Department of Health and Social Care: Advancing our health: prevention in the 2020s (Prevention Green Paper)

Response submitted by the Royal College of Paediatrics and Child Health

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From life span to health span

Q: Which health and social care policies should be reviewed to improve the health of: people living in poorer communities, or excluded groups?

The impacts of child poverty are being felt on the frontline. We want to see a 'health in all policies' approach to decision-making and policy development at national and local levels, with the Treasury disclosing information about the impact of the Chancellor's annual budget statement on child poverty and inequality. 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. We also want to see the reversal of public health cuts to ensure universal early years services, including health visiting and school nursing, are prioritised and supported financially, with additional targeted help for children and families experiencing poverty.

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. 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. RCPCH's Child Health in England 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. Young maternal age (less than 20 years of age) is a risk factor for infant mortality in particular.

For this reason, we suggest that the Healthy Start welfare scheme should be reviewed with a view to expansion to offer more vulnerable children and families a better start in life. Despite the importance of the Healthy Start scheme in offering vouchers to young pregnant women and families with a low income to spend on key provisions such as milk, fruit and vegetables, the value of the food voucher has not changed since 2009. This is despite considerable inflation in this time. At the same time, eligibility for the scheme has rapidly declined and the application process is inconsistent and hard to access.

We also recommend:

- Development of a programme for children and families who need targeted support in the early years of life. The Flying Start Programme in Wales is a good model.
- All women should have access to tailored smoking cessation services during pregnancy, with target support available for areas of greatest deprivation and young mothers. All maternity services should implement the NICE Guidance 'Smoking: Stopping in pregnancy and after childbirth' in full.
- The Department for Work and Pensions reducing parental conflict programme should be further rolled out across all local authorities.
- Bans on smoking should be extended to include schools, sports fields, playgrounds and NHS premises to better protect children and young people.
- The dental check by 1 programme should be expanded, with targeted access for vulnerable groups.

- All services that have contact with vulnerable children and young people should ensure they are mindful of previous trauma and adverse experiences in their policy design and practice.
- The government should re-institute binding targets on child poverty reduction, since income inequality is one of the features most potently associated with poor health outcomes in low income families.

Intelligent health checks

(Not answered – older adult focus) Do you have any ideas for how the NHS Health Checks programme could be improved?

Supporting smokers to quit

Q: What ideas should the government consider to raise funds for helping people stop smoking?

Smoking in pregnancy is a leading cause of poor birth outcomes, including stillbirth and neonatal death, and seriously harms the health of both mothers and babies. We welcome the Government's ambition to reduce smoking at time of delivery (SATOD) to 6% or less by 2022. However, this 6% ambition will not be met without targeted activity to support women facing the most barriers to quitting.

RCPCH supports the use of incentive schemes designed to support women to quit during pregnancy. This should include a national incentive scheme targeting women in high prevalence communities. The latest Cochrane review of the evidence on use of financial incentives for smoking cessation found that incentives increased rates of quitting for six months or longer by approximately 50% compared to no incentives. It also confirmed that incentives are an effective way of supporting pregnant women to quit smoking during pregnancy and remain quit post-partum (more than twice as likely). A 2013 Cochrane review concluded that incentive schemes give a return on investment of £4 for every £1 invested and offer significant cost-saving potential for maternity systems.

An estimated 20-25% of all babies admitted to neonatal units are admitted primarily as a result of smoking in pregnancy – and the cost of care for each of these babies can be up to £12,000 per child in the short term. We suggest that this activity should be funded through a polluter pays approach, requiring the tobacco industry to contribute to the funding of broader smoking cessation measures through re-investment of revenue raised through taxation. Given the cost-saving and return on investment, we also suggest the UK Government contribute to any shortfall in delivering a national incentive scheme as a core investment in the public's health and part of their smoke free ambition.

We also call for any revenue from stop smoking schemes to be ring-fenced to support further smoking cessation activity. Crucially, it should not be absorbed to fund other areas of activity where there is a shortfall.

