

Consultation response from the National Heart Forum

Consultation: Every Child Matters cm
5860 (Green Paper)

Consulting body: HM Treasury

Date: December 2003

**The National Heart Forum's
Response to the Chief Secretary to the Treasury's Green Paper:
Every Child Matters cm 5860**

December 2003

INTRODUCTION

The National Heart Forum welcome the opportunity to respond to the Government's Green Paper *Every Child Matters*. We are especially delighted that 'being healthy' has been identified as a key outcome for children and young people's well-being.

The NHF's major policy initiative *young@heart, a healthy start for a new generation* seeks to tackle the causes of heart disease from its beginnings in early life. The *young@heart* policy framework *Towards a generation free from coronary heart disease: policy action for children and young people's health and well-being*¹ is based on a comprehensive review of evidence and policy². It makes the case for a UK-wide national plan to protect children from developing heart disease in later life – and other chronic disease such as stroke, diabetes and some cancers – and to foster health as well as life expectancy.

We believe that such a plan – which protects and promotes children and young people's health – lays the fundamental foundations for all policies to help children fulfil their potential throughout life.

ABOUT THE NATIONAL HEART FORUM

The NHF is the leading alliance of 45 organisations working to reduce the risk of CHD in the UK. Member organisations represent the medical and health services, professional bodies, consumer groups and voluntary organisations. Members also include many individual experts in cardiovascular research. Government departments have observer status. The purpose of the NHF is to work with and through its members to reduce disability and death from CHD. Our four main objectives are:

- To provide a forum for members for the exchange of information, ideas and initiatives on coronary heart disease prevention;
- To identify and address areas of consensus and controversy;
- To develop policy based on evidence and on the views of member organisations;
- To stimulate and promote effective action.

The NHF embraces professional, scientific and policy opinion in current issues in CHD prevention. It co-ordinates action to reduce heart disease risk through information, education, research, policy development and advocacy.

¹ National Heart Forum. 2002. *Towards a generation free from coronary heart disease: policy action for children and young people's health and well-being*. London: The National Heart Forum.
<http://www.heartforum.org.uk/young.html>

² National Heart Forum. 2003. *A lifecourse approach to coronary heart disease prevention: scientific and policy review*. London: TSO

HEART DISEASE: CHILDREN AND YOUNG PEOPLE

Each year, 121,000 people in the UK die from coronary heart disease (CHD) and of these, 16,500 are aged under 65. The death rate has been falling since the late 1970s but this measure is misleading. The number of heart attacks that occur annually in the UK is estimated to be 275,000, and this figure appears to be rising gradually. Furthermore, 58,000 of these heart attacks occur in people under 65.

About 1.2 million people in the UK have had a heart attack and 2 million people suffer from angina. Many of these people have an impaired quality of life and the majority will require medication for the rest of their lives.

The direct risk factors for CHD are high blood pressure, high blood cholesterol, obesity and type 2 diabetes. The lifestyle risk factors underlying these are, for the most people: a poor diet high in saturated fat and salt and low in fruit, vegetables and fibre; a lack of physical activity; and smoking.

The NHF is concerned about the increase in prevalence of many of the risk factors for CHD among children and young people and yet there has been a lack of urgency on the part of governments and society to address these. Particularly alarming is the sudden rise in obesity among primary and secondary school children and the discovery of type 2 diabetes among teenagers. These developments could halt the current decline in CHD mortality rates and even cause them to rise. They could also result in a new CHD epidemic in 30-40 years' time with higher incidence rates and CHD occurring at an increasingly early age, also leading to the prospect for the first time ever, of the current children's generation having a shorter life expectancy than their parents.

YOUNG@HEART

It is widely accepted that, in order to reduce the incidence of adult CHD and to reduce health inequalities, a lifecourse approach must be adopted, beginning with the health of the foetus and continuing through childhood and adolescence and into adulthood. That is why the National Heart Forum established the young@heart initiative which has as its aim that every child born in the UK today should be able to live to at least the age of 65 free from avoidable heart disease.

Young@heart proposes a national plan for children's and young people's health and well-being, with a particular focus on coronary heart disease prevention. The core essential elements of the *young@heart* national plan are three comprehensive strategies to improve nutrition, increase physical activity and tackle smoking, which focus on six key areas for policy action to: end child and family poverty; make every school a healthy school; build healthy communities; strengthen and expand public health roles; secure corporate responsibility for health, and give a voice to children and young people.

