Policy response for Wales to the State of Child Health report 2017

RCPCH Wales team
On 26 January 2017, we launched the Wales Response and Recommendations to the UK-wide State of Child Health report. The ground breaking State of Child Health report draws together a range of data across 25 key indicators of child physical and mental health creating a snapshot of infant, children and young people’s health.
Introduction

The Welsh Government has done much in recent years to improve child health. We welcome innovative new policies such as the Healthy Child Wales programme, ongoing action to reduce smoking rates and much needed increases in funding for Child and Adolescent Mental Health Services.

These are big and important steps in the right direction, but it isn’t enough. The UK’s child health outcomes lag behind the rest of Western Europe. We face particular challenges in Wales, with worrying figures on the mental health and wellbeing of children and young people, over a quarter of children overweight or obese and strong and ongoing associations between socioeconomic inequalities and poor health outcomes, most devastatingly in terms of child deaths.

The Welsh Government’s commitment to tackling inequality is welcome but recent news that the target of ending child poverty in Wales by 2020 cannot be met should worry us all. We have set out the ambitious, cohesive and robust action that is needed to secure better health outcomes for all children and young people. We must show real leadership to prevent illness from the very start of life and promote good health and well-being across the whole of society. If we don’t, we will fail a whole generation in Wales.

Dr Mair Parry
RCPCH Officer for Wales

1. Implement a strategic set of actions to improve children’s health in Wales
To ensure the health of infants, children and young people in the UK matches the best in Europe, coordinated government action across several Welsh departments is required.

The Healthy Child Wales Programme will help ensure every child aged 0-7 receives a consistent range of services and could form the basis of a strategy for the whole of childhood that seeks to reduce child deaths, increase the visibility of infants, children and young people in the debates about services that affect their wellbeing and ensure that Wales has the workforce to meet their needs. These responsibilities are held over several Welsh Government directorates, not just the directorate for Health and Social Services and NHS Wales.

Achieving the best child health outcomes has to be a priority across government.

**Recommendations**

- The Welsh Government should develop an evidence-based child health and wellbeing strategy covering the whole of childhood. The strategy should include a clear accountability framework setting out responsibilities for professionals, the public and civil society as well as details about resources and funding to implement it.
- The Welsh Government should adopt a ‘child health in all policies’ approach to decision making, policy development and service design. This is based on the recognition that challenges facing child health are highly complex and often linked through the social determinants of health. No single government sector will have all the tools, knowledge, capacity or the budget to address this complexity alone.

**2. Reduce the number of child deaths**

Wales has a robust child death review system and this is vital in informing the policy changes that are required in order to prevent avoidable deaths. Each year an average of 210 infants, children and young people die in Wales. The majority of these deaths occur in infants under one year of age.

Across Great Britain young drivers make up 2% of licence holders but are involved in 12% of accidents, and half of deaths of 12 to 18 year olds are due to external factors such as accidents, suicide and assault. A number of these deaths are preventable by changes in policy. Additionally, the impact of poverty on child mortality rates in Wales is stark: children from the most deprived fifth of the population have a rate of child death 70% higher than those in the least deprived fifth.

The reasons why children die are complex and will require a range of interventions and policy solutions to reduce avoidable mortality.

**Recommendations**

- The Welsh Government should call on the UK Government to implement graduated licensing schemes for novice drivers.
- The Healthy Child Wales Programme should ensure local authorities and health boards prioritise children’s safety, and through utilising resources such as health visitors and home safety equipment schemes, educate and equip parents and carers to keep their
children safe, with a focus on water safety, blind cord safety and safe sleeping.

3. Develop integrated health and care statistics

This report makes repeated calls for new methods, more frequent and more consistent data capture so that data are available and comparable across the UK.

In Wales, the Pregnancy and Childhood Surveillance Tool provides a good foundation for ensuring the availability of data. However, there are some significant gaps in what is captured.

For instance, the Child Measuring Programme includes four to five year olds, but it does not measure 10.5 -11.5 year olds, creating a barrier to reducing childhood obesity. Measures of child poverty and children in need do not cover the whole of childhood.

Additionally, across the UK there is a lack of data relating to children and young people’s mental health (both those who come into contact with CAMHS and the 23% who do not meet the threshold for services), children with disabilities and the social determinants of health. This must change as this data will provide an essential evidence base to inform the use of resources in the medium and long term.

Recommendations

- The Welsh Government should work with its counterparts in England, Northern Ireland and Scotland to identify gaps in data collection and ensure existing sources are comparable with other UK nations.
- The Welsh Government should ensure data systems across all age groups in health, social care, youth justice and education are connected.
- The Welsh Government should fund a longitudinal study to track outcomes of infants, children and young people growing up in Wales to create data that will directly inform policy and services.

