



Office for Health
Improvement
& Disparities

Raising the healthiest generation ever: The health and wellbeing of children and young people in London

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Background

Background

- Giving every child the best start in life is crucial to reducing health inequalities across the life course¹
- The Government has set an ambition to ensure the healthiest generation of children and young people that is underpinned by three priorities:
 1. Our children are healthy, happy and well
 2. Our children get high quality and timely treatment and support when they need it
 3. Our children are safe and well cared for
- The initial priority areas for the priority to ensure that our children are healthy, happy and well are:
 - Early years
 - Immunisations
 - Obesity
 - Oral health
 - Mental health

Aim:

The purpose of this report is to:

- Provide a descriptive analysis of child health in London, based on the five initial priority areas, to inform partnership action
- Describe what works to improve child health and meet the ambition to ensure our children are healthy, happy and well

Methods

- Rapid evidence summaries and data analysis were undertaken using routine data sources
- The report summarises the scale of the challenge and suggests evidence based actions to support service development, improve child health outcomes and reduce health inequalities

“

Our children are the rock on which our future will be built, our greatest asset as a nation

Nelson Mandela

”



Early years

Why it matters

- The first 1,001 days (from conception to age 2) are recognised as a crucial period during which the foundations for future health and wellbeing are built¹
- School readiness starts at birth with the support of parents and caregivers, when young children acquire the social and emotional skills, knowledge and attitudes necessary for success in school and life²
- Children who do not achieve a good level of development (GLD) aged 5 years struggle with social skills, reading, maths and physical skills for example, which impacts on outcomes in childhood and later life²

Inequalities

- There are wide disparities in children being school ready³:
 - Girls are 1.2 times more likely to be school ready compared to boys
 - Children in the least deprived decile are 1.1 times more likely to be school ready than those in the most deprived decile
 - White children are 1.1 times more likely to be school ready compared to children in the 'other' ethnic group
 - Children who *do not* have a special educational need are 3.0 times more likely to be school ready compared to those with a special educational need

National policy

- As part of the Government's ambition to set every child up for the best start in life it announced in December 2024 a target of 75% of 5 year-olds reaching a GLD in the Early Years Foundations Stage assessment by 2028⁴
- Actions will be prioritised to ensure that every child has their 2-2 ½ year review by February 2026, this is the 2028 cohort, to ensure access to support where necessary⁴
- Family Hubs and the Start for Life programme, launched in 2023, aim to join up and enhance services delivered in local authority areas, ensuring all families can access the support they need⁵

Scale of the challenge

- In 2023/24³:
 - 74.7% of 2 to 2½ year olds in London had a GLD, which was lower than the proportion in England (80.4%) and has decreased by 8% since 2017 when 84.4% of 2 to 2½ year olds had a GLD
 - 70% of 5 year olds in London had a GLD; whilst this is higher than the proportion in England (67.7%) it is 5 percentage points lower than the Government target of 75% by 2028
 - Only two London local authorities (City of London: 84.2% and Richmond upon Thames: 77.1%) have achieved the 75% target





Early years

Cost effectiveness

- The costs of delivery of early years interventions per child are outweighed by the benefits to the individual, taxpayers and others through improved educational outcomes, reduced healthcare costs, reduced crime and increased taxes paid due to increased earnings as adults, examples include¹:
 - Every £1 invested in quality early care and education saves taxpayers up to £13 in future costs
 - For every £1 spent on early years education, £7 has to be spent to have the same impact in adolescence

Actions to improve school readiness

- Enhancing school readiness involves a multifaceted approach encompassing²:
 - Good maternal mental health
 - Learning activities, including speaking to your baby and reading with your child
 - Enhancing children's physical activity
 - Parenting support programmes
 - Providing high-quality early education

London case study

- The Hounslow Children and Young People Scrutiny Panel conducted a deep dive into the school readiness of children (aged 0-5 years). The Panel wanted to consider how the circumstances created by the COVID Pandemic and wider socio-economic and wellbeing factors affects school readiness, why some children do not reach the expected level of attainment at age 5, and how the wider health, education and support system can increase the number of children reaching 'good development'³
- Hounslow has three Family Hubs across the Borough to offer support services to families supporting children aged 0-19 (up to 25 for SEN). These hubs are complementary to the existing Children's Centres in Hounslow and act as a one stop shop for families, providing a variety of support with partnership organisations across the borough and online³



