

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Cyllid](#) ar [Cyllideb Ddrafft Llywodraeth Cymru 2025-26](#).

This response was submitted to the [Finance Committee](#) consultation on the [Welsh Government Draft Budget 2025-26](#).

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Response from: Royal College of Paediatricians and Child Health (RCPCH), Wales





**Royal College of
Paediatrics and Child Health
Cymru**

Leading the way in Children's Health

Royal College of Paediatrics and Child Health Wales response to the Finance Committee's call for information – Welsh Government Draft Budget proposals 2025-26

The Royal College of Paediatrics and Child Health (RCPCH) Wales welcomes the opportunity to respond to the Finance Committee's call for information ahead of publication of the Welsh Government's Draft Budget 2025-26.

Summary

- To ensure all children in Wales can live happy, safe and healthy lives, the Welsh Government needs to put children at the centre of decision making as it formulates and finalises the 2025-26 Budget. This must include completing a Children's Right Impact Assessment on the draft budget.
- Despite additional funding in 2024-25, there remain significant funding pressures within the Welsh NHS and local government funding which has impacted the ability of the child health workforce to provide quality and timely services. Child health services need urgent investment to tackle long waits for treatment and to relieve pressure on a workforce which has already seen significant levels of burnout. A review of the entire child health workforce and identification of potential gaps is vital if we are to effectively plan for future demand.
- The Welsh Government should invest in and prioritise children's health, including a renewed focus on early intervention and prevention services. A decision was made to reprioritise funding away from this vitally important area in the 2024-25 Budget and we strongly urge ministers to avoid doing so again in 2025-26. We believe this approach is counterproductive as investing in early intervention and prevention serves the longer-term interests of NHS Wales, the Welsh Government and the public more generally as it reduces future pressure on public services and saves money.
- Wales has one of the highest levels of child poverty in the UK and this is driving inequalities which have a lasting negative effect on children's future outcomes. The child poverty strategy is welcomed but the strategy needs to be backed up by measurable national targets.
- The lack of comprehensive data on child health in Wales means we do not have a full picture of the stresses in the system, and this limits our ability to plan strategically for future staffing needs. Investment in improving data quality and in

the digitalisation of child health records and the technology to support this should therefore be prioritised.

Impact of 2024-25 Budget

We recognise the challenging fiscal climate faced by the Welsh Government in the 2024-25 budget period which inevitably led to extremely difficult departmental budget decisions.

The Welsh Government's Final Budget 2024-25 included an additional £47 million for the for health and social services (HSS) DEL¹. This was in addition to the extra £450 million allocated in the Draft Budget for the NHS. Given the wider fiscal context and the competing departmental demands for resources, this decision was welcomed.

However, there were reallocations within the HSS MEG which have impacted budgets related to child health and wellbeing. This includes the decision to cease funding for the Wales police schools programme², which provides support and guidance for primary and secondary school around substance misuse, online safety and personal wellbeing. We know from our conversations with pupils and their paediatricians that they request more health literacy and advice in school. And whilst NHS mental health funding was ringfenced, the core mental health budget in 2024-25 was reduced by a further £6 million. At a time of rising demand and long waits for child and adolescent mental health services, we need more rather than less resources in this area to ensure children and young people have access to good quality support as close to home as possible. We also need better cross government working, particularly between education, health and social care departments, so that children and young people with health challenges, whether predominantly physical or mental, do not fall between gaps – this includes suitable age-appropriate care and carefully managed transfer to adult health services.

Significant challenges for the NHS remain. Despite the 4% uplift in funding for the Welsh NHS in 2024-25, the impact of inflation significantly reduced the real-terms impact of this additional funding. Health board deficits remain considerable, with the latest statistics (2023-24) showing that the cumulative deficit had risen to £385 million.³ With more than a quarter (29%) of all children in Wales living in poverty, this may have significant repercussions for children and families. All Health Boards have been put on escalation status due to their inability to submit financially balanced Integrated Medium-Term Plans which creates a bleak picture.

