CHILDREN'S COMMISSIONER

Sanctuary Buildings, 20 Great Smith Street London, SW1P 3BT

Major Conditions Strategy

Consultation Response

Introduction

The office of the Children's Commissioner (CCo) welcomes the opportunity to inform the Major Conditions Strategy. The children we engage with, many of whom are quoted in this report, care about feeling happy and well. Children do not see a dichotomy between physical and mental health, instead they speak about these things in relation to each other. CCo is therefore supportive of joined up, strategic approaches to improving both physical and mental health.

It is critical that in merging the Mental Health and Wellbeing Plan with other major conditions in this strategy, several of which disproportionately affect older people, the urgent need to focus on children's mental health and prevention is not diluted. This strategy must have a distinct focus on the needs of children, acknowledging that both promoting good health and preventing or treating ill-health will look different for children and young people than adults, and require the involvement of different partners. Building on the CCo's previous evidence submission, published as A Head Start: early Support for Children's Mental Health, this consultation response will focus principally on these keys areas. To deliver for children with the most acute clinical needs, the Major Conditions Strategy should be delivered in parallel with the proposed reforms to the Mental Health Act, including improved care and advocacy for children in inpatient settings, and more robust data.[1]

It is also essential that this strategy sets out how children's health services can and should work closely with both education and children's social care to deliver joined-up care. This is particularly vital given the significant reforms being undertaken within children's social care, which should be used as an opportunity for new ways of working. Some of this will be about improved data-sharing and analysis of need. Children's voices and views, particularly those of the most vulnerable – those in care, or deprived of their liberty in mental health institutions, custody or other settings – must sit at the heart of this

[1] Children's Commissioner's office (2023) Written evidence submitted by the Children's Commissioner's office (MHB0089) to the Draft Mental Health Bill

strategy. It is essential that they all have access to high quality advocacy in order to make those views heard.

Cardiovascular disease (CVD)

1) **In your opinion, which of these areas would you like to see prioritised for CVD? (Select up to 3)**

- **Preventing the onset of CVD through population-wide action on risk factors and wider influences on health (sometimes referred to as primary prevention)**
- ~~Stopping or delaying the progression of CVD through clinical interventions for individuals at high risk (sometimes referred to as secondary prevention)~~
- **Getting more people diagnosed quicker**
- ~~Improving treatment provided by urgent and emergency care~~
- ~~Improving non-urgent and long-term treatment and care to support the management of CVD~~

Children's health and wellbeing is a top priority for the Children's Commissioner. In the Commissioner's The Big Ask survey, of more than half a million children, it was clear that good physical health is important to children, and younger children in particular spoke about wanting to live healthy lifestyles. Most children enjoy good health (the last census found 94% of children aged 0 to 14 were not limited in their day-to-day activities by long-term physical or mental health conditions or illnesses) and should be supported to remain so.

The increasing rise in childhood obesity affecting children and young people's physical health is concerning. Childhood obesity has become an epidemic in the UK, which has one of the highest childhood obesity rates in Europe. The latest NHS figures show that in England, 10.1% of Reception aged children are living with obesity, and nearly 1 in 4 (23.4%) Year 6 children are obese.[2] This compares to 19.2% of children in Year 6 who were obese in 2011/12.

[2] NHS Digital (2022) National Child Measurement Programme, England, 2021/22 school year

Childhood obesity risk factors

Certain groups of children are particularly at risk of obesity. Children living in the most deprived areas are more than twice as likely to be living with obesity than those living in the least deprived areas.[3] When looking at cohorts of children in both Reception and Year 6, boys have a higher prevalence of living with obesity than girls.[4] In terms of ethnic disparities, the prevalence of children living with obesity in 2021-22 was highest for Black children in both reception (16.2%) and year 6 (33.0%), and was lowest for Chinese children in both reception (4.5%) and Year 6 (17.7%).[5]

There are also regional inequalities, with the highest prevalence of reception-aged children living with obesity in 2021-22 located in the North East (11.4%) and the West Midlands (11.3%), and the lowest prevalence of childhood obesity in the South East (8.7%), South West (8.9%) and East of England (9.2%).[6] Among the older cohort of children in Year 6, the regional disparities were similar but more concentrated – with the majority of obese children living in the North East (26.6%), the West Midlands (26.2%) and London (25.8%).

