



Public Health
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Public Health and Children, Young People & Families

SAPHNA Conference

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Why Children and Young People matter

- Under 18s account for more than 11 million people in England – in some areas this is 25% of the total population
- Marmot and others showed that a poor start in life can reduce achievement in childhood and in adult life
- Evidence base and emerging science of brain development show we can make a difference through early intervention and public health approaches
- There are economic and social arguments for investing in childhood to minimise costs to society in later years and maximise potential of individuals
- Many poor health outcomes for adults originated in childhood, for example smoking, mental health, obesity and violence



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Some Health Challenges



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Health, Wellbeing and Achieving in Schools

“You won’t get good grades in schools unless you are happy and fulfilled and unless the whole child is looked after”

Michael Gove

Secretary of State for Education

School Food Plan, July 2013



Prince's Trust Survey, 2013

Almost **50%** of young people with fewer than 5 GCSEs graded A* to C said they **always** or **often** 'feel down' or depressed

*... compared to **30%** of young people more qualified*



Costs to individual in adulthood

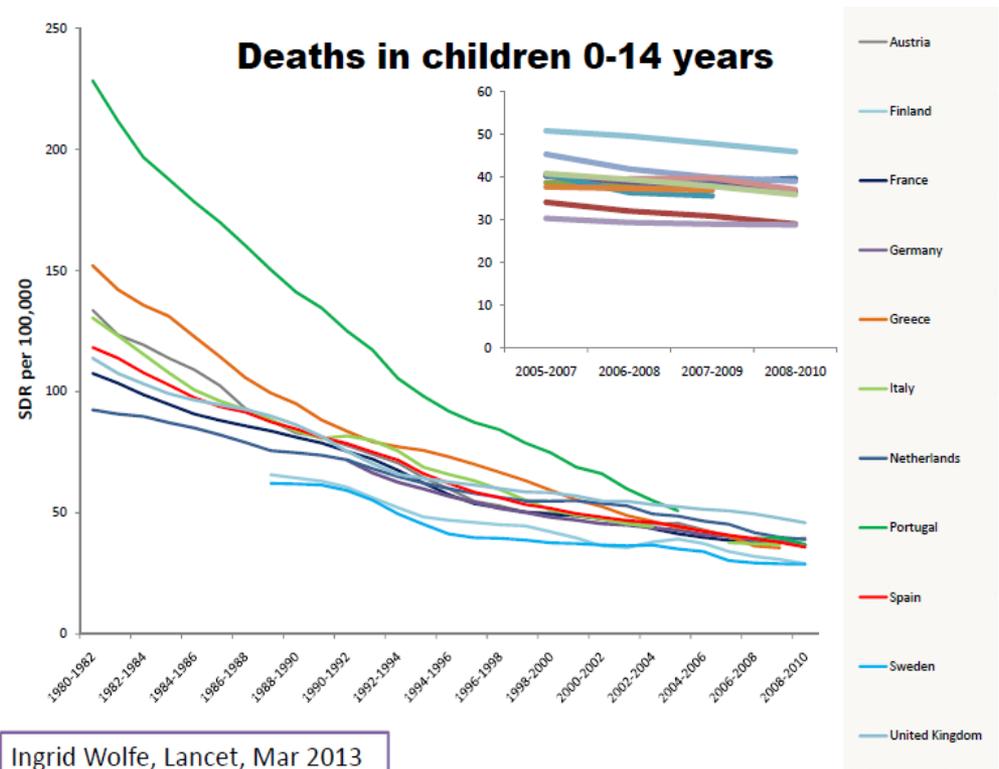
The likely impact on **lifecycle net earnings** of having a degree as compared to **not having a degree** is on average:

- *28% for men (approx. £168k)*
- *53% for women (approx. £252k)*



UK's u15s mortality is now amongst the worst in Europe

Since 1980 UK child mortality rate has moved from one of the best in 11 European countries to the worst.