The 3.3% increase in funding for local authorities via the Revenue Support Grant was marginally higher than outlined in the Provisional Settlement. Local authorities deliver essential services for children and young people, including through education, social

¹ [How is the Welsh Government spending its budget in 2024-25?](#)

² [Police visits to schools will be axed amid £2m funding cuts - BBC News](#)

³ [NHS Wales Finances Data Tool | Audit Wales](#)

services and social care so additional resources are always welcome. However, targeted funding for local authorities to spend on early intervention and prevention programmes via the Children and Communities Grant (CCG) was reduced by £7 million⁴. The Welsh Government also made the decision to scale down its Bwndel Babi programme. The programme will now be targeted on a geographical basis in some of Wales's most deprived communities. We have concerns that there could be a significant number of families living outside these areas who are struggling financially but may not now be entitled to support. There has also been a lack of clarity from the Welsh Government on how the reprioritised Bwndel Babi programme is developing, with the last ministerial update being published in March 2024⁵.

The Welsh Government should:

- Ensure that vital programmes and services, such as Flying Start and other early years services, free school meals in primary schools, Designed to Smile, and specialist child and adolescent mental health services that an increasing number of vulnerable children and young people rely upon are protected in the 2025-26 Budget;
- Prioritise funding for early intervention and prevention programmes, such as Healthy Weight: Healthy Wales, which help to reduce future demand and ease pressures on services over the long term;
- Provide clarity at the earliest opportunity around the eligibility criteria for the Bwndel Babi programme and consider mitigations for families who are struggling financially but live outside the designated target area.

Supporting children and young people living in relative income poverty

Wales has one of the highest levels of child poverty in the UK, with 29% of children living in poverty⁶. This is driving inequalities in Wales, and we therefore urge the Welsh Government to prioritise funding to address this in its 2025-26 Budget.

It is well known poverty disproportionately impacts children, driving health, social and economic inequalities which have a lasting negative effect on children's future outcomes. Children living in poverty are more likely to have poorer health outcomes including low birth weight, poor physical health, and experience mental ill-health. The health impacts of growing up in poverty are significant and follow children across their life.

⁴ [Draft Budget 2024 to 2025 narrative](#)

⁵ [Written Statement: Bwndel Babi Programme – an update on progress \(11 March 2024\) | GOV.WALES](#)

⁶ [Relative income poverty: April 2022 to March 2023 \[HTML\] | GOV.WALES](#)

Public Health Wales (PHW) have detailed they expect the ‘cost of living crisis to push an even greater number of children into poverty, with significant public health implications that will worsen and further entrench existing inequalities in Welsh society’.⁷

A survey by the Bevan Commission (2024) found that one in seven (14%) respondents living in a household with children reported reducing the size of their child’s meal or their child being forced to skip a meal.⁸ Food insecurity hits families on low incomes harder, especially those with three or more children⁹.

We welcomed the Welsh Government’s new child poverty strategy, which was published in January 2024¹⁰. Indeed, we were pleased to see the strategy includes a focus on health inequalities and covers specifics such as food costs, mental health, housing and the implementation of the 20mph speed limit. However, without a fully funded and joined-up delivery plan with clear milestones, timelines and targets, the strategy is unlikely to deliver on its objectives. In October 2024, RCPCH once again led [47 organisations in writing to the Welsh Government](#) calling for a joint up delivery plan¹¹.

The Welsh Government should:

- Commit to clear milestones, timelines and targets detailing how every ministerial department is working to address child poverty in Wales.
- As a multi-year plan, funding streams associated with the child poverty strategy need to be ring-fenced to deliver on its goals, particularly in relation to addressing child health inequalities.

Preventative spend

In the context of escalating pressures on public services and rising demand, RCPCH Wales believes that the Welsh Government should prioritise funding of prevention and early intervention programmes in its 2025-26 Budget.

