

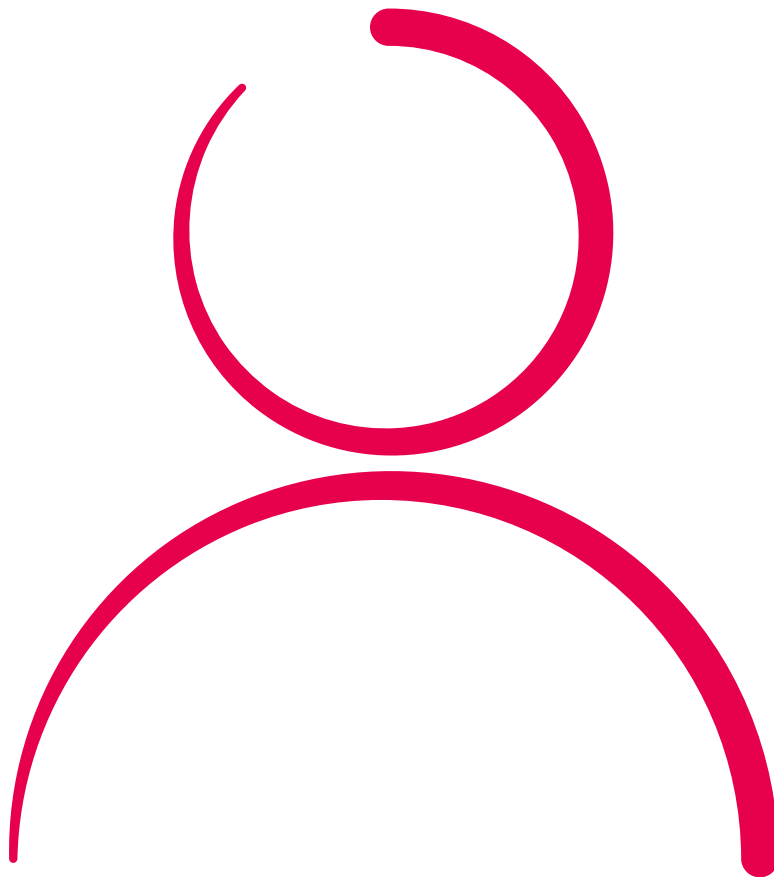
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Academy of
Medical Royal
Colleges



Securing our
healthy future

Prevention is better
than cure



This paper is supported by the 24 members of the Academy of Medical Royal Colleges.

It was written by the Royal College of Paediatrics and Child Health and the Faculty of Public Health to support government engagement on putting children back on the policy agenda.

Foreword

The future wellbeing and prosperity of our nation is dependent upon building a solid foundation of health for our next generation.

As healthcare leaders, we are concerned that inadequate priority is currently offered to child health, and particularly the prevention of ill-health in childhood.

The Government's flagship Major Conditions Strategy sets the tone for the future of the health and care system in England, but does not map a clear future for the health of our children. While we welcome the Strategy's focus on preventing ill-health in the adult population, we know that the window for making the greatest — and most cost-effective — impact on health across the life course is in childhood, starting from pregnancy.

Building an effective framework to prevent ill-health in childhood will secure the future wellbeing of an entire generation of adults able to enjoy healthy, productive, and long lives.

Conversely, failure to act to prevent childhood health issues such as obesity, tooth decay, respiratory problems, and poor mental health may lead to these issues continuing and compounding into adulthood. We understand that prevention is better than cure, but we must also recognise that prevention in childhood is better than prevention in adulthood.

Taking determined, evidence-based action to prevent children falling in to ill-health will not only benefit the health of our next generation, but will also reduce pressure on the NHS and support parents and carers who would otherwise be out of work due to their child's ill-health. When we do all that we can to invest in protecting and improving the health of our children, we see these efforts benefit our society as a whole.

The key indicators of health that we identify in this report — healthy weight, oral health, vaccinations, clean air, and mental health — are all impacted by the environment and social circumstances in which children grow up.

These social determinants of health lead to statistically predictable inequalities in child health which compound across the life course. Children who grow up with economic and social disadvantage experience more ill-health in childhood, and are likely to lead shorter, less healthy, and less productive lives as they reach adulthood.

Worryingly, evidence shows us that child health inequalities are widening, and so our report contains recommendations to ensure that all children can have the hope of a healthy future.