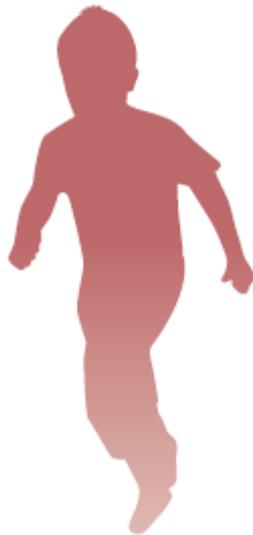




Physical Activity

Recommended daily 60 minutes of
exercise by school age children:

1 in 3



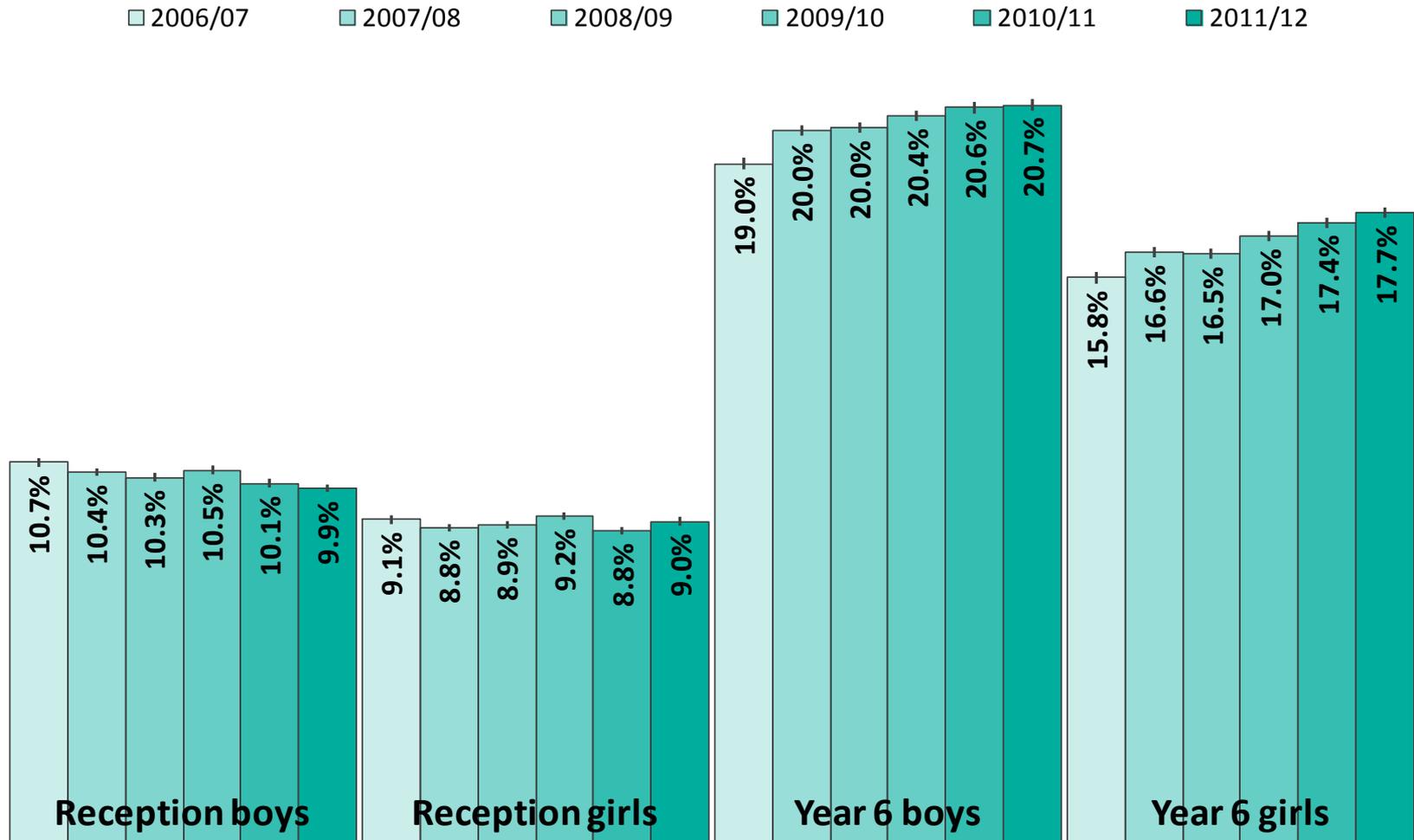
1 in 4





Prevalence of obesity by school year and sex

National Child Measurement Programme 2006/07 to 2011/12



Child obesity: BMI \geq 95th centile of the UK90 growth reference. 95% confidence intervals are displayed on the chart