We feel that there was not enough focus on this agenda in the 2024-25 Budget, with the Welsh Government deciding not to fund a number of preventative policies as originally planned. These included programmes designed to tackle childhood obesity. Additionally, £22 million of funding from health prevention budgets in 2024-25 was reallocated to deal with frontline NHS pressures. Whilst we appreciate the need to tackle immediate pressures, we do not believe that reducing budgets for preventative

⁷ [Public Health Wales \(PHW\)](#)

⁸ <https://www.bevanfoundation.org/wp-content/uploads/2024/11/Snapshot-Autumn-2024-Final.pdf>

⁹ <https://foodfoundation.org.uk/publication/new-data-show-4-million-children-households-affected-food-insecurity>

¹⁰ [Child Poverty Strategy for Wales 2024 \[HTML\] | GOVWALES](#)

¹¹ <https://www.nhsconfed.org/news/47-organisations-demand-welsh-government-cabinet-secretaries-and-ministers-work-reduce-impact>

spend is prudent in the long-term and is ultimately counterproductive. We therefore urge the Welsh Government to avoid making similar decisions in 2025-26. Reducing the budget for preventative spend will only curtail efforts to avoid 'downstream' challenges which will end up costing the NHS, the Welsh Government and ultimately taxpayers more in the longer-term.

There are five key indicators that demonstrate most acutely the benefits when prevention and early intervention of ill health are realised to ensure healthy children can grow up to be healthy adults and should be priority areas for improving child health. They are healthy weight, oral health, vaccinations, clean air and mental health. As stated previously, poverty is often a key driver to poor health and health inequalities.

The Welsh Government should:

- Prioritise investment in programmes to enable children and young people in Wales to make healthy choices, and to properly resource support services for children and young people to improve child health outcomes. This includes sufficient funding for programmes such as Flying Start, the Healthy Child Wales Programme and Healthy Weight: Healthy Wales so that they can continue to monitor, evaluate and expand.
- The continued roll out of school and community-based mental health services and investment in public health campaigns around vaccination, smoking and vaping cessation, and the benefits of breastfeeding also need to be properly resourced.

NHS waiting lists and workforce planning

Current demands and pressures on paediatric services are unsustainable. In [February 2024](#) RCPCH Wales called for urgent investment to support the child health workforce to address waiting times after a review found that paediatric waiting times had increased by 62% since 2016. Waiting times have fluctuated over the last year but the latest statistics (August 2024) show that whilst the number of children and young people waiting over two years has marginally decreased since December 2023, those waiting for over a year had risen by 21.3%. At present, we are far from the 2016 waiting time figures and the 95% standard target. Paediatricians and the wider child health workforce are working immensely hard, but without further support the workforce will struggle to close these long delays.

Long waits are unacceptable for any patient but for children and young people the wait can be catastrophic. Many treatments need to be given by a specific age or developmental stage. If you miss the right window to treat a child or wait too long the consequences may endure for years or become irreversible. Delayed treatments may

affect physical milestones, communication skills, social development, educational outcomes, confidence and resilience as well as a child's mental wellbeing.

It is clear that current demands are stretching a workforce already vulnerable to surges in infectious disease and workplace burnout. Paediatricians have told us that they feel unable to provide a robust service that can meet demand and that this was impacting morale and retention. RCPCH data¹² also suggests that Wales has an aging paediatric workforce with many thinking of retiring within the next 10 years. Children, young people, families, patients and the public deserve to have the best NHS care possible, and they will only do so when their NHS workforce is valued, receives investment and is truly supported. Wales needs a workforce able to deliver safe and effective paediatric care. The number of consultant paediatricians in Wales has increased by 25% since 2016. This has been needed due to demands as well as a rise in less than full time working. But other child health professionals have not experienced a similar increase, health visitors for example have declined by 6% since 2016.

Beyond paediatricians and nursing professions, Wales doesn't publish data relating to how many other professions provide care for children and/or work within a paediatric setting. This includes a breakdown of physiotherapists, occupational therapists, speech and language therapists and so on working in child health. The lack of comprehensive data in Wales means we do not have a full picture of the stresses in the system, and this limits our ability to plan strategically for future staffing needs and make each health contact count.

