Making the UK’s child health outcomes comparable to the best in the world

A vision for 2015
Despite having one of the most advanced health systems in the world, child health outcomes in the UK are amongst the poorest in Western Europe. Levels of childhood obesity remain high, the UK’s child mortality rate is higher than comparable countries and there is significant unwarranted variation in terms of health outcomes across certain conditions and across geographical regions.

Whilst there have been some notable improvements in measured outcomes for children and young people over recent years, the evidence is still telling us that the rate of improvement is slower than it should be.

Whilst healthcare professionals clearly have a key role to play in improving child health, it also requires political will and leadership. With concerted action from Government, we could make health outcomes for children and young people comparable to the best in the world. The next Westminster Government needs to commit to action on several fronts:

1. Prevent children and young people from becoming unwell, act early and intervene at the right time
2. Tackle child health inequalities
3. Reduce the number of child deaths
4. Make the NHS a better place for children and young people
5. Involve children and young people in decision making on health and wellbeing issues
If we compare ourselves with Sweden, the country with the lowest mortality for children and young people, (after controlling for population size among other variables), we find that in the UK every day five children under the age of 14 die who would not die in Sweden. This equates to the alarming figure of 132,874 person years of life being lost each year in the UK, the majority of which would be as healthy adults contributing to the country’s social and economic strength.

But child mortality is just the tip of the iceberg. There are major unexplained and unacceptable variations in a number of key child health measurements. The latest Atlas of Variation in Healthcare for Children and Young People, shows the continuing wide and unwarranted disparities around the country in service provision, care and outcomes.

Important indicators demonstrate real inequality in health, particularly in infant mortality, obesity and childhood accidents as well as amongst particular groups such as looked after children, those from black and minority ethnic groups and those with disabilities. Patients’ expectations continue to increase at the same time as public spending is under substantial pressure.

There are serious consequences for inaction on improving children and young people’s health outcomes. Five of the ‘top 10’ risk factors for the total burden of disease in adults are initiated or shaped in adolescence.

At the same time, the main focus of health and social care policy from successive Governments has been on meeting the needs of an ageing population. From free TV licenses, bus passes and winter fuel allowances to the most recent guaranteed pension increase; these big ticket policies have made a welcome difference to many people towards the end of their lives. But equal focus must also be given to our younger generation, so that Britain is not only the best place to end life, but also begin life.

We need to prevent children and young people from becoming unwell and we need to intervene early to enable our children to grow up into resilient teenagers and adults. This will reap significant benefits not only for our population but will also reduce pressures on the NHS in the long term as these young adults progress through their lives. Delivery of care must continue to shift out of hospitals and be shaped around service users. There also needs to be better integration and multidisciplinary models for delivering health services to children and young people in the community.

The challenges and opportunities we face as a nation are clear. We need to improve how we involve children and young people in decisions about their healthcare and how services are designed. There is a lot to be learned from the Francis report and the recommendations from this report must be equally applied to children and young people as well as to the frail elderly. We want to see equal focus given to the younger generation in any Government’s vision for the future.

The next Government has a crucial role to play in improving the health outcomes of children and young people. In order to consign today’s challenging child health outcomes to tomorrow’s history books, concerted action must be taken. This is our manifesto for the next Government to realise our ambition of a healthier future for Britain’s children and young people.

Dr Hilary Cass 
President of the Royal College of Paediatrics and Child Health 
November 2014
Investing in prevention and early intervention means children will grow up to be resilient adults and in turn the pressure on the health service and other agencies will be reduced in the long term.

Early intervention for both mental and physical health is crucial if we are to prevent the serious consequences of illness. For example, despite more than half of all adults with mental health problems being diagnosed in childhood, less than half are treated appropriately at the time. And the UK’s childhood obesity statistics continue to cause alarm, with latest figures showing that 26% of boys and 29% of girls in the UK are overweight or obese, storing up serious health problems for the future.

Intervening early, with an integrated approach, is crucial if we are going improve children and young people’s health outcomes, for both mental and physical health and wellbeing. There must be more effort to tackle issues upstream, prevent health problems and not wait until illness becomes a feature in the life of a child or young person.

5 ways you can help us improve child health outcomes

1 Prevent children and young people from becoming unwell, act early and intervene at the right time.

Investing in prevention and early intervention means children will grow up to be resilient adults and in turn the pressure on the health service and other agencies will be reduced in the long term.

Early intervention for both mental and physical health is crucial if we are to prevent the serious consequences of illness. For example, despite more than half of all adults with mental health problems being diagnosed in childhood, less than half are treated appropriately at the time. And the UK’s childhood obesity statistics continue to cause alarm, with latest figures showing that 26% of boys and 29% of girls in the UK are overweight or obese, storing up serious health problems for the future.

Intervening early, with an integrated approach, is crucial if we are going improve children and young people’s health outcomes, for both mental and physical health and wellbeing. There must be more effort to tackle issues upstream, prevent health problems and not wait until illness becomes a feature in the life of a child or young person.

Recommendations

1 Introduce statutory and comprehensive personal, social and health education (PSHE) programmes across all primary and secondary schools, monitored by OFSTED, which:
   - Foster social and emotional health and wellbeing
   - Tackle issues around sex and relationships, social inclusion, bullying, drug and alcohol use and mental health.

2 Develop an action plan for improving child and adolescent mental health services, focussing on prevention and early intervention to ensure parity of esteem for children and young people.

3 Implement the recommendations in the School Food Plan including food and nutrition training for teachers and ensuring Public Health England promotes policies which improve children’s diet in schools.

