Labour Party: Health and Social Care: Tackling health inequalities

Response submitted by the Royal College of Paediatrics and Child Health

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1. **What measures should a future Labour government put in place to help reduce health inequalities across all parts of society?**

The Royal College of Paediatrics and Child Health (RCPCH) strongly supports increased efforts for reducing health inequalities. In 2017 the RCPCH launched a landmark State of Child Health report, which pulled together 25 indicators of child health across the lifecourse. All but one indicator showed that children from deprived areas have much worse health and wellbeing than children and young people from less deprived areas – including being more likely to die during childhood, less likely to be exposed to protective factors such as breastfeeding, more likely to be overweight or obese, more likely to have tooth decay and more likely to experience poor outcomes associated with long term conditions such as asthma.

Imperative to reducing health inequalities across the lifecourse, are efforts to reduce inequalities during childhood, including during pregnancy. To tackle poverty and inequality the RCPCH recommends the following:

- The UK government should disclose information about the impact of the Chancellor's annual budget statement on child poverty and inequality, and consider what impact this may have on the devolved nations.
- Ensure universal early years' public health services are prioritised and supported, with targeted help for children and families experiencing poverty.
- Provide good quality, safe and effective prevention and care throughout the public health and healthcare services with a focus on primary care to mediate the adverse health effects of poverty.

The full State of Child Health report contains a suite of actions and recommendations to improve health outcomes, reduce health inequalities in childhood, and subsequently reduce health inequalities across the lifecourse. Some of these are discussed in more detail in this submission.

2. **Are there specific measures to help tackle health inequalities that currently work well in your local area?**

N/A

3. **What specific areas of policy (e.g. housing, criminal justice) do you believe we should focus on in order to reduce health inequalities in all parts of society?**

The strongest determinants of child health across every indicator in the State of Child Health report are social, educational and economic factors.

In particular, 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.[1]

There is also a strong correlation between levels of household financial resources and children's outcomes, meaning children living in low income households are more likely to have poor cognitive, social-behavioural and health outcomes.[2] Living longer in poverty can also increase the severity of adverse outcomes compared to short-term experiences of poverty. Research shows that children living in poverty are more likely to die in the first year of life, become overweight, have tooth decay or die in an accident.[3] They are also more likely to develop chronic conditions such as asthma compared with more affluent children.[4]

Poverty can have lasting affects which often continue into adulthood; in particular, the risk of death in adulthood increases for many conditions including coronary heart disease, respiratory disease, injuries, and cancer.[5] In addition, mental health conditions in childhood are more likely to persist into adulthood.[6]

The impact of poverty has been emphasised by the voices of children and young people who feel they are unable to 'afford' to be healthy, particularly in relation to making healthy food choices and having safe and healthy living environments.[7]

4. What plans could a future Labour government put in place to address health inequalities faced by particular groups in our society?

Children and young people in the child protection system and looked after children

Children in the child protection system and looked after children experience some of poorest health, social and education outcomes in our society. Children who experience abuse or neglect are more likely to experience physical or emotional harm which can last into adulthood.[8][9] In particular, abuse or neglect can have lasting effects on health and wellbeing as a result of: emotional difficulties; mental health issues; drug or alcohol misuse; distress and confusion; poor physical health; relationship difficulties; learning difficulties; lower educational attainment; and behavioural issues. [10]

Furthermore, children who experience abuse or neglect are more likely to suffer abuse again; therefore, early intervention strategies to reduce subsequent exposure to abuse or neglect are of vital importance.[11]

The following actions are outlined in the State of Child Health report*:*

- Protect and continue to support the provision of early help services.

