

Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and
Education Committee
Blaenoriaethau ar gyfer y Pwyllgor Plant, Pobl Ifanc ac Addysg |
Priorities for the Children, Young People and Education Committee

CYPE 66

Ymateb gan : Y Gymdeithas Feddygol Brydeinig
Response from : British Medical Association

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the Children, Young People and Education Committee's call for suggestions as to what the priorities of the Committee should be during the Fifth Assembly.

The British Medical Association (BMA) is an independent professional association and trade union representing doctors and medical students from all branches of medicine all over the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 160,000, which continues to grow every year. BMA Cymru Wales represents over 7,500 members in Wales from every branch of the medical profession.

RESPONSE

Challenges facing child health in Wales

The BMA published a seminal report in 1999 on growing up in Britain. A follow up report, [*Growing up in the UK*](#), was published in 2013, and this has also been supplemented by additional papers published this year.

Growing up in the UK is a forensic analysis of the state of children's health across the UK. The findings show that, for far too many children, the outcomes for health, social care, education, youth justice and poverty are some of the worst when compared to those in the richest countries of the world.

In April of this year, BMA Cymru Wales convened a seminar which brought together a range of organisations to identify the challenges facing children and young people, and also the opportunities to make positive interventions. At this event, the Children's Commissioner for Wales, Save the Children and Community Housing Cymru all provided thought-provoking presentations highlighting the breadth of factors that impact on children's life and health outcomes.

The health and wellbeing of children and young people cannot be confined to one policy area. We are mindful that it is important for a range of government departments to work in close cooperation to deliver

meaningful and joined-up change for children and young people. In terms of the role of the National Assembly for Wales and its committees, we would urge collaborative working to make sure that these important issues do not become everybody's and nobody's priority at the same time.

Reflecting on this, we would identify six broad areas that have a significant impact on the health and wellbeing of children and young people:

- Poverty
- Early years
- Obesity
- Physical activity
- Smoking and risk taking behaviour
- Mental health and wellbeing

We would suggest that it would be useful for the committee to consider looking in greater detail at all of these areas over the next five years. In particular, we would encourage the committee to place emphasis on scrutinising the effectiveness of various government policies, plans, structures and Acts already in place – such as the Wellbeing of Future Generations (Wales) Act – in tackling these particular areas. We appreciate that there are many levers and mechanisms already in place to improve child health. However, much more needs to be done to ensure that they remain appropriate and are being used effectively and equitably throughout Wales. We would suggest that there is a piece of work to be done to assess the extent to which existing legislation and policy is being implemented successfully and, in particular, evaluating the impact it is having.

Poverty

Almost one child in every three lives in poverty in Wales. This statistic equates to almost 200,000 children.¹ Health inequality is intrinsically linked to poverty and more must be done to challenge this link.

Even though a quarter of the Welsh population already live in poverty, the Institute for Fiscal Studies forecasts that child poverty in Wales could increase significantly by 2020.² Some children's charities expect poverty rates to reach a 30-year high within this time frame. Children in the most deprived areas of Wales are already almost twice as likely to die in a given year as those from the least deprived areas.³ We would suggest that the wider socio-economic determinants of health and well-being are looked at as part of this work.

¹ <http://www.savethechildren.org.uk/where-we-work/united-kingdom/wales>

² <http://www.poverty.ac.uk/editorial/1-4-children-poverty-2020-%E2%80%93-ifs-forecast>

³ <http://www.rcpch.ac.uk/sites/default/files/page/Death%20in%20Children%20and%20Young%20People%20in%20the%20UK%20-%20Part%20-%20ENGLISH%20WEB.pdf>

If the relationship between poor health and poverty is not addressed we can only expect public health, and public finances, to suffer as a consequence. More importantly, a growing number of individuals will not be afforded the chance to live healthy, productive and happy lives.

Early years

Early years' education, at home as well as in formal settings, is a crucial part of child development.^{4 5 6} In Wales, we know that 26,000 children are projected to leave school during the term of this Assembly unable to read well.⁷

We know that literacy levels are closely linked to both physical and mental health and wellbeing. Additionally, children who read well are likely to grow up to lead lives with less health risk factors, such as poverty and poor housing.

In addition, health literacy is important across all ages and it is clear that both children and parents may not have the necessary skills and information to lead healthy lives or to be aware of or access the appropriately services. Arguably, more needs to be done to communicate health messages in clear an accessible ways and to support parents to create healthy environments for their children. Targeted interventions are important, but more needs to be done through universal services to identify problems at the earliest stage, and to ensure that budget, capacity and workforce is sufficient, and working collaboratively, to allow timely and appropriate interventions.