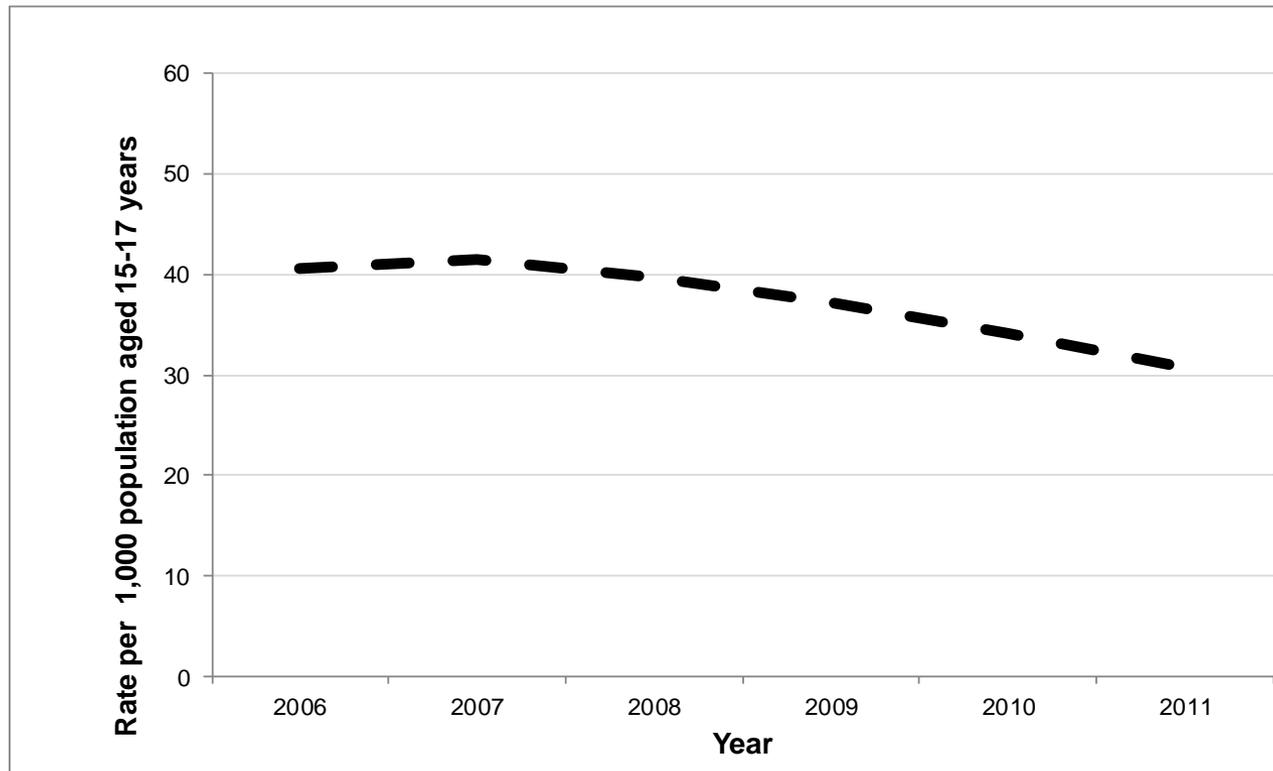


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Positive Trends



Under 18 conception rate | England

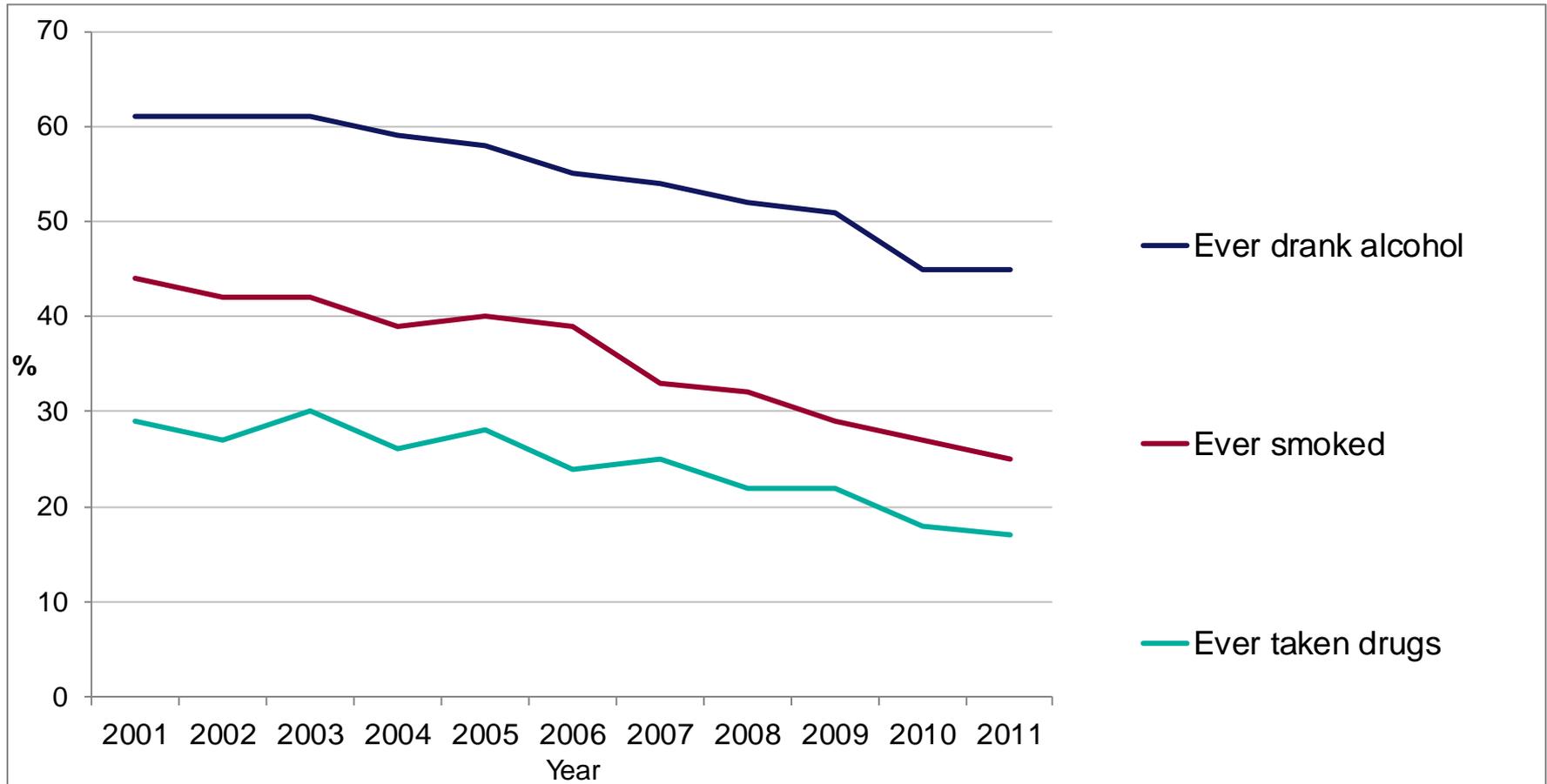


- Approximately 3% (29,000) of teenage girls conceived in 2011.
- Nationally, the rate has fallen by 34%, from around 47 conceptions per 1,000 population in 1998, to its 2011 level of approximately 30 conceptions per 1,000 population.



Smoking, drinking and drug use

Smoking, drinking and drug use among young people in England in 2011
<http://www.natcen.ac.uk/>





Alcohol use among young people in England, 2011

- 45% of pupils had drunk alcohol, a decrease from the peak of 61% in 2001
- 12% of pupils had drunk alcohol in the last week compared to 26% in 2001
- 7% of pupils said they usually drank at least once a week, compared with 20% in 2001
- Drinking alcohol in the last week is associated with age, ethnicity, and other risky behaviours (smoking, drug taking and truancy)

The Health and Social Care Information Centre 2012



Substance Use Among Students in 36 European Countries

ESPAD 2011

	UK	European Average
Alcohol use last 30 days	65%	57%
Heavy episodic drinking past 30 days	52%	39%



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Variation by area and deprivation