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[1] Sidebotham P., Fraser J., Covington T., et al. Understanding why children die in high-income countries. Lancet 2014; 384(9946): 915-927.
[2] Cooper K., Stewart K. Does money effect children's outcomes: a systematic review. 2013. Available from https://www.jrf.org.uk/report/does-money-affect-children%E2%80%99s-outcomes
[3] Roberts H. What works in reducing inequalities in child health? 2nd ed. Bristol: The Policy Press; 2012
[4] Pillas D., Marmot M., Naicker K., et al. Social inequalities in early childhood health and development: a European-wide systematic review. Pediatric Research 2014; 76(5): 418-424.
[5] Galobardes B., Lynch J.W., Davey Smith G. Childhood socioeconomic circumstances and cause-specific mortality in adulthood: Systematic review and interpretation. Epidemiologic reviews 2004; 26: 7-21
[6] Elliott I. Poverty and mental health: a review to inform the Joseph Rowntree Foundation's anti-poverty strategy 2016. Available from https://www.mentalhealth.org.uk/sites/default/files/Poverty%20and%20Mental%20Health.pdf
[7] State of Child Health
[8] Ashton K., Bellis M.A., Bishop J., et al. Adverse childhood experiences and their impact on health-harming behaviours in the Welsh adult population: alcohol use, drug use, violence, sexual behaviour, incarceration, smoking and poor diet. 2015. Available from http://www.cph.org.uk/publication/adverse-childhoodexperiences-and-their-impact-on-health-harming-behaviours-in-the-welsh-adult-population/
[9] Ashton K., Bellis M.A., Hardcastle K., et al. Adverse childhood experiences and their association with mental well-being in the Welsh adult population. 2016. Available from http://www.wales.nhs.uk/sitesplus/888/news/41957
[10] NSPCC. Signs, symptoms and effects of child abuse and neglect. Available from https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/emotional-abuse/emotional-abusesigns-symptoms-effects
[11] Widom C.S., Czaja S.J., Dutton M.A. Childhood victimization and lifetime revictimization. Child Abuse & Neglect 2008; 32(8): 785-796.

- Invest in a well-trained multi-disciplinary workforce that can respond to children and families at risk of or who experience harm.
- Strengthen knowledge and skills for those working in primary care, education and community settings who are well placed to spot the signs of harm.
- Ensure children and young people are educated to understand respectful relationships and provide them with information on seeking help through statutory health education.
- Increase therapeutic support for children and young people who have experienced harm.

Children and young people with mental health difficulties

Research shows that children and young people in the most deprived households are up to three times more likely to develop mental health problems than their peers living in the least deprived households[12] and data also shows that there is a strong association between growing up in deprivation and risk of suicide.

While all children and young people can experience challenges to their mental health, it is generally the result of a range of genetic social and environmental factors with children living in poverty, refugee children and children from asylum seeking families, LGBT children and young people and looked-after children at greater risk of experiencing poor mental health. This is often compounded by a range of other issues such as poverty, poor housing, low self-esteem, parental substance misuse.[13] [14]

Maximising the mental health of children and young people is vital. The RCPCH, along with the Royal College of GPs and the Royal College of Psychiatrists are committed to the following statements of principle:

- CYP mental health is everybody's business. This needs to be supported by a shared vision for CYP mental health across all government departments (especially Health, Education and Justice).
- A preventative, multi-agency approach to mental health across all ages, incorporating attention to education for young people and families, social determinants, and health promotion – focusing on public mental health and early intervention for CYP, including minimising the need for admission and effective crisis services to ensure that CYP can be supported and their treatment managed in their homes as much as possible.
- A system of national and local accountability for population-level CYP mental health and wellbeing, delivered via integrated local area systems.
- Training and education for the whole children's workforce in their role and responsibilities for CYP mental health.
- More support, both from specialist services and other sectors, for professionals dealing with CYP who do not meet referral threshold to a CAMH service and ensuring that CYP who require specialist CAMHS have access to a responsive service

5. How best can a future Labour government ensure that funding to reduce health inequalities in our society reaches those who are most in need?

Public health services, both universal and targeted, are fundamental to improving health inequalities. However, the impact of strengthened public health provision at a population level will take time to come to fruition, beyond a single term of government. Therefore, government must be prepared to make additional investment over multiple terms to adequately deal with existing burden of health inequalities within acute

[12] Green, H., Mcginnity, A., Meltzer, H., Ford, T. and Goodman, R. (2005), Mental Health of Children and Young People in Great Britain, 2004, Palgrave Macmillan, Basingstoke.
[13] https://www.kingsfund.org.uk/blog/2017/12/reducing-inequalities-children-young-people-mental-health
[14] https://www.emeraldinsight.com/doi/pdfplus/10.1108/JPMH-08-2015-0039

service provision whilst concurrently investing in prevention and early intervention, allowing adequate time for a shift in health inequalities to be realised.