Link with CVD later in life and other major conditions

The evidence is clear that obesity in childhood is linked with cardiovascular disease (CVD) later in life. Obese children and adolescents are around five times more likely to be obese in adulthood than those who were not obese.[7] Around 55% of obese children go on to be obese in adolescence, around 80% of obese adolescents will still be obese in adulthood and around 70% will be obese over age 30.[8] Obesity can lead to a number of health problems, such as high cholesterol levels and blood pressure, and an increased risk of developing Type 2 diabetes - all of which are risks for developing CVD. Obesity is also associated with other major conditions, including musculoskeletal problems, some

[3] NHS Digital (2022) National Child Measurement Programme, England, 2021/22 school year
[4] Ibid.
[5] NHS Digital (2021) Significant increase in obesity rates among primary-aged children, latest statistics show
[6] Ibid.
[7] Simmonds M, Llewellyn A, Owen CG, Woolacott N. (2015) Predicting adult obesity from childhood obesity: a systematic review and meta-analysis
[8] Ibid.

Sanctuary Buildings, 20 Great Smith Street London, SW1P 3BT

cancers, asthma, and dementia.[9] All of these conditions increase the risk of premature death.

Childhood obesity is also associated with poor mental health. Research by UCL finds that obesity and emotional problems, including low mood and anxiety, tended to co-occur in mid-childhood and adolescence.[10] By adolescence, around a fifth of those who were obese also had high levels of emotional distress.

Recommendation:
Tackling childhood obesity is strategically prioritised to prevent CVD later in life.

To tackle CVD and other major conditions for the long-term, health interventions must be upstream and prioritise prevention and early intervention. The Major Conditions Strategy should therefore strategically prioritise tackling childhood obesity, building on the Government's 2020 obesity strategy and re-energising its ambitious goal to halve childhood obesity by 2030.

2) How can we successfully identify, engage and treat groups at high risk of developing CVD through delivery of services that target clinical risk factors (atrial fibrillation, high blood pressure and high cholesterol)?

There are a number of key services and settings that must all play their role in effectively identifying and supporting children at risk of, or living with, obesity (a clinical risk factor for CVD). An integrated response to childhood obesity should include:

- **Health visitors, GPs, and paediatricians,** who play a central role in early identification, and supporting families with healthy eating and healthy weight - particularly in the early years before a child is in school and during pregnancy.
- **Children's mental health services** and weight management services should develop two-way referral pathways, reflecting the link between childhood obesity and poor mental health.
- **Schools and nurseries** must give children age-appropriate information about healthy diets and habits, including promoting active lifestyles and exercise. Children from low-income households who are eligible for Free School Meals and

[9] DSHC (2019) Time to Solve Childhood Obesity
[10] UCL (2021) Obesity and emotional problems tend to develop together as children age, new research shows

Sanctuary Buildings, 20 Great Smith Street London, SW1P 3BT

other schemes (who are at higher risk of living with obesity) can be supported directly through provision of nutritious meals. School and nursery inspectorates should support this as a priority.

- **Youth clubs and community spaces** can provide spaces for children to play and exercise, and promote healthy lifestyles. To address particular disparities, for example the disproportionately high prevalence of obesity among ethnic minority children, statutory services should work with youth clubs led 'by and for' the communities they serve, and other settings where children from particular communities are likely to be, including places of worship. Bradford Council, one of the Government's Childhood Obesity Trailblazers, has developed a unique partnership to explore the opportunities for working with Islamic Religious Settings, in particular Madrassas, to tackle the high prevalence of childhood obesity among South Asian Muslim children in the area.
- **Local authorities** have a key role in creating a local environment which supports healthy living, including powers over local public health campaigns; the concentration of fast-food outlets near schools and places where children gather; and the availability of child-friendly green spaces, sports facilities, and cycle routes. They can also work directly with children and families through Family Hubs and social services around nutrition and weight management, referring onto other services where needed. Local authorities in regions where childhood obesity is particularly high should be given extra ring-fenced resources to tackle this issue.

