

State of Child Health: short report series

Child health in 2030 in England: comparisons with other wealthy countries

Recommendations

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Summary

The health of today's children and young people (CYP) will be one of the key factors determining whether England is healthy and prosperous over the next 50 years.

We used long-term historical data on key CYP health outcomes and various projection modelling methods to estimate CYP outcomes in 2030 in England compared with other wealthy European and western countries. Our comparison group was the EU15+, consisting of the 15 countries of the EU in 2004 plus Australia, Canada and Norway. Our projections of likely outcomes in 2030 are based upon the assumption that recent trends will continue for the next decade in both England/the UK and, on average, across the EU15+. This assumption is a limitation but one that is common to all forecasting.

There is some good news, with England making excellent progress in smoking and in diabetes control. However, data presented here lead us to two particularly concerning conclusions.

First, England/the UK currently have poorer health outcomes than the average across the EU15+ in most areas studied, and the rate of improvement in England/the UK for many outcomes is lower than across the EU15+. This means that unless current trends improve, England is likely to fall further behind other wealthy countries over the next decade.

Second, the marked inequalities observed in most key outcomes are likely to widen over the next decade as problems in areas such as infant mortality and obesity are worsening more quickly amongst the most deprived section of the population.

Children and young people (CYP) aged 0-19 years made up 24% of the population of England in 2016. Numbers of CYP in England will increase to 13.8 million by 2030, an increase of around 5% over the next decade. This means that we will continue to have a large CYP population with poor health outcomes unless major changes occur.

In summary we found:

- The UK infant mortality decline has stalled and mortality has begun to rise after more than 100 years of continuous improvement. Currently UK infant mortality is 30% higher than median mortality across the EU15+. If UK infant mortality begins to decline again at its previous rate, the UK rate will be 80% higher than the EU15+ in 2030. If UK mortality continues the current 'stall', then it will be 140% higher in 2030.
- Key risk factors for infant mortality are higher in England/the UK than in comparable countries. England/the UK has higher proportions of young mothers and higher proportions smoking during pregnancy than most EU15+ countries, with proportions of preterm delivery that are mid-range and rates of breastfeeding that are low compared with the EU15+
- Amongst older children and young people, the UK has higher 'medical' (i.e. non-injury) mortality than the EU15+ average, with high mortality for preventable causes of death including common infections and chronic respiratory conditions (e.g. asthma)
- Projection of current obesity trends in England suggests that around 23% of 11-year-old boys may be obese in 2030 (an increase of 13% since 2016), with nearly one-third of the most

deprived boys being obese (an increase of 18%). International comparison suggests that the UK currently has higher obesity prevalence than other north-western European countries but may see smaller increases than these countries over the next decade.

- Wellbeing amongst English CYP is currently at the lower end of EU15+ countries; however, falls in wellbeing amongst other countries may result in a convergence by 2030.
- Although data are insufficient to estimate trends for diagnosed mental health disorders, reported mental health problems have increased five-fold over the past 20 years and will increase a further 63% by 2030 if current trends continue.
- The prevalence of self-reported injuries amongst CYP in England is currently similar to the median across the EU15+. The UK historically has had low mortality from non-intentional injuries compared with the EU15+, but more rapid declines amongst other countries means that mortality in the UK is likely to be similar to the EU15+ median by 2030.
- Declines in smoking amongst English young people have been amongst the most rapid in the EU15+. Projections suggest smoking amongst young people will be negligible across England and the EU15+ by 2030 if current trends continue.
- Diabetes control amongst CYP in England is poorer than in comparable wealthy countries although the past five years have seen marked improvement, in concurrence with a national programme to improve quality. Maintenance of this rate of decline in markers of diabetes control may place England at a similar level to other wealthy countries by 2030.
- There are currently 5.5 million Emergency Department (ED) attendances by CYP in England, making up 26% of all age attendances. Highest users for any age are for infants less than a year old. Attendances amongst CYP are projected to increase by 50% to 2030 if current trends are maintained.
- CYP 0-19 years attended 11.2 million outpatient visits in England in 2016/17, an increase of 88% since 2003/4. Outpatient attendances amongst CYP are projected to increase a further 48% to 16.5 million by 2030 if current trends continue.

