to poor health outcomes in childhood, and reduced physical and mental health in adulthood.

The UK was the first European country to implement a strategy to reduce health inequalities in 1970. This initially reduced child poverty and infant mortality, but since then progress has slowed. While there have been significant advances in reducing infant mortality, over half of deaths in childhood still occur in the first year of life and infant mortality remains higher than in comparator countries in Europe. Furthermore, death rates amongst adolescents have remained largely unchanged and mortality among 15-19 year olds is the next highest after deaths in infancy (RCPCH, 2014). Compared to other European countries, the UK now sits in the bottom quartile on these, and other child health and wellbeing indicators.

Nurses see at-first-hand the effects of child health inequalities and have a key role to play in their mitigation. Cuts to nurse numbers, and the underfunding of services across the UK, mean that many children, young people and their families are not able to access the right care, at the right time, and in the right place.

The United Nations’ *Convention on the Rights of the Child* (UN, 1989), which the UK is legally obligated to uphold, sets out every child’s right “to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.” The current child health system is simply not delivering this. The health of children and young people is critical to the health of the whole nation and the population's future families, as well as the UK’s social and economic success.
Right care, right time, right place

To address child health inequalities, children, young people and their families must have access to quality services, delivered in a timely manner, by the right professional with appropriate skills and in a setting that meets the needs of the child. The three aspects of right care, right time and right place are inextricably linked together. Failure to achieve one represents a barrier to achieving the others.

Public health is a crucial component of any strategy to reduce health inequalities in children. Accessible information, advice and education is needed to help children, young people and their families understand their health needs, develop their resilience and be supported to adopt healthy lifestyles.

1. Right care

The right care for children must be delivered by the right professional, with the right skills. Nursing plays a vital role in every aspect of child health, from public health and prevention to primary and unscheduled health care, mental health services, and the delivery of highly specialist services such as cancer care. Nurses in these roles need the right qualifications, training and skills, and should be supported to maintain and develop their skills.

There must be long-term planning to ensure sufficient numbers of nurses and other health care professionals to deliver the best quality care for children; this includes investment in the further training of children’s nurses. Currently, there are serious pressures on the children’s nursing workforce; as a result, children are not always able to access the right care from the right professional, when they need it.

Spotlight on school nursing

School nurses assess the health of school children aged between 5 and 19 years, and play an important role in influencing and championing health promotion activities both in and out of school settings (DH, 2012). They are best placed to engage with, and provide, primary care to school age children and to address childhood inequalities.

School nursing is facing challenges in providing the right care for school age children. While pupil numbers are increasing, the number of school nurses has remained broadly the same. In addition, a high number of school nurses are retiring. There are currently an estimated 1,200 school nurses across England caring for approximately 9,419,100 children and young people. This is limiting the capacity of a service that has the potential to promote resilience and wellbeing at the earliest opportunity for children and young people across the UK.

When cuts are made to school nursing, or when school nursing roles are undertaken by staff without specific training in child health, childhood inequalities cannot be tackled successfully. In Scotland, for example, a national review of school nursing revealed that many school nurses do not have a specialist qualification for the role. There is wide variation in the availability and type of school nursing service across the UK.
2. Right time

Timely access to care is essential in tackling child health inequalities. Not being able to access the right care, at the right time, can have serious and negative effects on health outcomes for children (RCPH, RCN and RCGP, 2015). There is a need to deliver better connected care in the community, with more primary health care professionals such as nurses and general practitioners being trained in child health. The lack of paediatric training across the primary care workforce can result in failures to recognise or diagnose serious illness in children. A recent CLIC Sargent report (2016) highlights this issue in relation to delays in diagnosis of children and young people with cancer.

There are wide variations in waiting times across the UK for a range of health care services. This means that children face unacceptable delays in receiving the right care, and experience different access to services depending on where they live.