Mental health

10) How can we better support those with mental ill health?
(Please do not exceed 500 words)

It is essential that this strategy covers the whole spectrum of mental health support, from prevention to inpatient provision, and is delivered across Government. It must join up closely with the DfE's Stable Homes, Built on Love strategy, and its SEND and Alternative Provision Improvement Plan. This strategy should set out clear ambitions for children's mental health, including how to ensure that no child needs admission to an inpatient setting.

Sanctuary Buildings, 20 Great Smith Street London, SW1P 3BT

Key evidence on children's mental health (2022-23)

Since the Government consulted on the Mental Health and Wellbeing Plan, the CCo has carried out further research into children's mental health services – revealing a continued growing gap between children's need and the availability of support. CCo research finds that of the 1.4 million children in England estimated to have a mental health disorder, less than half (48%) received at least 1 contact with CYPMHS and 34% received at least 2 contacts with CYPMHS.[11] The percentage of children who had their referrals closed before treatment has increased for the first time in years, and the average waiting time between a child being referred to CYPMHS and starting treatment increased from 32 days in 2020-21 to 40 days in 2021-22.[12] Help for eating disorders, a mental health condition that affects many children and young people, is just one example (see Figure 1).

Figure 1) Spotlight on Eating Disorders

In the UK, it is estimated that there are 1.25 million[13] people with eating disorders, many of whom are below the age of 25.

Published NHS figures show a large recent spike in the numbers of hospital admissions for young people due to eating disorders.[14] Among those admitted to hospital for eating disorders in 2020-21, 11,700 were under the age of 25. While the large majority of those affected are young women – 10,800 in 2020-21, admissions of young men just under doubled in that time from their smaller base.

As of 2021-22, the NHS aims to have 95% of children and young people with eating disorders begin treatment within 1 week for urgent cases and 4 weeks for routine cases.[15] Before 2021-22, this target was 80%. CCo's analysis shows that the NHS is currently missing the 95% target, as only 78% of urgent cases and 81% of routine cases were seen within the target time frame in the third quarter of 2022-23. And concerningly, these proportions have been falling every year since 2019-20.

[11] Children's Commissioner's office (2023) Children's mental health services 2021-2022

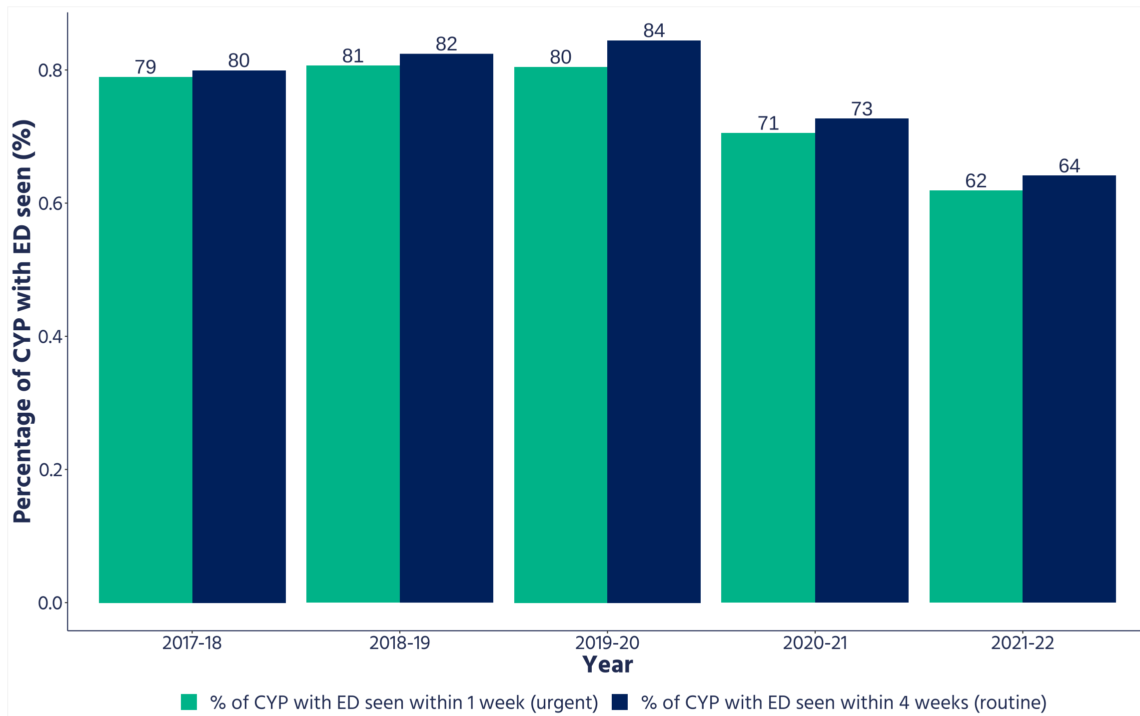
[12] Ibid.