Forecasting the future is notoriously fraught with difficulty, and our forecasts based upon historical data do not take account of potential changes in other factors which may influence outcomes in 2030. For some of the outcomes examined here there is an active policy programme in place across government and the NHS that aims to change outcomes for English CYP for the better. Yet conversely, child poverty is predicted to increase by up to 40% over the next decade, which, if true, may make our predictions under-estimates of the degree to which England / the UK will fall behind other wealthy countries.

The data in this report illustrate the targets that we must aim for – which are not where other wealthy countries are now, but our best guess of where they are likely to be in 2030. We believe that the appropriate target for England and for the UK is to be in the best 10% of comparable wealthy countries. Our children deserve no less. But the data presented in this report suggest that this is a very large ask and changes of this size will inevitably take time. A more pragmatic target is to expect that by 2030 we will have matched the median across the EU15+ on the majority of outcomes, and are on the way to

being in the top 10% soon thereafter. The trends apparent in this report show that to reach these targets urgent action is needed across the whole NHS and public health system.

It is important to emphasise that the trends shown here are not inevitable. Each of them could be turned around and our ambitious targets achieved if key actions were undertaken. The improvements in diabetes control in England show that a well-resourced and joined-up national strategy has been effective in improving diabetes control to progressively catch up with outcomes in comparable countries. While for many outcomes, action is needed across both health services and wider social determinants, other countries have shown this is possible with an ambitious, well-resourced strategy. For example, the Netherlands recognised it had a problem with relatively high infant mortality in 2010; following a high-profile national strategy, mortality reduced 20% between 2010 and 2016¹ – at the same period that English infant mortality stalled and increased.

There are a number of admirable policy actions already in place in England – the Childhood Obesity Plan being one such. However, actions in single policy areas are not enough, and, in many cases, they lack the necessary ambition, resources and leadership to have a major impact. We believe that coordinated action is needed in the form of a Children and Young People's Health Strategy for England which will result in a fully funded transformation plan for children's services to ensure our children have the best start in life, receive the care they need and remain healthy into productive, happy adult lives.

Recommendations

Key recommendation

NHS England must develop a Children and Young People's Health Strategy for England, to be delivered by a funded transformation programme led by a dedicated programme board. The term 'health' encompasses physical health, mental health and wellbeing. This strategy should set out a governance and accountability framework for the commissioning, implementation and delivery of interventions to improve children and young people's health outcomes.

Specific recommendations:

A system which is well-led

Recommendations:

1. NHS England must promote and lead a system where children and young people are at the centre of decision-making, and their interests are put above competing cultures, systems and processes of the organisations involved in their care.
2. NHS England and NHS Improvement should have a joint national clinical director with responsibility for clinical leadership in transformation of children's services.
3. Sustainability and Transformation Partnerships and Integrated Care Systems must have a dedicated lead for children and young people at executive or board level responsible for delivering a children and young people's health improvement plan at a local level.
4. NHS England must invest in developing clinical leaders within the children's workforce who can advocate and influence for improvements and investment in child health services.

A system which encourages and supports collaboration with other partners

NHS England can't deliver better child health outcomes by itself. The major determinants of our children's future health are social determinants, particularly poverty and education. Whilst these are outside the direct remit of NHS England, it must work with other partners to reduce health inequalities and improve joint working across health, education and social care.

Recommendations:

At national level

1. The developing NHS Assembly must ensure children and young people are at the heart of everything it does and must empower them to collaborate and co-produce the services and care which meets their needs. Mechanisms for ensuring the democratic accountability of the NHS to children and young people should be outlined, including requiring Foundation Trusts to appoint member governors who are young people.

2. The 10-year plan must set out how NHS England will work with other partners to deliver world class health and wellbeing outcomes for the next generation. These partners should include Public Health England, Health Education England, NHS Digital, NHS Improvement, the Department of Health and Social Care, the Care Quality Commission, the Department for Education and schools, local authorities and the third sector.

At local/regional level

1. Sustainability and Transformation Partnerships and Integrated Care Systems must also develop a joined-up collaborative approach to health care planning with children, young people and families and with other relevant agency sectors such as social care, education, youth justice and the voluntary sector. Each Sustainability and Transformation Partnership or Integrated Care System must have a designated lead for children and young people.