Variation in Health Outcomes

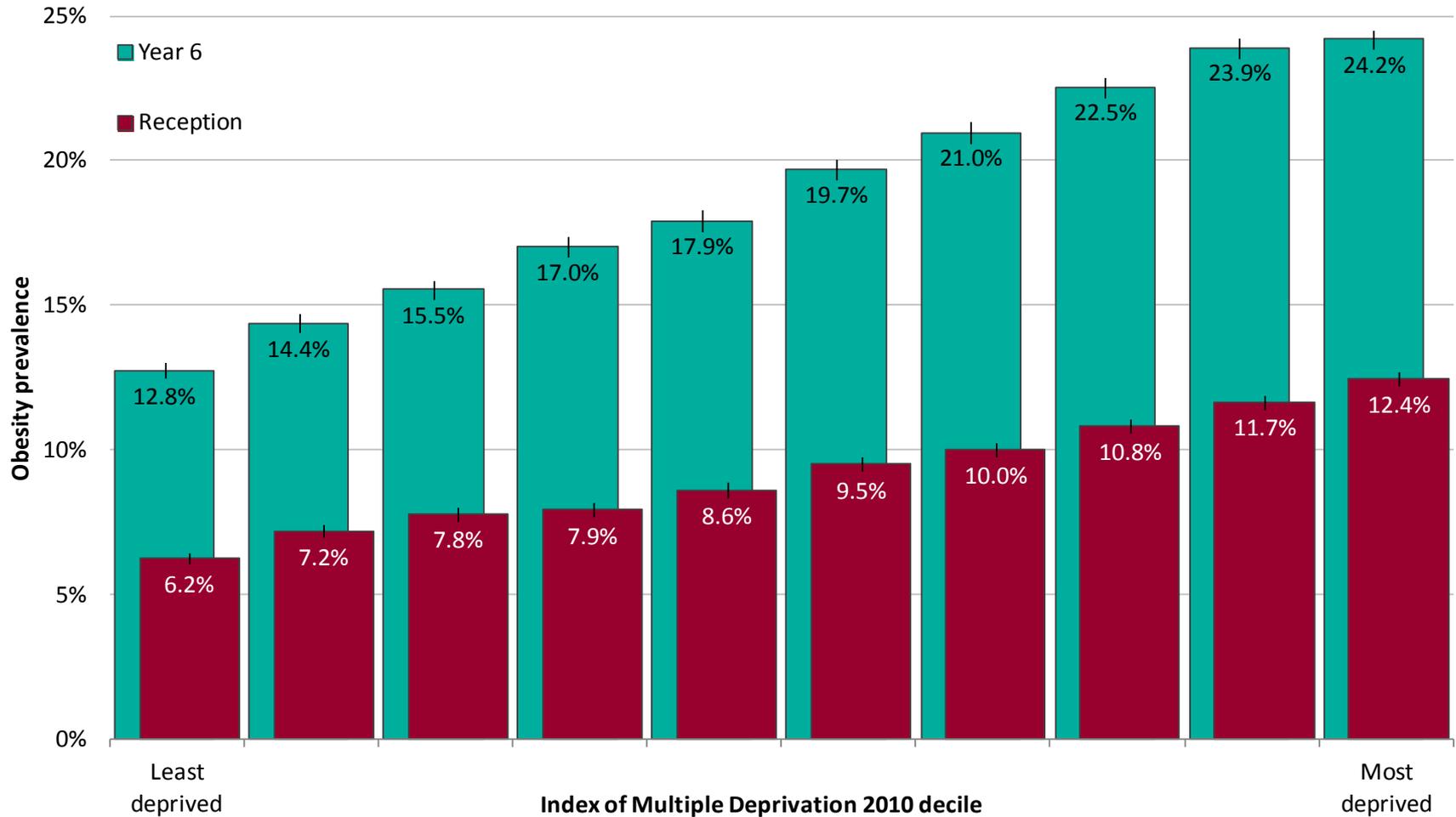
	England Best	England Average	England Worse
Obese children (4-5 years)	5.8%	9.5%	14.5%
Obese children (10-11years)	12.3%	19.2%	27.8%
u18 Teenage Conception Rate (per 1000)	6.2	35.4	64.7
Killed/seriously injured in road accidents (per 100,000)	4.4	22.1	47.9
Hospital admissions due to alcohol specific conditions (per 100,000)	16.9	55.8	138.3
A&E attendances (0-4 years) (per 1000)	136.3	483.9	1,187.4

Source: Child and Maternal Health Intelligence Network, PHE, May 2013



Obesity prevalence by deprivation decile

National Child Measurement Programme 2011/12



Child obesity: BMI \geq 95th centile of the UK90 growth reference



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Public Health England's Mission

“To protect and improve the nation’s health and to address inequalities, working with national and local government, the NHS, industry, academia, the public and the voluntary and community sector.”



