

State of Child Health

England – One Year On



**Royal College of
Paediatrics and Child Health**

Leading the way in Children's Health

State of Child Health: One Year On

The *State of Child Health 2017*, uncovered alarming inequalities in the health and wellbeing of children across the UK and a clear disparity with the rest of Western Europe. One year on, our scorecard reveals that although progress has been made in some areas, in general, the picture for infants, children and young people remains largely unchanged across England.

Government has taken some steps in the right direction. The successful passage of the soft drinks industry levy through Parliament was a landmark moment in the ongoing battle against child obesity. Similarly, the announcement of the introduction of mandatory sex and relationship education for all schools in England is welcome, as are commitments to prioritising children and young people's mental health. In further progress, information on child deaths is to be held in a new National Child Mortality Database with the intention of learning from analyses and disseminating guidance.

However, the latest figures show that child poverty in the UK is at its highest level since 2010, 100 out of every 1,000 young people under 19 are likely to have a diagnosable mental health disorder, and 1 in 3 11-year-olds are overweight or obese. Health and wellbeing in later life has much of its origins in infancy, childhood and adolescence, hence urgent action to reverse these trends is needed not only to protect the young of today, but also to safeguard the health of the adult population of the future.






Children deserve better. It is they who are disadvantaged most by inefficient health services, cuts to public health and the rising tide of poverty. Vision and leadership are needed at the highest levels of Government to reverse current trends. Poverty must be tackled and damaging constraints upon universal health services addressed, to reduce the gap in health indices between children living in the most disadvantaged areas and their more affluent peers. The voices of children and young people must be heard across Government, the NHS, related non-governmental agencies, professional bodies, and health and educational settings. Government must pay heed to young people's frequent calls by committing to the introduction of comprehensive statutory personal, social and health education for all schools in England, with a consultation on the curriculum and a clear timetable for implementation.

Improving child health makes moral, scientific, and economic sense and would be the best of investments for the nation, with the greatest long-term return. Without decisive policy action and adequate resourcing of child health services, the current worrying situation will worsen, endangering the lives of future generations. This is why we are calling on Government, NHS England, Public Health England and all relevant stakeholders to read our report and reflect carefully upon our recommendations. We ask that short-term perspectives are put aside, and a commitment made to tackle child health and wellbeing now, rather than delaying further knowing that would mean looking back with regret one day and asking 'why did we not act?'


Professor Neena Modi, RCPCH President

Professor Russell Viner, RCPCH Officer for Health Promotion




Key:

| | | | |
|---|-------------------------------|---|----------------------------|
|  | Recommendation fully achieved |  | No change |
|  | Significant progress made |  | The situation has worsened |
|  | Some progress made | | |




1. Develop and implement a cross-departmental child health strategy

| Recommendations | Progress | Evidence |
|---|---|------------|
| The Prime Minister should establish a Cabinet Sub-Committee on Child Health to develop and implement a robust and comprehensive cross-departmental child health strategy. |  | No change. |






2. Reduce the number of child deaths

| Recommendations | Progress | Evidence |
|---|---|------------|
| Government should fund local authorities to deliver health visiting services and home safety equipment schemes which educate and equip parents and carers to keep their children safe, with a focus on water safety, blind cord safety and safe sleeping. |  | No change. |
| Government should introduce graduated driving licences in Great Britain for novice drivers. |  | No change. |
| All local authorities should introduce 20mph speed limits in built-up areas to create safer environments for children to walk, cycle and play. |  | No change. |