A system which is properly funded

The existing funding allocations for children's services within the NHS are unclear and do not allow tracking of spending on children and young people.

Recommendations:

1. NHS England must publish information on how much funding is allocated for children and young people's physical and mental health services and how it is spent.
2. NHS England should ensure that funding designated for expanding children's services, e.g. for Child and Adolescent Mental Health Services, reaches frontline services in Clinical Commissioning Groups.

A system which is tailored and responsive to the needs of children and young people

The health and care system must be tailored to the specific needs of children, young people and their families and they must be supported to navigate the system. The integration of care around the needs of children, young people and their families is crucial to improving their health services and outcomes. Navigating the health system can be daunting for anyone but especially so for unwell children and their families.

Our children's world is their families, schools, communities and, increasingly, the digital world. Children and young people make little or no distinction between their physical and mental health. Care and support must be provided in ways that make sense to them, ensuring there are 'no wrong doors' and including easy access to digital communication and care.

The difficult transition period between a young person's and adult services can be particularly traumatic, with young people often feeling as though their voices are not heard. Better integration is needed across children's and adult services, and 0 - 25 year services are one method of improving transition.

Recommendations:

1. NHS England must support the roll-out and evaluation of innovative and flexible multidisciplinary models for delivering integrated health services to children and young people across primary care networks. These models should align with sector-wide models developed by Sustainability and Transformation Partnerships and Integrated Care Systems.
2. NHS England should ensure services are child-friendly and youth-friendly, accessible in ways young people understand and linked across primary and secondary care as well as with educational settings and social care.
3. Commissioners must evidence the routine involvement of children, young people and their parents in the design, delivery and evaluation of child health services.
4. NHS England should urge 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 and long-term conditions make maximum use of tools to support improved communication and clarity around ongoing management. This must include the use of passports such as epilepsy passports or asthma management plans where appropriate.
5. NHS England should expand commissioning of 0 - 25 year services for mental health and evaluate the benefits of similar services for some physical health conditions as well as promoting other examples of best practice that exist. Young people must be involved in planning their transition.

A system which maximises women's health before, during and after pregnancy

Maternal health and wellbeing has a profound impact on the health of children and one of the strongest risk factors for infant mortality is preterm delivery, itself strongly associated with other risk factors such as maternal smoking and poverty.

Women who have a healthy weight before and during pregnancy, who stop smoking and who breastfeed improve their own health and that of their child. Maternal mental health is an important determinant of the health of both women and their children.

We welcome calls from the Royal College of Obstetricians and Gynaecologists for a Women's Health Strategy, focused on improving the health of girls and women in the UK. We welcome this review and the opportunity to ensure that women's health is part of the 10-year long-term plan.

Recommendations:

1. NHS England must mandate all maternity services to achieve and maintain UNICEF UK Baby Friendly Initiative Accreditation.
2. NHS England must implement 'Making Every Contact Count' programmes to provide tailored health promotion advice and support for women who smoke, are overweight or misuse substances.

3. NHS England must work with Public Health England and local authorities to ensure all maternity professionals and health visitors are trained to identify maternal mental health problems.

A system which prioritises quality and safety of care for children and young people

A number of quality measures for children and young people already exist, but children and young people have historically been under-represented in many quality frameworks.

All health organisations delivering urgent, emergency or in-patient services to children and young people need to develop reliable systems that can swiftly identify all children whose condition may deteriorate or is deteriorating.

Recommendations:

1. NHS England should continue its work with the RCPCH to develop a national paediatric early warning system to be adopted by all services responding to or providing urgent or emergency care.
2. NHS England should support commissioners to commission quality health and care services against evidence based standards from the RCPCH and elsewhere and support all trusts to implement guidelines and standards. With respect to a range of acute and specialised care, this will be best achieved through the commissioning and delivery of pathways through operational delivery networks.
3. NHS England should assess where there are gaps in quality measures for children and young people and develop and evaluate new measures by building on work already carried out with RCPCH and other key stakeholders. Commissioners and regulators must include these quality measures when commissioning or quality assuring services to deliver enhanced quality of care to children and young people:
 - a) opportunistic weight and Body Mass Index (BMI) centile recording on an electronic growth chart for all children (2 -18), with only one reading needing to be recorded over a 12-month period.
 - b) extending the current asthma register to include children between 5 - 18 years.
 - c) consideration given about how children are more accurately 'counted' in Quality Outcomes Framework targets. For example, children with cancer, depression, epilepsy, learning disabilities and palliative care would benefit from primary care-keeping records of local patient cohorts, improving transition of care and creating more holistic management for the child and their family.
4. NHS England must ensure all health professionals who see children can spot a sick child. This could be done by updating the 'How to spot a sick child' resource on the internet and by use of the RCPCH Paediatric Care Online (PCO-UK) resource.