Central to this is ensuring adequate provision of services across health and social care, through both universal and targeted provision, an approach at the heart of the 2010 Sir Michael Marmot review into health inequalities.[15]

For children, this means ensuring a strong, well-resourced universal platform, building on the foundations of the evidence-based Healthy Child Programme, while allowing for flexibility within professional practice for professionals to adapt to best meet the needs of individual children and families where required. Mechanisms must also be in place to ensure these services aren't overstretched or under-resourced due to competing priorities at the local level, where public health provision and the prevention agenda is frequently overshadowed by acute issues. Ring fencing of public health budgets for children could be considered. In doing so, however, we would not wish to see a reduction in funding for other areas such as the delivery of child protection and safeguarding services.

6. What does Labour need to do in its first term in government regarding access to services, health outcomes and service quality in order to reduce health inequalities?

Maximise children and young people's mental health

Half of adult mental health problems start before the age of 14, and 75% start before the age of 24.[16] Early identification and early intervention are essential in ensuring that young people can achieve their potential. All those caring for these groups require the skills to identify mental health problems, and know what to do to intervene early. Paediatricians must also be better prepared to handle these issues.

The following recommendations are outlined in the State of Child Health report*:*

- Support more GPs to access child health training opportunities by extending specialist training from three to four years, in line with RCGP proposals.
- Train all child health professionals so they are confident in dealing with children and young people presenting with mental health problems in non-mental health settings.
- Repeat the Survey of the Mental Health of Children and Young People every three years and extend it to Northern Ireland, to identify the prevalence of mental health problems among children and young people in order to aid the planning of healthcare services.

Increase breastfeeding rates

The prevalence of breastfeeding is particularly low among very young mothers and disadvantaged socio-economic groups, potentially widening existing health inequalities and contributing further to the cycle of deprivation. Data from the 2010 Infant Feeding Survey showed that 46% of mothers in the most deprived areas were breastfeeding, compared with 65% in least deprived areas.[17]

The RCPCH breastfeeding position statement makes the following recommendations:

- The NHS in England and the Welsh Government to follow the lead of the Scottish Government and the NHS in Northern Ireland by requiring all maternity services to achieve and maintain UNICEF UK Baby Friendly Initiative accreditation; this requirement is currently met by all maternity units in Scotland and Northern Ireland. Accreditation includes:

[15] http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf
[16] Mental Health Foundation. Fundamental fact about mental health. 2015.
[17] McAndrew F, Thompson J, Fellows L et al Infant Feeding Survey 2010. NHS Health and Social Care Information Centre.

    - Supporting pregnant women to recognise the importance of breastfeeding and early relationships on the health and wellbeing of their baby.
    - Enabling mothers to get breastfeeding off to a good start and to continue breastfeeding for as long as they wish.
    - Supporting mothers to make informed decisions regarding the introduction of fluids and foods other than breastmilk.
- Supporting parents to have a close and loving relationship with their baby.
- Public Health England, Public Health Wales, Scottish Government and the Public Health Agency in Northern Ireland to undertake evidence based actions that promote breastfeeding and support women to breastfeed.
- Local authorities in England, Wales and Scotland and Northern Ireland to ensure the preservation of universal midwifery services.
- UK Government and the Government in Wales, Scotland and Northern Ireland to commit to adequate resourcing to preserve universal health visiting services.
- Governments in each nation to ensure familiarity with breastfeeding is included as part of statutory personal, health and social education in schools.
- Employers to ensure career or life-time salaries are not adversely effected by a woman's choice to breastfeed.
- UK Government to legislate for breastfeeding breaks and facilities suitable in all workplaces for breastfeeding or expressing breast milk.
- UK and devolved Governments to ensure reliable, comparable data are recorded across the UK, to measure breastfeeding initiation, at 6-8 weeks, and at suitable intervals up until 12 months of aged with data analysed centrally to ensure that local, regional and national comparisons and monitoring of trends are conducted using consistent, comparable methods.
- UK Government to reinstate the UK-wide Infant Feeding Survey, which was cancelled in 2015.
- Public Health England to develop a national strategy to increase initiation and continuation of breastfeeding, based on multidisciplinary approach, and sound evidence

Improve children's oral health

Poor oral health can have a major impact on a child's physical health and their quality of life. 5-year-olds living in the most deprived areas of England, Northern Ireland and Wales are at least three times more likely to experience severe tooth decay than their peers living in the most affluent areas.