The young@heart plan addresses all the different direct and indirect influences on children's and young people's health. It highlights opportunities for policy action across all sectors, and seeks to build health capacity for families, children and young people, in the home, at school and in the community. (See figure 1 on following page.)

Fig. 1: young@heart National Plan



Full recommendations are set out in annex one and two, and the policy document attached and are also available on line: www.heartforum.org.uk/young.html

The National Heart Forum believe that for the Government to achieve the aim set out in this Green Paper that every child has the chance to fulfil their potential by reducing levels of educational failure, ill health substance misuse, teenage pregnancy, abuse and neglect and anti-social behaviour, **all policy actions must be rooted in the firm foundations of a fundamental strategy – a national plan for children’s health and well-being as advocated by *young@heart*.**

CONSULTATION QUESTIONS

Many of the questions set out in the Green Paper are not specifically related to the NHF’s area of expertise, therefore we do not feel we are an authoritative position to specifically respond to some of the questions.

However we do make key recommendations which are linked to the questions and the areas covered by the Green Paper – where possible we cross reference these accordingly.

KEY RECOMMENDATIONS

Fundamental to the protection of children and ensuring they fulfil their potential, is their health and well-being. Any government strategy and policy action which seeks to protect children, must have at its core, children's health and well-being,

The NHF recommends that any strategy resultant from this consultation process must be underpinned by a national plan for children's and young people's health and well-being as advocated by our *young@heart* initiative (see fig. 1).

To take this plan forward **we suggest that the government should relocate the Children and Young People's unit to the cabinet office and give it a co-ordinating responsibility working across government** (and public and private sectors) to address the wider determinants of health. Within this capacity the Unit would also be able to co-ordinate Children's Trust and related cross government activities. (5.12)

We recommend that the unit be led by a children's commissioner, which when appointed would have health and well-being as a key responsibility. (5.50)

The unit should collaborate with the national administrations for Wales, Scotland and Northern Ireland to deliver national plans for children's and young people's health and well being.

THE CHALLENGE

Smoking and obesity

The Green Paper rightly acknowledges the success in reducing smoking of 11-15 year olds and the alarming rise of obesity in children over the past 7 years. The success in reducing smoking must be built upon and the rise in obesity stemmed, the **NHF advocate that this must be done through implementing comprehensive national strategies for improving nutrition, increasing physical activity and tackling smoking among children and young people.** These are core essential elements of a national plan for children's and young people's health and well being (see fig. 1 above). Please also see annex 1 for rationale and recommended policy actions for all three comprehensive strategies.

SHAPING OUTCOMES

The Green Paper sets out a number of factors associated with poor outcomes: low income and parental unemployment; homelessness; poor parenting; poor schooling; post natal depression among mothers; low birth weight; substance misuse; individual characteristics such as intelligence; community factors such as living in a disadvantaged neighbourhood. Most of these factors also have direct and indirect influence on children and young people's well-being and more specifically on their dietary patterns, physical activity levels and smoking behaviour.

In addition to the recommendations for comprehensive strategies for nutrition, physical activity and nutrition – the *young@heart* policy framework sets out linked recommendations in the six key areas for policy action which address the factors influencing poor outcomes.

End Child Poverty

One in three children in the UK grows up in relative poverty; this proportion is higher than in any other EU member state. The relationship between socioeconomic background, child poverty and long-term ill health is complex. Women from low socioeconomic groups tend to have babies of low birth weight, as a result of their own low birth weight, their short stature and their poor nutritional status during pregnancy. Low birth weight is an independent predictor of coronary heart disease. Poor educational attainment is another independent predictor of coronary heart disease. Boys whose fathers are from a low socioeconomic group are unlikely to reach the highest educational level.

A family's lack of access to or ability to afford good quality food (food poverty) is another crucial factor in the relationship between childhood deprivation and long-term ill health. Under or malnourished children tend to be shorter than their better-off peers and the mechanisms which retard growth appear to increase prevalence of adult hypertension and diabetes. Childhood undernutrition is also detrimental to cognitive development, behaviour, concentration and school performance.

The government is committed to ending child poverty over the next 20 years. To achieve this, it must continue with long-term policies to prevent child poverty, while supporting short-term initiatives to relieve it. In particular, policies are needed to establish minimum income standards and benefit levels that will support parental choice and ensure that all families can afford the minimum requisites of health and well-being. Benefit policies are needed that will relieve the effects of poverty.