The Smoking in Pregnancy Challenge Group has produced a detailed briefing on incentives for smoking cessation in pregnancy, which evaluates a number of schemes across the UK using incentives of different types and value. We suggest that Government consider this in full. Reference: http://smokefreeaction.org.uk/smokefree-nhs/smoking-in-pregnancy-challenge-group/smoking-in-pregnancy-challenge-group-resources/incentive-schemes/

The green paper notes use of e-cigarettes as part of the programme for achieving their smoke-free ambition. It also notes the ongoing work to keep the evidence on e-cigarettes under review. This review should include monitoring of vaping uptake in children and young people, capturing whether those starting to use e-cigarettes are existing smokers or not, as well as tracking the health effects of e-cigarette use over time.

Eating a healthy diet

Q: How can we do more to support mothers to breastfeed?

The UK has one of the lowest rates of breastfeeding in Europe. We strongly support national policies, practices and legislation that are conducive to breastfeeding, as well as promotion, advice and support to new mothers. Mothers should be supported to breastfeed their healthy term infant exclusively for up to 6 months, and continue for as long as they wish, alongside the introduction of solid foods from 6 months.

Increase initiation and continuation of breastfeeding: We welcome the commitment in the NHS Long Term Plan that all maternity services that do not deliver an accredited, evidence-based infant feeding programme, such as the UNICEF Baby Friendly Initiative, will begin the accreditation process in 2019-20. We call on the Government to support this further by developing a national strategy to increase initiation and continuation of breastfeeding.

Data: We welcome the commitment in the green paper to commission an infant feeding survey. UK and devolved Governments should all ensure that reliable, comparable infant feeding data are recorded across the UK, to measure breastfeeding initiation, at 6-8 weeks, and at suitable intervals up until 12 months of age, with data analysed centrally to ensure that local, regional and national comparisons and monitoring of trends are conducted using consistent, comparable methods.

We also call on:

- Local authorities to ensure the preservation of universal midwifery services.
- UK Government to commit to adequate resourcing to preserve universal health visiting services.
- Government 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 affected 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.
- The National Institute for Health Research to commission research to improve the evidence-base for several aspects of breastfeeding, including optimal duration/exclusivity for different groups of infants, approaches to encourage initiation and continuation, the long-term health effects for mother and baby, differences in infant outcomes between breastfeeding and feeding expressed breast milk, and methods to promote a supportive societal culture.

Health visiting and maternity services are vital for mothers and children during the first years of life to provide necessary support and guidance. 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.

We therefore also recommend 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. Locally integrated and evidence-based holistic parenting and healthy eating programmes such as 'HENRY' should be commissioned routinely in local areas.

For more information on our response to this question please see the dedicated RCPCH position statement on breastfeeding.
https://www.rcpch.ac.uk/resources/breastfeeding-uk-position-statement

Q: How can we better support families with children aged 0 to 5 years to eat well?

We are supportive of the Government's plans to challenge the food industry to improve the nutritional content of commercially available baby food and drinks. The programme should set ambitious targets for reformulation and should report every year. Guidance should instruct brands to reformulate their existing products, rather than creating new reformulated products to expand and confuse the market.

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.

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 carries) and in later life (including overweight and type 2 diabetes). The Scientific Advisory Committee on Nutrition (SACN) recommend 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 age group is 11.3%: more than double the recommended amount.

Infants should not be given sugar-containing drinks and where possible, sugar should be consumed in a natural form through human 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 aversion to new foods, especially to sour foods and vegetables.

We recommend 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 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.

Support for individuals to achieve and maintain a healthier weight
Q: How else can we help people reach and stay at a healthier weight?

Overweight and obese children are much more likely to become overweight or obese adults, causing significant health risks as well as low self-esteem and body image. 22.4% of children were either overweight or obese when they started primary school in 2017/18, rising to 34.3% of primary school leavers being overweight or obese. This highlights how early prevention of childhood obesity is essential to ensure more people are a healthy weight throughout life.

The causes of obesity in childhood are multifaceted, with contributions from multiple aspects of environmental change (leading to the so-called 'obesogenic' modern environment) together with genetic and likely epigenetic factors. There is therefore no single intervention or policy approach that can be implemented to deal with the issue.

Effective prevention and weight management services need sustainable funding to enable local authorities to have the resources needed to address obesity in their area. We welcome the real terms increase to the Public Health Grant budget in the September 2019 Spending Round, which will ensure local authorities can continue to provide prevention and public health interventions. This is a positive step in the right direction, although further detail is needed on what it entails, and we want to see ongoing sustainable funding for public health services in next year's longer-term spending review.