Obesity

Figures show that 26% of children in Wales have a BMI classified as unhealthy.⁸ Considered alongside the fact that 36% children in Wales do not eat fruit every day, and 48% do not eat vegetables on a daily basis,⁹ it is clear that more needs to be done to promote healthy diets and lifestyles.

BMA Cymru Wales has long campaigned for measures to reduce levels of obesity, including action targeted at improving children's diets, as well as increasing active travel and physical activity levels.

In our manifesto for the 2016 elections, [*What About Health – three steps to a healthier nation*](#), we called for politicians to work together to:

⁴ Lake A (2011) Early childhood development – global action is due. The Lancet 378: 1277-8

⁵ Walker SP, Wachs TD, Grantham-McGregor S et al (2011) Inequality in early childhood: risk and protective factors for early child development. The Lancet 378: 1325-38

⁶ Engle PL, Fernald LCH, Alderman H et al (2011) Strategies for reducing inequalities and improving development outcomes for young children in low-income and middle-income countries. The Lancet 378: 1339-53

⁷ http://www.savethechildren.org.uk/sites/default/files/images/Reading_Wales_Future_Eng.pdf

⁸ <http://www.wales.nhs.uk/sitesplus/888/news/33512>

⁹ <http://gov.wales/statistics-and-research/welsh-health-survey/?lang=en>

- implement interventions to curb the promotion and availability of unhealthy foods;
- ensure sufficient and convenient opportunities for sport and exercise;
- provide a comprehensive strategic approach to nutrition and exercise.

More broadly, the BMA has a range of policies covering the promotion of a healthy diet, an underlying cause of high levels of obesity. These policies include:

- calling for a 20 per cent tax on sugar sweetened drinks;
- a mandatory traffic light approach to displaying nutritional information for all pre-packaged food and drink products;
- high impact and sustained social marketing campaigns to improve dietary attitudes and knowledge;
- phasing out artificial trans fats in the UK, reducing salt levels in all food and drink and introducing UK wide targets to reduce calorie, fat, saturated fat and added sugar levels;
- recognising the medical, psychological and social complexities of obese adults and children;
- calling for education in obesity and nutrition to be an essential component of medical training.

The 2015 report by the BMA's Board of Science, *[Food for thought: promoting a healthy diet among children and young people](#)*, brings together a range of policies targeted at children and diet, including policies on obesity. These include:

- collaboration between schools and local authorities to deliver a whole-school approach to healthier diets;
- prohibiting the marketing of energy-dense food and drink products to children and young people;
- specific provisions preventing the marketing via non-broadcast media that appeals in any way to children and young people;
- prohibiting any sponsorship of events, activities, individuals or groups that appeal in any way to children and young people;
- restricting marketing and sponsorship of unhealthy food and drink products in schools;
- prohibiting retailers from displaying unhealthy food and drink products at checkouts and in queuing areas, targeting children;
- ensuring that all mandatory food standards apply to all academy schools and free schools;
- ensuring a free fruit and vegetable scheme is available to all primary school children throughout the UK, five days per week.

The health implications for obese children are significant and will stay with them into adult life. It is important that more is done to ensure that

children develop good eating habits and an awareness of the importance of eating healthily. An obesity strategy is needed for Wales and it would be beneficial for the committee to contribute to the development of this strategy, specifically considering children's and young people's particular needs.

Physical activity

The BMA also has a wide-range of policy covering physical activity and active travel. The 2012 publication by the BMA's Board of Science, [*Healthy transport = Healthy lives*](#), brings together a number of these:

- calling for a halt to the sale of assets such as school playgrounds and sports fields;
- ambitious growth targets for walking and cycling, with increased funding and resources with particular focus on journeys to and from schools or colleges and greater promotion and endorsement of schemes such as cycle to school and national activity days;
- a call for healthcare organisations to work with local authorities to ensure support for physically active travel;
- regulating to prioritise active and sustainable forms of transport.

Physical inactivity is a growing problem in Wales and one that costs the NHS in excess of £650 million a year. More can and should be done to help build exercise and healthy living into children and young people's everyday routines.

Smoking and risk taking behaviour

Smoking usually begins in adolescence, and early initiation of smoking predicts the likelihood of addiction to tobacco, and also problems with alcohol in later life.¹⁰

While e-cigarettes have the potential to reduce tobacco-related harm (by helping smokers to cut down and quit), we believe that a strong regulatory framework is required for the sale and use of e-cigarettes to:

- ensure they are safe, quality assured and effective at helping smokers to cut down or quit;
- restrict their marketing, sale and promotion so that it is only targeted at smokers as a way of cutting down and quitting, and does not appeal to non-smokers, in particular children and young people.

