

RCPCH Prevention Vision for Child Health

**Prepared in advance of the Department of Health and Social Care
Prevention Green Paper**

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Executive Summary

The Royal College of Paediatrics and Child Health (RCPCH) welcomes the intention to develop a Green Paper on Prevention and looks forward to supporting its development and implementation. Promoting healthy lifestyles and preventing people from becoming ill is key to reducing the existing and future burden of disease on the NHS and ensuring that everyone can live long and healthy lives. By improving prevention and early intervention of ill health, the NHS can continue to exist in its current form.

As noted by the Health and Social Care Committee in February 2019, one of the six founding principles of high-quality local services for children, young people and families is prevention and early intervention. We know that primary prevention that begins before birth is crucial to the success of the NHS Long Term Plan. Improvements in service provision will only provide a sticking plaster if the circumstances in which the country's poorest children grow up do not improve. Prevention is an integral part of the solution to many of the problems that children face, from increasing mortality rates, to high prevalence of obesity, to widening social and health inequalities.

Child health is everyone's responsibility. The RCPCH wants prevention embedded in every aspect of NHS provision, the wider health system, relevant government departments and in society in order to identify the areas where concerted focus is needed to prevent negative child health outcomes.

RCPCH's overarching priorities for prevention

1. Tackling inequalities with greater focus on the most vulnerable children, young people and families.

Increasing levels of families living in poverty has caused increased child health inequalities, and we know that children who live in households experiencing deprivation are more likely to have poor health outcomes. As child poverty is expected to increase to 40% by 2030, RCPCH recommends specific targets are introduced for reducing health inequalities.

2. Investment in the workforce, in particular in school nurses and health visitors.

Health visitors act as a frontline defence against multiple child health problems - from providing advice to parents on nutrition and feeding, to early identification of risk factors for mortality, to increasing breastfeeding rates. However, health visitor numbers are falling dramatically. Enhanced health visiting programmes should be targeted at deprived or at-risk families, expanding programmes that have been proven to help outcomes in certain parts of the country and have been well proven internationally.

3. Greater coordination of services, strategies, plans and programmes that are designed to prevent negative outcomes.

This should be delivered through a cross-government Children and Young People's Health Strategy.

4. A moratorium on public health funding cuts.

Cuts to public spending have reduced the capacity of local authorities to provide public health services, which are vital for many prevention policies supporting mothers and children.

5. A life course approach, recognising that good prevention starts before birth.

Maternal health is vital to the outcomes of children, especially in their early years. Women should be supported during pre-conception, antenatal care, labour, birth and the post-natal period.

Focus on: the first 1000 days of life

We welcome the recent publication on the First 1000 days of life from the Health and Social Care Committee. We therefore encourage Government to take forward a number of their calls as part of their prevention work, including:

- Consideration of the needs of the most vulnerable families in all policies across all departments.
- Development of a long-term, cross-Government strategy for the first 1000 days of life, with goals on reducing adverse childhood experiences, improving school readiness, and reducing infant mortality and child poverty.
- Establishment of a national expert advisory group to fill in research gaps and improve outcomes.
- Investment in revision of the Healthy Child Programme, which is central to the delivery of a universal offer of prevention and early intervention services for children and families. The programme should be extended to begin before conception, extend home visits beyond 2½, and ensure children and families experience continuity of care.
- Development of a programme for children and families who need targeted support, based on the Flying Start Programme in Wales.
- Use of the 2019 Spending Review to create secure long-term investment in prevention and early intervention.

Section 1: Background and introduction to submission

- 1.1. This document has been produced by the RCPCH to inform the development of the Prevention Green Paper in 2019. It is a formal response to the 'Prevention Vision' published by the Department of Health and Social Care in November 2018 and is largely a consolidation of existing RCPCH positions on key child health policy areas. This is our own 'prevention vision' for the future of child health.
- 1.2. Children and young people in the UK have amongst the worst health outcomes and face some of the gravest inequalities compared to similar wealthy nations. Many of these negative outcomes – and many of the social determinants (societal, economic, political and environmental factors) that underly these outcomes – are preventable. It is vital that children and young people's health is recognised, and a driving priority of the Green Paper on Prevention must be to prioritise child health.
- 1.3. Good prevention starts before birth. Children and young people in England currently experience some of the worst health outcomes and inequalities in the developed world. This is not acceptable. The Green Paper on Prevention must seize the opportunity to change this and adopt a life course approach to prevention in order to be comprehensive and ambitious in tackling the public health challenges facing today's children and young people as well as future generations.
- 1.4. Child health and the factors that affect it are complex and diverse. The following vision document addresses diverse components of child health policy and identifies policy interventions that can help prevent negative outcomes or prevent certain causes and factors behind negative outcomes. To facilitate this, we have identified priority areas that would:
 - Give children a healthy start in life (pages 5-11),
 - Ensure children grow up healthy (pages 12-16),
 - Ensure the world we live in promotes child health (pages 17-19).
- 1.5. We have also identified enablers to create a system that delivers positive outcomes (pages 20-21)