Early years – proportion of children with a good level of development: 2 to 2½ year olds

				Enf			
				-			
		Hrw	Brn	Hgy	Wth		
		85.5%	70.0%	84.0%	86.2%		
Hdn	Elg	Brt	Cmd	Isl	Hck	Rdb	Hvg
-	22.8%	70.9%	85.4	83.9%	87.8%	75.6%	86.7%
Hns	Hms	Kns	Wst	Cty	Tow	Nwm	Bar
62.5%	-	-	-	-	74.5%	79.2%	74.7%
	Rch	Wns	Lam	Swr	Lsh	Grn	Bxl
	75.6%	54.2%	-	-	86.8%	66.9%	64.3%
		Kng	Mrt	Crd	Brm		
		89.1%	70.1%	78.0%	77.5%		
		Stn					
		81.7%					

- In 2023/24 the proportion of 2 to 2½ year olds who had achieved a good level of development¹:
- In London (74.7%) was **lower than** the proportion in England (80.4%)
- Was **3.9 times higher** in Kingston upon Thames (89.1%) compared to Ealing (22.8%)
- These data were not available for 8 Local Authorities *City of London, Enfield, Hammersmith and Fulham, Hillingdon, Kensington and Chelsea, Lambeth, Southwark and Westminster*
- The proportion of 2 to 2½ year olds who had achieved a good level of development **decreased by 11.5%** in London from 84.8% in 2017/18 to 74.7% in 2023/24

Source: [Fingertips](#) | [Department of Health and Social Care](#)



Early years – proportion of children with a good level of development: 5 year olds

				Enf 68.2%			
		Hrw 69.8%	Brn 71.3%	Hgy 73.5%	Wth 74.2%		
Hdn 66.5%	Elg 68.4%	Brt 67.0%	Cmd 69.8%	Isl 65.1%	Hck 69.2%	Rdb 72.6%	Hvg 66.8%
Hns 67.3%	Hms 70.4%	Kns 69.7%	Wst 68.1%	Cty 84.2%	Tow 66.4%	Nwm 71.3%	Bar 67.2%
	Rch 77.1%	Wns 73.7%	Lam 68.2%	Swr 69.9%	Lsh 72.6%	Grn 70.1%	Bxl 71.4%
		Kng 70.5%	Mrt 69.9%	Crd 69.3%	Brm 73.2%		
			Stn 69.2%				

- In 2023/24 the proportion of 5 year olds who had achieved a good level of development¹:
- In London (70.0%) was **higher than** the proportion in England (67.7%)
- Was **1.2 times higher** in Richmond upon Thames (77.1%) compared to Islington (65.1%)
- Two local authorities in London had met the government target of 75% of 5 year olds achieving a good level of development in 2023/24: City of London and Richmond upon Thames
- The proportion of 5 year olds who had achieved a good level of development **increased by 3.3%** in London from 67.8% in 2021/22 to 70.0% in 2023/24

Source: [Fingertips](#) | [Department of Health and Social Care](#)



Immunisations

Why it matters

- Immunisation is one of the most effective public health interventions it provides protection to vaccinated individuals, can provide protection to the wider unvaccinated population, help CYP stay in school, free up NHS resources and is highly cost effective¹
- Vaccine preventable diseases can cause long-term illness, hospitalisation and death¹
- Some vaccinations such as HPV can prevent cancer¹

Inequalities

- Many factors affect the uptake of immunisations including^{2,3}:
 - CYP with learning difficulties
 - Deprivation
 - Ethnicity
 - Lack of access to services
 - Large family size
 - Misinformation
 - Religious or cultural beliefs

National policy

- The [NHS vaccination strategy](#)⁴ was published in 2023. The strategy aims to improve vaccine uptake and coverage across England
- Designing more convenient services which meet the needs of underserved populations with integrated local teams and a diverse and supported workforce sits at the heart of this strategy
- The strategy's three priority areas are improving access including an expansion of online services; vaccination delivery in convenient local places, with targeted outreach to support uptake in underserved populations; a more joined-up prevention and vaccination offer

