

UK COVID-19 INQUIRY

MODULE 8: WRITTEN CLOSING SUBMISSION ON BEHALF OF THE ROYAL COLLEGE OF PAEDIATRICS AND CHILD HEALTH (“RCPCH”)

Introduction

1. RCPCH represents over 24,000 paediatricians across the UK and globally. Our mission is to ensure every child receives the best possible health and care. From the outset of this Inquiry, we have made the case that children and young people and the workforce that supports them were not adequately prioritised during the pandemic. We strongly welcomed that Baroness Hallett heeded our calls to expand the terms of reference of the Inquiry to include a greater focus on the impact of the pandemic on children and young people as well as a greater focus on health inequalities. We know that while all children were impacted that vulnerable children fared even worse.
2. Module 8 is of profound importance. It examines the consequences of decisions taken by policy makers during the pandemic and their impact on health systems and services. For children and young people, these decisions continue to shape their health, development and life chances. The College was not alone in this Module in highlighting the impact of these decisions on children’s health and wellbeing. Former children’s commissioners, experts in child rights, health and social care professionals and others put forward compelling arguments that we very much hope will usher in a change to political and policy decision-making on children and young people’s health and wellbeing.
3. The closing submission from RCPCH summarises the key points we have made throughout Module 8 as well as relevant points made in our witness statement for Module 2. It reiterates the recommendations we think would be particularly impactful for the Chair to consider in her final report for Module 8.
4. RCPCH urges the Inquiry to be bold in its ambition: to recognise that the needs and best interests of children and young people were not adequately prioritised by policy makers, that this continues to have a detrimental impact on children and wider society, and to recommend systematic changes that are ambitious enough to ensure this does not happen again. There is an urgency to this and we hope the Chair will ensure the Module 8 report is published as soon as possible.

Summary of RCPCH evidence

Decision-making

5. There is no doubt the pandemic was an incredibly challenging time for decision makers, especially in the initial months from February through to May 2020, and this challenging environment was reflected during the oral hearings. We also acknowledge that the impact of the SARS-Cov-19 virus was more serious in older people and, therefore, that during this period it was reasonable to prioritise care for several patient groups, the majority of whom were elderly and frail. We make reference to this in paragraphs 5 and 6 of our opening submission.

6. It remains our view that government decision-making and emergency planning was nevertheless compromised by a failure to properly appreciate and weigh the impact on healthcare for children and young people. It was concerning to hear Lady Longfield, former Children's Commissioner for England, note that her advice or views were rarely sought from the government during the pandemic. Regardless of the impact of the virus, steps should still have been taken to meaningfully consider how decisions would impact on children's health and wellbeing in the short, medium and longer-term. In its wider advocacy, the College acknowledges that children's health and wellbeing is too often forgotten at senior policy-making levels during 'business as usual', which is chronically damaging to children and young people. When planning and operating in emergency situations, it is essential that this lack of awareness is not replicated and there are mechanisms in place to consider and formally assess the impact of any decision-making on children and young people, the 25% of our population.

Interruption of services and redeployment

7. Decision-making in the early phases of the pandemic continues to impact children's services and health and wellbeing today. A primary focus of our evidence centres on decisions made to redeploy the paediatric workforce and clinical resources either to care for COVID-19 patients, or to backfill services, or in acute paediatric services.

8. In some cases, this meant that services were stopped entirely not just in paediatrics but across vital services for children and their families and carers. For example, the Inquiry heard from Alison Morton, CEO of the Institute for Health Visitors ("IHV"), who noted that one of the biggest failings for health visiting was the decision to stop the service despite the urgent need for health visitors on the frontline to support babies, children and families during a particularly stressful time.

9. It was made clear during the oral hearing for Module 8 that the redeployment of paediatric and other child health professionals weakened the system's

ability to meet children’s health needs. As Professor Turner remarked in his oral evidence, the College did not necessarily disagree with the decisions to redeploy paediatric healthcare professionals but that there was also no meaningful discussion of these decisions with the College.

10. These decisions impacted children’s health and wellbeing at the time, but, and the College would like to emphasise, they also continue to have a bearing on services and child health today. As was noted by Professor Turner’s oral hearing, *“children coming into the pandemic were of relatively low priority, relative to adults. During the pandemic, I think that gap widened, and I think they became the lowest of priorities. And I think coming out of the pandemic, the priority for recovery, for restoration of normal services again didn’t focus on children. Children were second or third rate”*. Waiting times for children have not recovered since the pandemic, and remain longer than for adults in many instances. The impact of this is perhaps most clearly seen in children’s community services where there are now over 325,000 children in England waiting for care compared to just under 270,000 a year ago in December 2024¹. The numbers of children waiting in Scotland, Wales and Northern Ireland is also unacceptable.