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 transformative measures that are currently subject to consultation must be put into practice.

We therefore want to see the policies announced in Chapters 1, 2 and 3 of the childhood obesity plan implemented in full, including:
- A comprehensive 9pm watershed on HFSS adverts on TV and online with no exemptions.
- Comprehensive measures introduced to restrict multi-buy and location-based promotions of HFSS food and drinks in the retail and out of home sectors.
- Mandatory calorie labelling in the out of home sector with no exemptions.
- A thorough review of front of pack labelling.

We also recommend 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.

- The Government commits to continue the National Child Measurement Programme and continue with valuable data collection at reception and year 6.
- 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 updated and extended to all free schools and academies, and to early years settings, with compliance monitored through Ofsted inspections.
- All healthcare 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.

As a member of the Obesity Health Alliance, we also support the following:

- Update the soft drinks industry levy to include dairy drinks, lower the threshold and raise the rate to incentivise further reformulation.
- Set a clear timeline for sanctions for non-compliance with the current sugar and calorie reduction programmes including fines and inclusion of categories into an industry levy.
- Ensure that all food served, sold and promoted to patients, staff and visitors in hospitals and other NHS premises promotes a healthy balanced diet in line with the Eatwell Guide (or tailored to a patients' dietary needs).

Staying active

(not answered – older adult focus) Have you got examples or ideas that would help people to do more strength and balance exercises?

(not answered – older adult focus) Can you give any examples of any local schemes that help people to do more strength and balance exercises?

Taking care of our mental health

Q: There are many factors affecting people's mental health. How can we support the things that are good for mental health and prevent the things that are bad for mental health?

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. Additionally, half of adult mental health problems start before the age of 14, and 75% start before the age of 24. The RCPCH report, Child Health in England in 2030, reported that the prevalence of mental ill health is set to increase by 63% in 2030 if recent trends continue.

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.

It is acknowledged across the paper that a number of factors such as poverty, housing and support networks impact mental health. However, there are very few tangible actions confirmed in the paper to address this. Given that mental health problems are caused by a variety of factors, we call on the Government to lead on a cross-department

governmental plan with a focus on preventing mental health problems occurring or developing.

We also recommend 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 should be carried out every three years to identify the prevalence of mental health problems in young people and to aid the planning of healthcare services.
- Funding should be 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.

Q: Have you got examples or ideas about using technology to prevent mental ill-health, and promote good mental health and wellbeing?

Children and young people are digital natives, growing up surrounded by digital information and entertainment on screens. Given that half of adult mental health problems start before the age of 14, and 75% start before the age of 24, we recommend that the Government prioritise commissioning of research into how technology can be used to support prevention of mental ill-health in children and young people. It is important that any use of technology is evidence-based and evaluated before its introduction.

Sleep

Q: We recognise that sleep deprivation (not getting enough sleep) is bad for your health in several ways. What would help people get 7 to 9 hours of sleep a night?

We welcome the recognition of the important link between sleep and health. In particular, increased awareness-raising for parents and children that poor mental health and bad sleep are related would mean more people addressing problems early.

Sleep is crucial for children's development. It allows their body and brain to recuperate after a day full of learning and socialising. It is important to focus on children getting sufficient sleep for their development stage, rather than focusing on a specific number of

hours. Depending how old a child is, they should be getting between 11.5 and nine hours sleep every night. However we also note that young infants can't be expected to sleep for continuous lengthy periods. The Government should ensure that parents understand normal infant sleeping patterns and are able to access advice and support for coping with lack of sleep by funding a universal health visiting service.

Having a routine and creating the right environment for sleep, such as ensuring a child's bedroom is dark, quiet and cool, will help them get those valuable hours. Children and young people are digital natives, growing up with technology and screens as a fully integrated part of their daily life. While the evidence for the impact of screens on sleep is limited, we recommend that screens are avoided for an hour before bedtime in favour of relaxing activities.