Scale of the challenge

- Vaccine uptake in London is widely incomplete and uptake does not meet the WHO recommendations for any of the childhood vaccination programmes⁵
- Vaccine uptake in London has decreased between 2010/11 and 2023/24 across all childhood vaccination programmes⁵
- London has the worst vaccination uptake across the regions for all childhood vaccination programmes⁵





Immunisations

Cost effectiveness

- Immunisations are highly cost effective, returning significant economic and societal benefits for example¹⁻⁴:
 - Every £1 spent on the MMR immunisation programme returns £14
 - Public health interventions to manage an outbreak of measles are estimated at 20 times the cost of vaccinations
 - Modelling estimates that by 2058 in the UK, the HPV vaccine programme could prevent up to 63,138 HPV related cervical cancers and 49,649 HPV related other cancers

Actions to improve immunisation uptake

- Increasing vaccine uptake requires a combination of strategies including⁵⁻⁷:
 - Improve data collection and reporting
 - Develop a comprehensive commissioning approach
 - Staff engagement and training to promote access
 - Effective communication to young people and families, such as personalised text messaging that are culturally tailored
 - Mobile clinics and local champions to help reach underserved groups
 - Providing convenient access, such as evening clinics
 - Integrate the vaccine offer alongside other health checks

London case study

North Hackney and Haringey London boroughs have high numbers of Charedi and Orthodox Jewish groups. A high proportion of Charedi children under 5 in these boroughs receive their vaccines later than clinically advised, compared to the population as a whole

In July 2023, Springfield Park Primary Care Network (PCN) held vaccination and health clinics at the three GP practices with the highest proportion of Charedi patients. This was a multidisciplinary team effort, involving recallers, nurses, practice managers and volunteers, with funding support from Northeast London ICB. Leaflets promoting the July health clinics with quotes from local rabbis on the importance of getting MMR jabs were placed in the local Charedi press, community organisations and children's centres

By working with Jewish faith leaders, local press and community services, services were tailored to best suit Charedi and Orthodox Jewish communities. Over two Sunday clinics, more than 100 children were vaccinated⁵



Immunisations: Childhood immunisation uptake in London

- Vaccine uptake in London is widely incomplete and uptake does not meet the WHO recommendations for any of the childhood vaccination programmes
- Vaccine uptake in London has decreased between 2010/11 and 2023/24 across all childhood vaccination programmes
- Although flu vaccination in children aged 2-3 years in London has increased from 31.5% in 2014/15 to 37.2% in 2023/24, it remains below target and vaccine uptake has reduced year on year since 2020/21
- London has the lowest immunisation uptake in the regions across all childhood vaccination programmes

	From		To		Trend
Dtap/IPV/Hib/Hepatitis B (1 year)	2010/11	90.7%	2023/24	86.2%	↓
Dtap/IPV/Hib/Hepatitis B (2 years)	2010/11	92.9%	2023/24	87.7%	↓
Dtap/IPV booster (5 years)	2010/11	72.3%	2023/24	72.8%	↓
Hib and MenC booster (2 years)	2010/11	84.9%	2023/24	81.2%	↓
Men B (1 year)	2017/18	87.9%	2023/24	85.5%	↓
Men B booster (2 years)	2018/19	79.5%	2023/24	79.3%	↓
MMR 1 dose (2 years)	2010/11	83.8%	2023/24	81.8%	↓
MMR 1 dose (5 years)	2010/11	88.2%	2023/24	85.2%	↓
MMR 2 doses (5 years)	2010/11	76.6%	2023/24	73.3%	↓
Rotavirus (1 year)	2016/17	85.8%	2023/24	83.6%	↓
Flu (2 to 3 years)	2014/15	31.5%	2023/24	37.2%	↑
Flu (primary school aged children)	2019	50.3%	2023	45.8%	↓
HPV one dose girls (12 to 13 years)	2013/14	85.3%	2022/23	59.0%	↓
HPV two doses girls (13 to 14 years)	2015/16	80.7%	2022/23	52.9%	↓
HPV one dose boys (12 to 13 years)	2019/20	36.7%	2022/23	55.0%	-
HPV two doses boys (13 to 14 year)	2020/21	32.2%	2022/23	45.7%	-
MenACYW (14 to 15 years)	2016/17	74.8%	2022/23	64.1%	↓