Section 2: A healthy start in life

- 2.1. The early years of a child's life are critical, shaping their long-term health and quality of life. Children in the UK experience particularly poor outcomes in the earliest stages of their lives compared to similar wealthy nations, as numerous studies have shown.¹
- 2.2. Despite having a globally-renowned health system, infant mortality is particularly high in the UK. Around 60% of deaths during childhood occur before the age of one. In 2014 the RCPCH and National Children's Bureau (NCB) produced the report *Why Children Die*,² which explored child mortality and urged immediate action; however, since then, we have seen the UK's child mortality rate break the trend of a century of decline by increasing for three consecutive years (latest figures published June 2019). RCPCH's *Child Health in 2030* report found that, if this trend in child mortality continues, the UK's infant mortality rate will be 140% higher than comparable wealthy countries in 2030.
- 2.3. Many of the causes of infant mortality can be prevented, however the UK performs poorly in key risk factors that lie behind the infant mortality rate. It is a grave concern that reductions in childhood mortality have not only stalled but have increased for three consecutive years. A clear vision must be outlined within the Prevention Green Paper that explicitly acknowledges this problem and sets out a joined up response to address it.

Key statistics

- The infant mortality rate in England and Wales rose to 3.9 deaths per 1,000 live births in 2017. This was the third consecutive year the rate had increased.
- Just 34% of babies in the UK were being breastfed at 6 months.
- 29.3% of children in England are not 'school ready' at 4-5 years.

Smoking during pregnancy

What is the problem?

- 2.4. In the UK, the rate of smoking during pregnancy is higher than many European countries. In England, 10.8% of women smoked at the time of delivery in 2017/18.³ Both the mother's age and level of deprivation increase the likelihood of smoking whilst pregnant.⁴
- 2.5. There has been welcome previous action. The DHSC Prevention Vision published in November 2018 identifies smoking cessation as "a major priority" and identifies "stopping smoking before or during pregnancy [as] the biggest single factor that will reduce infant mortality".⁵ The Government's Tobacco Control Plan sets a welcome target of reducing smoking in pregnancy to 6% or less by 2022. Recent figures, however, show little change at the end of the first year of this Plan, showing that further concerted effort is needed.⁶

¹ Nuffield Trust and RCPCH, [International comparisons of health and wellbeing in early childhood](#), March 2018; RCPCH, [Child health in 2030 in England: comparisons with other wealthy countries](#), October 2018

² RCPCH, NCB and BACAPH, [Why children die: deaths in infants, children and young people in the UK](#), May 2014

³ NHS Digital, [Statistics on women smoking at time of delivery in England](#) Q1 2017/18.

⁴ RCPCH, [State of Child Health](#), January 2017

⁵ DHSC, [Prevention is better than cure: our vision to help you live well for longer](#), November 2018, pages 8 and 20 respectively

⁶ [NHS Digital figures](#), July 2018

What interventions are required?

RCPCH recommends that:

- All women have access to tailored smoking cessation services during pregnancy with targeted support available for areas of greatest deprivation and young mothers.
- All maternity services implement the NICE Guidance 'Smoking: Stopping in pregnancy and after childbirth'.
- The smoking status of pregnant women should be better collected and recorded across the UK. This should be routine in all maternity services and collected at regular intervals throughout pregnancy.

Maternal health

What is the problem?

- 2.6. Maximising the health and wellbeing of women before conception and during pregnancy is central to efforts to reduce the infant mortality rate. Substance abuse (e.g. drug/alcohol use), smoking and poor maternal nutrition before and during pregnancy are all associated with adverse outcomes for both underweight and overweight women. Obesity before and during pregnancy and gestational diabetes are associated with an increased risk of stillbirth and foetal and infant deaths.
- 2.7. Young maternal age (in particular less than 20 years of age) is a risk factor for infant mortality. England has had great success in reducing the number of conceptions in young women age 15 - 17 years over the past 20 years, with a 60% reduction since 1998, resulting from a funded and coordinated national programme across the health and education sectors. However, the UK continue to have the highest teenage pregnancy rate in the EU.

What interventions are required?

RCPCH recommends that:

- Funding for public health services should be protected so that health visiting, smoking cessation programmes and breastfeeding support are accessible to all pregnant women and new mothers.
- Personal, social, health and economic Education (PSHE) is made statutory in full, expanding current plans for mandatory Health Education to encompass holistic education about living well in a modern world, with access to supportive services built into curriculums.
- Targeted services for young mothers and fathers, for whom the change and adjustment following pregnancy can be particularly profound and risk factors of infant mortality are often amplified, are expanded.

Oral health

What is the problem?