4 Implement the recommendations in the Academy of Medical Royal College’s Measuring Up Report to tackle obesity, including a ban on advertising of foods high in saturated fats, sugar and salt before 9pm, and securing agreement from commercial broadcasters that they will not allow these foods to be advertised on internet ‘on-demand’ services.

5 Encourage physical activity for all children and young people – with and without disabilities – by building on the Olympic legacy, creating more cycle lanes and promoting 20mph speed limits.
2 Tackle child health inequalities

Social policy and fiscal policy matter to children’s chances of survival. Poverty, inequality and where a family lives have a direct impact on child health – and in the worst cases are risk factors for premature death. That means not only do we need to identify interventions that directly reduce risk, we must also consider what action government takes to reduce those risks through tackling child poverty and social inequality.

Recommendations

1. Disclose information about the impact of the Chancellor’s annual budget statement on child poverty and inequality.


3. Commission high quality research dedicated to reducing child health inequalities and ensure the findings and recommendations are acted upon by Government.
The UK has one of the worst child mortality rates in Western Europe, with an estimated 2,000 excess deaths a year compared to the best performing country. Around six out of ten child deaths occur in infancy – that’s 3,000 babies who die before their first birthday each year – and one in five child deaths occur between the ages of 15 and 19.

The shocking truth is that many of these deaths are preventable. In infants, the focus must be on improving the health of mothers and preventing babies being born early to stop avoidable deaths. For the older age group, for whom deaths through suicides and self-harm have not reduced in the last 30 years, more must be done to improve mental health and support those who are most vulnerable. The high proportion (42%) of deaths through accidents or injuries in 15-19 year olds, often as a result of alcohol abuse or road traffic accidents, are also highly preventable with the right policy interventions.

### Recommendations

1. Develop a Mortality Plan to significantly reduce the number of preventable child deaths, with clear targets for reduction.

2. Establish a national database for the collection, analysis, interpretation and reporting of child mortality data at a national level and work with partners in Wales, Scotland and Northern Ireland to ensure mortality data can be compared and analysed across the four nations.

3. Restrict access to alcohol by children and young people including the introduction of minimum unit pricing for alcohol, regulation of marketing and availability and action on under-age sales.

4. Reduce the national speed limit in built up areas to 20mph to reduce the number of deaths by road traffic accidents.

5. Introduce Graduated Licensing Schemes for novice drivers of all ages, which has been shown to reduce road related deaths in countries that have applied it.
Integration of care around the needs of children, young people and their families is fundamental to improving their health outcomes. It also reduces duplication and waste and saves significant sums of public money that can be spent on service improvement.

Children need to see the right professional at the right place at the right time. And quite often they require care from a range of health professionals – whether that is GPs, paediatricians or nurses.

All those working with children and young people should have the right knowledge and skills to meet their specific needs – wherever they are in the health system.

To make the right decisions and provide the best services, we need up to date and substantial data and research. For example, the last survey, known as the B-CAHMS survey, on the prevalence of mental health problems among children and young people was published over ten years ago. Further, the NHS should be the best place in the world for children’s research. Currently, the infrastructure for children’s research in the UK is fragmented and complex.

**Recommendations**

1. Provide every child with a long-term condition with a named doctor or health professional.

2. Train every general practitioner and general practice nurse in child mental and physical health.

3. Regularly update the B-CAMHS survey to identify the prevalence of mental health problems among children and young people in order to aid planning of healthcare services.

4. Support and promote clinical and non-clinical research across all sectors and age groups including pharmaceutical, medical and social sciences research.
The benefits of involving children and young people when designing quality health services are already evidenced. It is extraordinary that in many parts of the NHS and the wider health system, adults fail to take account of children and young people’s views or measure their health outcomes.

Children and young people need to be in control of their own health and wellbeing. If children are too young or have special needs which limit their ability to communicate, their parents or carers must have an opportunity to express their views and opinions on their behalf.

**Recommendations**

1. Extend the patient survey of young people in inpatient settings to cover outpatient and community settings, where transition at stages in the life course, communication and integration are key issues.

2. Train the healthcare workforce to engage sensitively, appropriately and effectively to look after babies, children and young people.

3. Ensure that all health and partner organisations such as Clinical Commissioning Groups, Health and Wellbeing Boards, Local Healthwatch and local authorities demonstrate how they are effectively engaging with children and young people, and embedding their recommendations in quality improvement programmes for their services.
About the RCPCH

The College is a UK organisation which comprises over 15,000 members who live in the UK, Ireland and abroad and plays a major role in advocacy, policy development, postgraduate medical education, as well as in supporting the maintenance of professional standards for its members.

The College’s responsibilities include:

- advocating for children and young people in the UK and abroad
- setting syllabuses for postgraduate training in paediatrics
- overseeing postgraduate training in paediatrics and developing joint training/educational online programmes with other professional bodies
- running postgraduate examinations in paediatrics in the UK and abroad
- organising courses and conferences on children’s health and wellbeing
- issuing guidance on children’s health and wellbeing
- conducting high quality research on children’s health and wellbeing
- developing policy messages and recommendations to promote better child health outcomes
- advising on service and workforce delivery models to ensure better treatment and care for children and young people.
Contact us

RCPCH works with politicians and policymakers in Westminster, Scotland, Wales and Northern Ireland.

We are the first port of call for enquiries on child health and can provide briefings on request.

Email: healthpolicy@rcpch.ac.uk
Telephone: 020 7092 6096
www.rcpch.ac.uk