



The Association of Directors of Public Health

Policy Position: Best Start in Life

Key messages

- Poverty is the most important determinant of children and young people's health in the UK.
- Despite improvements in child health and life expectancy, the UK still compares unsatisfactorily to countries of similar wealth for both infant and child mortality rates.
- A whole system approach is needed to address the determinants of child health, with joint working between the NHS, housing, education, social services, voluntary, police and youth justice sectors.
- A shift towards prevention and early intervention is needed to support children and young people to lead healthy and fulfilling lives and prevent ill health in later life.

The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK. It seeks to improve and protect the health of the population through collating and presenting the views of DsPH; advising on public health policy and legislation at a local, regional, national and international level; facilitating a support network for DsPH; and providing opportunities for DsPH to develop professional practice. The Association has a rich heritage, its origins dating back 160 years. It is a collaborative organisation working in partnership with others to maximise the voice for public health.

This policy position outlines our position on giving children and young people the best start in life. It has been developed in partnership with the membership and led by the ADPH Children and Young People Policy Advisory Group. It is part of a series of position statements looking across the life course and should be read in conjunction with our statements on living and working well, healthy ageing and health inequality.

Background

Around one fifth of the UK population is aged 18 or under.¹ Currently, one in five children across the UK are living in poverty and this is predicted to increase.² Childhood poverty is associated with adverse health, developmental, educational and long term social outcomes which can have lasting effects that continue into adulthood.³ Issues associated with poverty such as housing problems and homelessness, food insecurity and financial stress contribute significantly to the ill-health of children.⁴ Adverse Childhood Experiences (ACEs), including childhood abuse, neglect, family breakdown and exposure to domestic abuse can also have a long term impact on a child's physical and mental health. ACEs can set a child on a health harming life course, by increasing their risk of adopting health-harming behaviours such as smoking, problem drinking, poor diet, low levels of exercise and risky sexual behaviours.⁵ There is also a strong association between ACEs and premature mortality.⁶

The UK compares unsatisfactorily to countries of similar wealth for both infant and child mortality rates. In 2016 the infant mortality rate in England and Wales was 3.8 deaths per 1,000 births, compared with 3.7 in 2015. The perinatal mortality rate (stillbirths and deaths at age under seven days) was 6.6 deaths per 1,000 births, compared with 6.5 in 2015.⁷

Across England, Scotland, Wales and Northern Ireland more than one in five children in the first year of primary school are overweight or obese.⁸ This can lead to lifelong conditions including diabetes and

cancer.⁹ Mental health conditions affect about one in ten children and about 70% of children and young people who have a mental health problem have not had sufficient intervention at an early age.¹⁰

There are recent downward trends in the number of young people who smoke, take drugs and drink alcohol.¹¹ The percentage of young people who have tried alcohol decreased from 64% in 1990 to 44% in 2016.¹² The uptake of smoking among young people is also declining, with the percentage of young people who have tried smoking at least once declining from 42% in 2003 to 19% in 2016.¹³

Focus on inequalities

Inequalities in early life can have a strong bearing on future health outcomes. There is a strong association between deprivation and mortality during childhood, with social inequalities affecting many of the leading causes of death among children and young people.¹⁴ Children and young people living in the most deprived households are at greater risk of non-intentional injury compared to those living in the least deprived households, and this includes injury through poor and overcrowded housing infrastructure and poorer parental education in how to protect their children.¹⁵ Children and young people growing up in deprived circumstances are also at greater risk of mental ill health and suicide,¹⁶ tooth decay,¹⁷ teenage conception¹⁸ and being overweight or obese.¹⁹

Policy context

The Westminster government has not published an overarching strategy aimed at improving the health of children or reducing child poverty and has instead published a range of plans focusing on different areas. [Childhood Obesity: A Plan for Action](#) was published in 2016 and re-affirmed the Westminster government's commitment to a sugar levy and calorie reduction through reformulation of food products. In 2018, the second chapter of the plan was published, which set out a new national ambition to halve childhood obesity by 2030, and proposed measures to address children's exposure to junk food advertising on television and online, and restrict price promotions on products that are high in fat, salt or sugar. In 2018, the Westminster government also published the Green Paper on [Transforming Children and Young People's Mental Health Provision](#). The paper proposed to identify and train a Designated Senior Lead for Mental Health in every school, establish Mental Health Support Teams to encourage joint-working across services supporting young people and reduce the waiting times to access mental health services to four weeks. In early 2019, the [NHS Long Term Plan](#) was published, which set out new action to improve the health and wellbeing of children and young people. The plan included commitments to publish a workforce implementation plan, invest in expanding access to community based mental health services, and move to a 0-25 years service and towards service models for young people that offer person centred and age appropriate care for mental and physical health needs. Most recently, the Health and Social Care Committee published a report on the [First 1000 Days of Life](#), calling for strategic and joined up leadership and long term investment in prevention and early intervention.

