

Introduction

The Royal College of Paediatrics and Child Health (RCPCH) welcomes this opportunity to respond to the London Assembly Health Committee call for evidence on healthy early years.

In 2017 the RCPCH launched the landmark State of Child Health report which brought together data for the first time on a comprehensive list of 25 measures of the health of UK children, ranging from specific conditions such as asthma, diabetes and epilepsy, risk factors for poor health such as obesity and a low rate of breastfeeding, to child deaths.

The data provide an “across the board” snapshot of child health and wellbeing in the UK. Whilst not specific to London, this report covers a range of issues highlighted by the mayor’s office and put forward a series of recommendations to strengthen child health in the UK, many of which are relevant to London.

A full copy of the report can be accessed via <https://www.rcpch.ac.uk/state-of-child-health>

While the RCPCH welcomes this increased focused and scrutiny on the early years, it is important to also recognise the need for a life course approach as there are many opportunities throughout a child and young person’s life to promote health and intervene where required. For example ensuring young people have access to knowledge and resources to reduce unplanned pregnancy and improve outcomes during early parenthood will have large implications for the next generation of children.

1. What are the **key health challenges** for children under 5 in London?

Poverty and inequality

Poverty and inequality are key determinants of children’s health. The Child Poverty Action Group estimates that 700,000 children living in London are below the poverty line, 37 per cent of all children in the capital, the highest rate of child poverty of any English region.¹ Poverty is associated with poorer health, developmental, educational and long-term social outcomes and is undoubtedly the most important determinant of child health in high income countries like the UK as captured by the strong inverse relationship between socioeconomic status and child mortality.²

Childhood obesity

Children’s weight at primary school commencement is an important indicator of health outcomes later in life. Latest figures from the National Child Measurement Programme show that the

¹ <http://www.cpag.org.uk/campaigns/child-poverty-london/keyfacts>

² Sidebotham P., Fraser J., Covington T., et al. Understanding why children die in high-income countries. *Lancet* 2014; 384(9946): 915-927.

proportion of children overweight or obese in London are similar to the national picture with 22.4 per cent of children overweight or obese in London compared to 22.6 per cent across England.³ In 2016/17 2.9 per cent of children in London have a BMI classified as severely obese compared with 2.4 per cent across England.

Being overweight or obese during childhood can:

- Lead to an increased risk of a host of conditions including Type 2 diabetes, high blood pressure, cardiovascular disease and bowel cancer.
- Negatively impact educational attainment
- Lead to low self-esteem and negative body image, and limit the ability to take part in physical activity
- Increase visits to GP

Across England there is also a clear social gradient, illustrating that children in the most deprived areas are much more likely to be overweight than those in the least deprived.

Maternal and child health

Maternal health and wellbeing has a profound impact on the health of children. The State of Child Health report demonstrates how being a healthy weight; breastfeeding and stopping smoking all improve health outcomes for both mothers and infants, in addition to the importance of supporting perinatal mental health.

2. What support is currently available to parents and carers to help keep their families healthy? What else would be useful?

The RCPCH strongly advocates for the support and prioritisation of universal early years public health services with targeted support for children and families experiencing poverty. Specifically, the College is calling for the protection and support of health promotion and early intervention services such as universal midwifery and health visiting services for new mothers, and the expansion of targeted support provisions for younger mothers.

3. How can intervention be targeted to ensure it reaches those **children and families most in need**?

Integration between primary care services is vital for ensuring information is correctly communicated and families are connected to the right services. This can be achieved through multi-agency and multi-professional working with collaboration between charitable and voluntary organisations. Health visitors / school nurses / social services often represent the first point of contact for children and so provision of such services should be supported and maintained.

4. What wider changes to London's **environment** are needed to support better child health?

Air quality

³ National Child Measurement Programme. Prevalence of underweight, healthy weight, overweight and obese children, by region and local authority (based on the local authority that submitted the data). England 2016/17. <https://fingertips.phe.org.uk/profile/national-child-measurement-programme>

The RCPCH and Royal College of Physicians joint report on air quality sets out how long-term exposure to air pollution has a wide range of adverse effects in childhood, and exposure during early life can lead to the development of serious conditions such as asthma. Gestation, infancy and early childhood are vulnerable times for exposure to pollution because the young body is growing and developing rapidly and research is beginning to point towards effects on growth, intelligence, and development of the brain and coordination.⁴ It is acknowledged that the Mayor of London has introduced a range of measures to reduce air pollution, including the introduction of Ultra Low Emission Zones however these need to continue to be robustly evaluated and strengthened in order to see meaningful improvements in air quality and associated health outcomes for children.