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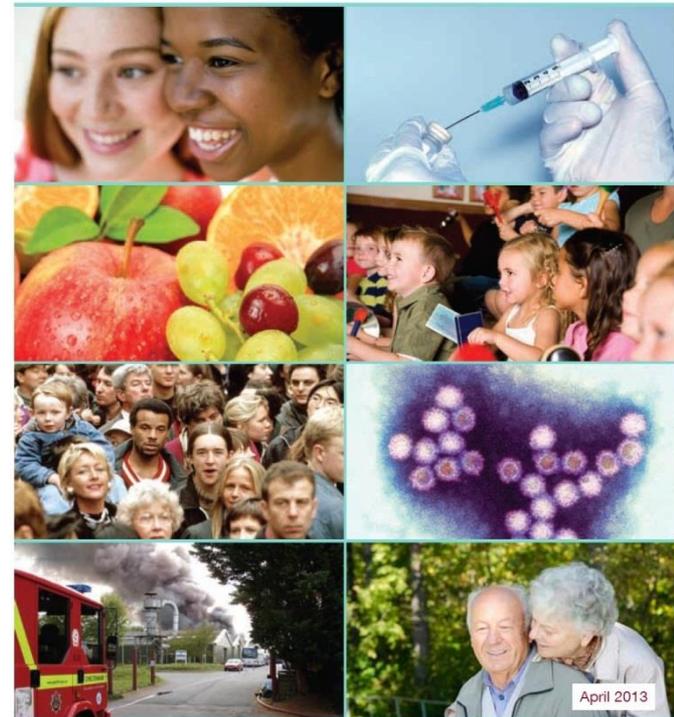
Our priorities for 2013/14

- Sets out Public Health England's priorities and actions for the first year of our existence
- Five outcome-focused priorities – what we want to achieve
- Two supporting priorities – how we will achieve it
- 27 key actions to take now
- The start of the conversation – a three-year corporate plan will follow



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Our priorities for 2013/14





Outcome-focused priorities

1. Helping people to live longer and more healthy lives by reducing preventable deaths and the burden of ill health associated with smoking, high blood pressure, obesity, poor diet, poor mental health, insufficient exercise, and alcohol
2. Reducing the burden of disease and disability in life by focusing on preventing and recovering from the conditions with the greatest impact, including dementia, anxiety, depression and drug dependency
3. Protecting the country from infectious diseases and environmental hazards, including the growing problem of infections that resist treatment with antibiotics
4. Supporting families to give children and young people the best start in life, through working with health visiting and school nursing, family nurse partnerships and the Troubled Families programme
5. Improving health in the workplace by encouraging employers to support their staff, and those moving into and out of the workforce, to lead healthier lives



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Supporting priorities

6. Promoting the development of place-based public health systems

7. Developing our own capacity and capability to provide professional, scientific and delivery expertise to our partners



Actions 2013/14

4. Giving children and young people the best start in life

- Launch a national programme promoting healthy weight and tackling childhood obesity
- Partner the Troubled Families programme
- Accelerate improvements in child health outcomes
- Partner the Early Intervention Foundation



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Children, Young People and Families are everywhere in PHE's Priorities and Actions



Actions 2013/14 (extracts)

1. Reducing preventable deaths

- Accelerate efforts to promote tobacco control & reduce the prevalence of smoking
- Report on premature mortality and the Public Health Outcomes Framework

2. Reducing the burden of disease

- Improve recovery rates from drug dependency
- Improve sexual health and reduce the burden of sexually transmitted infections
- Develop a national programme on mental health in public health