As a community of doctors, public health physicians, nurses, and other healthcare professionals our purpose is to support the health of our nation. The best way that we can do this is to support a healthy foundation for our children, and we urge Government to implement the recommendations we identify in this report.

Jeanette Dickson, Chair

Academy of Medical Royal Colleges

Camilla Kingdon, President

Royal College of Paediatrics and Child Health

Kevin Fenton, President

Faculty of Public Health

Case for change

We are concerned about a lack of priority for children in key decision making. Withdrawing political focus for children is resulting in poor health outcomes for our general population across the life course. The new Major Conditions Strategy is framed with adults in mind, focusing on the impact of illness on labour market activity and employment. Other key measures to prevent childhood obesity have been delayed and the 10-year Mental Health Plan abandoned. The cost of living crisis in the UK is worsening physical and mental health outcomes for children and young people, and exacerbating health inequalities.

It is our view that the key window for preventing and addressing poor health outcomes is in childhood, starting from pregnancy. This is the biggest opportunity to intervene and makes economic sense.

As well as looking at protective factors and prevention, we also need investment in children's health services so children can have timely access to care, preventing health problems worsening and compounding into adulthood. Some children are waiting for a year for routine care and surgery which will have an impact on their lifelong healthy development.

When political focus is on treatment rather than prevention, the cost to society soars. We lay out the importance of prioritising child health in political decision making, illustrating the result of inaction via five indicators of child health.

How UK Government can make improvements in child health

UK Government has a unique opportunity to take action now to increase life expectancy, reduce pressure on the NHS and reduce the number of parents/carers out of work due to their child's ill health. Robust mechanisms need to be in place to support cross-government action to improve child health with ownership at the top level of Government.

1. To meet this, we recommend the UK Government appoints a Cabinet-level Minister for Children and Young People.

The Minister would:

- Ensure the UK Government adopts a 'child health in all policies' approach to policy development.
- Coordinate the development of a cross-departmental strategy to improve child health and wellbeing, which considers the role of each department in tackling the causes of ill health and reducing health inequalities.

Indicators of child health

The following five indicators of health — healthy weight, oral health, vaccinations, clean air and mental health — are our priority areas for improving child health. We believe they demonstrate most acutely the benefits when prevention and early intervention of ill health are realised to ensure healthy children can grow up to be healthy adults. The results of inaction are highlighted when this is not the case.

Health professionals have a unique perspective in describing how wider social and environmental factors impact on health outcomes. We highlight how health inequalities experienced by children and young people are widening, illustrating the undeniable influence of poverty on child health.

With each indicator, we propose opportunities for the UK Government to implement with immediate action to improve child health outcomes and life expectancy, as well as saving our NHS.



Healthy weight

What is the problem

- Obesity prevalence among children is increasing, with 23.4% of Year 6 children living with obesity in 2021/22 in England. This is more than twice as high compared to Reception-aged children (10.1%)¹.
- It is estimated that the NHS spends £6.5 billion annually on treating obesity-related ill health².
- 25.8% of households with children experience food insecurity³.

Why we need to act now

- Children living with obesity are at risk of ill health into adulthood, with 80% of obese young people remaining obese as adults⁴, and report being stigmatised due to their weight, the impacts of which include bullying and poorer educational outcomes, increased risk of depression, anxiety and social isolation⁵.
- The origins of chronic illnesses due to excessive weight start in childhood and includes type-2 diabetes, cardiovascular disease (CVD), liver disease, many common cancers, musculoskeletal conditions and poor mental health. Moderate to extreme obesity can also shorten life expectancy by 3-10 years.

- Women living with obesity is associated with adverse fertility outcomes, such as gestational hypertension, gestational diabetes, infertility and miscarriage. These health conditions can increase women's risk of a stroke and adverse cardiovascular event later in life⁵.
- The lack of secure access to nutritious food can result in malnutrition and increase the risk of children being underweight or overweight⁵.

Widening health inequalities

- In 2021/22, the prevalence of Reception-aged children living with obesity was twice as high in the most deprived areas (13.6%) than in the least deprived areas (6.2%)¹.
- In both Reception and Year 6, the prevalence of children living with obesity was highest for Black children (16.2% and 33.0% respectively) and lowest for Chinese children (4.5% and 17.7% respectively).
- The most deprived households would have to spend 76% of their household's disposable income on food to eat in a way that meets the Eatwell guidance, compared with 6% of disposable income for the least deprived households, therefore increasing low income households' risk of food insecurity⁵.