**Spotlight on child and adolescent mental health services (CAMHS)**

Poor access to mental health services is a key area of concern for all four children’s commissioners across the UK. With one in 10 young people experiencing problems with their mental health and wellbeing (ONS, 2005) and one-in-five young people affected by self-harm (RCPsych, 2014), the importance of timely access to mental health services cannot be underestimated.

Suicide remains a leading cause of death in young people in the UK, and the number of deaths in children aged 10-18 years due to intentional injuries and self-harm has not declined in 30 years (RCPCH, 2014). Evidence from a national case audit of children's deaths suggests many children who died from suicide had not had any contact with mental health services (RCPCH, 2014). Problems were also reported with services failing to follow up those patients who had been referred, but had not turned up for appointments (RCPCH, 2014).

There are long and variable waiting times to access CAMHS across the UK. England has faced cuts to services and chronic underfunding. In Northern Ireland, children may face a wait of up to nine weeks before being able to access CAMHS services (RCPCH, 2015), while in Scotland, only just over three quarters of children referred to CAMHS services are seen within 18 weeks (NHS National Services Scotland, 2016a).
3. Right place
The treatment of children and young people in an appropriate setting that is suitable for them, and their families, must be a priority. School age children and young people across the UK currently face barriers to accessing appropriate care in the right setting.

Children from rural areas may find it difficult to access services because of distance, cost of travel or lack of service availability due to local population sparsity. Different barriers exist for children who live in areas of high deprivation in inner cities, where services that face high levels of need can be under resourced. Significant and unjustified variation in the services available to children, young people and their families need to be addressed in order to ensure equitable availability of those services, and that the health care professionals who deliver them are fully skilled and equipped to provide the best possible care.

Access to high quality care in an appropriate setting is particularly important for vulnerable children, such as looked-after children in care. Looked-after children show significantly higher rates of mental health issues, emotional disorders such as anxiety and depression, hyperactivity and autistic spectrum disorder conditions (RCPCH, 2015a).

Further unacceptable variation can be seen in the experience of young people making the transition from child health services to adult health care services. There is a lack of consistency in the age ranges different services serve, and all too often young people can fall through the gap. Recently published NICE guidance for England and Wales (NICE, 2016) recognises the issue, but this needs to be taken forward into the commissioning of services.

Spotlight on sexual health services
Access to sexual health services plays an important role in achieving good health by helping young people understand how to protect themselves against risk and practice safe sex (Sex Education Forum, 2010). Young people are less likely to use sexual health services than adults (Bearinger et al., 2007). They face barriers in using services because of location, timing, accessibility, confidentiality and communication (Sex Education Forum, 2010). Vulnerable young people are particularly at risk. Young people from lower socio economic backgrounds, who often have lower levels of education attainment, disproportionately experience poor sexual health. Young women with conduct disorders and mental health difficulties are more likely to become pregnant before they reach 17 years of age (Sex Education Forum, 2010).

Privacy is a key issue in ensuring young people can access sexual health services. For young people living in rural areas, being able to privately access sexual health care is a concern, as well as the cost of travelling to where care is available.
Policy context

England
The Health and Social Care Act 2012 led to changes in the commissioning landscape for children and young people's health in England, which resulted in commissioning for children's health services being undertaken by different agencies: clinical commissioning groups (CCGs), NHS England, and local authorities. In 2013, the coalition government and a range of agencies and professional organisations signed up to a national pledge to improve children's health and reduce child deaths (DH, 2013). The Secretary of State for Health at the time stressed that he wanted to see positive progress in the reduction of inequalities in infant mortality, and NHS England set out a number of important actions in its business plan for 2014-15.

The attention given to children and young people was less evident in the NHS England Business Plan for 2015/16 which more closely followed the recommendations outlined in the NHS’ Five Year Forward View publication (NHS England, 2014) which has public health and prevention at its core.

