Charity highlights unhealthy postcodes for under fives

Some deprived areas buck the trend for child obesity and poor educational attainment, writes Petra Kendall-Raynor

A LEADING children’s charity report has highlighted startling differences in health outcomes among under fives according to where they live in England. The report has been released as the commissioning of public health for children in this age group, including health visiting and family nurse partnerships, is transferred this month to local authorities.

The report covers key indicators in the government’s Public Health Outcomes Framework along with data compiled by Public Health England’s National Child and Maternal Health Intelligence Network. It shows that, in 2013-14, more than 48,000 children under five were admitted to hospital due to intentional and accidental injuries.

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Investment call
Delegates at the RCN’s annual conference in Bournemouth this year backed a resolution overwhelmingly calling on RCN council to lobby all UK governments to invest in young people and end child health inequalities.

RCN professional lead for children and young people’s nursing Fiona Smith says the discussion highlighted the strength of feeling among nurses about this issue.

‘It would be interesting to see if the investment in health visiting has indeed had an impact on indicators such as obesity. Clearly, there has to be greater investment and more education places for children’s nursing.

Local authority outcomes

- **Obesity** 5.5% of children in Richmond upon Thames are obese compared with 14.2% in Barking and Dagenham 18 miles away.
- **Tooth decay** 9.5% of children had tooth decay in West Sussex compared with 51% in Leicester.
- **Injury with hospital admission** 67.6 per 10,000 in Westminster compared with 316.4 per 10,000 on the Isle of Wight.
- **Development and school readiness** 75.3% in Lewisham, which has areas of deprivation, compared with 41.3% in Leicester.

(National Children's Bureau 2015)
A report published in the Archives of Disease in Childhood showed that twice as many under fives die in the UK compared to Sweden, which also has free public health care.

In the same month, 89% of 751 health visitors across England who took part in a survey commissioned by the Community Practitioners’ and Health Visitors’ Association said their workloads have involved taking more responsibility for children and families over the last year.

A total of 37% of the respondents said the chances of a child death in their NHS trust or board was ‘somewhat likely’ - with 10% stating it was ‘very likely’.

**No benefits**

Unite professional officer Dave Munday says that, despite the rise in numbers, health visitors are not reporting the benefits in frontline services, because the new numbers only corrected previous cuts.

‘Some local authorities may be able to do a good job following the changeover, but any cuts to the public health budget will have a negative impact on children’s nursing teams and families.’

Institute of Health Visiting director Cheryll Adams explains: ‘The risk in public health being commissioned by local authorities is that these commissioners may not understand the importance of health visiting and children’s nurses. If health professionals cannot explain their input, there is a danger of decommissioning rather than seeing the numbers of health visitors and children’s nurses rise.’

Birmingham Children’s Hospital NHS Foundation Trust chief nursing officer and Association of Chief Children’s Nurses chair Michelle McLoughlin says that children’s health has been viewed as the responsibility of health visitors for too long.

“We see children and families in hospitals too. This is about finding ways to reduce inequalities whenever we can. Talking with young mothers on neonatal wards is an example. In our trust we try to be proactive in health promotion and have these conversations consistently.”

To read the report go to tinyurl.com/qe8nwva

**Petra Kendall-Raynor is a freelance writer**

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**Ahead of the curve but aiming higher**

But such performance should not be surprising. Improving access to hospital services in the evenings and weekends has been championed by the college and its partners, including the RCN, for a number of years.

In 2010 the RCPCH published the Facing the Future standards setting out requirements for seven-day care for hospitals. These were updated earlier this year and accompanied by a blueprint for how services should look in the community.

**Artificial barriers**

RCPCH vice president Carol Ewing says that, while the ‘majority’ of hospital children’s units already deliver what could be considered seven-day care, more still needs to be done.

She believes the standards provide a blueprint for what needs to happen and urges all those involved in care to help break down ‘the artificial barriers between primary and secondary care’. ‘Children can deteriorate quickly and it’s important that parents and carers know where they can go and be confident that their child is being seen by a suitable health professional – wherever they are and whatever the time,’ she adds.

RCN professional lead for children and young people’s nursing Fiona Smith agrees, saying that inside and outside hospital more needs to be done. ‘There is a great deal of variability among hospitals. It is not just about medical consultants, but also nurses, lab technicians and all the other staff that form part of the neonatal and children and young people’s healthcare teams.

‘And in the community, the push on seven-day GPs services will be of benefit for children. But an important element of what is needed is 24/7 access to community children’s nursing teams. It is clear that in some places this is going to require significant investment to achieve.’

Indeed, the Facing the Future update this year recommended significantly increasing the number of consultants and registered children’s nurses, while acknowledging the number of hospital inpatient sites would need to be reduced.

**Nick Triggle is a freelance writer**

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**Most hospital children’s units deliver seven-day care, but investment in community nursing teams is still needed,**

Nick Triggle reports

CREATING A seven-day NHS has emerged as one of the key health issues since the general election. And now that the doctors’ union, the British Medical Association, has agreed to discuss how the consultant contract could be altered – it allows consultants to opt out of non-emergency care at weekends – change seems likely.

But what does this mean for children’s services? There has been little detail so far from ministers, although NHS England wrote to hospital trusts in the summer asking them to concentrate on access to consultants, diagnostics and complex interventions such as urgent radiotherapy.

If that is the goal children’s care, it seems, is already ahead of the curve. An audit by the Royal College of Paediatrics and Child Health (RCPCH) in 2013 found nearly three quarters of patients admitted to a paediatric department at the weekend with an acute medical problem were seen by a paediatrician (consultant or middle-grade doctor) within four hours. This was only marginally worse than the picture on weekdays.