Drivers of health inequalities

- Healthy foods are nearly three times more expensive calorie-for-calorie than less healthy foods. Children in low-income households are more likely to have diets which are high in sugar, saturated fat and salt, and low in fruits and vegetables⁶.
- There tends to be more fast-food outlets in areas of greater deprivation, making it harder for local residents to access healthy food⁶.
- People living in the most deprived urban areas are less likely to have access to green spaces, which reduces opportunities for undertaking physical activities⁵.

Opportunities for immediate action from the UK Government:

2. Regulations and guidance are in place to reduce the sugar and salt contained in foods, however, baby food and drinks are excluded from these. UK Government can act now to change this by publishing the guidelines for improving nutritional content of infant foods.
3. Expand the Free School Meals scheme to all children in primary schools so they can all be provided with a nutritious meal.



Oral health

What is the problem

- In 2022, 29.3% of five year olds in England had tooth decay⁷.
- 63% of all tooth extractions for 0-19 year olds were due to tooth decay in 2022⁸.
- The cost to the NHS of hospital admissions for tooth extractions in 0-19 year olds was £81 million for 2021-22⁸.

Why we need to act now

- Children with poor oral health experience pain and infection, which can lead to difficulties with eating, sleeping, playing and socialising as well as increased school absences⁷.
- Tooth decay is the leading cause of hospital admission in 6-10 year olds⁸. Without preventive measures early, reversible decay will progress and will require invasive treatment to restore loss of tooth tissue.
- Poor oral health in childhood increases risk of dental problems in adulthood, such as tooth loss and chronic gum disease, which has been linked to increased risk of cardiovascular disease. It is also associated with lung disease and poor diabetic control⁹.

Widening health inequalities

- Children living in the most deprived areas of the country are almost three times as likely to have experience of dental decay (35.1%) as those living in the least deprived areas (13.5%).
- There are also disparities in the prevalence of dental decay by ethnic group, which is significantly higher in the 'Other' ethnic group (44.8%) and the Asian or Asian British ethnic group (37.7%)⁷.
- The caries-related tooth extraction episode rate for children and young people living in the most deprived communities is nearly three and a half times that of those living in the most affluent communities⁸.

Drivers of health inequalities

- Low-income households are more likely to experience hygiene poverty and not be able to afford essentials such as toothbrushes and toothpaste to maintain good oral health¹⁰.
- Children in low-income households are more likely to have diets which are high in sugar, which increases risk of dental decay¹¹.

Opportunities for immediate action from the UK Government:

4. Enable children to take up positive oral health habits by implementing supervised tooth brushing schemes in all nurseries and primary schools.
5. Ensure all children are seen by a dentist by the age of one to support good oral health development.



Vaccinations

What is the problem

- Vaccination coverage decreased in 13 out of 14 of the routine childhood vaccination programmes in the UK, and no vaccines met the 95% uptake target in 2021-22¹².
- Data shows a recent rise in measles cases in the UK, and the UK lost its WHO measles free status in 2018.

Why we need to act now

- Vaccination is a highly effective intervention to protect children and young people from fatal diseases, such as MenACWY for meningitis. High vaccination rates can also provide herd immunity and lead to the elimination of some diseases.
- Childhood vaccines such as HPV vaccine helps protect against cancers in adulthood including cervical, mouth and throat.
- Measles is a highly infectious disease with potentially serious complications including pneumonia, meningitis, blindness and seizures. This may require hospitalisation and adds pressure to NHS services.
- Delays to implementing the Joint Committee on Vaccination and Immunisation's (JCVI) recommendations to rollout vaccinations programmes, such as Respiratory Syncytial Virus (RSV), will increase the risk of children being hospitalised and exacerbate winter pressures on the NHS¹³.

Widening health inequalities

- Vaccination rates are variable between different ethnic minority groups, by areas of deprivation, geographical regions, and religious belief¹⁴.
- Under vaccination is more often due to difficulties accessing services for practical or logistical reasons.

Opportunities for immediate action from the UK Government:

6. Publish and implement the vaccinations strategy to drive progress in reaching WHO targets for vaccination uptake rates.