- 2.8. Tooth decay remains a significant public health issue, particularly for deprived populations where children are less likely to have good oral hygiene practices and are more likely to have high sugar diets; these risks are often coupled with poorer access to dental care.⁷ Five-year-olds living in the most deprived areas were at least three times more likely to experience severe tooth decay than their peers living in the most affluent areas.
- 2.9. Tooth decay is almost entirely preventable. It remains the most common single reason that children age five to nine require admission to hospital.⁸

What is the intervention required?

RCPCH recommends that:

- 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, with targeted access for vulnerable groups.
- Fluoridation of public water supplies is considered as an effective public health measure, particularly in areas where there is a high prevalence of tooth decay.

Breastfeeding

What is the problem?

- 2.10. Breastfeeding is important to ensuring children have a healthy start in life. It is a natural process that is highly beneficial for infant and mother, and benefits the child across their lifespan. Breastfeeding helps protect against infections and against risks of infant mortality (especially for infants born preterm).
- 2.11. The UK has relatively high rates of initiation of breastfeeding compared with other countries (81% have ever breastfed). However, breastfeeding rates in the UK decrease markedly over the first weeks following birth. In England, 2015/16 figures show that while over 73% of mothers start breastfeeding, rates fell to 43% by 6-8 weeks. An analysis of global breastfeeding prevalence found that in the UK only 34% of babies are receiving some breast milk at 6 months.⁹
- 2.12. The reasons for the UK's low breastfeeding rates are complex. They include low levels of education of mothers about breastfeeding, 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 around how breastfeeding is viewed by family, peers and the public

⁷ Department of Health. Annual Report of the Chief Medical Officer 2012.

⁸ Faculty of Dental Surgery. The State of Children's Oral Health in England. 2015.

⁹ RCPCH, [State of Child Health](#), January 2017

appear widespread, and undoubtedly also influence breastfeeding initiation and continuation. What is clear, however, is that much more data and evidence about breastfeeding initiation and discontinuation is needed to better inform policy responses.

What interventions are required?

RCPCH recommends that:

- National, cross-departmental strategies to promote breastfeeding are developed, which sets and monitors breastfeeding targets, ensures local breastfeeding support is delivered to mothers and seeks to highlight the benefits and challenge the stigma associated with breastfeeding. This should include a national public health campaign that promotes breastfeeding and a sector wide approach to support women to breastfeed, including in the workplace.
- Routine collection of data on breastfeeding at regular intervals must be coordinated, including reinstating the UK-wide Infant Feeding Survey.
- The Unicef UK Baby Friendly Initiative should be fully implemented across all settings (including maternity, neonatal, health visiting and children's centre services).
- Local authorities should provide evidence-based, universal breastfeeding support programmes with a focus in areas of deprivation with low rates of breastfeeding.
- Familiarity with breastfeeding should be included as part of statutory personal, health and social education in schools.

Infant feeding and marketing

What is the problem?

2.13. Follow-on formulas for age 6–12 months and young child formulas for age 1–3 years are not classified as breastmilk substitutes and can therefore currently be advertised in the UK. These milk products are often branded in the same way (e.g. colours and logo) as infant formulas / formulas for infants from birth and marketing can be unclear and potentially harmful to promotion of breastfeeding.

2.14. The current food environment is awash with cheap and abundant sugar. Sugar is a very broad term, and the term total sugar includes both naturally occurring sugar (e.g. in fruits, vegetables and lactose in milk) and free sugars. Free sugar can refer to both sugar which is added to foods and beverages by the manufacturer and to sugar naturally present in honey, syrups and fruit juices.¹⁰

2.15. There is no nutritional requirement for free sugar in infants and children, and overconsumption of free sugar, especially in liquid form, is linked to a range of health conditions, both immediate (including dental caries) and in later life (including overweight and type 2 diabetes). The Scientific Advisory Committee on Nutrition (SACN)

¹⁰ ESPGHAN. Sugar Intake in Infants, Children and Adolescents. 2018
http://www.espghan.org/fileadmin/user_upload/Society_Papers/Sugar_Intake_in_Infants_Children_and_Adolescents_ESPGHAN_Advice_Guide_2018_Ver1..pdf

recommendation is that free sugars provide no more than 5% of daily total energy intake for those aged 2 years and over, and even less for children under 2. However, results from the National Diet and Nutrition Survey show that the average daily intake for the 1.5-3 years-old age group is 11.3%: more than double the recommended amount.¹¹

2.16. The composition of many infant foods, including young child formulas and baby foods, is not always regulated, meaning they can contain high levels of (natural, added and free) sugars. Due to the lack of mandatory labelling regulations for free sugars, foods and drinks labelled “no added sugar” or “naturally-occurring sugar” may in fact contain free sugar made from honey or fruit juice.