Health Education & Improvement Wales (HEIW) should be appropriately resourced to complete a review of the entire child health workforce to inform commissioning of the workforce to meet demands in 5, 10 and 15 years and ensure Wales can provide high quality treatment and support for children with complex care needs. RCPCH Wales would be more than willing to help identify key data targets. HEIW, in collaboration with NHS Wales, should also develop a bespoke child health workforce strategy that aims to attract and retain child health professionals. This must be multidisciplinary, transcend across primary, secondary, tertiary, community and social care and support child health staff to improve their health, wellbeing and work-life balance.

The Welsh Government should ensure that NHS Wales, HEIW and PHW are appropriately resourced to:

- Carry out a review of the entire child health workforce, including numbers working in child health settings, stage of their careers, place of work, demographics and working pattern.
- Develop, fund and implement a bespoke child health workforce strategy that aims to attract and retain child health professionals.

¹² [RCPCH Workforce Census 2022](#)

- Improve the collection, sharing and utilisation of child health data when appropriate.

The Budget and young people

We support calls for the Welsh Government's draft budget to require a Children's Right Impact Assessment. This recommendation has been made, in one form or another, every year for the past decade by the Senedd Committee's with responsibility for scrutinising children's policy alongside charities and third sector organisations.

When it comes to budget allocations it can be easy for decisions relating to or impacting children, to be forgotten about. The Welsh Government must ensure this is not the case. Completing a Children's Right Impact Assessment, would signal the Welsh Government's commitment to children's rights and set the standard for others, including health boards and local authorities to follow when making budget decisions.

Alongside children's rights, child health needs to be at the centre of decision making, including budgetary decisions, within the Welsh Government.

Paediatricians across Wales see every day the impact of poverty and inequalities on children. They have repeatedly said that unless children and child health services receive specific attention they can be forgotten.

We urge the Welsh Government to listen carefully to what children are telling us and to provide the funds to tackle the significant issues facing child health services in Wales. In recent months we've heard about children missing school, quitting sports, becoming isolated, and missing out on the important aspects of a healthy, happy childhood. Long waits are bad for children and bad for our society. We cannot keep doing the same thing and expecting pressures on services to ease. The Welsh Government needs to prioritise the health and wellbeing of children and young people.

Promoting a healthy weight needs more rather than less funding (as was the case in 2024-25). Sufficiently funding 'Designed to Smile' and associated oral health campaigns is essential to help more children and families to take up positive oral health habits. 1 in 6 children and young people have a diagnosable mental health problem, and many more struggle with challenges from bullying to bereavement - they need access to good quality specialist mental health support close to home. We need more investment in green and blue spaces to improve children's physical and psychological wellbeing – but local authorities across Wales say they do not have the resources to expand on current sports and leisure facilities. And whilst the new child poverty strategy and accompanying monitoring framework is a positive step, we remain concerned about a lack of measurable outcomes and poverty reduction targets. Given the continued financial pressure on the overall Welsh Government budget, without concrete

outcomes and meaningful targets there is a real danger that action to eradicate child poverty in Wales – and the requisite resources – will not be priority it needs to be.

To ensure that children aged 16-18 are not falling between services, the Welsh Government and Health Boards need to adequately resource paediatric services and adult services so that they can support each other in delivering a holistic seamless transition that is age appropriate. The Welsh Government and NHS Wales also need to ensure adequate signposting and funding for peer support groups for children and young people.

Any and all investments that support child health is high value - for a healthy child is more likely to become a healthy adult, and thus makes good economic sense for society.

About RCPCH Wales

The RCPCH works to transform child health through knowledge, innovation and expertise. We have over 600 members in Wales, 14,000 across the UK and an additional 17,000 worldwide. The RCPCH is responsible for training and examining paediatricians. We also advocate on behalf of members, represent their views and draw upon their expertise to inform policy development and the maintenance of professional standards.

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