NHS must prioritise health of children and young people

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Children and young people (CYP) are a quarter of our population\(^1\) but 100% of our future. Our moral obligation to promote our children’s health as part of the stewardship role that parents and the state hold is clear within UK law and in the UN Convention on the Rights of the Child. Further, 94% of adult Britons believe children’s health should be a priority for the NHS.\(^1\)\(^1\) Despite this, the low priority given to CYP within UK health systems suggests we must marshal other arguments to convince policymakers of the need to invest in children’s health.

Today’s CYP are the workforce of the 2020s and the parents of the next generation, and their health will be one of the factors deciding whether the UK is healthy and prosperous post 2019. Countries that invest in child health reap impressive economic rewards, with each pound spent on children’s health returning over £10 to society over the lifetime of that individual.\(^2\) These benefits are in addition to the benefits from educational early intervention.\(^3\) Moreover, childhood health interventions are amongst the most effective and cost-effective of any health interventions.\(^4\) The converse is that poor health in childhood leads to reduced workforce participation and productivity\(^5\) and lowers national wealth.\(^2\)

So how does the UK compare with our potential future competitors? The good news is that the UK has higher birth rate\(^6\) and a higher proportion of its CYP in its population\(^7\) than almost all other European countries. There are 15.5 million CYP under 20 years in the UK\(^1\) – more than the all-age population of 19 of the other 27 EU countries.\(^8\) This ‘country of children’ will provide us a future ‘demographic dividend’ in terms of a future larger working-age population if, and only if, we preserve their health.

The bad news is that the UK is poorly positioned to reap these economic benefits, as our CYP health outcomes are substantially worse than those in most other wealthy European countries in the twenty-first century?\(^9\) The Royal College of Paediatrics and Child Health (RCPCH) State of Child Health 2017 found that the UK was the European leader in none of 25 key indicators of CYP physical or mental health.\(^9\) Yet 40 years ago the UK was a world leader in most child health indicators.\(^10\)

Given these data, it is puzzling why this quarter of our population are not a greater priority in health?

Scotland\(^1\)\(^2\) and Wales\(^1\)\(^3\) have both recently announced new national strategies to improve CYP health, although children’s health services receive little priority. In England, CYP health sits uneasily below the top table. On the one hand we have the useful Childhood Obesity Plan, brave legislative action in the soft drinks industry levy and a welcome attention to CYP mental health. Yet on the other hand, health services for CYP struggle for priority and there is no sign yet of a national strategy to improve CYP health.

CYP are not a priority in the body with responsibility for health services, NHS England, but are argued to be included within all-age priorities on primary care, urgent and emergency care (UEC), mental health and cancer. Whilst NHS England has undertaken some excellent specific work on CYP, e.g. on mortality, a digital strategy\(^1\)\(^4\) and specialist reviews, CYP are largely invisible within most all-age programmes.
The main NHS England strategy document, the *NHS Five Year Forward View*, mentions CYP briefly only in relation to prevention and mental health.\(^{15}\) The 44 regional partnerships recently formed to transform healthcare in England, the Sustainability and Transformation Partnerships (STPs) or Integrated Care Systems, have a very limited and inconsistent focus on CYP outside of mental health.\(^{16}\) The 'vanguard site' pilots of integrated models of care focus on adults, with few prominent exceptions.\(^{17}\) The 2016 *General Practice Forward View* mentions children once\(^{18}\) despite children making up a large proportion of primary care attendances.\(^{19}\) Health Education England (HEE) has not initiated a planned CYP workstream some 4 years after it announced it intended to do so.

Much of this likely comes from assumptions that CYP are low users of care. Yet *those aged 0-18 years made up 25% of Accident and Emergency (A&E) attendances in 2015-16,\(^{20}\)* although the 2013 *Transforming urgent and emergency care services in England* mentions CYP briefly twice.\(^{21}\) Further, children’s health service use is more ambulatory-sensitive than much of adult healthcare, with up to 75% of CYP A&E attendances potentially manageable in Primary and Acute Care Systems (PACS).\(^{22}\)

This lack of focus has begun to tell on our child health services. In England, *community health services for CYP have borne the brunt of local authority cuts related to reductions in Public Health budgets.*\(^{23}\)\(^{24}\) Across the UK, large gaps in the paediatric workforce have markedly lowered morale in children’s services,\(^{25}\) recruitment into paediatric training positions in 2017 was the worst ever,\(^{26}\) and the CQC identified workforce deficiencies, low morale and lack of focus on CYP as reasons for large numbers of services receiving poor ratings for safety and effectiveness.\(^{27}\)

The moral and economic reasons for action are clear. The UK and particularly England urgently need a new focus on health services for the CYP, who carry all our future. We must challenge the unconscious bias that leaves children beneath our natural line of sight. In 2012 the Westminster Government embedded “parity of esteem” in legislation so that mental health has equal priority with physical health. We need a new equality of priority for child health with adult health. For each UK country this means a CYP health strategy that is formulated with CYP involvement and covers the young life-course from conception to the transition to adulthood. For England it also means visible priority for CYP within the overarching NHS England priorities of primary care and urgent/emergency care and in the new integrated care systems. The RCPCH is keen to work with governments to achieve these aims. Business as usual for child health will not build a healthy and prosperous United Kingdom.
Competing interests

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