

# The UK's global standing in child and young people's health and how GPs can help

This special issue on child health comes at a crucial time for children and young people (CYP) in the UK. With over one-third of British children living in poverty according to one measure,<sup>1</sup> there is fierce debate about how we can ensure that these key formative years give CYP the best possible start.<sup>2</sup> The issue has gained further impetus from recent high-profile reports highlighting the health and wellbeing of Britain's CYP compared to their European and global counterparts,<sup>3,4</sup> and a damning judgement on child poverty in the UK by the United Nations Special Rapporteur on extreme poverty and human rights.<sup>5</sup> Notwithstanding the limitations of international comparisons, this article describes the UK's global position in CYP health and suggests tangible actions that GPs can take to help improve outcomes.

### PERFORMANCE AGAINST GLOBAL PEERS

The Nuffield Trust recently published reports on the health of CYP in Britain compared to other high-income countries.<sup>3,4</sup> Their findings on the UK's outcomes in early childhood<sup>3</sup> (aged 0–4 years) were mixed. In a few areas, including education level, British children were close to the top; however, they were more frequently close to the bottom in crucial areas such as infant mortality, early childhood mortality, breastfeeding, childhood obesity, and female life expectancy. Performance on the remainder of indicators was middling. While the trends of change are generally positive, there is concerning evidence that progress on key indicators such as infant mortality, life expectancy, and low birth weight has ground to a halt or is in reverse.<sup>3</sup>

The health and wellbeing of British adolescents and young adults (aged 10–24 years) was also explored<sup>4</sup> and is generally poorer than in comparator countries. The UK has very high rates of obesity and inequality in obesity between social groups, and 11 year olds participate in less exercise than elsewhere. Asthma death rates among 10–24 year olds are the highest

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in Europe, and there is high all-cause burden of disease. In terms of the social determinants of health, the proportion of young people not in education, employment, or training (NEET) is relatively high, as is severe material deprivation. Outcomes are similar to comparable countries in a few areas including alcohol, smoking, and cannabis use, which are falling. The UK performs particularly well in only three areas: all-cause mortality, and road traffic injury morbidity and mortality. As with outcomes in early childhood, progress for many metrics has stalled during the 2010s or is worsening.

Reflecting on the current health and wellbeing of CYP in Britain invites us to consider what the future might hold, and The Royal College of Paediatrics and Child Health have attempted to predict this.<sup>6</sup> These data have obvious limitations, but they concluded that the UK is likely to fall further behind comparable countries over the next decade due to its worse current performance and slower rate of improvement on key indicators. For example, infant mortality is currently 30% higher in the UK than average for similarly developed countries and is predicted to be between 80%–140% higher by 2030.<sup>6</sup> Moreover, inequality is set to worsen, with the gulf in health outcomes between Britain's most affluent and deprived CYP continuing to widen.

### WHY IS THE UK PERFORMING POORLY?

The cause of the UK's relatively poorer outcomes is broadly a combination of the social determinants of health and health

systems factors.<sup>3,4</sup> In terms of the social determinants, challenges such as the UK's higher rates of severe material deprivation and the proportion of young people who are NEET negatively impact CYP's health. Tackling the UK's relatively poorer outcomes requires coordinated reform in cross-cutting policy areas including the economy, education, welfare, housing, and the environment. The current structure and delivery of health care in the UK also impedes progress. Young people have distinct healthcare needs that are often not met by services, reflected by them reporting the poorest NHS experience of any age group.<sup>7</sup> This poor experience is linked to worse health outcomes and in the long term, the impact of lower quality care as a young person compounds to produce poorer health in adult life.<sup>8</sup> However, there is encouraging recent progress in this area with a clear focus on CYP in *The NHS Long Term Plan*<sup>9</sup> and promising innovations in care, such as group consultations and integrated care.<sup>10,11</sup> Additionally, the NHS plans to move towards providing cohesive, joined-up services for 0–25 year olds, with the aim of easing the challenging transition from childhood to adulthood.<sup>9</sup>

Health systems factors also play a role in outcomes for younger children. In 2019, the World Health Organization removed the UK's measles elimination status and the National Audit Office concluded that factors such as poor access to vaccines and incomplete data are contributing to declining vaccination rates.<sup>12</sup> In addition, it is postulated that the recent increase in infant mortality is partly due to the impact of restrained government spending since 2010 on the NHS and allied services, such as social care and public health.<sup>13</sup>

### WHAT CAN GPs DO TO HELP?

GPs and other primary care professionals have a key role to play in improving outcomes for CYP, which extends beyond optimising

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their routine clinical care of these patients. First, preventive care measures, such as immunisation, and health promotion activities, such as supporting healthy weight and smoking cessation, are key to reducing health inequalities and improving health outcomes.<sup>14</sup> GPs' involvement in high-quality delivery programmes ensures that interventions can be targeted to the needs of local populations and maximises participation through opportunistic health promotion that is integrated with all primary care services.<sup>15</sup> Second, new data tools, such as the Whole Systems Integrated Care dashboard in North West London,<sup>16</sup> support an approach of population health management (for example, proactive identification of, and targeted support for, CYP whose needs are poorly met). This group includes those who need more support in managing long-term conditions (for example, children with asthma who haven't had an annual check), those with complex needs whose care is poorly coordinated, and those who have both complex health and social care needs. Lastly, GPs have a key role to play by advocating for the needs of CYP and by providing clinical leadership for primary care networks, clinical commissioning groups, and other organisations. By combining these clinically focussed actions with a proactive, government-led approach to addressing the social determinants of health, we can improve health and wellbeing for CYP to give them the future they deserve, and Britain the dynamic and productive future population it needs.

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