The Scottish Government published [Getting it right for every child](#) in 2010. The strategy encourages early intervention and calls on services that support children and young people, including social work, health, education, police, housing and voluntary organisations to work together. The Scottish Government is in the process of developing a ten-year [Child and Adolescent Health and Wellbeing Action Plan](#) which will take a rights-based approach. In 2015, the [Wellbeing of Future Generations Act](#) was enacted in Wales. This similarly calls on public bodies to take a joined-up approach and work collaboratively with the population, communities and each other to support children and young people and prevent persistent problems such as poverty and health inequalities. In Northern Ireland, the [Children and Young People's Strategy 2017-27](#)

was launched for consultation in December 2017. The strategy seeks to build upon the previous ten-year strategy, [Our Children and Young People – Our Pledge](#), and outlines how government agencies can work collaboratively to improve the wellbeing of children and young people.

The Royal College of Paediatrics and Child Health published the [State of Child Health Report](#) in 2017, which assessed the health of children across the UK. It provides a comprehensive list of 25 measures of child health, outlining specific recommendations for each measure, and calling on each government across the UK to adopt a ‘child health in all policies approach’.

ADPH Position

A whole system approach

ADPH advocates for a whole system approach to improving child health. This requires joint working between the NHS, housing, education, social services, planning, voluntary, police and youth justice sectors. A strategic shift towards prevention and early intervention is needed and this should begin with supporting good maternal health, promoting positive outcomes for both mother and child and a focus on the early years. A whole family approach should be adopted, with a focus on positive parenting, to prevent and reduce the impact of adverse childhood experiences (ACEs). A Make Every Contact Count (MECC) approach should also be used to safeguard children. A balance is needed between providing universal services to all children (such as through health visiting teams) while also focusing additional resources on vulnerable children and marginalised groups. It is also important to ensure that local services have arrangements in place to manage the transition to adult services.

Public health funding

Public health funding in England will be cut by 9.7% by 2020/21, £331 million in cash terms in addition to the £200 million in-year cut in 2015/16.²⁰ Although DsPH have been acting to manage these cuts without detriment to outcomes they have reached the limit of available efficiencies. Cuts to public health funding will limit the ability of local authorities to fund and deliver early intervention, prevention and universal services. Cuts to children’s services are counterproductive, as the return from investment in early years’ prevention is not merely financial but also observable in health improvements across the life course.²¹ Wider cuts to local authority funding are also creating financial challenges which have an impact of the determinants of health. The LGA estimates that local government will be faced with a core funding gap of £5.5 billion by 2019/20.²²

Child poverty

ADPH would welcome the restoration of binding national targets to reduce child poverty and the adoption of a ‘health in all policies’ approach to decision making and policy development. Public health and healthcare services, particularly primary care, health visitors and school nurses, play a key role in prevention and early intervention to mediate the adverse health effects of poverty and prevent more serious problems later in life. Health visitors and school nurses are key public health practitioners and are vital for improving children’s health and mitigating the impacts of poverty.

Maternal health and perinatal mental health

Poor perinatal mental health, being overweight, and engaging in harmful behaviours such as smoking and alcohol consumption during pregnancy can affect bonding and have significant consequences for the child’s development and health.^{23 24} In many areas of the UK there is a lack of access to Specialist Perinatal Mental Health Community Teams.²⁵ Depression and anxiety during pregnancy are both under-diagnosed and under-treated.²⁶ The prevalence of smoking during pregnancy in the UK is higher than in many other

European countries.²⁷ ADPH welcomed the Tobacco Control Plan's commitment to reducing the prevalence of smoking in pregnancy from 10.7% to six per cent.²⁸ NICE guidance should be implemented to reduce smoking during pregnancy, including carbon monoxide testing and opt-out referral processes.

Breastfeeding

Breastfeeding is highly beneficial for both infant and mother, and helps contribute to reducing health inequalities. Breastfeeding reduces the risk of infection during early childhood and has additional benefits including increased intelligence and protection against obesity in childhood and later life.^{29 30} Reasons for the UK's low breastfeeding rates are complex, and include low levels of support and education on breastfeeding for mothers (particularly young mothers and those from deprived backgrounds), practical problems with initiating breastfeeding after birth, and social stigma. The UNICEF Baby Friendly Initiative is an example of an evidence-based programme working with families to encourage breastfeeding. It is also important to ensure that children, particularly those that are breastfed, receive the recommended daily allowance of Vitamin D, in order to promote healthy bones and reduce the risk of musculoskeletal conditions in later life.³¹

Immunisation and vaccination

Immunisation across the life course is vital for the prevention of many communicable diseases and their associated morbidity and mortality.³² In 2015, Wales, Northern Ireland and Scotland met the World Health Organisation (WHO) target for having the full course of the 5-in-1 vaccine at 12 months; England fell below the target of 95% with 94.2% coverage.³³ The UK failed to meet the WHO target for uptake of the measles, mumps and rubella (MMR) vaccine by age five, averaging 89.2%.³⁴ Barriers to immunisation uptake include a lack of access to services and perceived medical contradictions. Low levels of immunisation are associated with socioeconomic deprivation and are commonly found amongst ethnic minority groups, refugees and children whose families are travellers. It is important to tailor interventions to increase vaccination uptake for different social and cultural groups, particularly those that are harder to reach and research is needed to understand why specific groups have lower uptake.^{35 36}