Poor oral health and tooth decay in early childhood can lead to a series of health problems, including: pain; infections; altered sleep and eating patterns; school absence; and need for dental extraction (with the potential for subsequent dental problems later in life).

Tooth decay remains a significant public health issue, particularly for deprived populations where children are less likely to have good oral hygiene practices and more likely to have high sugar diets; these risks are often coupled with poorer access to dental care.

The following recommendations are outlined in the State of Child Health report*:*

- Ongoing development, implementation and evaluation of national oral health programmes for children and young people across the UK, building on existing initiatives, including Childsmile (Scotland) and Designed to Smile (Wales).
- All children in the UK should receive their first check-up as soon as their first teeth come through, and by their first birthday, and have timely access to dental services for preventative advice and early diagnosis of dental caries, with targeted access for vulnerable groups.
- Fluoridation of public water supplies, particularly in areas where there is a high prevalence of tooth decay.

Strengthen tobacco control

Adolescence is the time young people start smoking, and exposure to tobacco in early life has major consequences across our lives. Progress has been made but we must push onward towards ensuring our children have a tobacco-free childhood. Furthermore, smoking during pregnancy is one of the most important modifiable risk factors for improving infant health, with prevalence highest in deprived populations and in mothers under 20 years of age.

The following recommendations are outlined in the State of Child Health report*:*

- 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.
- Prohibit all forms of marketing of electronic cigarettes to children and young people.
- Protect services that help pregnant women stop smoking and continue to look for innovative ways to engage the hard to reach groups.

7. Building on pledges made in the 2017 manifesto, what more could a future Labour government do to reduce childhood obesity in society?

Despite the continued focus, 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.[18]

The causes of obesity in childhood are multifaceted, and must address the obesogenic environment as well as look at genetic and epigenetic factors. Given this, effective obesity prevention requires a coordinated response across a wide range of stakeholders including parents, children, businesses and civil society actors, in addition to government.

Bold, innovative action is required. A lack of evidence for a particular policy/strategy should not be confused with a lack of efficacy. To tackle the obesity crisis we must experiment with testing interventions which exhibit face validity rather than waiting for clear evidence of what works, especially for low risk interventions. Valid actions should be considered, and where appropriate, piloted and evaluated robustly.[19] Conversely, we must learn from research which challenges previously well-accepted approaches to preventing obesity, breaking the cycle of ineffective policy making.[20]

A recent evaluation of the effectiveness of school and family based healthy lifestyle programmes in the West Midlands found that schools are unlikely to have an impact on childhood obesity in the absence of wider support across multiple sectors.[21] This highlights the importance of strengthening measures that tackle the obesogenic environment alongside what can be delivered in schools, specifically the availability and promotion of unhealthy foods to children.

The following recommendations are outlined in the State of Child Health report and our response to the childhood obesity inquiry*:*

- Outline plans for a regulatory framework that will be enforced if voluntary work on sugar reduction does not achieve the targets set.

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[18] NHS Digital. Statistics on Obesity, Physical Activity and Diet - England, 2018 . http://digital.nhs.uk/catalogue/PUB30258
[19] RCPCH. Tackling England's childhood obesity crisis. October 2015. https://www.rcpch.ac.uk/system/files/protected/news/Obesity%20Summit%20report%20FINAL.pdf
[20] Wake, M. The failure of anti-obesity programmes in schools BMJ 2018; 360 :k507 http://www.bmj.com/content/360/bmj.k507
[21] Adab Peymane, Pallan Miranda J, Lancashire Emma R, Hemming Karla, Frew Emma, Barrett Tim et al. Effectiveness of a childhood obesity prevention programme delivered through schools, targeting 6 and 7 year olds: cluster randomised controlled trial (WAVES study) BMJ 2018; 360 :k211 http://www.bmj.com/content/360/bmj.k211

- 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.
- Overweight and obese children must have timely access and support to attend evidence-based programmes, via prescriptions or referrals from GPs.