3. Protecting the country's health

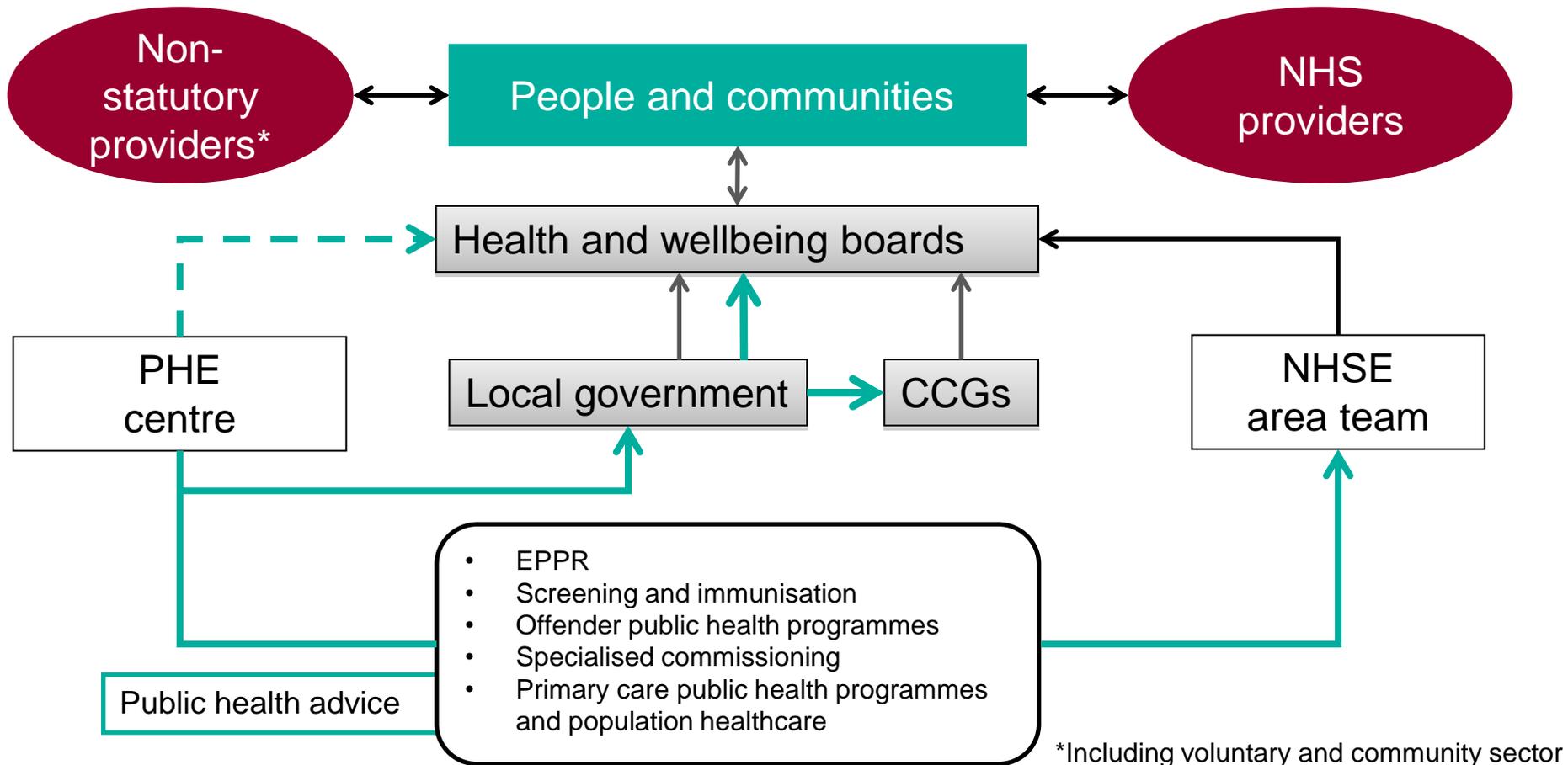
- Reverse the current trends so that we reduce the rates of tuberculosis infections
- Lead the gold standards for current vaccination and screening programmes
- Develop and implement a national surveillance strategy

6. Promoting place-based public health systems

- Make the business case for promoting wellbeing, prevention and early intervention as the best approaches to improving health and wellbeing
- Partner NHS England to maximise the NHS' impact on improving the public's health
- Implement the public health workforce strategy and develop the PHE workforce