2.17. Infants should not be given sugar-containing drinks and where possible, sugar should be consumed in a natural form through human milk, milk, unsweetened dairy products and intact fresh fruits. This is particularly important during the weaning process, when acceptance and preference of new foods can be enhanced by exposure to a variety of flavours and repeated experience with food to avoid development of phobia to new foods, especially to sour foods and vegetables.¹²

What interventions are required?

RCPCH recommends that:

- The Government should develop mandatory guidelines on the free sugar content of infant foods for under 2s to encourage reformulation of baby food, including commercial weaning foods, supporting greater exposure of babies to a wider range of tastes, rather than predominantly sweet flavours.
- Advertising of infant foods high in free sugars, which are often hidden and contributing to poor diet in infants and young children, is restricted.
- The ban on marketing of infant formulas from birth should be extended to include follow-on formula. Marketing and packaging guidelines for young child formula should be enforced so that they can clearly be identified as distinct from infant and follow on formulas.
- Building on existing NHS weaning advice that encourages exposure to a variety of flavours, the Government should invest in public health education campaigns to advise parents/carers on the impact of free sugars in their different forms and the health benefits of reducing free sugar intake.
- The WHO definition of free sugar should be used to support improved labelling of food and drinks products to alert parents and families to free sugar content.
- Mandatory food & drink guidance, including guidance on providing healthy foods and restricting unhealthy ones, should be introduced in Early Years settings.
- Promotion of Healthy Start vouchers should be improved as a way of accessing more fruit and vegetables.

¹¹ National Diet and Nutrition Survey results – published 2018.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/699241/NDNS_results_years_7_and_8.pdf

¹² NHS Start4Life Weaning Advice, based on SACN report feeding in the first year of life. <https://www.nhs.uk/start4life/weaning/what-to-feed-your-baby/10-12-months/#anchor-tabs>

Immunisation

What is the problem?

- 2.18. Immunisation across the life course is vital for the prevention of many communicable diseases and their associated morbidity and mortality. In the UK we have the evidence, capacity and health infrastructure to ensure that infants, children and young people receive vaccinations that protect them from harmful communicable diseases. However, our uptake rates for key vaccinations fall below global targets. More is needed to support parents to ensure their children are sufficiently protected.
- 2.19. In 2016-17, England's 5-in-1 immunisation rate was 93.4%, which is below the WHO target of 95% of children receiving the full course of the vaccine by 12 months (and which represented a decrease on the previous year).¹³ In 2016-17, England's uptake of both doses of the MMR vaccination was 91.6%, having decreased for the third year in a row.¹⁴
- 2.20. There are a range of barriers which can impact immunisation uptake, including lack of access to services, perceived medical contraindications, and other competing pressures. Given this, care must be taken to better understand how to tailor interventions and increase uptake for different social and cultural groups.

What interventions are required?

RCPCH recommends that:

- Concerted support is strengthened to ensure national implementation of NICE guidance on 'Reducing differences in the uptake of immunisations' including (but not limited to) robust local monitoring of the vaccination status of children and young people and adopting multifaceted programmes across different settings.
- Further research should be undertaken into methods to improve vaccination uptake amongst families who make a conscious decision not to vaccinate their child.

Health visiting

What is the problem?

- 2.21. Health visiting and maternity services are vital for mothers and children during the first 1,000 days to provide necessary support and guidance. Many of the risks and challenges that prevent a healthy start in life – including each of those addressed above – can be mitigated or overcome through the interventions and support that health visitors, health promotion and early intervention services offer.

¹³ NHS Digital, [Childhood Vaccination Coverage Statistics, England, 2016-17](#), September 2017

¹⁴ NHS Digital, [Childhood Vaccination Coverage Statistics, England, 2016-17](#), September 2017

2.22. Health visitors act as a frontline defence against multiple child health problems – from providing advice to parents on nutrition and feeding, to early identification of risk factors for mortality, to increasing breastfeeding rates. It is therefore concerning that the number of health visitors in the UK is declining, with a fall of more than a fifth in just two years.¹⁵

2.23. Health visitors build trusting relationships and dialogue with parents as their baby grows. They are uniquely placed to identify emerging problems and refer children and families to early intervention services before a crisis point is reached. They can be particularly beneficial in providing support to the most at risk and deprived parents, whose children can be at increased risk of adverse outcomes.

What interventions are required?

RCPCH recommends that:

- Universal health promotion services such as health visiting must be protected, supported and expanded with clear and secure funding provided through the Spending Review, ensuring adequate time is given in their role for health promotion responsibilities.
- Enhanced health visiting programmes are targeted at deprived or at-risk families, expanding programmes that have been proven to help outcomes in certain parts of the country and have been well proven internationally.
- A more coherent, consistent and comprehensive approach is taken to planning the child health workforce. Each part of the UK requires a bespoke child health strategy to address staffing shortages by identifying the needs across the child health workforce, including health visitors, nurses, midwives, allied health professionals and paediatricians.
- All health visitors should receive training in feeding, nutrition and parenting to further strengthen their contribution to preventing obesity. The 'HENRY programme' provides a successful model that could be expanded and supported further.