8. How can we ensure that all parts of the health and social care workforce are working together to reduce health inequalities?

Responsibility for improving child health and reducing mortality is held by several government departments, not just the Department of Health. To ensure that the health of infants, children and young people in the UK matches the best in Europe, co-ordinated government action across several departments is required. Achieving the best child health outcomes must be a priority across government. Therefore, the RCPCH has repeatedly campaigned for a cross-government child health strategy.

9. Which other parts of society should health and social care professionals be working with to address issues of inequality in our society?

Strong links between health, social care and education are vital. We would recommend that all these areas be prioritised in the development of a child health strategy.

10. What steps does the Labour Party need to take in order to create a sustainable health & social care workforce strategy that will truly assist in addressing health inequalities?

The RCPCH makes the following recommendation in The State of Child Health: The Paediatric Workforce report:[22]

- Identify a responsible body for integrated national and regional workforce planning, co-ordinated across all relevant agencies, identifying paediatric training, non-training, and consultant-level requirements, and aligning these projections with nursing and other child health workforce requirements
- Centrally fund an increase the number of paediatric trainee places to 465 in each training year for the next 5 years to achieve an expansion in the consultant-level workforce by 752 WTE
- Commit to funding integrated primary/secondary care child health training for general practice and paediatric trainees
- Promote an expansion in the academic paediatric workforce
- Immediately place paediatrics on the shortage occupation list, with exemption from the resident labour market test
- Provide immediate reassurance regarding maintenance of terms and conditions of employment, and migrant status, to EU nationals working in the NHS.

Additionally, workforce growth projections should include consideration of population health and inequality indicators. There are 15.5 million people aged under 20 years in the UK, which has a higher birth rate and a higher proportion of young people in its population than almost all other European countries. This impacts directly on paediatric services – patients aged 0-18 years accounted for 25% of emergency services2. The NHS must prioritise the health of children and young people.

[22] https://www.rcpch.ac.uk/resources/state-child-health-short-report-series-paediatric-workforce

Wider entry gates into health professional careers is essential which includes considering how to financially encourage mature students to enter a health service professional training. There needs to be opportunities for multi professional and modular training, so that staff can divert with relative flexibility into different career paths during their career, relatively easily.

The RCPCH and other royal colleges collect large amounts of data about their workforces and we are happy to share and discuss what we have found to inform future planning. There needs to be more data sharing and a definite plan for the system i.e. HEE, NHSE and/or NHSI, should work with the Royal Colleges and other stakeholders to co-produce a strategy.

11. What steps can we take to improve staff retention in the NHS, particularly in areas of the country with a high cost of living?

The RCPCH makes the following recommendation in The State of Child Health: The Paediatric Workforce report:[23]

- Restore UK-wide national medical workforce terms and conditions
- Develop short stay career development opportunities in the UK for non-training grade healthcare professionals from abroad and identify a responsible body for national coordination
- Ensure immigration rules allow entry to the UK of healthcare professionals whose clinical skills will benefit the NHS
- Commit to driving service improvements and quality of care through monitoring of processes against national standards, and evaluation of patient outcomes using nationally consistent approaches.

Emphasis is also required to improve the quality of NHS staff lives, for instance wrap-around care for children and elderly relatives. Imaginative thinking to consider for example, the availability of a support worker to visit elderly relatives' homes which may allow a more senior health care worker be at their place of work.

Furthermore, it is useful to note that cost-of-living is potentially only one barrier to staff shortages across the country. Feedback received by the college indicates that recruitment/retention is often a frequent challenge for 'less desirable' parts of the country.

[23] https://www.rcpch.ac.uk/resources/state-child-health-short-report-series-paediatric-workforce