3. Develop integrated health and care statistics

| Recommendations | Progress | Evidence |
|---|---|---|
| Government should direct NHS Digital to develop standards to ensure child health data are of high quality, captured to pre-specified definitions, and analysed consistently across the UK. |  | NHS England have launched a Child Digital Health Strategy, which will set out where every child is and how healthy they are, aimed at full interoperability, co-ordinating and joining all available child health records. When established it can join on the datasets relating to ill health and hospital episodes. The Programme starts with the Healthy Child Programme and will deliver an e-Child Personal Health Record. |
| NHS England should support local authorities and trusts to submit data to the Maternity and Children's Data Sets and Neonatal Data Set in a timely manner. |  | NHS England report that the Maternity and Children's Data Sets are developing well and beginning to show output. |
| NHS Digital should continue to work with healthcare professionals to develop the Maternity and Children's Data Sets, so that outcomes and metrics that are important for child health and wellbeing can be progressively extended and improved. |  | See above. |





4. Develop research capacity to drive improvements in children's health

| <i>Recommendations</i> | <i>Progress</i> | <i>Evidence</i> |
|--|---|-----------------|
| Government should encourage increased investment in research relating to child health, across the pharmaceutical, medical, social sciences, youth justice and education domains. |  | No change. |
| Government should introduce incentives for industry to develop medicines, technologies, products, and devices for children. |  | No change. |
| Health Education England and NHS trusts should take steps to allocate time to allow trainees and clinicians to contribute to and support child health research. |  | No change. |
| Higher educational institutions (HEIs) should ensure that faculty structures and career opportunities support careers and capacity development in child health research. |  | No change. |
| The National Institute for Health Research should expand existing support for child health research training. |  | No change. |



5. Reduce child poverty and inequality

| <i>Recommendations</i> | <i>Progress</i> | <i>Evidence</i> |
|---|---|--|
| Government should adopt a 'child health in all policies' approach to decision-making and policy development, with Her Majesty's Treasury disclosing information about the impact of the Chancellor's annual budget statement on child poverty and inequality. |  | No change. |
| Government should place a moratorium on further public health funding cuts until a clear impact assessment of the effects of the most recent cuts is undertaken. |  | King's Fund analysis states that councils will spend only £2.52 billion on public health services in 2017/18 compared to £2.60 billion the previous year. They estimate that planned public health spending is more than 5% less in 2017/18 than it was in 2013/14. While the figures show that councils are planning to spend more on some services – including on promoting physical activity and on some children's services – most services are planned to be cut. |
| Government should ensure universal early years public health services, including health visiting and school nursing, are prioritised and supported financially, with targeted help for children and families experiencing poverty. |  | <p>Although the health visiting mandate has been extended, universal early years services continue to bear the brunt of cuts to public health services, and we have not seen any targeted help provided for children and families experiencing poverty. Statistics from NHS Digital show there were 8,588 health visitors working in the NHS in June 2017, compared to 9,491 the year before – representing a drop of 9.5%.</p> <p>Government action to reduce inequalities has focused on education, with a plan for reducing the word gap and improving educational attainment which included support for public health professionals.</p> |






6. Maximise women's health before, during and after pregnancy








| <i>Recommendations</i> | <i>Progress</i> | <i>Evidence</i> |
|--|---|--|
| The Department of Health should reinstate the UK-wide Infant Feeding Survey. |  | No change. |
| Government should develop a cross-departmental initiative to support breastfeeding. This should include a national public health campaign that promotes breastfeeding and a sector-wide approach to support women to breastfeed, including in the workplace. |  | Although there hasn't been a cross-departmental initiative from Government, the Maternity Review is addressing breastfeeding as part of its remit. Public Health England has also identified breastfeeding as a priority action as part of its responsibility for the Improving Prevention workstream of the Maternity Transformation Programme. |
| Government should protect funding for public health services so that health visiting, smoking cessation programmes and breastfeeding support are accessible to all pregnant women and new mothers. |  | No change. |
| NHS England should mandate that all maternity services in England achieve and maintain UNICEF UK Baby Friendly Initiative Accreditation by January 2019. |  | No change. |