For those that struggle with sleep, we recommend that the provision of help with sleep is expanded nationally to create a network of multi-disciplinary sleep clinics at both secondary and tertiary levels to supplement the contribution of universal services. For example, the 'sleep tight' training for family support workers, provided by the Children's Sleep Charity, was independently evaluated and found to add 2.5 hours a night to children's sleep. Sheffield Children's Hospital's sleep clinic has seen an increase of 2.4 hours of sleep for children attending.

Prevention in the NHS

Q: Have you got examples or ideas for services or advice that could be delivered by community pharmacies to promote health?

Pharmacists are in an ideal position to use the 'making every contact count' approach to integrate health promotion messages and signpost to other services. This includes messages around oral health, infant feeding and vaccinations. The curriculum for pharmacists should be updated and developed in conjunction with nursing and medical colleagues to ensure information is sufficient for this role.

Pharmacy staff should have sufficient knowledge of infant feeding and training to be able to offer advice to mothers on breastfeeding and safe and appropriate formula feeding, for example using the Unicef infant feeding learning outcomes for pharmacy students. They also play an important role in signposting to local community and peer support groups for infant feeding.

Pharmacists should also be confident in using the 'Delivering Better Oral Health' toolkit for children, published by Public Health England, to provide oral health messages on an opportunistic basis. This should include raising greater awareness of 'Dental Check by 1' - all children in the UK should receive their first check up as soon as their first teeth come through, and by their first birthday.

Children's oral health

Q: What should the role of water companies be in water fluoridation schemes?

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. 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. Tooth decay is almost entirely preventable, yet it remains the most common single reason that children aged five to nine require admission to hospital.

It is welcome to see fluoridation of public water supplies considered here as an effective public health measure, particularly in areas where there is a high prevalence of tooth

decay. Cost/benefit evidence suggests that the economic benefit of community water fluoridation (CWF) schemes (in terms of health and dental care cost savings) exceeds the cost of the intervention. Therefore to significantly reduce tooth decay and oral health inequalities, Government should support development of new CWF schemes, particularly in areas with high levels of dental carries, as well as ensuring existing schemes continue.

Water companies should work in partnership with commissioners and regulators to ensure delivery of water fluoridation. Knowledge from existing schemes should be shared nationally to support new schemes to be introduced in a cost-effective and efficient manner. Public Health England and the Drinking Water Inspectorate should play a role in ensuring schemes work properly.

Musculoskeletal conditions

(not answered – older adult focus) What would you like to see included in a call for evidence on musculoskeletal (MSK) health?

Creating healthy spaces

Q: What could the government do to help people live more healthily:

In homes and neighbourhoods;

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. To improve this, we recommend the reversal of cuts to universal credit, which leave the majority of families claiming this benefit worse off.

We support recommendations for children and young people outlined by the Royal Society for the Prevention of Accidents within their national strategy for accident prevention in England. We also support Public Health England's recommendation to implement home safety inspections particularly for families living in deprived areas or social housing, combining assessment, advice and provision of safety equipment.

We also recommend that:

- The Department for Work and Pensions should be further supported in rolling out their reducing parental conflict programme across all local authorities.
- Government should extend bans on smoking in public places and cars to include schools, sports fields, playgrounds and NHS premises.

When going somewhere;

Air quality

Poor outdoor air quality is a major issue in the UK. Air pollution is linked to a variety of health conditions and contributes to a large number of deaths every year. It is also linked to climate change, which itself poses wide-ranging threats to health and wellbeing. We strongly support national policies, practices and legislation that aim to improve outdoor air quality and advocate for sharing information and supporting the public to act.

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.

Our recommendations:

- 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.
- The RCPCH supports the expansion of clean air zones in towns and cities and expanding the infrastructure to support active travel, travel by public transport and electric vehicles. It supports giving local authorities the power to close or divert roads when air pollution exceeds set limits.

Accident prevention

Road traffic injuries are a leading cause of death in young people in the UK. Globally, young people are the most likely age-group to be involved in transport accidents. The rate of fatal or serious injuries for drivers or passengers aged 17-19 years old in 2017 was 38 per 100,000 population – a rise from 33 per 100,000 in 2016. Young males are more likely to be involved in road traffic accidents than females.

Our recommendations:

- We recommend that the RoSPA 'A National Accident Prevention Strategy for England' published in 2018 is implemented in full.
- 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.