¹⁵ [Health Visitor numbers in England down by a fifth since 2015](#)

Section 3: Growing up healthy

- 3.1 Child health is everyone's responsibility. As children and young people grow up, there is a shared duty across society to ensure they are supported to have safe and healthy childhoods, learn positive behaviours and move into adulthood with everything they need to live long and happy lives. Prevention is inherently at the heart of this cross-society commitment to protect and promote child health.
- 3.2 Growing up today, children and young people face threats from two modern epidemics: childhood obesity and mental health difficulties. Meanwhile, evidence shows that children growing up in deprivation and facing adversity can expect even poorer outcomes. There has been welcome recent attention on these issues, including through the Childhood Obesity Plan – with the most recent 'chapter 2' launching a number of consultations on key preventative measures – and through a commitment of major investment in community mental health services through the NHS Long Term Plan. These are measures that must be applauded and their ambitions should be welcomed; but, the scale of the problems that prevent positive childhoods requires further urgent and immediate action.

Key statistics

- Today, almost 1 in 5 children are overweight or obese by the time they start primary school, rising to 1 in 3 when they start secondary school.
- One in eight 5- to 19-year-olds had a diagnosed mental disorder in 2017 and one in 20 had more than one.¹⁶
- Half of adult mental health problems start before the age of 14, and 75% start before the age of 24.¹⁷

Childhood obesity

What is the problem?

- 3.3 The prevalence of obesity and overweight amongst children and young people in the UK is a significant public health crisis. The National Child Measurement Programme (NCMP) reported that 20% of children were obese by the time they started secondary school in 2016/17 with obesity amongst the most deprived group of children being 26.3%. Recent projections by the RCPCH have found that, of the most deprived boys in England, more than a third could be obese by 2030 if current trends continue.¹⁸
- 3.4 The Government has set an ambitious target to halve childhood obesity by 2030 and to “significantly reduce the gap in obesity between children from the most and least deprived areas” through the Childhood Obesity Plan. The Green Paper on Prevention must work side by side with the existing proposals to reduce and prevent childhood obesity, which themselves must be implemented as a matter of urgency. The children of 2030 are being born today and, if they are to grow up healthy and at reduced risk of obesity, the many potentially

¹⁶ NHS Digital, [Mental health of children and young people in England, 2017](#), November 2018

¹⁷ See Mental Health Foundation, [Fundamental facts about mental health](#), 2015

¹⁸ RCPCH [Child health in 2030 in England: comparisons with other wealthy countries](#), October 2018

transformative measures that are currently subject to consultation must be put into practice. In particular the Prevention Green Paper presents an opportunity to ensure that children, young people and families are empowered through information about their personal health to make healthier choices. This can be done through several means, but it is principally a case of strengthening the capacity of primary care and other child health professionals to make every contact count.

What interventions are required?

RCPCH recommends that:

- The Government commits to a specific target for reducing obesity inequalities between the most and least deprived families. This should include funding to pilot community-wide action projects that are evaluated and rolled-out nationally over time.
- Digital capacity in primary care and across child health professionals should be strengthened with the necessary IT systems so that information on a child's weight is accessible to all child health professionals who need it.
- The mandatory school food standards are extended to all free schools and academies, and to early years settings, with compliance monitored through Ofsted inspections.
- All health care professionals are supported to make every contact count by training staff to understand the barriers to families effecting change in eating and exercise habits, and to be able to have constructive and action-focused conversations with families.

Children and young people's mental health

What is the problem?

3.5 Children and young people's mental health is one of the major health challenges facing the UK. One in eight 5 to 19 year olds had a diagnosed mental disorder in 2017 and one in 20 had more than one, as revealed by data recently published by NHS Digital.¹⁹ Additionally, half of adult mental health problems start before the age of 14, and 75% start before the age of 24.²⁰ The recent RCPCH report, *Child Health in 2030*, found that reported mental health problems in England are set to increase by 63% in 2030 if recent trends continue.²¹

3.6 Improving the mental health of children and young people has been a stated commitment of political and health decision-makers for a number of years, with welcome interventions introduced to promote wellbeing – most notably through schools-based support, as outlined in the 2017 Green Paper on children and young people's mental health – and those most recently outlined in the NHS Long Term Plan. The RCPCH has been particularly keen to ensure that measures to improve children and young people's mental health are better coordinated and bring together the relevant child health professionals and services, which the Green Paper on Prevention presents an opportunity to create.

¹⁹ NHS Digital. [Mental Health of Children and Young People in England](#), 2017.

²⁰ See Mental Health Foundation, [Fundamental facts about mental health](#), 2015

²¹ RCPCH, [Child health in 2030 in England: comparisons with other wealthy countries](#), October 2018

What interventions are required?