We are concerned that failing to regulate appropriately will result in an environment where smoking is re-normalised for young people.

¹⁰ Riala K, Hakko H, Isohanni M et al (2004) Teenage smoking and substance use as predictors of severe alcohol problems in late adolescence and young adulthood. *Journal of adolescent health* 35: 245-54

Around 40 per cent of 15 year olds and just under 20 per cent of 13 year olds drink alcohol at least once a week.¹¹ We would strongly support minimum unit pricing for alcohol and restrictions to advertising (which we note may be outside of the competence of this Assembly).

More needs to be done to understand the risk taking behaviours of young people to develop adequate policies to safeguard them more effectively.

Mental Health and Wellbeing

The largest cause of non-communicable illness among children and young people is neuropsychiatric illness.¹² Emotional and behavioural problems affect one in five children, and mental health conditions affect one in eight.¹³ Six per cent of the child and adolescent population have a diagnosed conduct disorder, four per cent an emotional disorder, three per cent have attention deficit hyperactivity disorder (ADHD), and one per cent have other conditions including autism.¹⁴

Many mental health problems are related to repeated adverse childhood experiences. Given the number of children and young people affected by mental health problems, it is important that the committee considers whether current policies, legislation and systems are fit for purpose to deliver appropriate outcomes for individual children and young people.

Proposed priorities for the next 12 months

Initially we would urge the committee to consider 2 key areas of work:

- 1) Given the issues impacting on children in Wales outlined above, we are concerned that the Public Health (Wales) Bill contains no provisions for improving the health and wellbeing of children. We would encourage the committee to work with the Health, Social Care and Sport Committee to identify ways in which this Bill can meaningfully deliver for children, particularly in relation to health inequalities;
- 2) We know that development in the early years has a significant impact on life chances. It would be useful for the committee to consider an inquiry into how families and professionals can be better supported to improve the experiences of children during their earliest years.

¹¹ Growing up in the UK, page 25

¹² www.who.int

¹³ Braddick F, Carral V, Jenkins R et al (2009) Child and adolescent mental health in Europe: infrastructures, policy and programmes. Luxembourg: European communities

¹⁴ Green H, McGinnity A, Meltzer H et al (2005) Mental health of children and young people in Britain, 2004. London: Palgrave MacMillan.

Additional information

Growing up in the UK has identified ten overarching themes that would impact positively on child health and wellbeing. It would be worth the committee considering the benefit of focussing on any of the ten themes.

1. **Ring-fence funding for programmes and benefits designed to assist children, young people and families:**
Funding for health and welfare for children – including for health (primary, secondary and community), education and social care – should be consolidated in one fund, to enable the joined-up planning and delivery of care, and prevent detrimental effects that can last for generations and may cost governments more in the long term
2. **Put an end to child health inequalities:**
Support measures to tackle poverty, reduce inequalities and prevent adversity before birth and continuing throughout the life-course of the child to adolescence
3. **Fund early intervention programmes for all children:**
Finance, develop, evaluate and implement preventative early interventions to reduce the short-term and lifelong impact of early life adversities
4. **Act early to safeguard vulnerable children:**
Meet the needs of children at risk – including children with disabilities, children with mental health conditions, and refugee and asylum seeker children - through early intervention and multi-disciplinary working between social services, education authorities, healthcare teams and others
5. **Address the gap in UK child health data:**
Conduct continuing research into the state of child health across the UK to ensure that government, and health and social care providers have suitable information to monitor the health of our children on an ongoing basis
6. **Use evidence to inform policies and services:**
Ensure that all policies are evidence-based and informed by robust data, to improve the 'match' between children's healthcare needs and the services provided to meet those needs
7. **Take responsibility for children:**
Establish accountability at Ministerial level for children's health and wellbeing that includes a framework for monitoring, reviewing and remedying processes in alignment with UK commitments to the Convention on the Rights of the Child
8. **Recognise the importance of the family unit:**
Provide children's services that are family-centered and focused on the importance of parenting, where the child and family are embraced as a unit
9. **Support healthcare professionals:**
Provide culturally and age-sensitive training programmes for healthcare teams to address the unique needs of vulnerable groups

of children and young people including child refugees and asylum seekers, children with disabilities, and children with mental health conditions

10. **Involve children in decision making and service design:** Meaningfully involve children, young people and families in design and delivery of services in order to make them more accessible and effective¹⁵

¹⁵ <https://www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/child-health/growing-up-in-the-uk-review>