Our children deserve better: prevention pays

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Summary

The Chief Medical Officer (CMO) has devoted her 2012 annual report to improving health and wellbeing outcomes for children and young people. The report includes important messages and recommendations which have implications for local authorities with responsibilities for public health and children's services. These include:

- growing evidence for the benefits of early intervention by schools, local authorities and the NHS to individuals and the wider economy in later life
- the importance of building resilience, so that children and young people learn how to cope effectively as adults.

Briefing in full

Background

The CMO, Professor Dame Sally Davies, chose children and young people as the sole focus of her 2012 report because of the increasingly strong evidence that what happens in childhood has a major affect on health and wellbeing outcomes in later life. The report covers young people up to the age of 25 because it has been found that developments still occur up to this age. Children in England are not doing as well as those in comparable countries in terms of mortality, morbidity, wellbeing, social determinants of health and key indicators of health service provision. For example, five more children die of avoidable causes each day in the UK than in Sweden. However, the variation across the country means that it is possible to ‘know what good looks like’.

The first chapter of the report is a summary by the CMO which includes recommendations for action at a national and local level. For the first time the CMO has included summaries of her report for organisations such as local authorities and...
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clinical commissioning groups, for health, care and education professionals, and for children, young people and families. The report also includes the atlas of variation in healthcare for children and young people which shows regional and local variation on all important health and wellbeing measures such as school readiness, mortality, alcohol, smoking, breastfeeding, immunisation etc.

Information underpinning the CMO's summary are compiled in chapters by experts on the following topics:

• the economic case for early intervention – review of research and new study
• the views of children and young people
• a life course approach to evidence: pre-conception and pregnancy, early years, school years and adolescence
• neurodevelopmental disabilities
• mental health
• looked-after children and young people
• youth justice.

Summary of recommendations

Focus on children

The Cabinet Office, Public Health England (PHE) and the Children's Commissioner should establish and support a National Children's Week. This would be a focal point for celebrating achievements, assessing progress, driving improvements and encouraging inter-agency synergy. It would build on developments such as Start4life, the National Citizen Service and the information service for parents.

Early intervention

The report indicates that there is increasing evidence about the cost of not intervening to improve health (e.g. long-term costs of obesity around £588-686 million per annum, and of mental health issues in those age five to 15 around £2.35 billion). Return on investment in early years intervention is estimated at six to ten percent. It recommends that PHE and the Early Intervention Foundation should assess progress on early intervention and prevention and continue to support local areas to shift from a reactive to proactive approach. PHE, directors of public health (DsPH) and health and wellbeing boards (HWBs) should support the work of the Big Lottery Fund programmes and ensure lessons are disseminated.

Proportionate universalism

The report stresses the importance of acting to improve every child’s health and wellbeing while proportionately targeting greater resources at those who are disadvantaged. The CMO strongly supports evidence based programmes such as the Healthy Child Programme, the recruitment of more health visitors and work by the Departments of Health (DH) and Education to establish a combined health and school readiness assessment at age two-and-a-half. She acknowledges the difficult...
economic environment and that some areas are just focusing on statutory elements of the Healthy Child Programme. However, she also stresses the importance of maintaining and building on progress. Specific recommendations include:

• PHE should undertake a refresh of evidence of the Healthy Child Programme starting with early years
• PHE should work with local authorities, schools and others to increase participation in physical activity and promote evidence based innovative solutions to widen access to existing sports facilities
• NICE should examine the cost effectiveness of moving the healthy start vitamin programme from a targeted to a universal offer (due to concerns about the prevalence of Vitamin D related disease – the return of rickets – and low take-up)
• The Social Mobility and Child Poverty Commission and PHE should work together to ensure that measures to reduce education attainment gaps and health inequalities complement each other.
• PHE, NHS England, the DH and the Department for Communities and Local Government should work together to identify how the health needs of families are met through the troubled families programme.

Engaging with children and young people

The CMO stresses the importance of increasing the engagement of children and young people in health; she welcomes the work of NHS England to develop a friends and family test for children and young people and ongoing work on a local health and wellbeing survey. The CMO recommends:

• the DH, NHS England and PHE should build on work such as the You're Welcome programme and the recent pledge for better health to create a 'health deal' as a compact for health between children and young people and health providers
• there should be a named GP to coordinate disease management for children with long term conditions
• the report makes several recommendations to Health Education England for improved training of healthcare professionals.

Building resilience

The CMO identifies the importance of helping young people to build resilience – developing skills in supported environments that can be applied in more challenging situations in the future. There is increasing evidence that schools and local authorities can successfully assist this; the CMO points to the NICE local government public health briefing on the Social and Emotional Wellbeing for Children and Young People. There is a link between school connectedness, in which feel pupils feel supported and nurtured in the school environment, and their sense of wellbeing. Schools, particularly personal, social, health and economic (PSHE) education have an important role in looking holistically at health and education attainments. Good communication between children and parents is also vital. Both factors can contribute to building resilience to reduce exploratory (risky) behaviours.
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Improving healthy behaviours is as important as reducing risk, and the CMO welcomes activity such as the school food plan, and the Olympic legacy programme.