RCPCH recommends that:

- The Care Quality Commission's recommendation for piloting and evaluating a statutory 'local offer' for mental health is supported nationally, mirroring the local offer for special educational needs introduced by the Children and Families Act 2014.
- The Government promotes a whole systems approach to both the prevention of mental illness and the promotion of good wellbeing. This should include a commitment to providing training for all child health professionals to be confident in supporting children and young people that present with mental health problems in non-mental health settings, in order to better prevent and ameliorate mental health problems.
- The curriculum has a positive focus on wellbeing rather than focusing heavily on risks. Children and young people should feel uplifted and inspired about their emotional wellbeing as well as equipped to deal with challenges. Mental health education should not create anxiety amongst young people about the potential risks and dangers to their mental health. For example, mental health education about social media and the online world should equip young people with the skills and resilience to make the most of the online realm as well as warn them of the risks.
- Sex education should not be separate from education about mental wellbeing. Relationships and Sex Education should support individual resilience and positive virtues which can then underpin relationships. Consent, healthy attitudes to sex, learning to keep yourself safe from sexual exploitation, online grooming and sexually harmful behaviour can all impact on mental wellbeing, and these issues should be taught within this context.
- The National Mental Health survey is carried out every three years to identify the prevalence of mental health problems in young people and to aid the planning of health care services.
- Funding is made available to support a more ambitious roll out of the proposals identified in "Transforming Children and Young People's Mental Health Provision: a Green Paper" in order to support more children, including those who are outside mainstream education.

Adverse childhood experiences ("ACEs") and resilience

What is the problem?

3.7 Children of all ages must be protected from adverse childhood experiences and given support to develop the resilience to thrive. The DHSC's 2018 Prevention Vision notes the importance of helping families to take a "whole families approach" to child health, including supporting families to address parental conflict and acknowledging the wider health impacts of household problems including housing, debt and mental and physical health.

3.8 Experiences that typically fall under this term include verbal, physical and sexual abuse; physical and emotional neglect; parental separation; parental imprisonment; household mental illness; household domestic violence; and, household substance misuse, including use of drugs, excessive alcohol consumption, gambling and addiction. ACEs such as these are known to have detrimental implications on a child's physical health and mental wellbeing and

are associated with a higher risk of long-term negative health, social and educational outcomes.

3.9 There are limitations to the current evidence base on ACEs. We suggest shifting the focus of research away from whether adverse childhood experiences determine negative outcomes and toward their influence on the resilience of children and young people. This should include developing and testing interventions that support resilience and promote healthy childhood experiences. Individual resilience is known to be affected by temperament, self-esteem, emotional regulation, self-compassion, trauma appraisal and peer relationships (at home and school). Resilience is also related to familial support, neighbourhood cohesion and social capital. Therefore, there are structural barriers that must be addressed, such as poverty, unemployment and poor housing conditions. Future research should endeavour to explore how these resilience factors can both implicate or prevent the development of ACEs.

What interventions are required?

RCPCH recommends that:

- Research into early adversity, encompassing ACEs and resilience, is identified as a priority area for support and investment.
- Universal early years' public health services should be prioritised and supported, with targeted support for families experiencing poverty and at greatest risk of poor outcomes.
- The Department for Work and Pensions is further supported in rolling out their reducing parental conflict programme across all local authorities.
- All services that see and look after some of the most vulnerable children and young people (including those living with substance-dependent parents, migrants and young offenders) are supported to take a trauma-informed approach to working with these children.
- Government should introduce a minimum unit price for alcohol.

Tobacco control

What is the problem?

3.10 Smoking causes approximately 96,000 deaths in the UK each year and more than a quarter of all cancer deaths are related to smoking. All smoking mortalities are avoidable. Additionally, smoking can lead to other worsened health outcomes, including reduced lung function, higher risk of asthma, reduced exercise tolerance and impaired growth. Due to the addictive nature of nicotine, smoking can lead to life-long consequences to young people's health.

3.11 Most adult smokers have had their first cigarette or were addicted to nicotine by age 18 and 90% of lifetime smoking is initiated between the ages of 10 and 20 years-old in the UK. Furthermore, the duration of smoking and number cigarettes required to establish nicotine addiction is lower for adolescents than adults and addiction can be established more quickly in younger age groups.

3.12 The most effective methods of reducing smoking and passive smoke exposure amongst children and young people are policy measures that affect the whole population, and we

suggest shifting the focus away from the age of tobacco purchase and towards education campaigns that increase attempts to quit and discourage uptake.

What interventions are required?

RCPCH recommends that:

- Government should extend bans on smoking in public places and cars to include schools, sports fields, playgrounds and NHS premises.
- Public Health England should support Government measures through sustained public health campaigns about the dangers of second hand smoke.
- Funding for education campaigns promoting the harms of tobacco use should be prioritised, using targeted social and mass media campaigns to discourage uptake and promote and motivate quitting.
- Government should prohibit all forms of marketing of e-cigarettes for non-medicinal use.