Clean air

What is the problem

- Emissions from transport, industry, agriculture, business and residential properties continue to contribute to air pollution in the UK and 86% of UK cities exceed recommended limits for particulate matter¹⁵.

Why we need to act now

- Air pollution is linked to 40,000 deaths in the UK every year.
- Exposure to air pollutants during pregnancy can have a harmful impact on lung and organ development in babies.
- The effects of air pollution have a greater impact on children and young people with the potential for irreversible effects such as respiratory problems including lung inflammation, asthma, wheeze, rhinitis as well as eczema, dermatitis, hyperactivity, impulsivity, inattention, reduced cognitive performance, and difficulty sleeping¹⁶.
- Without any interventions, air pollution has been linked to cancer, cardiovascular disease, diabetes, obesity and dementia¹⁵.

Widening health inequalities

- Low income households have least choice in where they live and across the UK, the most deprived communities experience the worst air quality, further driving health inequalities.

Opportunities for immediate action from the UK Government:

7. Improve air quality across the UK by committing to meet the 2005 WHO limits for particulate matter (PM2.5) of no more than 10 micrograms per cubic metre by 2030, ten years earlier than the current UK Government's proposal of 2040.



Mental health

What is the problem

- Rates of poor mental health for children and young people are rising: 5.5% of 2 to 4-year-olds have experienced a mental disorder¹⁷, while 15% of 7-10s, 20% of 11 to 16s and 26% of 17-19 year olds now have a probable mental health disorder¹⁸.
- The early years are a critical stage for emotional development. However, there is insufficient focus on early years mental health as an opportunity for prevention and early treatment of mental health conditions.
- Over a quarter of all children in schools experience frequent bullying, and these numbers are significantly higher for those with special educational needs and disabilities (SEND) and free school meals¹⁹.
- Mental health problems cost the UK economy at least £117.9 billion a year²⁰. Improving the mental health of the population will increase productivity and reap economic benefits as well as ease pressure on the NHS system.
- While most children and young people with mental health needs should be supported in the community, there are situations where admission may be the most clinically appropriate option due to a lack of safe alternatives. However, these acute paediatric settings can also be unsafe or inappropriate environments for vulnerable young people, due to a lack of training, investment and an environment which has not been designed with young people's mental health needs in mind²¹.

Why we need to act now

- Children do not have timely access to prevention, care and support from early years to young adulthood in order to improve their mental health and prevent needs escalating.
- Mental health problems in childhood can lead to lower life satisfaction and poorer quality of life in adulthood, including life-long inequalities in health, education, employment and mortality outcomes²².
- Suicide is the leading causes of death in children and young people. In 2021, the rate of suicide per 100,000 10-24 year olds was 5.9²³.

Widening health inequalities

- Mental health problems are more common in LGBTQ+ children and young people, those with a learning disability, with long term conditions, disabilities, and autism, looked after children, and those with parental mental health problems²⁴.

Drivers of health inequalities

- Children living in poor quality or insecure housing are more likely to have mental health problems²⁵.
- Children living in the poorest 20% of households in the UK are four times more likely to develop a mental disorder as those from the wealthiest 20%²⁶.

Opportunities for immediate action from the UK Government:

8. Provide greater investment in Child and Adolescent Mental Health Services [CAMHS] to improve access to mental health support, reduce the long waits for care, and reduce the growing number of children and young people who are reaching crisis point and ending up in emergency care settings while waiting for mental health support.
9. Commit funding to ensure mental health support teams are funded in all schools and colleges enabling a whole school approach to antibullying interventions.

Delivering a healthy future

To deliver on the interventions outlined above, a child health workforce, which includes health visitors, school nurses and paediatricians, of sufficient number and skill is crucial to improving the health of children, young people and families. Currently in the UK, workforce issues are a significant challenge to health service delivery and therefore a barrier to children, young people and families receiving prevention and early intervention support.

10. UK Government should implement the commitments from the NHS Long Term Workforce Plan and ensure they apply equally across the whole life course, investing in the multi-professional workforce required to deliver sustainable improvements in child health outcomes.

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Academy of Medical Royal Colleges

10 Dallington Street

London

EC1V 0DB

United Kingdom

Website: aomrc.org.uk

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