7. Provide statutory comprehensive personal, social and health education, including sex and relationships education, in all schools






| <i>Recommendations</i> | <i>Progress</i> | <i>Evidence</i> |
|--|---|---|
| The Department for Education should introduce statutory and comprehensive personal, social and health education programmes, comprising sex and relationship education, across all primary and secondary schools, including free schools and academies. |  | <p>The Secretary of State for Education has announced that sex and relationship education will be made mandatory for all schools in England from September 2019. Provisions for this are enshrined in the Children and Social Work Act 2017, which also gives the Secretary of State for Education the powers to make regulations to introduce statutory personal, social and health education.</p> <p>A consultation to update the existing Sex and Relationship guidance was launched on 19 December and will close on 12 February 2018. The updated guidance will support schools in delivering the new subjects of relationships education at primary and relationships and sex education at secondary, as well as, potentially, personal, social, health and economic education.</p> |
| The delivery of these programmes should be included in robust Ofsted inspections. |  | Department for Education guidance notes that Ofsted will consider the implications of the new requirements for school inspection. |

8. Strengthen tobacco and alcohol control








| Recommendations | Progress | Evidence |
|---|---|---|
| Government should publish a new Tobacco Control Plan for England, with a focus on implementing measures to reduce smoking uptake in children. |  | <p>The Department of Health published <i>Towards a smoke-free generation: tobacco control plan for England</i> in July 2017. The objectives of the plan include:</p> <ul style="list-style-type: none"> • reduce the number of 15-year-olds who regularly smoke from 8% to 3% or less. • reduce the prevalence of smoking in pregnancy from 10.5% to 6% or less. <p>The actions outlined to meet these objectives include:</p> <ul style="list-style-type: none"> • increased education and support for smokers to quit. • making tobacco less affordable. • working with councils to target areas of high prevalence and concentrating efforts locally. • providing access to training for all health professionals on how to help patients quit smoking – the Department of Health have announced that they will provide new funding to train health practitioners, such as maternity support workers, to deliver evidence-based smoking cessation according to appropriate national standards. • supporting adoption of the CLeaR improvement tool for tobacco in local authorities with high smoking rates, and the publication of a new ‘deep dive’ CLeaR module on smoking in pregnancy to support adherence with NICE best practice guidance. |
| Government should extend bans on smoking in public places and cars to schools, sports fields, playgrounds and on NHS premises. |  | <p>There has been no progress made on extending bans on smoking.</p> <p>In related activity, Public Health England has committed to support all NHS premises to go fully smokefree by 2020. The introduction of a tobacco-related Commissioning for Quality and Innovation framework to prevent ill-health by addressing risky behaviour is one measure to help embed routine identification of smokers on admission and providing support to quit or abstain for the duration of their inpatient stay.</p> |
| Public Health England should support Government measures through sustained public health campaigns about the dangers of second hand smoke. |  | No change. |
| Government should prohibit all forms of marketing of e-cigarettes for non-medicinal use. |  | No change. |
| Government should introduce a minimum unit price for alcohol. |  | No change. |