Place-based approach to public health





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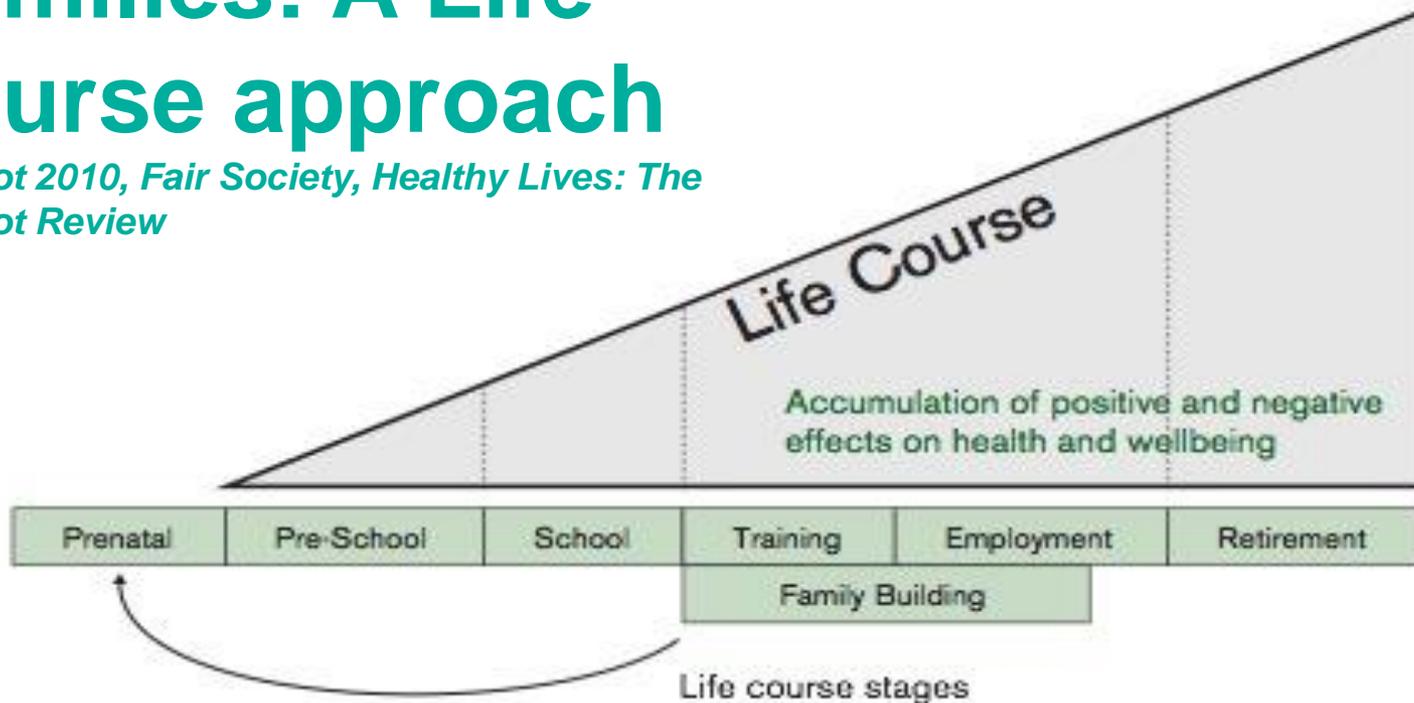
Children, Young People and Families

- Our approach
- Variation
- Examples from:
 - Early Years
 - Alcohol and Adolescence
- How we can make a difference



Children, Young People and Families: A Life course approach

*Marmot 2010, Fair Society, Healthy Lives: The
Marmot Review*





Children, Young People and Families

Life Course approach				
	Pregnancy	Early Years	School-aged	Adolescents
Life-stage priority	Reduce numbers of still births and infant deaths	Safe transfer of Healthy Child Programme 0-5s	Settings approach – healthy schools and FE Reaching C&YP out of school NCMP	Adolescent public health improvement framework – targeting children & young people with multiple vulnerabilities
Corporate priority	Improving health outcomes Healthy weight and tackling childhood obesity Troubled Families Early Intervention			
Cross-cutting	Reduce number of children under 18 killed in road traffic accidents Promote resilience/ improve mental health and wellbeing Ensure children, young people & families shape, inform and hold PHE to account			



How can we make a difference?

- Use knowledge about risk and what builds resilience
- Promote evidence and learning from practice about what works
- Combine targeted help for those most at risk with universal interventions
- Take a life course and place-based approach –schools, families, and communities
- Work in partnership, taking a coordinated and collaborative approach, recognising strengths of different partners and using resources effectively
- Listen and act on what children, young people and carers tell us



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Department
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Delivering excellence: maximising the health and wellbeing of school-aged children



30 October 10:00am to 3:30pm London
11 November 10:00am to 3:30pm Leeds
12 November 10:00am to 3:30pm Kettering
4 December 10:00am to 3:30pm Bristol

These regional events give you the opportunity to:

- ✓ hear from policy leads, listen to latest updates and share new resources
- ✓ consider the opportunities and challenges in the new public health system
- ✓ be signposted to data and evidence to support commissioning and delivery
- ✓ listen to the views and experiences of children and young people
- ✓ share your experiences and help to shape new developments and good practice

For further information and to register, visit the relevant website:

www.phe-events.org.uk/childrenlondon - 30 October, London

www.phe-events.org.uk/childrenleeds – 11 November, Leeds

www.phe-events.org.uk/childrenkettering – 12 November, Kettering

www.phe-events.org.uk/childrenbristol – 4 December, Bristol



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Further Information

- eustace.desousa@phe.gov.uk
- www.gov.uk/phe
- www.chimat.org.uk
- www.hscic.gov.uk/
- www.earlyinterventionfoundation.org.uk