4. Develop research capacity to drive improvements in children’s health

There is a need to support the sustained expansion of applied research into many conditions that affect infants, children and young people. In order to improve health outcomes there needs to be advancements in scientific knowledge, more development and evaluation of practice and greater understanding of the factors that influence behaviour.

The Healthwise Wales social research project will undoubtedly provide vital evidence to support policy and service decisions in the future and the existing generation of infants, children and young people living in Wales will benefit from this as they grow up. However, the study does not allow under 16s to respond and we call on the Welsh Government to ensure that the voices of infants, children and young people directly shape the services designed to serve them.

Recommendations
• The Welsh Government should encourage increased investment in research relating to child health across the pharmaceutical, medical, social sciences, youth justice and education domains.
• Health Education Wales and Health Boards should ensure protected time for clinicians to contribute to and support child health research.
• Higher educational institutions should ensure that faculty structures and career opportunities support careers and capacity development in child health research.
• The Welsh Government should extend the Healthwise population survey to take responses directly from under 16s.

5. Reduce child poverty and inequality

The 2015-16 report of the Chief Medical Officer for Wales stated that infants, children and young people living in the most deprived areas of Wales have not benefited as greatly from the improvements in health of the last two decades, compared to those living in the least deprived areas. An estimated 200,000 Welsh children live in poverty and are more likely to experience negative health outcomes due to maternal smoking during pregnancy, low birth weight and poor diet, as well as undertaking greater risky/experimental behaviours themselves such as drinking, drug use and smoking.

Top line methods for tackling inequalities such as taxation, benefits, welfare and social security are not within the Welsh Government’s control, but there are several things that can be done to improve the situation. In 2014-15 37,260 children were involved in the Flying Start project, and they and their families received free quality childcare, enhanced health visiting services, access to parenting programmes and appropriate language and play groups. This is a large increase on three years ago but this is still a fraction of the children in Wales living in poverty and most are not receiving this support.

Recommendations

• The Welsh Government should continue to extend the Flying Start project so all children living in poverty have access to the enhanced services and support it provides.
• NHS Wales and Public Health Wales should provide good quality, safe and effective prevention and care throughout the public health and healthcare services for children of all ages, with a particular focus on primary care in order to mediate the adverse health effects of poverty.

6. Maximise women’s health before, during and after pregnancy

Maternal health and wellbeing has a profound impact on the health of children. Being a healthy weight, breast feeding and stopping smoking all improve health outcomes for both mothers and infants. Mental health support is also vital. Maternal age is also associated with infant mortality, with children of very young mothers at higher risk.

Recommendations

• The Welsh Government should develop a national strategy on infant feeding.
• The Welsh Government should mandate that all maternity services achieve and maintain UNICEF UK Baby Friendly Initiative Accreditation by January 2019.
• The Welsh Government should set and monitor targets for increasing breastfeeding and reducing smoking in pregnancy and early childhood.
• Public Health Wales and Health Boards should provide local breastfeeding support that is planned and delivered to mothers in the form of evaluated, structured programmes.
• Public Health Wales should undertake a targeted awareness campaign promoting smoking cessation, breastfeeding, healthy weight in women of childbearing age and safe sleeping practices for babies.

7. Provide statutory comprehensive personal, social and health education, including sex and relationships education in all schools

There is good evidence that high quality personal, social and health education gives children and young people the knowledge and skills to make positive, healthy decisions. It is positive that the new curriculum for Wales, due to be available from September 2018, establishes health and wellbeing as one of the six Areas of Learning and Experience.

However, the opportunity to act sooner should not be missed and the Welsh Government must ensure effective health education is embedded within a whole-school approach for promoting the health and wellbeing of students, that translates into personal, social and health education as well as sex and relationships, delivered by experienced, credible, influential and relatable people as young people have told us repeatedly that this is what they need.

Recommendations

• The Welsh Government should take immediate steps to embed statutory and comprehensive personal, social and health education programmes (including sex and relationships education) across all primary and secondary schools. The new curriculum for Wales should use the Health and Wellbeing Area of Learning Experience to continue that approach.
• Estyn should inspect the provision of personal, social and health education programme within a robust framework.
• The Welsh Government should ensure that compulsory evidence based health and wellbeing programmes are embedded in all primary and secondary schools which foster social and emotional health and wellbeing, through building resilience, and specifically tackling issues around social inclusion, bullying, drug and alcohol use and mental health.

8. Strengthen tobacco and alcohol control

In Wales, 7% of fifteen year old boys and 9% of fifteen year old girls are regular smokers. Numbers have dropped but since 1998 but not to the levels of other European countries. The tobacco control legislation in the Public Health Bill (Wales) is a positive step that will reinforce voluntary bans in a number of public places. Tobacco control will reduce young people’s exposure to smoking and continue to de-normalise it, which is a vital part of
smoking prevention.