A system which gives children the healthiest start and continues it throughout their life course

RCPCH is pleased that child and maternal health have been included as a work stream amongst the 'life course programmes' in the NHS England Long-term Plan. Improving child health requires a coordinated approach to ensure children and young people have a healthy start to life and that this is proportionate to their health and development needs and is continued throughout their childhood and young adulthood.

Health visitors play a vital role in providing health advice to parents, early identification of children with specific health, educational and potential safeguarding needs and putting in place interventions as well as preventing accidents, injuries and more serious problems later in life. School nurses build on this, supporting children and young people in making healthy lifestyle choices, enabling them to reach their full potential and enjoy life. The new school-based mental health workforce announced in 'Transforming children and young people's mental health provision: A green paper' must integrate with school nursing and primary care services to be effective.

Recommendations:

1. The government through local authorities and the NHS should increase and protect investment in the universal health visiting and school nursing services. NHS England should invest in targeted intensive health visiting support to families with high levels of need to protect children's and mother's mental health, prevent obesity and improve school readiness.
2. NHS England must ensure that health professionals providing services to children and young people are equipped to provide tailored advice and support about healthy lifestyles, weight management, diet and increasing physical activity.
3. NHS England must increase capacity and access to specialist tier 3 weight management services for children and young people.
4. Local child and adolescent mental health systems should be commissioned to cover population need using 'local offers' 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. The local child and adolescent mental health systems must include both primary care and paediatric services.
5. NHS England must ensure commissioned child mental health services are delivered by multi-professional mental health teams to include psychology, psychiatry, nursing, family therapy, psychotherapy and other therapists who are able to deliver evidence-based psychological and pharmacological therapies to respond to a range of mental health difficulties that build resilience, promote adjustment and prevent and treat mental health difficulties.
6. NHS England must ensure there is a designated person (of any professional background) within local children's health services who is responsible for identifying training needs of all staff in recognising mental health need. The designated person should use evidence-based strategies for supporting children and young people's psychological needs as part of holistic service delivery.

A system which is properly staffed by motivated and dedicated child health professionals

There are significant gaps in the child health workforce that threaten our ability to improve health outcomes for our CYP. To truly deliver a workforce fit to respond to the needs of CYP, there needs to be a significant expansion in the child health workforce.

Recommendation:

1. NHS England must work with Health Education England to model the future children's health workforce within the best models of care. This must include setting the workforce need for medical, midwifery and nursing staff, as well as allied health professionals, pharmacists, health visitors and school nurses and youth services. This must also include consideration of new workforce models such as child wellbeing workers in early childhood settings, primary care and schools.
2. NHS England should work with Health Education England and the RCPCH to develop and train a paediatric physician's associate workforce.

A system which uses data and technology to improve outcomes for children and young people

Previous RCPCH reports (and others such as the Children and Young People's Health Outcomes Forum report, 2012) have identified a lack of timely data on many children's health outcomes as a major barrier to improving outcomes for children and young people. This is particularly the case for data on disability and on mental health, although the forthcoming National Mental Health Prevalence Survey data will begin to remedy this situation.

Recommendations:

1. NHS England must ensure that digital innovation and transformation applies equitably to children's health services and that there is a plan to join up data around the needs of each child using the NHS number as a unique identifier. A key priority is to develop and implement the Child Protection Information System.
2. NHS England should fund national roll-out of the digital Personal Healthcare Record (digital 'Red Book').
3. NHS England must commission regular surveys of children and young people's experiences in the NHS with the same frequency as for adults.

References

ⁱ Dutch Ministry of Health, Wellbeing and Sport. Action Program: Promising Start. 2018. <https://www.rijksoverheid.nl/documenten/publicaties/2018/09/12/actieprogramma-kansrijke-start>

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