| 9. Tackle childhood obesity effectively | | |
|---|---|---|
| Recommendations | Progress | Evidence |
| Her Majesty's Treasury should commission an independent and ongoing evaluation of the soft drinks industry levy. |  | The soft drinks industry levy will be implemented in April 2018. The National Institute for Health Research have funded the Centre for Diet and Activity Research to conduct an evaluation of the soft drinks industry levy. |
| Public Health England should outline its plans for a regulatory framework for reformulation if the current voluntary programme does not achieve the targets set. Clear guidance on evaluation of industry reformulation and a specific timetable for implementation should also be published. |  | Public Health England (PHE) will publish an evaluation of progress made through the voluntary sugar reformulation programme in March 2018. RCPCH acknowledges progress made in this area, dependent on the 5% reformulation target being met in March (or strong steps being taken by PHE if this target is not met). |
| Government should ban the advertising of foods high in saturated fat, sugar and salt in all broadcast media before 9pm. |  | No change. |
| Government should undertake an audit of local authority licensing and catering arrangements with the intention of developing formal recommendations on reducing the proximity of fast food outlets to schools, colleges, leisure centres and other places where children gather. |  | There has been no Government action in this area. At a devolved level in England, the Mayor of London has proposed a ban on new fast food restaurants being built within 400m of schools across the capital. RCPCH wants this initiative adopted across England and the UK. |
| Government should extend the mandatory school food standards to all free schools and academies, and to early years settings. Compliance with these standards should be monitored through Ofsted inspections. |  | No change. |
| NHS England and professional bodies should ensure that all health care professionals make every contact count by empowering them to have the often difficult conversation with patients about their weight. |  | NHS England are supporting healthy eating messages in a variety of ways. Sugar sweetened beverages will be banned from hospital shops unless suppliers voluntarily take decisive action to cut their sales over the next 12 months. NHS England have also announced a 250 calorie limit on confectionery sold in hospital canteens, stores, vending machines and other outlets. In 2018/19 health services will get financial incentives if they make further efforts, currently including: <ul style="list-style-type: none"> ensuring 80% of confectionery and sweets stocked do not exceed 250 calories. ensuring 75% of pre-packed sandwiches and other savoury pre-packed meals contain 400 calories or less per serving and do not exceed 5g of saturated fat per 100g. ensuring 80% of drinks lines stocked have less than 5g of added sugar per 100ml. Public Health England has published a number of resources to support health professionals in respect of child obesity including: <ul style="list-style-type: none"> a childhood obesity impact pathway 'Let's talk about weight' resources the 'All our Health' framework for England. |
| Government should extend the National Child Measurement Programme to measure children after birth, before school and during adolescence. |  | No change. |




10. Maximise mental health and wellbeing throughout childhood

| Recommendations | Progress | Evidence |
|--|---|---|
| Government should carry out the National Mental Health survey every three years to identify the prevalence of mental health problems among children and young people in order to aid the planning of healthcare services. |  | No change. |
| The Department for Education should ensure that appropriate mental health support is offered in all primary and secondary schools in England, including free schools and academies. |  | <p>The Prime Minister has announced new support for schools with every secondary school in the country to be offered mental health first aid training and new trials to look at how to strengthen the links between schools and local NHS mental health staff.</p> <p>A new green paper on children and young people's mental health to set out plans to transform services in schools, universities and for families has also been launched. This green paper proposes that Government will incentivise every school and college to identify a Designated Senior Lead for Mental Health to oversee the approach to mental health and wellbeing. Under the proposals, children and young people's mental health services would identify a link for schools and colleges, which would provide rapid advice, consultation and signposting.</p> |
| NHS England should commission child and adolescent mental health services so that they are structured around the child or young person, delivered as close as possible to their home and supported by a family centred approach to care planning and information sharing. |  | <p>The Prime Minister has announced that Government will conduct a major thematic review of children and adolescent mental health services across the country, led by the Care Quality Commission, to identify what is working and what is not.</p> <p>The Government green paper announced funding for new Mental Health Support Teams, supervised by NHS children and young people's mental health staff, to provide specific extra capacity for early intervention and ongoing help. Their work will be managed jointly by schools, colleges and the NHS.</p> <p>These teams will be linked to groups of primary and secondary schools and to colleges, providing interventions to support those with mild to moderate needs and supporting the promotion of good mental health and wellbeing.</p> <p>As the new Support Teams are rolled out, the Government intends to trial a four week waiting time for access to specialist NHS children and young people's mental health services.</p> |
| Professional bodies representing all those working with infants, children and young people in health, social care, education, criminal justice and community settings should equip their members with the necessary tools to identify mental health issues through the promotion of resources such as the MindEd portal. |  | No change. |
| NHS England should ensure that funding designated for expanding Child and Adolescent Mental Health Services reach frontline services in Clinical Commissioning Groups. |  | No change. |