11. As part of this, the College has argued for improved provision from governments to be made for the child health workforce and child health workforce planning. We need to ensure the paediatric workforce is well supported and that we have enough of the right staff, with the right skills, in the right places, well before a crisis hits. Moreover, we note that children are a whole population group and therefore it is vital that we take a whole system approach to workforce planning in non-emergencies to ensure society is well prepared when an emergency, such as a pandemic, next hits.

School closures

12. School closures were among the most consequential decisions for children. Education is a right and also a determinant of physical and mental health, wellbeing and safety. The College notes that the closure of schools disrupted learning, social development, and, importantly, access to vital services including but not limited to public health interventions, mental health and wellbeing support, free school meals and opportunities to safeguard vulnerable children. While we appreciate closures were intended to reduce transmission, it is our view the balance of harms was not adequately assessed for children, particularly those from disadvantaged and vulnerable

¹Paediatric workforce information: waiting times in the UK. Available here : <https://www.rcpch.ac.uk/resources/paediatric-workforce-information-waiting-times-uk>

backgrounds. We also know that being away from school can have a negative impact on children and young people's mental health. Many of the challenges associated with poor mental health today were borne out of the pandemic².

13. The importance of school in ensuring holistic support for children's health and wellbeing should not be underestimated and must be more thoroughly considered in advance of and during future emergencies. This is why the College played a leading role in advocating for the reopening of schools for all children and notes that this is an area where more rigorous and considered decision-making should have been applied throughout the pandemic. We share the frustration voiced by Lady Longfield around the government's failure to use any inventive thinking around schools that other parts of the government, such as the NHS with nightingale hospitals, employed to solve problems.

Conclusion and recommendations

14. The pandemic exposed the strain and vulnerabilities that children's health services were already under pre-pandemic. When the pandemic arrived and the system was tested, children's rights weren't considered, and children's needs were deprioritised. Additionally, the UK government did not take the opportunity to engage children and young people directly despite offers from the College and others to facilitate this. This is in addition to fragmented engagement with the College and other child health and wellbeing experts for advice. The consequences for children and young people's health and wellbeing continue to be felt years later.
15. This Inquiry has a unique opportunity to ensure that lessons are learned and embedded into future planning. The Chair now has a wealth of evidence to put forward recommendations that are bold and consider that in order to respond to a future pandemic we must ensure children's rights and children's health and wellbeing is priority in non-emergency periods too.
16. The College reiterates recommendations made in previous submissions including:
- a. A holistic child health and wellbeing pandemic preparedness assessment is required and arising from this a specific child health and wellbeing plan should be developed to undertake the necessary steps to ensure preparedness in the event of a future pandemic.

² The role of paediatricians in children and young people's mental health - position statement 2024. Available here: <https://www.rcpch.ac.uk/resources/role-of-paediatricians-child-mental-health-position>

- b. Child rights impact assessments should be carried out and published to accompany all policy decisions or legislation changes which may materially impact them. The College welcomes the recent announcement in Wales that mandatory health impact assessments will apply to strategic decisions or actions of specified public bodies that could significantly impact population health and encourages similar action throughout the UK³.
- c. As part of an equitable recovery from the pandemic (and indeed an equitable health service generally) the RCPCH says there should be a Children's Health Investment Standard to ensure all national health funding commitments include a specific proportion that is allocated to children's health services.
- d. The UN Convention on the Rights of the Child (UNCRC) should be incorporated into domestic law throughout the UK as is already the case in Scotland.
- e. RCPCH believes there should be a single mandatory-to-use single unique identifier across all services for children and young people, including health, education and social care, to facilitate joined up service delivery and child/young person protection.
- f. Substantially increased funding for Child and Adolescent Mental Health Services (CAMHS) should be a priority, alongside continued funding for mental health champions, who should be embedded into every paediatric unit.
- g. Clearer communication was needed with the public including tailored information specifically for children and young people, with the medical Royal Colleges and other key stakeholders such as children's commissioners involved at a much earlier stage so that ambiguity can be avoided and clear, consistent, useful and accurate information provided.
- h. Ensure the upcoming NHS workforce plan for England is evidence-based, considers the rising complexity and demand in children's health across primary and secondary care and includes real numbers to ensure we have the right child health workforce, with the right skills, in the right places into the future. There must be a fully funded plan for the workforce for each of the nations in the UK.

³ RCPCH welcomes the introduction of Health Impact Assessments in Wales. Available here:

<http://www.rcpch.ac.uk/news-events/news/2025-11/rcpch-welcomes-introduction-health-impact-assessments-wales>

Every child matters, and we call on Baroness Hallett to ensure through her recommendations to government, that we bolster our emergency planning for children and young people – and in the event no child is left behind.