Department of Health and Social Care - Call for evidence - local authority public health prescribed activity

Response submitted by the Royal College of Paediatrics and Child Health

April 2018

Introduction

The RCPCH welcomes the opportunity to provide feedback on current local public health provision, however the College has significant concerns regarding the ability for local authorities to deliver both prescribed and non-prescribed public health provision alongside continued funding cuts.

Analysis by the King's Fund demonstrates that overall growth in spend on public health (when adjustments are made to account for the transfer of 0-5 years children's services) was 2.7% less in 2016/17 compared with 2015/16. Of particular concern is that 'growth' in mandated spend on prescribed children's 0-5 services was 94%, rather than the expected 100% if local authorities were to maintain the same rate of spending during 2016/17 as 2015/16.[1] Given this spend trajectory, and apparent disinvestment in children's 0-5 services, it is challenging to see how prescribed or non-prescribed public health activity can be meaningfully improved without increased resource.

Furthermore, the impact of growing poverty alongside wider social and economic policy detrimental to the health of children and young people (CYP) cannot be ignored. Well resourced, quality public health provision is urgently needed to mitigate the impact of poverty on child health outcomes, and the subsequent health of the population for years to come.

The importance of high quality, universal public health provision was highlighted several times in the 2017 RCPCH State of Child Health Report and follow-up One Year On report. The report tracked a series of indictors, highlighting how the UK must protect and promote health in childhood to reduce health care spend down the line – with many indicators covering key public health issues such as obesity, breastfeeding, and tooth decay.

1. **What is your view on the principles of prescribed activity? Are they still the right ones? Is there evidence to support your view?**

The RCPCH asks that there be the inclusion of a principle which ensures parity of esteem for CYP is considered with regards to all prescribed public health activity.

The RCPCH asks that the principles be modified to be person-centred, for example, with the first bullet point reading 'where adults, CYP have a right to experience standardised care.' This would ensure that principles focus on the populations they are designed to support as opposed to specific services and their delivery model.

[1] https://www.kingsfund.org.uk/blog/2018/01/local-government-spending-public-health-cuts

Vulnerable groups of CYP (including looked after children, children in the safeguarding system, children living in poverty, refugee and asylum-seeking children) would benefit from explicit mention within the principles to ensure equitable provision, i.e. public health prescribing must take account of the 'dose' required to achieve the desired 'response' for vulnerable groups.

2. **What evidence are you aware of on the impact of the prescribing activity so far? Is there evidence to suggest the impact of the regulations varies between people or groups? This could relate, for example, to people of different gender, age, ethnicity or sexual orientation.**

Weighing and measuring children

Despite a continued focus by government, rates of childhood obesity in the UK are not improving and for deprived groups there is evidence of further escalation. Between 2007/08 and 2016/17, the difference between obesity prevalence in the most and least deprived areas has increased from 4.5 to 6.8 percentage points for children in reception year and from 8.5 to 15 percentage points for children in year 6 in England. It is therefore timely to consider how the current prescribed provisions of the NCMP could be strengthened to not only ensure children are measured but that the programme achieves maximum benefit towards tackling childhood obesity.

The National Child Measurement Programme provides a robust platform for monitoring the weight of CYP, however, there are significant additional opportunities to maximise the benefits of this programme through provision of better follow-up support to individual children and families to tackle the growing obesity crisis as well as support underweight CYP.

Current regulations mean that local authorities have a statutory requirement to complete height and weight measurements and provide the results of these measurements to NHS Digital. It is not a mandatory requirement for local authorities to provide the results to parents/carers, and although it is understood a large proportion of local authorities do choose to send letters to families, this does not happen in all cases. This, coupled with increasing pressures on public health budgets is of concern as there is the potential for a missed opportunity to intervene early for CYP at risk of overweight/obesity or underweight.

Furthermore, there is currently no requirement or standardised mechanism for providing (with appropriate consent) data from the NCMP to a relevant primary care provider, i.e. the child's GP. It is understood that very few parents (1 in 20 overweight and 1 in 6 obese) take their child's NCMP letter to the GP for follow-up. Reasons for this are likely to be complex, however in some cases this could be mitigated through direct transfer of measurement data to the GP to allow for follow-up as appropriate.

One barrier to this approach is a lack of capacity within GP IT systems to receive and store measurement data, therefore alongside changes to the requirements of the NCMP allowing for transmission of NMCP data to NHS Digital and local primary care, there would need to be changes within the GP IT systems to better capture and monitor weight data, as have been achieved for other health concerns such as cholesterol monitoring in adults.

Public health workforce

The RCPCH considers health visitors and school nurses as vital for reducing health inequalities at the local level. It is difficult therefore to see how effective prescribed or non-prescribed public health activity can be provided unless there are enough skilled professionals on the ground.

Health visitors and school nurses are specialist practitioners who have undertaken post-registration qualifications to meet the NMC's standards for specialist community public health nursing (SCPHN). The role of such a highly skilled professional group required to deliver the Healthy Child Programme 0-19 cannot be ignored or transferred to a lesser skilled workforce without likely reduction in overall effectiveness.

For example, the provision of immunisations by school or primary care nurses present an opportunity for a skilled public health professional to make contact and undertake a quick assessment of every child in a school, as well as provide vital health promotion to both the child, young person and family. Where such services have been allocated to alternate, and in many cases a less skilled workforce, these invaluable opportunities for health promotion are often lost.

Analysis by the RCN in 2017 demonstrated that there was a significant drop of over 1000 health visitors since 2015, alongside a 16% drop in the number of full time school nurses between 2010 and 2017[2]. It is worth noting that there is a lack of robust data on workforce numbers, but current estimates continue to suggest numbers are falling.

3. **How, if at all, does the evidence suggest that we could change the regulations prescribing activities to support better public health outcomes - for example, as expressed through the objectives of PHOF to increase healthy life expectancy and reduce differences in life expectancy?**

Provision of 5-19 Healthy Child Programme

There is currently no mandated provision for any elements of the Healthy Child Programme 5-19 years, despite the PHOF including many indicators relevant to this age groups, for example:

- 1.01i children in low income families
- 1.03 pupil absence
- 1.04 first time entrant to the youth justice system
- 2.06ii excess weight in 10-11 year olds;
- 2.09v smoking prevalence at 15;
- 2.07i hospital admission caused by unintentional deliberate injuries 0-14years;
- 2.11v/vi average number of fruit and vegetables consumed daily at age 15.

While mandated provision of the Healthy Child Programme 5-19 would not necessarily improve these outcomes in isolation of wider economic, social and educational policy; it would provide a vital foundation for ensuring there are regular opportunities for CYP to come into contact with skilled health professionals through health and development reviews and have access to range of integrated health initiatives.

The RCPCH, however, is cautious of further mandated public health activity in the absence of additional funding to support both prescribed and non-prescribed activity.

Mental health

The lack of data on children and young people's mental health is a gap that urgently needs action, given evidence of increasing concerns about our children's mental health. The RCPCH has called for the Survey of the Mental Health of Children and Young People to be repeated every three years, to identify the prevalence of mental health problems among children and young people to aid the planning of services. The RCPCH asks that this be reconsidered in the context of public health prescribing to ensure that public health service which focus on

[22] https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2017/may/pub-006200.pdf

prevention and early intervention for mental health can be strategically allocated according to need.

General comments

The RCPCH asks that attention be given to the reports of the Children and Young People's Health Outcomes Forum (CYPHOF), specifically the recommendations of the prevention subgroup who gathered the views of children and young people and have made a series of recommendations to strengthen public health provision.

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
- 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