

Viewpoint article – Public Health

State of Child health: How is the UK doing?

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In 2017, the Royal College of Paediatrics and Child Health published the original State of Child Health report, an analysis of 25 key indicators of child health across the four UK nations. (1) The report described laudable progress in UK child health over the past two decades. However, across many indicators the rate of progress did not match that of other comparable countries, and the spectre of health inequality loomed large.

The intervening years have only served to provide further evidence for the UK's struggles in international comparisons of child health (2) (3) and the impact of health inequality. (4) (5)

The recently published "State of Child Health 2020" report updates and augments its 2017 predecessor. (6) Indicators have been revised to include recent data in order to track progress. New topics have been added to reflect evolving child health priorities and challenges, including: mental health; injuries from violence; child poverty; the health of looked after children; and an overview of the child health workforce.

Here we summarise the main report findings, and set out key policy recommendations to the four UK governments.

Where has progress been made?

Long term conditions: Outcomes for children and young people with the three most common long term conditions in childhood have improved - beneficiaries of national improvement initiatives built around a networked approach and an investment in data. Across all four UK nations, those with Type 1 diabetes continue to report ever-improving blood glucose control, and more are receiving their recommended regular health checks. Rate of emergency admission to hospital, often used as a proxy measure of how well a long term condition is managed, have fallen for asthma and epilepsy over the past decade. For the latter, the greatest improvement has occurred among those living in the most deprived areas: one of the rare examples where health inequalities have reduced.

Health-related behaviours: Teenage pregnancy rates have been a sustained success story for UK public health in the past decade: the rate of conceptions among those aged under 18 years (and for Northern Ireland, 'livebirths to teenage mothers' – being the closest available measure) has halved from 2008 to 2018. While considerable inequalities remain, there have been declines across all deprivation subgroups between 2014 and 2016.

Smoking tobacco and drinking alcohol continue to be less and less popular among young people. However, there are warning signs: smoking rates have risen among 15 year old boys in Wales and Scotland. In the same period in England, a higher proportion of 15 year old boys report having tried cannabis and having been drunk - with the latter trend being mirrored among young people in Northern Ireland.

Oral health: Between 2008 and 2018, rates of visually obvious tooth decay among 5 year olds continue to fall, particularly dramatically in Scotland (42% to 29%) and Wales (48% to 35%) - the result of high-profile, well-resourced national oral health programmes instigated a decade ago.

Where has progress stalled or reversed?

Indicators relating to public health & health promotion: Decades-long improvements in infant mortality have stalled since 2014, and in England there was even a small rise between 2016 and 2017. Infant mortality is an indicator of the overall health of a country. Increases among high income countries are unusual enough to be a portent of underlying malaise. (5)

Across all four nations, the uptake of early vaccinations (both the MMR and 5-in-1 vaccines) has fallen from 2014 to 2018.

Obesity remains our generation's *bête noire*, with 39% of children and young people aged 10-11 in England being overweight or obese, and an ever-widening gap between rich and poor.

Health inequality: Inequalities in some health outcomes, such as infant mortality and obesity, have widened since the last report. The impact of child poverty is increasingly felt across the UK: taking into account housing costs, 30% of children in the UK live in relative poverty. Children of working families are far from immune, with in-work child poverty rising for all categories of working families between 2011 and 2018.

New indicators

Mental health prevalence: Data drawn from the Mental Health of Children and Young People's Survey in England shows rising prevalence of emotional disorders (such as anxiety and depression) for those aged 5 to 15 years - with the highest prevalence of 23% among young women aged 17-19.(7) The lack of comparable data for the other UK nations remains a source of frustration.

Child health workforce: Recruitment of paediatric doctors is increasing, but is failing to keep pace with rising demand and falling staff retention. Children's nurses in hospitals have increased, but numbers of health visitors and community nurses, who provide crucial health promotion and public health advice, have fallen.

How can UK child health get better?

Firstly, the UK must prioritise the reduction of child health inequalities and poverty in a national inequality strategy, using a systematic approach to reduce variation in outcomes across the UK nations.

Secondly, UK governments should prioritise public health services. The most striking deterioration – such as in infant mortality and immunization rates – has been seen in areas which rely most heavily on a robust public health system. Conversely, greatest progress has been demonstrated in areas such as teenage pregnancy and oral health, where policymakers and practitioners have been able to unite around national public health strategies.

Third is a call to invest in integrated cross-sector services for local populations. Health is not the sole domain of those in health services. The wellbeing of children, young people and families relies on support from well-resourced services across health, education, social care and beyond.

What is the role of front line child health professionals?

To many health professionals, these broad policy ideas can seem nebulous and distant, far removed from caring for individual children and families. But policy changes alone cannot reverse the adverse trends we have seen. Front line professionals must be empowered to improve both their service and the broader determinants of child health. Practical steps outlined in the report include ensuring every patient contact comes with an opportunity to explore the broader determinants of health; that practitioners are familiar with local services to which they can signpost families for support; and that they both contribute to, and make use of, child health data collection in order to advocate for the population of children under their care.

Conclusion

“The truth will set you free. But first, it will make you miserable” – James A Garfield (attributed)

Much of the data presented in the report make for painful reading. But the progress we have seen - even in complex areas like diabetes and epilepsy care, oral health and teenage pregnancy - tells us that improvement is possible if we ally policy focus to frontline expertise and effort.

There are signs of progress in national policy. England and Wales have both announced national strategies aimed at prevention and early intervention, while there is a welcome focus on children and young people’s health in the NHS Long Term Plan.

But the path to improving our children’s health is littered with good intentions. The global COVID-19 emergency is a public health crisis with unprecedented societal, political and economic consequences, but one in which children and young people are disproportionately spared. There is a risk that this is reflected in decisions about where to prioritise investment in public health and health services in the immediate aftermath. Many a child health strategies has fallen at the first political or economic hurdle. In order to improve the state of child health in the UK, it is vital that the policy spotlight, bolstered by sustained investment, remains upon the health of children and young people.

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