The number of teenagers who report drinking alcohol has fallen across the UK in the past decade, with Wales experiencing the greatest drop, but its rates of teenage drinking are still only average for Europe. Thirteen percent of fifteen year olds in Wales admit to drinking alcohol once a week and alcohol abuse remains a concern for young people in Wales. Young people between the ages of 15 and 17 years are more likely to binge drink (drinking multiple drinks in a row), which is linked with other health risk behaviours such as unprotected or regretted sexual activity, antisocial and criminal behaviour, and self-harm and thoughts of suicide.

The Scottish Government are leading the way in tackling alcohol abuse with the introduction of minimum unit pricing, and we would like to see the Welsh Government follow suit.

**Recommendations**

- The Welsh Government should pursue responsibility to implement minimum unit pricing on alcohol.
- The Welsh Government should pass the Public Health (Wales) Bill and extend bans on smoking in public places to school grounds, playgrounds and NHS grounds.
- Public Health Wales should undertake sustained public health campaigns about the dangers of second hand smoke.
- Public Health Wales should protect services that help pregnant women stop smoking and ensure they are accessible to all

9. Tackle childhood obesity effectively

Twenty seven percent of children in Wales start primary school obese. Data on obesity in older children is not collected in Wales and this must be rectified, but the picture from England suggests that this percentage increases as children get older, storing up problems for the future. This report illustrates the need for continued efforts by government and partners to reduce childhood obesity, starting with maternal health and wellbeing and continuing once children are born and grow into adulthood.

Children and young people who already are overweight or obese must be able to access the support and treatment they need to reduce their weight. There is no silver bullet for tackling childhood obesity, which is why we are calling for a comprehensive package of measures from the Welsh Government. Many of the key policy initiatives which will go furthest to reverse current trends (advertising bans and fiscal measures, for example) are the responsibility of Westminster Government, but we believe that there are some key areas where the Welsh Government can take action.

**Recommendations**

- The Welsh Government should develop and implement an evidenced-based childhood obesity strategy for tackling the current crisis and preventing further escalation.
- The Welsh Government should audit local authority licensing and catering arrangements with the intention of developing formal recommendations on reducing the proximity of fast food outlets to schools, colleges, leisure centres and other places where children gather.
Local authorities should carry out a public health impact assessment in all planning decisions and introduce 20 mph speed limits in built up areas, to create safe places for children to walk, cycle and play.

Public Health Wales should expand the Child Measurement Plan for Wales to measure children after birth, before school and in adolescence.

NHS Wales should ensure that all health care professionals can make every contact count by having difficult conversations with their patients (whatever their age) who are overweight or obese.

10. Maximise mental health and wellbeing throughout childhood

Welsh teenagers have among the poorest life satisfaction rates across the UK. Good mental health can be promoted throughout childhood and into later life and poor mental health substantially affects life chances. Early identification and intervention are essential in ensuring that young people can achieve their potential. All professionals working with children should be signposted to educational resources such as MindEd, a government funded e-portal which offers free, simple guidance on children and young people’s mental health, wellbeing and development.

Recommendations

- Professional bodies representing all those working with infants, children and young people in health, social care, education, criminal justice, and community settings should equip their members with the necessary tools to identify mental health issues through the promotion of resources such as MindEd portal.

11. Tailor the health system to meet the needs of children, young people, their parents and carers

Interventions for all children throughout their life course, and particularly the vulnerable and hard to reach groups, require a joined-up approach by health services and other agencies where necessary. For example, children and young people with long term or complex conditions often need care from a variety of health professionals and navigating that system can be daunting and confusing.

Integration of care services can prevent duplication and waste as well as making the system more user friendly for children, young people and their families. Education also plays a key role, by giving children and young people and their families the information they need to manage their condition, reducing the stigma associated with long term conditions and by ensuring schools meet their legal obligations to provide support.

Recommendations

- The Welsh Government should introduce a children and young people patient survey
that covers general practice, inpatient, outpatient and community settings.

- NHS Wales should involve children and young people in the development of services designed for them.
- NHS Wales should ensure better transitions from child to adult services, involving children and young people in planning the change.
- NHS Wales should provide every child and young person with a long term condition with a named doctor or health professional.
- NHS Wales should support all Health Boards to ensure that clinical teams looking after children with known medical conditions make maximum use of tools to support improved communication and clarity around ongoing management, for example the use of epilepsy passports or asthma management plans where appropriate.
- Health Education Wales should fund mandatory child health training for all GP trainees.

12. Implementing guidance and standards

There are many areas of infant, children and young people’s health that already have a strong evidence base that should guide practice but this report makes frequent mention of the importance of implementing existing guidance, guidelines and standards.

This creates a very clear case for the consideration of greater regulation and enforcement. In times of austerity, what is measured is what matters when it comes to selecting from competing priorities.

**Recommendation**

- NHS Wales and Public Health Wales should work together to support Health Boards to provide quality health and care services and support them to implement guidelines and standards.

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