The young@heart recommendations reflect the need for income distribution policies which directly tackle family and child poverty, and for investment in targeted services to alleviate the effects of living in poverty.

Key recommendation

For full list of recommendations please see annex two.

- The Treasury should undertake a review to reformulate how it calculates minimum income standards and benefit levels, in order to ensure that families can afford the essential requisites to give their children a healthy start in life.

Make every school a healthy school

Schools have an extremely important role to play in fostering the health of children and young people at a formative point in their physical, social, mental and attitudinal development.

A healthy school ethos and environment builds pupils' health, self-esteem and well-being. This in turn can contribute to improved educational attainment. Schools should have coherent policies to promote a balanced diet and to curb smoking, a strong commitment to a physically active day, safety policies to reduce bullying and personal attacks, and mentoring services available to all.

Many children depend on the school meal as their only substantial meal of the day. The provision of school meals – both free and paid for meals – is very variable across the UK in terms of both quality and uptake. Proper investment in a valued school meals service that is subject to the same inspection rigour as education standards will drive up standards of food provision and uptake in schools.

Many schools have achieved or are working towards the National Healthy School Standard – part of the government’s Healthy Schools Programme. Many other schools have established health-promoting policies and practices outside the structure of the programme. To build on the success of what is already in place, it is recommended that the Standard should be strengthened and resourced and actively promoted so that all schools across the UK are provided with the opportunity to become a nationally recognised healthy school. To ensure that health issues are given priority in schools, it is recommended that the Standard should, in due course, be included within the statutory inspection remit of Her Majesty’s Inspectorates for Schools.

The young@heart recommendations focus on building and sustaining a whole school approach towards health promotion, linking school policies and culture, the physical environment and the curriculum. The young@heart research and policy evidence suggests that priority should be given to actions which can:

- increase the opportunity for active play and PE in schools and raise participation levels among children and young people – especially girls and all adolescents;
- improve the quality and uptake of school meals, and particularly free school meals;
- strengthen anti-smoking education especially targeting 4-8 year olds and teenagers.

Key recommendations

For full recommendations please see annex two.

- The government should introduce a statutory requirement for all schools to develop and implement health-promoting school policies under the Education Acts.
- The requirements of the National Healthy School Standard should be strengthened and new resources provided to enable and encourage all schools to meet an enhanced national Standard. Meeting the new Standard should be included within the statutory inspection remit of HerMajesty’s Inspectorates for Schools.
- National targets should be set and monitored to raise the quality and uptake of school meals, with particular emphasis on free school meals.

Build healthy communities

Heart health can be influenced by a number of factors within the community. Access to a healthy diet and opportunities to be physically active are determined by both our physical environment and the organisation of local services.

There is a very strong correlation between deprivation and risk of coronary heart disease. Over the last 30 years, growing inequalities in income have been closely mirrored by a widening social class gulf in coronary heart disease with the poorest members of society now suffering a greater than two-fold risk of premature mortality than those who are better off. Strategies to tackle social exclusion and to regenerate communities can have an important impact on reducing health inequalities and reducing the avoidable health risks among the most vulnerable groups in society.

Social exclusion is strongly linked to a lack of self esteem and poor mental health among young people. The Connexions service and peer-mentoring schemes can play an important role in helping young people deal with social exclusion and with stress. This may reduce risk-taking behaviour such as smoking.

The young@heart recommendations reflect the particular needs of families with babies and young children, especially those living on a low income, and of adolescents. Priority should be given to community level actions which will help tackle food poverty, support active transport plans, raise community participation in sport and recreation, and offer support to young people during adolescence. All local planning and decision-making across all sectors and involving all partners, including children and young people, should aim to build healthy communities.

Key recommendations

For full recommendations please see annex two.

- There should be government investment and local action to expand the Sure Start programme to provide national coverage for all children under 4 and their families, and strengthen the child health components. These should include nutrition and food skills for parents, particularly on breastfeeding and weaning.
- There should be government investment and local action to ensure national provision of support and mentoring services for teenagers which incorporate a health and well-being element. The Connexions service in England should be expanded and should act as a model for other national services.