Source: [Fingertips](#) | [Department of Health and Social Care](#)





Obesity

Why it matters

- Childhood obesity is one of the biggest public health challenges facing the UK. Being overweight or obese in childhood has profound impacts on the mental and physical health and life chances of children including increased risk of^{1,2}:
 - Breathing difficulties
 - Bone and joint problems
 - Bullying
 - High blood pressure
 - High cholesterol
 - Low self esteem
 - School absence
 - Some cancers
 - Type 2 diabetes

Inequalities

- Children are more at risk of becoming overweight or obese if they^{3,4}:
 - Are boys
 - Are from low income families, this disparity is widening, with obesity rates increasing more rapidly in deprived communities
 - Are from certain ethnic groups, such as Black African or White Irish children
 - Have disabilities

National policy

- The Government aims to halve childhood obesity and significantly reduce the gap in obesity between the most and least deprived areas by 2030⁵
- The reducing childhood obesity plan includes^{6,7}:
 - Promoting healthier eating habits
 - Increasing physical activity and improving the co-ordination of quality sport and physical activity programmes for schools
 - Making healthier food more accessible
 - Modifying the food environment
 - Encouraging the industry to reduce sugar content
 - Restricting the advertising of unhealthy foods

Scale of the challenge

- In 2023/24 about³:
 - 1 in 10 children aged 4 to 5 years in London were obese
 - 1 in 4 children aged 10 to 11 years in London were obese
- London has a higher proportion of children who are living with obesity compared to England and this is increasing³





Obesity

Cost effectiveness

- Obesity costs the NHS £6 billion annually, this is expected to rise to over £9.7 billion each year by 2050. The wider societal costs, including reduced productivity and quality of life, could reach at least £8.7 billion¹
- Reducing obesity is cost effective, potentially leading to long term healthcare savings and improved health outcomes²

Actions to reduce childhood obesity

- Reducing childhood obesity requires supporting families through NHS action and actions on wider social determinants including³⁻⁵:

Government	Local Government
<ul style="list-style-type: none">• Subsidies and taxes• Food reformulation• Advertising restrictions	<ul style="list-style-type: none">• Public health campaigns• Needs assessments
NHS	Education
<ul style="list-style-type: none">• Breastfeeding support• Weight management services	<ul style="list-style-type: none">• Provide healthy meals• Encourage physical activity
Family	Environment
<ul style="list-style-type: none">• Parental education• Healthy meals	<ul style="list-style-type: none">• Active travel• Urban planning

