



## EDITORIALS

# NHS must prioritise health of children and young people

Our future health and prosperity depend on it

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Children and young people are a quarter of our population<sup>1</sup> but 100% of our future. Our moral obligation to promote children's health is clear within UK law and in the UN Convention on the Rights of the Child. Furthermore, 94% of adult Britons believe children's health should be a priority for the NHS.<sup>2</sup> Despite this, the low priority that UK health systems give to children suggests we must marshal other arguments to convince policy makers.

Children and young people aged 0-19 years are the workforce of the 2020s and the parents of the next generation. Their health will be one of the factors deciding whether the UK is prosperous after 2019. Countries that invest in child health reap impressive economic rewards, with each pound spent on children's health returning over £10 to society over a lifetime.<sup>3</sup> The converse is that poor health in childhood leads to reduced workforce participation and productivity<sup>4</sup> and lowers national wealth.<sup>3</sup>

The UK has a higher birth rate<sup>5</sup> and a higher proportion of young people in its population<sup>6</sup> than almost all other European countries. There are 15.5 million people aged under 20 years in the UK<sup>1</sup>—more than the whole population of 19 of the other 27 EU countries.<sup>7</sup> This “country” of children will provide us with a future demographic dividend of a larger working age productive population if, and only if, we preserve their health.

We are poorly positioned to reap these benefits, however, as our children's health outcomes are substantially worse than those in most other wealthy European countries.<sup>8</sup> The Royal College of Paediatrics and Child Health (RCPCH) *State of Child Health 2017* found that the UK was the European leader in none of 25 key indicators of physical or mental health in children and young people.<sup>8</sup>

## Overlooked generation

Why is this quarter of our population not given greater priority? Scotland<sup>9</sup> and Wales<sup>10</sup> have both recently announced new national strategies to improve children's health, although their children's services receive little priority. In England, children and young people's health sits uneasily below the top table. On the one hand, we have the childhood obesity plan,<sup>11</sup> brave legislative action in the soft drinks industry levy,<sup>12</sup> and a welcome attention to mental health.<sup>13</sup> On the other hand, health

services for children and young people struggle for priority, and there is no sign yet of a national strategy.

NHS England does not prioritise children and young people, arguing that they are included within all-age strategies for primary care, urgent and emergency care, mental health, and cancer. But despite some excellent specific work on mortality, a digital strategy,<sup>14</sup> and specialist reviews, children and young people are largely invisible within most all-age programmes.

The NHS *Five Year Forward View* mentions children and young people briefly only in relation to prevention and mental health.<sup>15</sup> The 44 regional partnerships formed to transform healthcare in England (sustainability and transformation partnerships or integrated care systems) have a limited and inconsistent focus on children and young people outside of mental health.<sup>16</sup> The 2016 *General Practice Forward View* mentions children only once,<sup>17</sup> despite children making up a large proportion of those attending primary care.<sup>18</sup> Health Education England has not initiated a planned workstream for child health professionals some four years after it announced its intent to do so.

Patients aged 0-18 years accounted for 25% of emergency department attendances in 2015-16,<sup>19</sup> but the 2013 *Transforming urgent and emergency care services in England* mentions this group briefly twice.<sup>20</sup> Children's use of health service is potentially more amenable to new models of care than much of adult healthcare, with up to 75% of their emergency department attendances potentially manageable in primary and acute care systems.<sup>21</sup>

This lack of focus has begun to tell. In England, community health services for children and young people have borne the brunt of local authority cuts after reductions in public health budgets.<sup>22,23</sup> Across the UK, large gaps in the paediatric workforce have lowered morale in children's services,<sup>24</sup> recruitment into paediatric training positions in 2017 was the worst ever,<sup>25</sup> and in England the Care Quality Commission identified workforce deficiencies, low morale, and lack of focus on children as reasons for large numbers of services receiving poor ratings for safety and effectiveness.<sup>26</sup>

## Time to act

The moral and economic reasons for action are clear. The UK, and particularly England, urgently needs a new focus on health services for the young people who carry all our futures. We must challenge the unconscious bias that leaves children beneath our natural line of sight. In 2012, the Westminster government embedded “parity of esteem” in legislation, giving mental health equal priority to physical health. We need a new equality of priority for child health.

For each UK country this means a targeted health strategy, formulated in partnership with children and their families, and covering early life from conception to the transition to adulthood. For England it also means a greater prominence within NHS England priorities in primary care and emergency care and in the new integrated care systems. The RCPCH will work with governments to achieve these aims. Business as usual for child health will not build a healthy and prosperous United Kingdom.

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