11. Tailor the health system to meet the needs of children, young people, their parents and carers

| Recommendations | Progress | Evidence |
|---|---|--|
| NHS England should ensure that the health and care needs of infants, children and young people are prioritised in the implementation of all Sustainability and Transformation Plans (STPs). Child health professionals and children and young people should be consulted in this implementation. |  | <p>The RCPCH conducted a review of Sustainability and Transformation Partnerships (as they are now known), published in May 2017. The report, which analysed all 44 STPs, revealed a mixed picture across the country. Most STPs set out the case for change well and the RCPCH is supportive of the key themes of prevention, early intervention, more care delivered in the community, better mental health services, integrated working, improved specialist pathways with the potential for the development and implementation of managed clinical networks and better use of technology.</p> <p>However, the RCPCH is very concerned about the lack of detail underpinning this vision and the lack of profile given to infants, children and young people by the majority of STPs. There appears to be wholly inadequate appreciation that the health and wellbeing needs of infants, children and young people are crucial to securing long-term population health and reducing the national burden of health care provision.</p> |
| NHS England should ensure better transitions from child to adult services, involving children and young people in planning the transfer, and promoting the many examples of best practice that exist. |  | No change. |
| Health Education England should fund mandatory child health training for all GP trainees. |  | No change. |
| NHS England should ensure every child and young person with a long term condition has a named doctor or health professional. |  | No change. |
| The Care Quality Commission should extend the patient survey of young people in inpatient settings to cover outpatient and community settings. |  | No change. |
| NHS England should ensure parents and carers are engaged and equipped with the appropriate skills and knowledge to navigate the planned digital health and care system. |  | No change. |
| NHS England should provide information to all trusts through its Clinical Reference Groups, commissioning structures and assurance processes to ensure that clinical teams looking after children and young people with known medical conditions make maximum use of tools to support improved communication and clarity around ongoing management, for example the use of epilepsy passports or asthma management plans where appropriate. |  | No change. |

12. Implementing guidance and standards

| Recommendations | Progress | Evidence |
|--|--|--|
| NHS England should support clinical commissioning groups to commission quality health and care services against evidence-based standards and support all trusts to implement guidelines and standards. |   | <p>During the last 12 months there has been no evidence of progress by NHS England to support Clinical Commissioning Groups to prioritise and deliver child health services.</p> <p>As Clinical Commissioning Groups move to Accountable Care Organisations and Systems, urgent clarification is needed about the regulatory and accountability status of these entities and their responsibility to promote the health of infants, children and young people.</p> <p>There have been developments in respect of some tertiary services with national reviews commissioned for neonatal care, paediatric intensive care, specialised surgery and congenital cardiac surgery.</p> <p>A Transition Service Specification is also currently being adapted to current practice.</p> |
| Public Health England should support local authorities to deliver quality public health services against evidence-based standards. |  | <p>Public Health England (PHE) has provided advice and resources to local authorities in respect of child obesity. In the final quarter of 2017/18 PHE will be providing a series of regional learning events for the public health workforce delivering the Healthy Child Programme and will be refreshing commissioning guidance. A number of indicators have recently been updated on the Fingertips tools related to school-age children and young people.</p> <p>PHE has published 'All Our Health', a call to action for all healthcare professionals to use their skills and relationships to maximise their impact on avoidable illness, health protection and promotion of wellbeing and resilience. There are specific areas addressing child health issues including 'Healthy Beginnings' for early years.</p> <p>PHE supports local authorities and professions with commissioning and practice guidance with a focus on inequalities and maximising the impact of public health through the High Impact Areas. PHE Centres share good practice and examples of commissioning to improve outcomes.</p> <p>PHE has been working with local authorities and professional groups to review the current model service specification for the healthy child programme and universal services. A refreshed specification will be published in February 2018 and include new priorities eg. speech, language and communication, mental health and parental conflict.</p> |



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