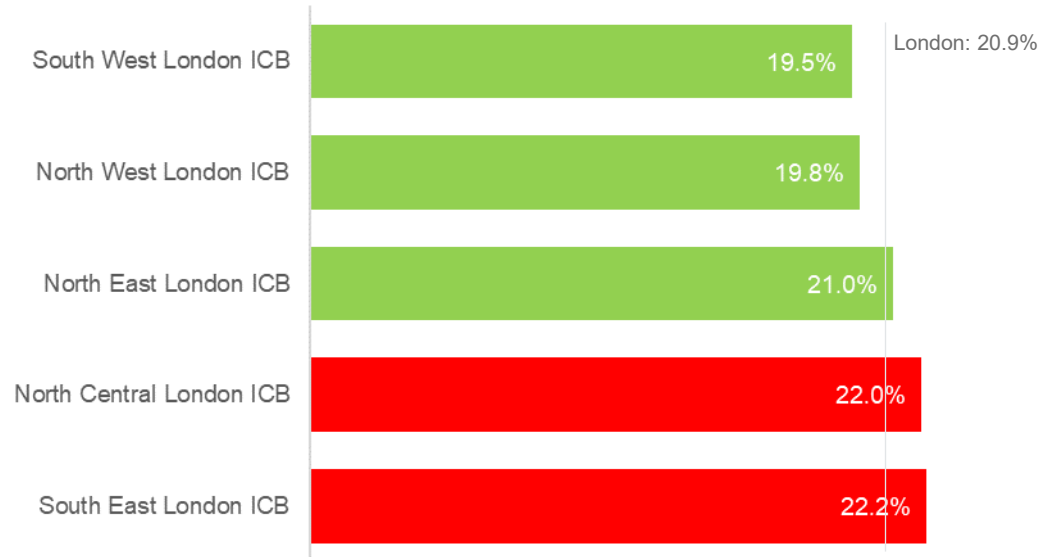
London case study

- [Every Child a Healthier Weight](#)⁶ aims to halve the percentage of overweight and obese children by 2030 and reduce disparities in obesity rates between different areas in London
- This plan focuses on ten key areas of children's lives and involves a variety of partners, including the Mayor, London boroughs, the NHS, and the food industry.
- The plan has ten ambitions:
 1. End child poverty in London
 2. Support women to breastfeed for Longer
 3. Skill up early years professionals
 4. Use child measurement to better support parents
 5. Ensure all nurseries and schools are enabling health for life
 6. Make free 'London water' available everywhere
 7. Create more active, playful streets and public places
 8. Stop unhealthy marketing that influences what children eat
 9. Transform fast food businesses
 10. Fund good-food innovation and harness the power of investment



Obesity – proportion of children who are overweight or obese

4 to 5 year olds



- In 2023/24 the proportion of 4 to 5 year olds who were overweight or obese¹:
 - In London (20.9%) was **lower than** that of England (22.1%)
 - In London **reduced** by 5% from 22.9% in 2007/08
 - Was **highest** in South East London ICB (22.2%)
 - Was **1.5 times** higher in Hackney (26.3%) compared to Richmond upon Thames (17.2%)

10 to 11 year olds



- In 2023/24 the proportion of 10 to 11 year olds who were overweight or obese¹:
 - In London (37.8%) was **higher than** that of England (35.8%)
 - In London **increased** by 4% from 36.3% in 2007/08
 - Was **highest** in North East London ICB (40.7%)
 - Was **1.7 times** higher in Barking and Dagenham (44.2%) compared to Richmond upon Thames (25.5%)

Source: [Fingertips](#) | [Department of Health and Social Care](#)





Oral health

Why it matters

- Oral health is an important aspect of a child's overall health status and is a marker of wider health and social care issues including poor nutrition and obesity¹
- Tooth decay is the most common chronic disease in childhood even though it is largely preventable¹
- Tooth extraction is the number one reason why five to nine year olds are admitted to hospital²
- Tooth decay has a significant impact on a child's health and wellbeing¹

Inequalities

- Children are more at risk of developing tooth decay if they are^{1,3}:
 - Eating a poor diet
 - Brushing their teeth less than twice per day with fluoride toothpaste
 - From deprived backgrounds
 - From Asian/Asian British ethnic groups

National policy

- In March 2025, the Government⁴:
 - Launched a national programme of supervised toothbrushing for 3 to 5 year olds in early years settings - including nurseries and primary schools - in most deprived areas of England. The scheme will help tackle poor oral health by ensuring that children get the support they need to learn positive habits and prevent tooth decay - in turn avoiding related illness and poor health later in life
 - Approved the expansion of community water fluoridation across the north east of England

Scale of the challenge

- In 2021/22 in London⁵:
 - About 1 in 4 children aged 5 years had visually obvious dental decay
 - The proportion of 5 year olds with tooth decay was the third highest of all the regions
 - The proportion of 5 year olds with tooth decay decreased from 32.7% in 2007/08 to 25.8%



Oral health

Cost effectiveness

Cost savings in avoided treatment after 5 years for every £1 spent on¹:

	Cost saving
Supervised tooth brushing	£3.06
A targeted fluoride varnish programme	£2.29
Universal water fluoridation	£12.71

Actions to reduce tooth decay

- All partners across the health and care system can help prevent tooth decay in children under five, as part of ensuring every child has the best start in life including²:
 - Reduce the consumption of food and drinks that contain sugar
 - Brush with a fluoride toothpaste for two minutes twice a day
 - Regular dental checks from when the first tooth erupts at about six months