In workplaces;

Good prevention starts before birth. All women should be supported to live healthy, active lives during pre-conception and pregnancy. Workplaces should ensure they are signposting links to support services for parents and supporting arrangements for shared parental leave. In particular 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, should be expanded and included in workplace settings. We would also recommend that all workplaces should support women to continue with breastfeeding after returning to work.

In communities

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. There has been little change in the proportion of children living in poverty in recent years. A total of 1 in 5 (4.1 million) children now live in poverty in the UK, a rise of over 500,000 since 2011/12. After accounting for housing costs, the percentage of total children in the UK living in relative poverty rises from 19% to 30%. We urge Government to restore public health funding budgets urgently in order to reverse these trends. At the very least, Government should reverse public health funding cuts until a clear impact assessment of the effects of the most recent cuts is undertaken. The Government should also publish information about the effects of its annual Budget Statement on child poverty and inequality, whether positive or negative.

To improve community support for new and young families, the Government should provide all Local Authorities with ring-fenced funding to establish, re-establish or support the development of universal Children's Centres. These should focus on areas of deprivation, with Centres able to offer breastfeeding peer support, cooking classes and evidence-based family behaviour change parenting programmes. They should be aligned to the primary care networks announced in the NHS Long Term Plan.

We also recommend that:

- Government should introduce a minimum unit price for alcohol.
- 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.
- Government should enforce planning restrictions for new unhealthy/fast food outlets close to schools and settings where children learn and play.

Active ageing

(not answered – older adult focus) What is your priority for making England the best country in the world to grow old in, alongside the work of Public Health England and national partner organisations?

Prevention in wider policies

Q: What government policies (outside of health and social care) do you think have the biggest impact on people's mental and physical health? Please describe a top 3

Every government department should explicitly commit to a '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. This includes:

Poverty

The evidence linking poverty with ill-health is unequivocal. Birthweights in the most deprived areas are on average 200g lower than in the richest, and children in disadvantaged families are more likely to die suddenly in infancy, to suffer acute infections, and to experience mental ill-health. In 2017, we surveyed paediatricians about the impacts of poverty. More than two-thirds said that poverty and low income contribute 'very much' to ill-health among their patients, and almost half believe this has worsened in recent years. Their heart-breaking comments highlight how inadequate housing, homelessness, food insecurity, and the stress and stigma of poverty are affecting children's physical and mental health in a myriad of ways. We hope that this will stand as a call to action for anyone who cares about the health of a whole generation to do something about poverty and health inequalities.

Food, farming and environmental policy

These are fundamental to population health. Poor diet is the main cause of non-smoking related non-communicable disease. The current food system encourages consumption of ultra-processed food, allows marketing of unhealthy foods and does not ensure that a health-promoting, culturally appropriate diet is available for all at a price they can afford with the skills to cook and prepare that food. We hope the new National Food Strategy will address these factors alongside 'a right to food' for all within the current climate and nature emergency.

Policies that affect the social determinants of health e.g. housing

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.

Fiscal policies

Social and fiscal policy can heavily influence children's chances of growing up in poverty. For children experiencing poverty, preventative and health care services can reduce the potential negative health consequences.

Value for money

Q: How can we make better use of existing assets – across both the public and private sectors – to promote the prevention agenda? *(Existing assets could be buildings, community groups, businesses and other people living in the community.)*

The NHS and the child health workforce remains a crucial asset for preventing ill health in this country and it should be the priority of any Government to ensure that assets (including intellectual knowledge and experience as well as services, infrastructure and the work of previous generations) within the NHS are not sold off to private ownership.

The Government should commit to a specific target for reducing health 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.

Some of the most effective interventions have been peer-led. For example, young people who have spoken to the RCPCH have highlighted the need to bring discussions about alcohol and drugs into the classroom and have also highlighted that they are more likely to acknowledge the negative impacts of alcohol and drug use through peer-led learning.

Local action

Q: What more can we do to help local authorities and NHS bodies work well together?