Fluoridisation

Good oral health is essential for children's overall health and wellbeing. Despite tooth decay being almost entirely preventable, 31 to 41% of 5-year-old children across the UK have evidence of tooth decay, with rates higher for those in deprived populations. Tooth decay is also the most common single reason why children aged five to nine require admission to hospital.

The RCPCH is calling for a range of measures to improve children's oral health including the fluoridation of public water supplies, an effective public health measure which is also proven to reduce health inequalities. Research undertaken by Public Health England has found that in fluoridated areas of England there are 15 per cent fewer five year olds with tooth decay compared to non-fluoridated areas, and this figure rises to 28 per cent when deprivation and ethnicity are taken into account.⁵ There is clear role for the Mayor's Office in encouraging and supporting local authorities to implement fluoridation across London.

Safe physical environments

Local authorities should be encouraged to examine the safety of the built environment while acknowledging the importance of promoting physical activity during childhood and adolescence. Road traffic accidents remain a leading cause of preventable death in young children. The RCPCH advocates for the national speed limit in built-up areas should be reduced to 20mph and for local transport and spatial plans to be signed off by directors of public health to confirm that they will promote the safety and wellbeing of children.

It is also paramount that children, young people and their families have adequate knowledge and skills to minimise hazards at home and in the community, through the provision of information and safety resources which align appropriately with developmental stages. The RCPCH advocates for co-ordinated cross-sectorial action to reduce non-intentional injuries through improved home safety education for parents and health and other early years' professionals.

5. How does **parental mental health affect the health of their babies and young children?**

Poor maternal and paternal mental health has been associated with poor outcomes in children, however it is also important to recognise that not all children of parents who have mental health problems are at risk as there are a range of risk and protective factors that also influence children and their parent's mental health, including biological dispositions (e.g. genetic influences, learning disabilities) sociocultural contexts (family disharmony, socio-economic disadvantage,

⁴ <https://www.rcplondon.ac.uk/projects/outputs/every-breath-we-take-lifelong-impact-air-pollution>

⁵

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300202/Water_fluoridation_health_monitoring_for_england_full_report_1Apr2014.pdf

discrimination) and psychological processes.⁶⁷ In some cases parental mental illness may contribute towards an environment of toxic stress for an infant or young child which can be detrimental to normal child development, both cognitive and physical, highlighting a need for early intervention for parents and families at risk.⁸

6. What role do **health visitors** play in supporting early years health?

Health visitors are specialist practitioners who support children from 0-5 years and their families, providing ante-natal and post-natal support, assessing growth and development needs, reducing risks, and safeguarding and protecting children.⁹ Health visitors, along with school nurses deliver the Healthy Child Programme 0-19, key universal public health service for improving the health and wellbeing of children through health and development reviews, health promotion, parenting support, screening and immunisation programmes.¹⁰ Universal midwifery and health visiting services are one of the key ways in which new mothers receive education and support in managing their new baby, including supporting breastfeeding and safe sleeping positions.

A reduction in public health budgets has seen a reduction in the number of health visitors, and increased workload. A recent report by the Royal College of Nursing suggests that children in London are least likely to receive the 5 mandated health visits as set out by the Healthy Child Programme.¹¹

7. What are the main challenges in increasing **breastfeeding rates** in London?

Reasons for low breastfeeding rates across the UK are complex. They include low levels of education of mothers, particularly young mothers and those from deprived groups, as well as practical problems in establishing breastfeeding after birth and concern about whether the infant is growing adequately and receiving sufficient milk. Negative perceptions by mothers of how breastfeeding is viewed by family, peers and the public appear widespread, and undoubtedly influence breastfeeding initiation and continuation.¹²

The State of Child Health Report sets out several recommendations to improve breastfeeding:

- Robust and comparable data collection, measuring breastfeeding initiation, breastfeeding at six to eight weeks, and at suitable intervals up until 12 months of age. Data should be recorded centrally to allow for local, regional and national comparisons and monitoring of trends in different socioeconomic groups.
- All maternity services should achieve and maintain UNICEF Baby Friendly Initiative accreditation. All services should provide antenatal education and health promotion regarding breastfeeding to both parents.