Strengthen and expand public health roles

A wide range of people working with families, children and young people have capacity to build health, yet many are an under-used or unrecognised resource. Improving children's health and well-being should be a core responsibility shared by all professionals who work with children, young people and families. Policies are needed to strengthen public health training, to improve recruitment and retention among key professional groups, and to give a sharper health advocacy focus to existing roles and responsibilities. All professionals working in primary care could be more effective advocates for local sports facilities, safe routes for walking and cycling to school, and for providing a wide variety of health information. Many of the training and guidance recommendations made here support the development of initiatives and programmes recommended elsewhere in this document to support mothers, infants and under-4s, and young people, such as Sure Start and the Connexions service.

Key recommendation

For full recommendations please see annex two.

- Public health training, standards, and recruitment and retention initiatives should be developed to support everyone working with children, young people and families to fulfil a core responsibility for promoting and protecting health.

Secure corporate responsibility for health

Children and young people are growing up in an increasingly sophisticated commercial environment. They have access to a greater choice of foods than previous generations and are exposed to far more advertisements and promotions, via a growing range of media, in the home, at school and in the wider environment. The commercial sector influences children's diets by determining what is in the food children eat, and the purchasing patterns of families through price, promotion and availability, and by influencing the food choices children and young people make through advertising and promotional activities. These influences may have a greater impact on families living on a low income. Poorer parents will often be obliged to buy foods which are inexpensive and filling and which will not be wasted, at the expense

of more nutritious alternatives such as fruit and vegetables, which children may refuse to eat.

Tobacco advertising and promotions have an important influence on children's smoking behaviour. Advertising creates and sustains the impression that smoking is a socially acceptable norm, and surveys show that children tend to smoke the brands that are most heavily promoted. A study of secondary school children found that 38% of smokers and 56% of non-smokers thought that tobacco advertising had quite a lot or a lot of effect on influencing young people to start smoking.

A particular concern is the imbalanced nutritional message conveyed by the overall bias in food advertising during children's TV programming. *The National Food Guide: The Balance of Good Health* recommends that fatty and sugary foods should comprise no more than 7% of the total diet. However, in surveys of TV advertising, confectionery, cakes and biscuits account for up to three-quarters of foods advertised during children's viewing hours. Conversely, fruit and vegetables, which should comprise at least a third of the total diet, featured in no advertisements during the same periods. This imbalance serves to undermine the efforts of parents, schools and health professionals to encourage healthier eating patterns.

The young@heart recommendations propose joint working between the commercial sector and government towards good practice and appropriate regulation, to achieve four key goals:

- to protect children and parents from excessive or unfair advertising and promotions aimed at children of foods that are high in fat, salt and/or sugar;
- to reduce the amounts of hidden salt, fat and sugar in pre-prepared and processed foods;
- to support public health initiatives that encourage mothers to breastfeed their babies; and
- to protect children from the influence of the tobacco industry.

Key recommendation

For full recommendations please see annex two.

- There should be a national inquiry to look at the impact of advertising and commercial promotions on family and child health. This should focus in particular on the food and tobacco industries and be the basis for developing appropriate interventions such as advertising regulations. (See recommendation 14 on page 25.)

Give a voice to children and young people

To be effective, appropriate and responsive to children's and young people's needs, policy-making to improve health and well-being has to be informed by children's and young people's views.

Engaging children and young people in decisions which influence their daily lives can also contribute to a sense of ownership and citizenship, and help build self-esteem.

It is apparent from the increasing number of initiatives and projects now involving them, that children and young people actively enjoy being involved in decision-making processes at school and in their community. It is highly likely that their involvement improves health-promoting outcomes at both a community and individual level.

Young people's views can be heard through well established mechanisms such as focus groups, citizens' juries, arrangements established through the national Healthy Schools Programme, or School Nutrition Action Groups. Consultation with children and young people offers a variety of opportunities: to 'road test' proposals for their viability and credibility, to identify gaps in knowledge, and to identify creative and practical solutions to problems.

Legislative change – both nationally in the form of the Children's Act 1989, and internationally in the form of the UN Convention on the Rights of the Child (1990) – place a duty on government to ensure that its actions are conducted in the best interests of children and young people. Article 12 of the UN Convention accords children a specific right to free expression of opinion in matters affecting the child.

Key recommendation

For full recommendations please see annex two.

- All young@heart policy actions should be developed and implemented with a commitment to involving children and young people and taking account of their views, so that national and local policy-making is effective, appropriate and responsive to their needs.

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