Despite intentions to shift UK healthcare – and particularly child healthcare – towards a prevention-based model, efforts are jeopardised by the uncertainty and reductions of investment in public health. The Government 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 NHS should work with local authorities to consider the role that allied health 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. Health visitors, who since 2015 have been commissioned by local authorities, are also essential to delivering many of the children's commitments in the NHS Long Term Plan. A joint NHS/local authority commissioning model for some public health services would act as an enabler for integrated working. The move towards Integrated Care Systems provides a good opportunity for greater local integration, knowledge sharing and financial flexibility.

Frequently, joint work between NHS bodies and other local agencies is hampered by a combination of multiple different IT systems, and stringent application of Information Governance regulations. Often this means that there is no practical way for vital information, for instance to safeguard children, to pass between agencies electronically. We call on the Government to urgently review the effectiveness of information sharing between agencies and survey the experience of front-line workers and families regarding information sharing, with a view to reforming the system and putting families in the driving seat.

Sexual and reproductive health

Q: What are the top 3 things you'd like to see covered in a future strategy on sexual and reproductive health?

1. Education: for young people, modern and inclusive sex and relationship curriculum in schools is essential. We welcome the commitment in 2020 for statutory revised RSE - the Government must make the most of this opportunity. A lack of knowledge on safe, consensual sex and relationships can lead to increased stress and anxiety, adversely affecting mental health. Modern and inclusive sex and relationships curriculum in schools can play a vital role in supporting young people.

2. Services: teenage conception rates remain high amongst young women (aged 15-17) in the most deprived areas. Services should strengthen targeted measures for young people at increased risk of poor sexual and reproductive health, including implementation and continued evaluation of contraception schemes in response to local need. Sexual health services should also take a holistic approach, covering emotional sexual health as well as physical. Many issues for young people go beyond physical problems, and the Government should make sure that the workforce are well-informed to identify sex and relationship problems that are adversely affecting mental health.

3. Guidelines: any strategy should strengthen implementation of NICE guidance 'Contraceptive services for under 25s'. It should also include guidance on modernising sexual relationships in the media to reflect the diversity of relationships in the UK. Pornography and urban myths play far too great a role in young people's sexual education, due to a lack of good educational material in schools and in the media. This can be changed with active Government policy.

Next steps

Q: What other areas (in addition to those set out in this green paper) would you like future government policy on prevention to cover?

We join other organisations across the children's sector in making the following suggestions:

Preventing ill health must be a cross-government responsibility

- A cross-government strategy, led by the Treasury or Cabinet Office, will be necessary to hold departments to account and ensure prevention is built into all departmental policies.
- In order to achieve a deliver a truly preventative approach to health, there must be a cross-government focus on improving the social conditions in which people are born, grow, live, work and age.

Public services must be given the resources to rebalance the system towards prevention

- The capacity of public services to work in a preventative way has been dramatically reduced by austerity and public health funding cuts.
- Where there has been additional funding, this has often been made available through discrete funding streams, administered by different departments, and with varying timescales and criteria. This makes long-term planning, and integrated preventative work, extremely difficult.
- Joined up funding streams and an uplift on all public spending, with a particular focus on the public health grant, local authority children's services and the benefits system, is needed to rebalance the system towards prevention.

Prevention should be at the centre of workforce planning

- A children's workforce strategy would support the development of a well-qualified workforce with the appropriate knowledge, skills and experience to work in a preventive way.
- Children's health workforce mapping and modelling should be joined-up across the NHS and public health workforce to put the child's journey and care at the centre.

- Prevention should be identified as a priority in NHS local area implementation plans and the refresh of the Healthy Child Programme, with appropriate funding allocated to these areas.

Data and evidence

- In order to maximise the benefits to children and families, departments need to ensure that services don't work in silos and join up data between services to better understand and address needs.
- An oversight review is needed to establish what data is collected on children in different places and identify what the gaps are. The health index should prioritise the health of children, given they are the future.
- Evaluation of impact and evidence-based decision making should be prioritised to ensure longevity of policies implemented between different governments.

Predicative prevention vs population health

- There should be a more careful consideration of whether to focus on genetic and predictive prevention given that it is not always the most useful or accurate.
- In order to maximise effectiveness there should be a greater focus on population health and synergy with the work on this in NHS Long Term Plan.

About the RCPCH

The College is a UK organisation which comprises over 18,000 members who live in the UK, Ireland and abroad and plays a major role in postgraduate medical education, as well as professional standards.

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