Section 4: The world we live in

- 4.1 The issues that contribute to the state of child health are complex. Child health outcomes are the product of complex, inter-connected social, economic, personal and political factors. An individual child's health is inevitably influenced by the world and environment around them, not only by the quality of care they receive from the health system, but also by the services they are able to access and by their family's lifestyle.
- 4.2 Ensuring that the world our children and young people live in contributes to positive health outcomes must be a fundamental focus of the Green Paper on Prevention. The UK won't be able to give every child the healthy childhood they deserve until it takes clear action to address the societal problems and inequalities that disadvantage too many children in our country.
- 4.3 Where children live has a wide-ranging impact on their health. The condition, location and stability of their accommodation plays a significant role in causing, influencing or exacerbating diverse health conditions. For example, cold, damp and overcrowded housing exacerbates respiratory illness; lack of space and poor maintenance can be dangerous for children's health and physical safety; and, in a joint survey by RCPCH and the Child Poverty Action Group (CPAG), more than 80% of child health professionals stated that inability to keep warm at home contributes to ill-health among the children they treat.²²
- 4.4 As a College the RCPCH advocates a 'child health in all policies' approach to decision-making at national and local levels. We believe that such an approach would facilitate the natural adoption of policies that are inherently preventative of negative outcomes and experiences for children and young people. It is encouraging that the Government's 2018 Prevention Vision recognises the diverse determinants of public health and addresses diverse cross-government policy issues. Ensuring that the principle of health in all policies continues to be championed – and, more importantly, adopted – across national and local government bodies is imperative.

Key statistics

- There were 4.1 million children living in relative poverty in the UK in 2016-17.
- One in three children in the UK are growing up in areas with unsafe air pollution levels.
- 3.6 million children are thought to be affected by poor housing and a higher percentage of children live in overcrowded conditions than any other age group.

Social and health inequality

What is the problem?

- 4.5 The RCPCH State of Child Health two years on report²³ highlighted concern that no progress had been made towards reducing child poverty and inequality in the UK. Too many children and young people are growing up in families that are experiencing poverty and deprivation. The impacts of this are stark: children living in poverty are more likely to die before the age of

²² RCPCH and CPAG, [Poverty and child health: views from the frontline](#), May 2017

²³ RCPCH, [State of Child Health: Two years on](#), January 2019

one, become overweight, have tooth decay or die in an accident. Poverty lies at the root of many risk factors for poor child health and we will not be able to prevent these risk factors and poor outcomes from occurring until we can prevent the wider social problems that underly them.

4.6 Recommendations to increase support for the most vulnerable children, young people and families have been identified in sections above, for specific issues where they face particularly poor outcomes compared to their wealthier peers. However, the Prevention Green Paper can also encourage wider strategic-level action across government to identify where child poverty impacts health outcomes and prevent unintended consequences of other policy decisions.

What interventions are required?

RCPCH recommends that:

- Each government department should explicitly commit to a 'child health in all policies' approach and put appropriate measures in place to assess impacts of policies on child health and to develop policies that improve child health.
- The Government should publish information about the effects of its annual Budget Statement on child poverty and inequality, whether positive or negative.
- Government should place a moratorium on further public health funding cuts until a clear impact assessment of the effects of the most recent cuts is undertaken.

Air pollution

What is the problem?

4.7 The DHSC 2018 Prevention Vision rightly identifies air pollution as "one of the biggest environmental threats". Evidence suggests air pollution's impact on children's health can be profound: exposure of pregnant women to air pollution is linked with higher risk of premature birth, low birth weight, adverse respiratory outcomes and adverse neurological development. Toxic air can stunt growth of children's lungs, heighten the risk of developing asthma, and make children more prone to coughs, wheezes and lung infections. Children living in highly polluted areas are four times more likely to have reduced lung function in adulthood.

4.8 Pregnancy and early childhood are critical times for the formation and maturation of all the important body systems; there is no other time in life during which such rapid changes take place. This means that factors that can adversely influence on human development, including air pollution, can have a far greater influence during this period than at other times. Although the Government's Clean Air Strategy identifies that "Effects [of air pollution] are amplified in vulnerable groups including young children", it does not outline targeted measures to protect children and young people specifically from exposure.

What interventions are required?

RCPCH recommends that:

- Children must be prioritised within a cross-government action plan on air quality.
- The Government, employers and schools must encourage and facilitate better use of public transport and active travel options like walking, cycling or scooting to school.
- Further research into the impact of air pollution on children must be supported to ensure that evidence for its detrimental impacts on young people is as strong as it is for adults.

Child Safety and Accident Prevention

What is the problem?