Mental health and wellbeing

Half of all adult mental health problems start before the age of 14 and 75% before the age of 24.³⁷ Greater investment is therefore needed in promoting good mental health and wellbeing in children and young people, as well as early identification and prompt intervention for those who need support with better services across education, social care, youth justice and health. A whole school approach should be adopted to promote positive social and emotional wellbeing, involving teachers, mental health professionals, school nurses, parents and students. Personal, Social, Health and Economic education (PSHE) should be compulsory in all primary and secondary schools across the UK and the curriculum should promote social and emotional wellbeing through building resilience and should directly tackle issues around mental health, social media, bullying and drug and alcohol use. School nurses play a crucial role and should be trained to ensure that they can recognise and support those with mental health issues and can recognise when a problem is serious and needs referral. ADPH has published a policy position statement on [mental health and wellbeing](#).

Sexual health

ADPH welcomed the announcement of compulsory Sex and Relationships Education (SRE) in all schools in England. SRE can support young people in making healthy decisions in relation to their sexual and reproductive health and can address issues around consent and abusive relationships. Targeted interventions should be strengthened to improve the sexual health literacy in areas where under 18

conceptions rates are higher than the national average.³⁸ ADPH has published a policy position statement on [sexual health](#).

Oral health

Tooth decay remains the most common single reason that children aged five to nine require hospital admission and it is a significant public health issue, particularly for deprived populations.³⁹ Tooth decay is preventable and promoting improved oral health in children requires action at a national, local and individual level. Families should be equipped with the knowledge to encourage and oversee good hygiene practice amongst children and there must be timely access to dental services for preventative advice and early diagnosis, with targeted access for vulnerable groups. Those who work in early years settings should be educated about the importance of child oral health. National action is required to reduce sugar in children's food and drink, as well as educate families to reduce and replace high sugar products. In areas where there is a particularly high prevalence of tooth decay, fluoridation of water supplies has been shown to be effective and reduces health inequalities.^{40 41}

Behavioural determinants of health

The UK continues to have high levels of childhood obesity with around a third of children overweight or obese at age 10 or 11.⁴² Obesity is a complex issue and requires a whole system approach and action by a range of partners to build a culture where healthy weight is the default in society. ADPH is pleased to see the recent downward trends in the number of young people who smoke, take drugs and drink alcohol.⁴³ However, both preventative and rehabilitation/cessation services are extremely important to ensure this trend continues, particularly in areas of deprivation where people are more likely to start smoking and misuse alcohol. ADPH has published policy position statements on the topics of [alcohol](#), [tobacco](#), [obesity](#) and [drugs](#).

ADPH Recommendations

National

- Governments across the four nations should take a whole system approach to children and young people's health and should adopt a 'health in all policies' approach to decision-making and policy.
- Investment in public health must be increased. Cuts to public health budgets must be reversed and public health needs to be funded both sustainably and adequately in line with local population health need.
- NHS England needs to ensure that prevention, with a clear focus on children and young people's health, forms a key, mandatory and funded part of all Sustainability and Transformation Partnership and Integrated Care System plans.
- The Government should mitigate the impact of wider local authority funding cuts on the health of children and young people; for example, cuts to children's services.
- Each UK Government should reintroduce binding national targets to reduce child poverty.
- A whole family approach should be taken, that is proportionate to need, with a focus on positive parenting, to prevent and reduce the impact of adverse childhood experiences (ACEs). A national framework for addressing Adverse Childhood Experiences should be adopted.
- National policy action should be taken on the training, recruitment and retention of health visitors through the NHS workforce plan or by Health Education England.
- A long-term plan and public health campaign are required with the support of all the UK governments, health agencies and health services to change the culture of breastfeeding so that women feel socially supported to breastfeed.

- Governments across the UK should take action to reduce sugar in children’s food and drink as well as educate families to reduce and replace high sugar products.
- Personal, Health, Social and Economic education (PSHE) should be made mandatory in all schools to support the development of resilience in children and young people.
- Across the UK, advertisements for food and drink products that are high in saturated fat, salt and sugars should be banned before the 9pm watershed.
- Local authorities should have more powers to enable them to more effectively tackle unhealthy environments, such as powers to ban junk food advertising near schools.

Local

- Effective integration of health and social care services and a whole system, place-based approach should be adopted to improve children and young people’s health and wellbeing outcomes.
- Health professionals including GPs, midwives, health visitors and social workers should be trained to identify prenatal and perinatal maternal problems early, offer support and signpost.
- Maternity services, primary care, health visiting and paediatric services should support mothers in making informed choices around breastfeeding and offer practical support to help them initiate and maintain breastfeeding.
- Sexual and reproductive education should be coupled with timely access to confidential advice and dedicated young people’s contraceptive services.
- Fluoridation of public water supplies should be considered by local authorities in areas where there is a high prevalence of tooth decay.

Association of Directors of Public Health

Original statement: May 2018

Next Review: May 2020

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