The CMO recommends that PHE and partners should:

- roll-out the youth social marketing programme Rise Above to engage with young people around exploratory behaviours through multiple platforms
- strengthen the evidence base for programmes that develop resilience including identifying a marker of resilience and supporting implementation strategies in school
- develop an adolescent health and wellbeing framework which includes the inter-relationship between exploratory behaviours.
- with the PSHE Association review evidence linking health and wellbeing with educational attainment and develop models of good practice.

Oversight

The CMO points out that the health needs of children and young people are different from adults and should not be lost within wider health and social care reforms. She welcomes the work of the maternity and children's services strategic network, the children and young people's health outcomes forum, the creation of local Healthwatch with its explicit responsibilities, and work by the CQC on reviewing healthcare provision for children and young people in care and other at risk groups. It is essential that the regulators ensure that they operate seamlessly together in overseeing children's services. She recommends:

- the CQC, Ofsted and other regulators should annually review the effectiveness of inspection frameworks relating to children and young people, evaluating whether local partners such as health and wellbeing boards and local safeguarding boards are working together to support children.
- the Children and Young People's Health Outcomes Forum should review health outcomes and examine regional variation at its annual summit.

Professional responsibility

The CMO stresses that all relevant public services should focus on the whole family in the same way as safeguarding is everyone's business. Professional associations should reinforce this approach.

Mental health

The report points out that 75 percent of adult mental health problems begin before age 18, but child and adolescent mental health services are under huge budget pressure. It is important to improve local data to know how best to target resources and the report makes recommendations to this effect.

Questions for local authorities

The summary report for local authorities identifies the following five top questions.
• How does local mortality, morbidity and inequality data compare to comparable areas?
• How focused are we on early action?
• How are local schools engaging with the health agenda e.g. creating school connectedness, building resilience, supporting health and wellbeing and encouraging physical exercise?
• Are we enacting the healthy child programme in full and are we prepared for the change in commissioning of this programme that is due shortly?
• How do we know that our health and care organisations meet the needs of children and young people? Are we using You’re Welcome.

Comments

This is a comprehensive report confirming a positive direction for children's services based on prevention and developing resilience; the chapters provide an all-you-need-to-know guide to current policy, practice and research in specific aspects of children's health and wellbeing.

The report has been widely welcomed by organisations and professional bodies with an interest in children's health and wellbeing. The CMO is clearly very passionate that public bodies and other sectors should take every opportunity to improve the lives of children, and that the health and wellbeing of a generation is not neglected due to economic constraints.

This CMO report is somewhat of a departure from its predecessors (the annual On the State of Public Health) with its focus on all aspects of health and wellbeing of a specific age group. It is also soundly based in the social determinants of health and societal and individual risk factors – all previous annual reports have included these areas, but also a medical focus such as addressing a flu pandemic, hospital safety or tackling rare diseases.

The CMO is chief medical advisor to the government and provides professional leadership in public health. She therefore exerts significant influence over the direction of public health, and it can be expected that her recommendations will shape how local directors of public health seek to tackle the health of children and young people. This is good news, since her report is well-considered and evidence based, and provides an excellent blue-print for continuing local work to improve health and wellbeing outcomes.

However, since she has focused on such a wide-ranging policy area involving multi-agency co-operation, it will be more difficult to assess the impact of her recommendations – in contrast, for instance, to previous work to address healthcare acquired infections.
The report is very tactful about some of the problematic areas in education and at the interface with health – the need for a more comprehensive approach across Ofsted and the CQC for example. Perhaps more could also have been said on the need to ensure that all schools play their part in a comprehensive approach to preparing children for later life. Her summary recommends that PHE and the PSHE Association develop models of good practice to show how schools have "demonstrated success in educational attainment in part through activities beyond didactic education." Presumably a warning against an over-focus on traditional learning at the expense of rounded development.

The briefing for local authorities contains some excellent questions for councils to consider (above). These questions should also be considered by health and wellbeing boards and by children’s partnerships. It is unfortunate that local authorities are the only group with specific briefings given questions to consider – none for clinical commissioning groups or head teachers, for example, who just receive a summary of her report.

An important message not sufficiently highlighted in the report is the need for local areas to consider the public health needs of people from conception to care in a holistic way. Those involved in general public services or those targeted at adults do not generally employ or even recognise the concept of the life-course approach. Achieving this shift in approach would appear to be a key role for directors of public health.

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