[13] BEAT How many people have an eating disorder in the UK?

[14] NHS England (2021) Hospital admissions for eating disorders

[15] NHS England Children and young people's eating disorders programme.

Not only has the number of children starting treatment more than doubled since 2016-17, also worrying is that in the third quarter of 2022-23, 45% of urgent cases were waiting more than 12 weeks to start treatment. For routine cases, this percentage drops to 34%.[16]



It is positive that the number of children admitted to inpatient mental health wards continues to fall, as does the number of detentions of children under the Mental Health Act each year (although data on detentions is still not sufficiently robust). However, an increasing number of children, many of whom have mental health difficulties but are not admitted to hospital, are being deprived of their liberty in other settings – invisible in official statistics.[17] Finding the right support for these children will require close working between DHSC, DfE and NHS England.[18]

[16] NHS England. *Mental Health: Children and Young People with an Eating Disorder Waiting Times.* Date accessed: 27/06/2023. Link.

[17] Children's Commissioner's office (2020) Who are they? Where are they?

[18] Nuffield Family Justice Observatory (2023) Children deprived of their liberty: An analysis of the first two months of applications to the national deprivation of liberty court

Sanctuary Buildings, 20 Great Smith Street London, SW1P 3BT

We recommend the following ambitions are a priority in the Major Conditions Strategy:

Ambition 1) Every family receives support to promote good mental health and wellbeing through pregnancy and the early years through Family Hubs, including mental health support for parents where needed.

'I'm worried about my mum and her mental health, and to be honest I'm worried about mine.' **- Girl, 10**.

Ambition 2) Meet children where they are: all children to receive support in school and in community-based, child-centred mental health services – including those which specialise in working with particular cohorts of children.

'Talk to a fair teacher that you actually like. [...] The teacher might ask someone who knows more about mental health and then come back to the student with tips and stuff.' **– Boy, 14.**

Ambition 3) Support is available for children to access quickly in communities and online, to ensure children are more likely to seek early help.

'The lack of help with mental health has been the biggest thing that has stopped me and my friends from achieving what we want. It is difficult to access as we are not taken seriously, and when we are, waiting lists are so long.' **– Girl, 17.**

Ambition 4) Specialist NHS support is available for any child who needs it, with no child turned away.

'I was in A&E lots of times but was just sent home. In the end it was my headteacher who kept calling for help until finally I was admitted to hospital.' **– Girl, 16.**

Ambition 5) Joined up data that supports service improvement, including on children being deprived of their liberty and those in hospital with mental health conditions, and mental health inequalities among children. A child's NHS number could function as a

Sanctuary Buildings, 20 Great Smith Street London, SW1P 3BT

consistent child identification number, helping to drive better integration between health, social care and education.

'I've been in the system for so long that getting let down has become normal.' – **Girl, 17, living in a mental health ward.**

Key evidence:

- Children's Commissioner's office (2022) A Head Start: Early support for children's mental health
- Children's Commissioner's office (2023) Children's mental health services 2021-2022