The RCN welcomed the focus on public health and prevention in the NHS England’s Five Year Forward View, but successive cuts to local authority funding and unequal funding allocations will impact on councils’ ability to provide the support and prevention services that keep children and young people out of hospital. There is a risk that cuts to local authority public health grants and unequal funding allocations will lead to cuts to services in more socially deprived areas and a worsening of health inequalities.

The focus in the 2015/16 Business Plan is on the move towards new models of integrated care, but makes little reference to children and young people. Children’s services are underrepresented in the vanguards testing out those models.

Underinvestment in Child and Adolescent Mental Health Services (CAMHS) is a significant cause for concern. Service leaders have reported that they are unable to see children at an early stage, and that this lack of provision for early intervention means children and young people may not be seen until they present in crisis. As a result, they will require more costly acute mental health admissions, and will often have to travel many miles for a mental health bed.

Scotland
The Children and Young People (Scotland) Act 2014 will see the implementation of a ‘named person’ for every child and young person in August 2016; for pre-school children, this will be the health visitor. This has focused national attention and investment from the Scottish Government in the health visiting workforce. However, shortages still remain. Furthermore, there has not been the same investment in other stretched areas of children’s nursing, such as school nursing.

New pathways for school nursing are being developed to refocus the role of school nurses in Scotland. Nine priority areas have been identified, including emotional health and wellbeing, substance misuse and looked-after children. The pathways are being tested in two health boards. These pilots will also look at the education and training needs for school nurses in each of the priority areas. No funding has yet been agreed, however, to support essential continuing professional development for the many school nurses in Scotland who do not currently hold a specialist qualification.

The Scottish Government is also beginning a review of community children’s nursing. Currently there is a lack of clarity about which part of the nursing workforce is best placed to provide treatment for children with long-term or complex physical conditions. There are also growing concerns about the capacity to deliver immunisation programmes. In addition, the ongoing negotiations on the General Medical Services contract in Scotland mean that the future role of general practitioners in providing care for children and families, and the knock-on effect this will have on other parts of the workforce, is not yet clear.

The planning of health and care services in Scotland is changing rapidly since the integration of health and social care in April 2016. Only some integration partnerships are including children’s services in the new integrated arrangements, so the way children’s services are planned will be subject to significant variation across Scotland.

Although there has been investment in the CAMHS workforce since 2009, there are still long waiting times and variation across Scotland, with only seven Health Boards currently meeting the 18 weeks treatment time guarantee (NHS Scotland...
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Services Scotland, 2016a). The next mental health strategy for Scotland is due to be published later this year (2016) and priorities being discussed include child and adolescent mental health, which will incorporate a focus on adverse childhood experiences, improving services and reducing CAMHS waiting times.

The Scottish Government’s child poverty strategy has committed to improving the levels of physical and mental health of children from low income households (Scottish Government, 2014). In addition, the Scottish Government’s recent review of public health stressed the importance of preventative approaches in tackling major public health challenges such as obesity (Scottish Government, 2016). On starting school nearly one in four children in Scotland are at risk of being overweight and obese, with children from the most deprived areas being more at risk than children from less deprived areas (NHS National Services Scotland, 2016b).

Wales

Successive Welsh governments have taken a progressive stance on putting children’s concerns at the heart of policy making. The Children’s Commissioner for Wales is a powerful voice in Wales and the United Nations’ Convention on the Rights of the Child has been formally adopted as an approach to policy making. However, in 2015 the Commissioner warned of the increasing numbers of children in poverty in working families (CCfW, 2015), stating, “Many families are struggling with a combination of low wages and high childcare, housing and heating costs. Wales now has more low income working families living in poverty than there are non-working ones.”

There is also a clear need, as evidenced by rising obesity rates, to improve and encourage a healthy lifestyle amongst children. But there is good news in relation to the fact that young children’s diet and dental health have improved and that levels of alcohol and tobacco use in children are falling substantially. The School Sport Survey showed the numbers of young people taking part in sport or physical activity three or more times a week had risen from 27% in 2011, to 40% in 2013. Children's evaluations of their own health have also improved consistently over the last decade, with only 19% of children in school years 7 to 11 rating their health as ‘fair’ or ‘poor’ in 2013/14 compared to 26% in 2001/02 (Welsh Government, 2015). The Welsh Government has had success with child-focused programmes such as Flying Start and Families First. An increase in the number of health visitors in Wales has helped to deliver these programmes.