4.9 The risk factors and causes behind the UK's childhood mortality rate vary for different age groups and the risk of mortality remains a considerable concern in England. In older age groups, frequent reasons for mortality are transport accidents, suicide and self-harm, which collectively account for around half of the mortality rate for 15 to 19 year olds in England and Wales.²⁴ Young people's mental health has already been covered above, however measures that ensure continued decline in accidents amongst young people should be encouraged within national prevention strategies.

What interventions are required?

RCPCH recommends that:

- Government should fund local authorities to deliver health visiting services and home safety equipment schemes which educate and equip parents and carers to keep their children safe, with a focus on water safety, blind cord safety and safe sleeping.
- Government should introduce graduated driving licences in Great Britain for novice drivers.
- Local authorities should introduce 20mph speed limits in built-up areas to create safer environments for children to walk, cycle and play.

²⁴ ONS, [Avoidable mortality in children and young people \(aged 0-19 years\) in the UK: 2016, 2018](#)

Section 5: Enablers to delivering positive outcomes

Key statistics

- King's Fund projections state that councils will spend £2.52 billion on public health services in 2017/18, compared to £2.60 billion the previous year.
- Estimates highlight a 5% deduction in public health spending from 2013/14.
- Around 25% of all patients seen by General Practitioners are children and young people but less than a third have completed paediatric or child health training.

What is the problem?

5.1 The NHS Long Term Plan sets out a powerful vision for the future for child health, not least in committing to a specific Children and Young People's Transformation Programme and a move towards a '0-25 years' service. Meanwhile, major steps forward have been taken through the Childhood Obesity Plan, the Clean Air Strategy, the development of a Workforce Implementation Plan, the development of statutory Health and Relationships and Sex Education, the Tobacco Control Plan and efforts on young people's mental health.

5.2 However, whilst these separate programmes represent major progress in terms of highlighting child health issues and prioritising national and local responses to them, there is a pressing need both to deliver the measures contained within each and to ensure action is coordinated. Prevention is a common thread through many of these programmes and there is a real opportunity through the Green Paper on Prevention to deliver the strategic oversight and leadership needed to join each strand of work up effectively.

What interventions are required?

RCPCH recommends focus in the following three areas in order to enable delivery of the Prevention Green Paper:

A Children and Young People's Health Strategy

5.3 The RCPCH has long called for a Children and Young People's Health Strategy to be developed and delivered across government. We firmly believe that only a cross-government strategy, which identifies and addresses the full range of child health issues in a coordinated way, will ensure child health outcomes and inequalities in the UK are truly transformed. The Green Paper on Prevention should consider how it will ensure the coordination of the prevention elements of the full spectrum of ongoing government activity, up to and including the merits of a distinct Children and Young People's Health Strategy.

5.4 The recently published NHS Long Term Plan places a real priority on both prevention and child health. The Green Paper on Prevention will need to demonstrate clarity around how its proposals will interact with those contained within NHS England's Long Term Plan.

Strengthening primary care

- 5.5 The Green Paper on Prevention should consider further steps to supplement the NHS Long Term Plan's priority on prevention through the structures and processes of the health service. For example, despite around 25% of patients seen by General Practitioners being children and young people, GPs are not required to undertake specific training on child health. This can significantly impact a child's experience of care and can lead to delays in recognising, treating and managing certain conditions.
- 5.6 An additional year of General Practice (GP) training would be a significant reform, and could bring major benefits to identifying and preventing child health problems before they escalate. By funding an additional year that specifically includes paediatric and child health training for all GP trainees, as proposed in the RCGP curriculum submission in 2016, the Government could indicate a real commitment to prevention, primary care and children and young people.

Increased public health funding

- 5.7 It is well known that public health funding and crucial prevention-based services have been severely strained following a number of years of cuts in the face of growing demand for support. Lack of funding and investment to local authorities and health services have led to cuts within children's services and children's centres across the UK. Health visitors and school nurses have been subject to reduced funding allocation at a time when voluntary services are increasingly stretched. Funding has shifted from early intervention to late interventions, in direct contradiction to the evidence on effectiveness and cost-effectiveness.
- 5.8 Despite intentions to shift UK healthcare - and particularly child health care - towards a prevention-based model, efforts are jeopardised by the uncertainty and reductions of investment in public health. The Green Paper on Prevention must champion public health as an area in desperate need of investment and must work in tandem with the Spending Review to secure the funds necessary to improve child health outcomes. As part of this, the Government should consider the role that allied and other professionals can play in supporting the delivery of public health advice to children, young people and their families and consider providing resources and training for them to give this advice - including pharmacists, youth and social workers, teachers and parents.

About RCPCH

RCPCH is the membership body for paediatricians, representing more than 19,000 child health professionals in the UK and abroad. We are responsible for the training, examinations and professional standards of paediatricians across the country, and we use our research and experience to develop recommendations to promote better child health outcomes and to ensure that children are at the heart of the health service. The RCPCH's due diligence policy is available [online](#) in respect of its corporate relationships.

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