London case study

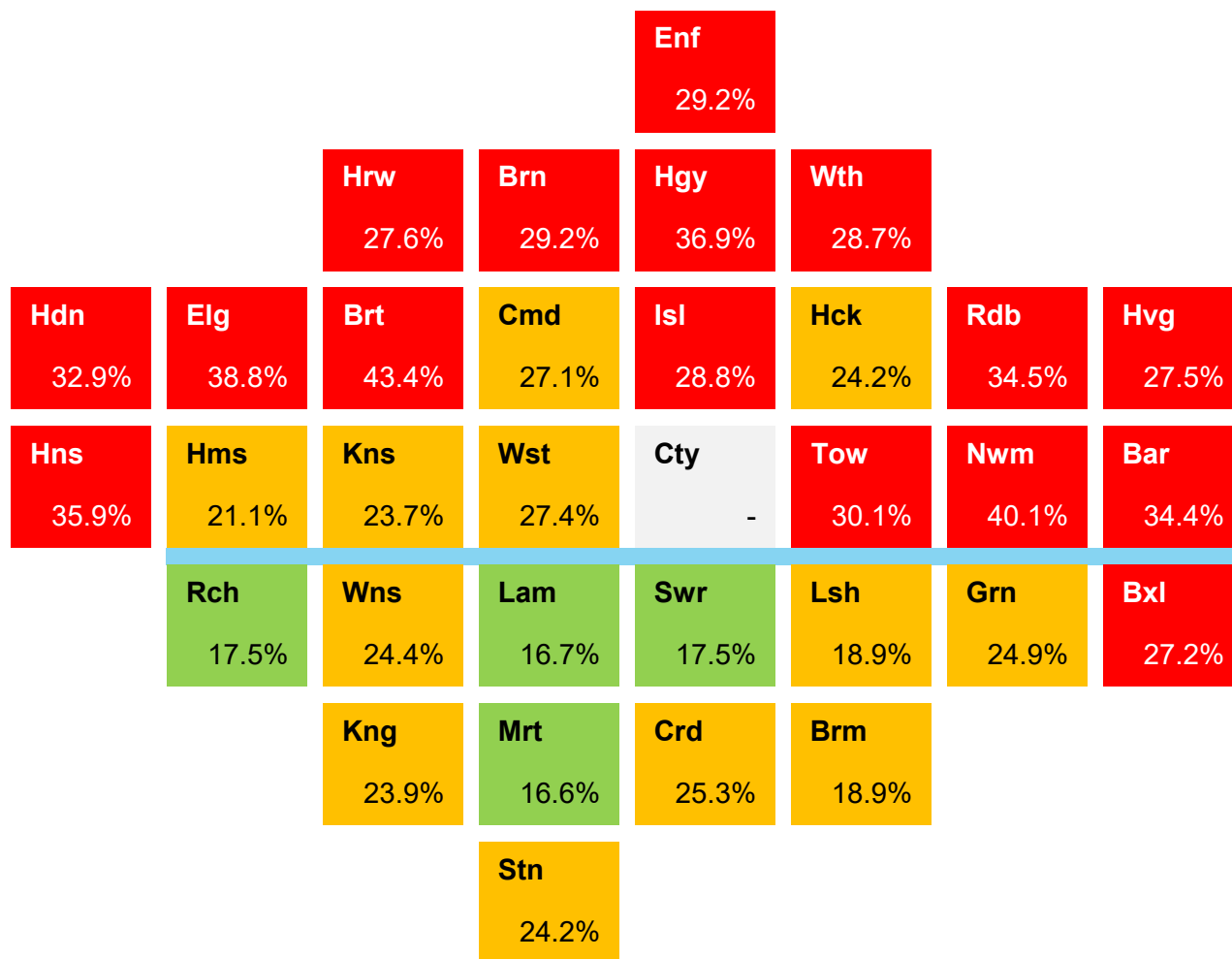
Central London Community Healthcare's (CLCH) supervised toothbrushing programme³ aims to reach all the state-funded nurseries and schools, especially those in the most deprived areas of Hammersmith and Fulham to help reduce health inequalities

The programme involves training nursery and primary school staff to deliver daily supervised brushing to children (aged 3-4 years old). Information on the importance of toothbrushing is also shared which is then relayed to the children participating in the programme. The team equips the nurseries with toothbrushes, toothpastes, toothbrush stands and all necessary resources and equipment. Teachers then help to establish a routine among the children by enabling them to brush their teeth together every morning or after lunch

Since this programme has launched, the team has provided training in over 25 nurseries with over 243 children taking part



Oral health – proportion of 5 year olds with obvious dental decay



In 2021/22¹:

- The proportion of 5 years olds in London with visually obvious dental decay (25.8%) **was higher** than the proportion of 5 year olds in England (23.7%)
- The proportion of 5 years olds in Brent (46.0%) with tooth decay was **3.7 times higher** than in Lewisham (12.4%)
- The proportion of 5 year olds in London with visually obvious dental decay was higher than the England average in about half (16/33) of Local Authorities in London
- If all 5 year olds in London had the same proportion of tooth decay as in Lewisham about **1,068 fewer** 5 year olds would have had tooth decay

Source: [Fingertips](#) | [Department of Health and Social Care](#)





Mental health

Why it matters

- The mental health of CYP influences their current and future mental and physical health and life outcomes¹
- Mental ill health in childhood has a significant impact on a range of outcomes including poor educational achievement, a greater risk of suicide and substance misuse, antisocial behaviour, offending and early pregnancy²
- Teenagers who had common mental disorders were more than two and a half times more likely to have a common mental disorder at age 36³
- 75% of all mental health disorders start before the age of 24⁴

Risk factors

- Risk factors for mental health disorders in CYP include^{5,6}:
 - Living in a deprived population
 - Poor family relationships
 - A family history of mental health illness
 - Adverse childhood experiences
 - Long term physical health condition
 - Bullying (including cyber bullying)
 - Learning disabilities
 - Having difficulties at school
 - Looked after children

National policy

- The Government has prioritised CYP mental health including:
 - Prioritising CYP mental health to ensure its ambition for the Healthiest Generation ever
 - Targeted actions for CYP in the five-year cross-sector strategy for suicide prevention in England⁷
 - Increasing CYP's access to mental health support services as part of the NHS Long Term Plan⁷
 - Improving mental health support through schools⁷

Scale of the challenge

- In 2023, about 1 in 5 children and young people aged 8 to 16 years in England had a probable mental disorder⁸
- After a rise in prevalence of CYP aged 8 to 16 years in England with a probable mental health disorder from 12.5% in 2017 to 17.1% in 2020 rates in subsequent surveys were similar with no statistically significant increases between these years: in 2022 the prevalence was 19.0% and in 2023 it was 20.3%⁸
- Regional data about the proportion of CYP aged 5 to 16 years who had a probable mental health disorder are only available for 2020, about 1 in 10 CYP aged 5 to 16 years in London had a probable mental health disorder⁹



Mental health

Cost effectiveness

- In 2022, the cost of mental ill health for CYP (aged 20 years or younger) in England amounted to £18.8 billion¹
- The impact of CYP mental health problems leads to £1 trillion in lost earnings across the generation²
- Investing in CYP mental health is cost effective as it reduces the incidence of mental health difficulties and the healthcare costs, improves educational outcomes and increases workforce productivity^{1,2}
- For every £1 invested in CYP mental health services, the return on investment is an estimated £2.85 in benefits to individuals and an additional £1.40 in savings to the Government²

Actions to promote mental health

Actions to promote mental health in CYP include³:

Prevent	Diagnose	Treat
Invest early to prevent or reduce the risk of mental health illness e.g. earlier and better recognition of maternal mental illness and anti-bullying efforts in schools	Earlier recognition, timely diagnosis and better response for those children and young people who do experience mental health issues	Respond to mental health issues with evidence-based interventions. Services should be widely available and flexible to adapt to needs

London case study

[Thriving Through Culture](#)⁴, was a London wide mental health programme for CYP that was delivered from 2021 – 2024. The aims of the programme were to:

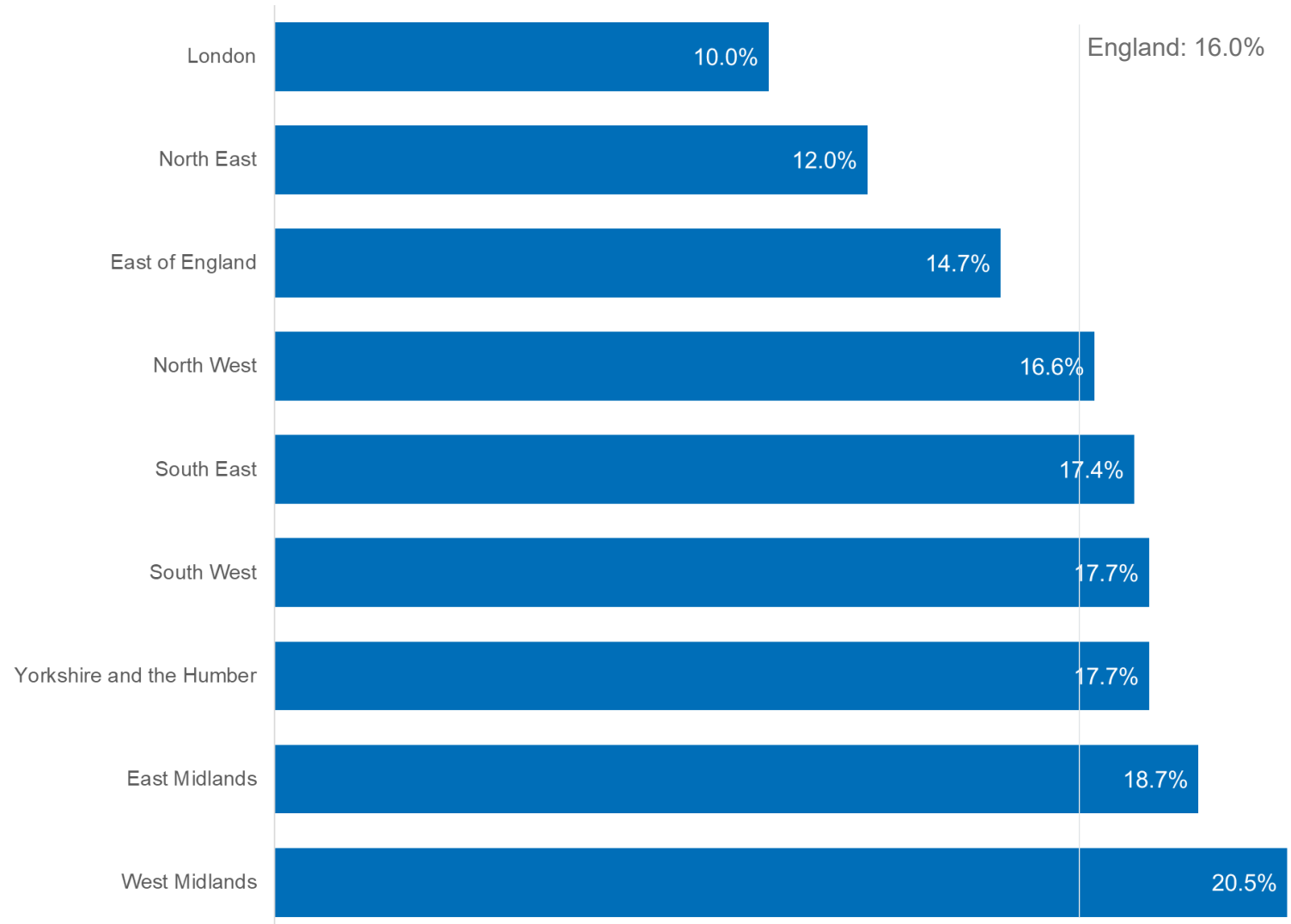
- Raise awareness of the impact of the arts on CYP's mental health
- Raise awareness of groups providing support for CYP
- Understand London's culture and mental health programmes and share these with stakeholders (for example schools, link workers, youth services and many others)
- Create a resource to support CYP people experiencing mental health issues

In early 2025, an evaluation of the Thriving through Culture programme was published, which found that collectively this programme has enabled organisations to reimagine spaces in London where arts and creativity play a central role in supporting CYP's mental health⁵



Mental health: proportion of CYP aged 5 to 16 with a probable mental health disorder

- In 2020¹:
 - More than 110,000 CYP aged 5 to 16 years in London had a probable mental health disorder
 - The proportion of CYP aged 5 to 16 years who had a probable mental health disorder in London (10.0%) **was lower** than the proportion in England (16.0%) and was the lowest of the regions¹
- The proportion of CYP aged 5 to 16 years who had a probable mental health disorder in London has **not increased** (10.0%) between 2013 and 2020^{1,2}



Source: NHS Digital





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