⁶ <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-family-and-parenting>

⁷

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/575632/Mental_health_of_children_in_England.pdf

⁸ <https://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

⁹ <https://www.rcn.org.uk/professional-development/publications/pub-006200>

¹⁰ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/429741/150520_RapidReview_HealthyChildProg_UPDATE_poisons_summary.pdf

¹¹ <https://www.rcn.org.uk/professional-development/publications/pub-006200>

¹² <https://www.rcpch.ac.uk/system/files/protected/page/SOCH-conception-pregnancy-infancy-UK-2017.pdf>

- Local breastfeeding support should be planned and delivered to mothers in the form of evaluated, structured programmes, in line with the NICE postnatal care pathway.¹³
- Ensure preservation of universal midwifery and health visiting services to all mothers.
- Healthy infant nutrition should be taught as part of statutory personal health and social education in secondary schools.

8. What could the Mayor do to make London a more **baby-friendly city**?

The RCPCH State of Child Health report identifies key actions for focus to improve outcomes for children and families, some of which could be tackled and/or supported by the Mayor. These include:

- Ensure universal early years' public health services are prioritised and supported, with targeted help for children and families experiencing poverty.
- Increase the visibility of national public health campaigns that promote good nutrition and exercise before, during and after pregnancy.
- Extend bans on smoking in public places to school grounds, playgrounds and hospital grounds, coupled with sustained public health campaigns about the dangers of second-hand smoke.
- Protect services that help pregnant women stop smoking and continue to look for innovative ways to engage the hard-to reach groups.
- Protect and support health promotion and early intervention services such as universal midwifery and health visiting services for new mothers, and expand provision of targeted support for younger mothers.
- Create safe environments, including access to information and safety equipment schemes to promote safety in the home.
- Reduce road speed limits in built-up areas to 20mph.

9. What are the key factors contributing to **unhealthy weight** in children under the age of five?

There are a range of complex environmental and biological life course influences on weight in the early years including maternal stress and smoking, maternal nutrition, genetics, breastfeeding, weaning and food choices and the family environment.

Children living in the most deprived areas are much more likely to be overweight or obese compared to children in the least deprived areas. The promotion of healthy weight in children requires a range of interventions to both reduce the obesogenic environment and target critical periods in the life course.

The State of Child Health Report sets out a number of actions required reduce overweight and obesity:

- Commission an independent evaluation of the effectiveness of the sugar levy.
- Outline plans for a regulatory framework that will be enforced if voluntary work on

¹³ <file:///C:/Users/emilyr/Downloads/postnatal-care-postnatal-care-breastfeeding-and-formula-feeding.pdf>

sugar reduction does not achieve the targets set.

- Ban advertising of foods high in saturated fat, sugar and salt in all broadcast media before 9pm.
- Expand national programmes to measure children after birth, before school and in adolescence.
- Ensure children who are overweight or obese can access services to help them lose weight.
- Help all healthcare professionals make every contact count by having that difficult conversation with their patients (whatever their age) who are overweight

10. What role do **childcare providers** have in keeping children under 5 healthy?

Research has demonstrated clear links between high quality early childhood education and children's health and social outcomes, with implications for cognitive and physical development. The Royal Society of Public Health identifies child care providers as a member of the active wider public health workforce, with clear opportunities to promote health of children and their families.¹⁴

11. What are the key challenges currently facing childcare providers in developing healthier environments?

n/a

12. How could the Mayor help address these issues?

Recommendations specific to improving breastfeeding and tackling childhood obesity have been included in response to questions 7 and 9 respectively, with other recommendations also made throughout.

As previously stated the RCPCH has recently pulled together a series of recommendations to strengthen child health in the UK in the State of Child Health Report, many of which are relevant to London. A full copy of the report can be accessed via <https://www.rcpch.ac.uk/state-of-child-health>

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 postgraduate medical education, as well as professional standards.

The College's responsibilities include:

- setting syllabuses for postgraduate training in paediatrics
- overseeing postgraduate training in paediatrics
- running postgraduate examinations in paediatrics
- organising courses and conferences on paediatrics
- issuing guidance on paediatrics
- conducting research on paediatrics

¹⁴ <https://www.rsph.org.uk/uploads/assets/uploaded/48311807-771c-429c-a3d547e24f08a646.pdf>

- developing policy messages and recommendations to promote better child health outcomes
- service delivery models to ensure better treatment and care for children and young people

For further information please contact:

Emily Roberts, Policy Lead

Royal College of Paediatrics and Child Health, London, WC1X 8SH

Tel: 0207092 60XX | Email emily.roberts@rcpch.ac.uk