Workforce planning in children’s nursing is, however, a cause for concern. Numbers of children’s nurses are in decline overall and an increasing proportion are moving to work in neonatal care. At the same time there is an increase in the number of children with complex conditions requiring nursing care at home, with no corresponding increase in registered children’s nurses based in community teams. Learning disability nurses require an increase in number to match the new care pattern and demography of the care group in the community.

Northern Ireland

In Northern Ireland’s integrated health and social care system services for children and young people are commissioned by the Health and Social Care Board and the Public Health Agency, and delivered by five health and social care trusts. The Northern Ireland Executive’s 10 year strategy and action plan for children and young people (2006-2016) sets out a number of high level outcomes, the first of which is that all children and young people are healthy. Despite some progress in recent years, it is estimated that 22% of children in Northern Ireland still live in poverty.

In its campaigning for the recent Northern Ireland Assembly elections, the RCN called for public health priorities, including early intervention and preventative measures aimed at children and young people, to be included in the Northern Ireland Executive’s Programme for Government for 2016-2021. The RCN has continued to highlight the need to support the delivery of health care services for children and young people by appropriate investment in the health visiting and school nursing workforce, pointing out how staff shortages and an ageing demographic profile in these areas of practice are affecting the capacity of health and social care trusts to tackle health inequalities amongst children and young people in Northern Ireland.
Action needed

We can and should be doing more to improve child health inequalities in the UK. If we were doing as well as countries with the lowest child mortality in Europe, 1,951 lives would be saved every year – that’s over five fewer deaths each day (RCPCH, 2015b).

There needs to be a co-ordinated response across health, social care housing and education. Crucially, our recommendations require central and local government to act to reduce child deaths. The governments across the UK have all taken steps that indicate a welcome increase in focus on the importance of ensuring all children get the best start in life, and that services need to change in order to improve health outcomes.

We need to have far higher aspirations for what we can achieve as a nation for our children. At present we have a set of piecemeal policies that lack coherence for every child to thrive and do well. A more joined-up vision and strategy for integrated health and social care services for children and young people is required from all political leaders; a vision that is followed through with action which leads to real improvements in outcomes.

Recommendations

To address the marked inequalities currently experienced, and to ensure children and young people receive the right care, at the right time and in the right place, the RCN calls on the governments across the UK to:

1. Ensure that services for children and young people are addressed in the new models of integrated care being developed across all four countries of the UK, with investment in a nursing workforce trained to meet health care needs across acute and primary care, and the interfaces between these. This will require:
   - clarification of the commissioning/funding and planning responsibilities for services for children and young people in each of the four countries of the UK
   - investment in the children’s nursing workforce, including those working in the community, as well as school nurses
   - directing and targeting investment where there is greatest need, differentiating between universal services and targeted services to overcome barriers to access in deprived areas.

2. Continue to prioritise child and adolescent mental health, with significant investment in the nursing workforce to ensure access to services to meet all levels of need by:
   - enhancing early intervention and prevention services
   - increasing access to talking therapies for children and young people
   - providing safe appropriate mental health facilities for inpatient care.

3. Strengthen the public health response to children and young people, and their parents and carers, with investment in the health visitor and school nurse workforce to provide:
   - accessible information to help parents give their children the best start in life
   - advice for children and families on how to stay safe and avoid accidents in their homes and in the community
   - education to help children and young people understand their health needs and develop resilience
   - public awareness campaigns to promote healthy lifestyles
   - continued investment in programmes to tackle childhood obesity
   - improved access to youth-friendly sexual health services.
References


The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies

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