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Inequalities in child health in the UK

Poverty, politics and policy

David Taylor-Robinson
HIPR (health inequalities policy research)
Department of Public Health, Policy and Systems
University of Liverpool

Alder Hey Children's 
NHS Foundation Trust





English (UK) ▾

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INQ000280060 – Expert report titled ‘Child health inequalities’ by Professor David Taylor-Robinson. dated 21 September 2023

Published: 6 October 2023

Type: Evidence

Module: Module 2

Expert report titled 'Child health inequalities' by Professor David Taylor-Robinson. dated 21 September 2023.



🕒 12th October 2023

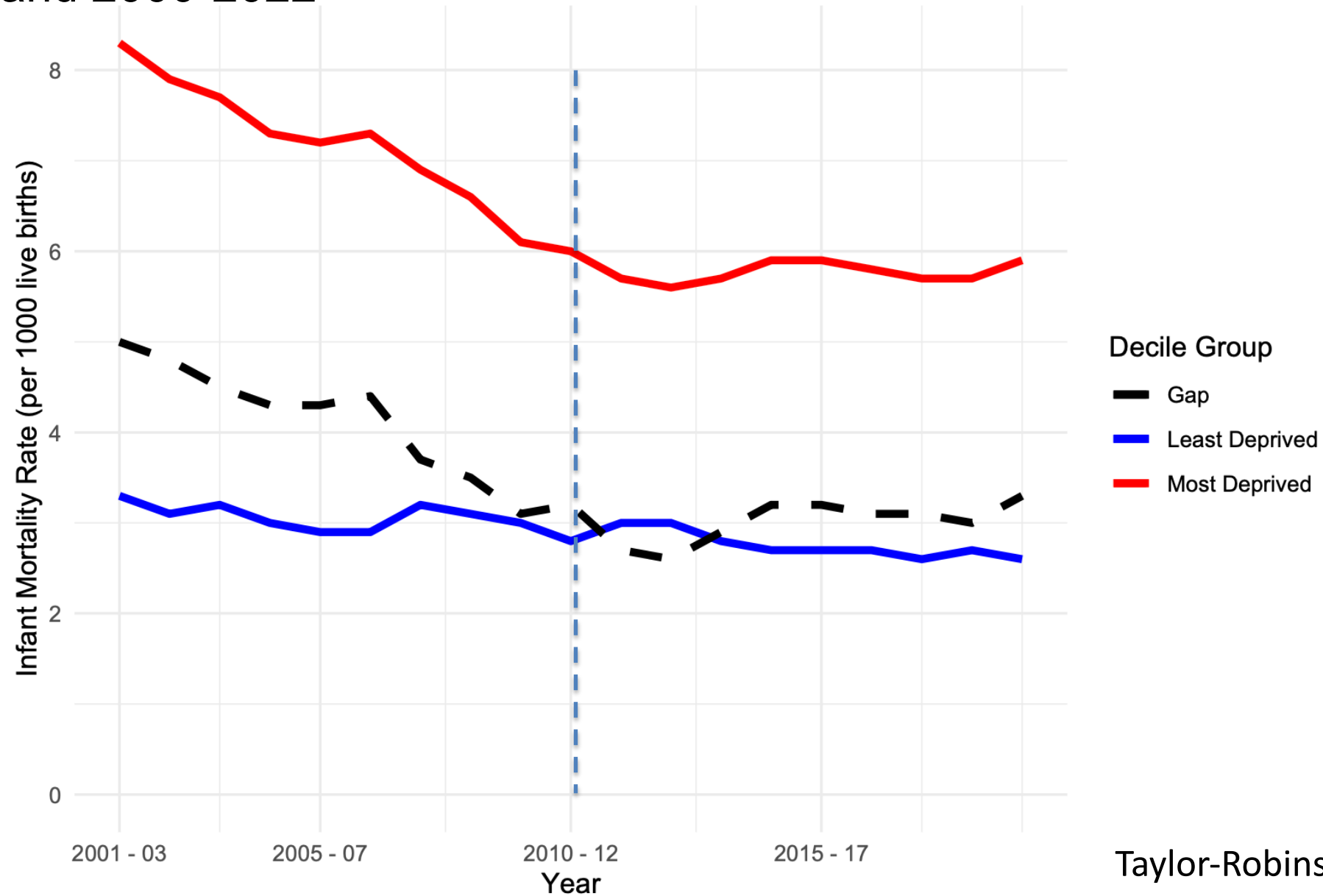
Evidence given by David Taylor-Robinson at Covid inquiry



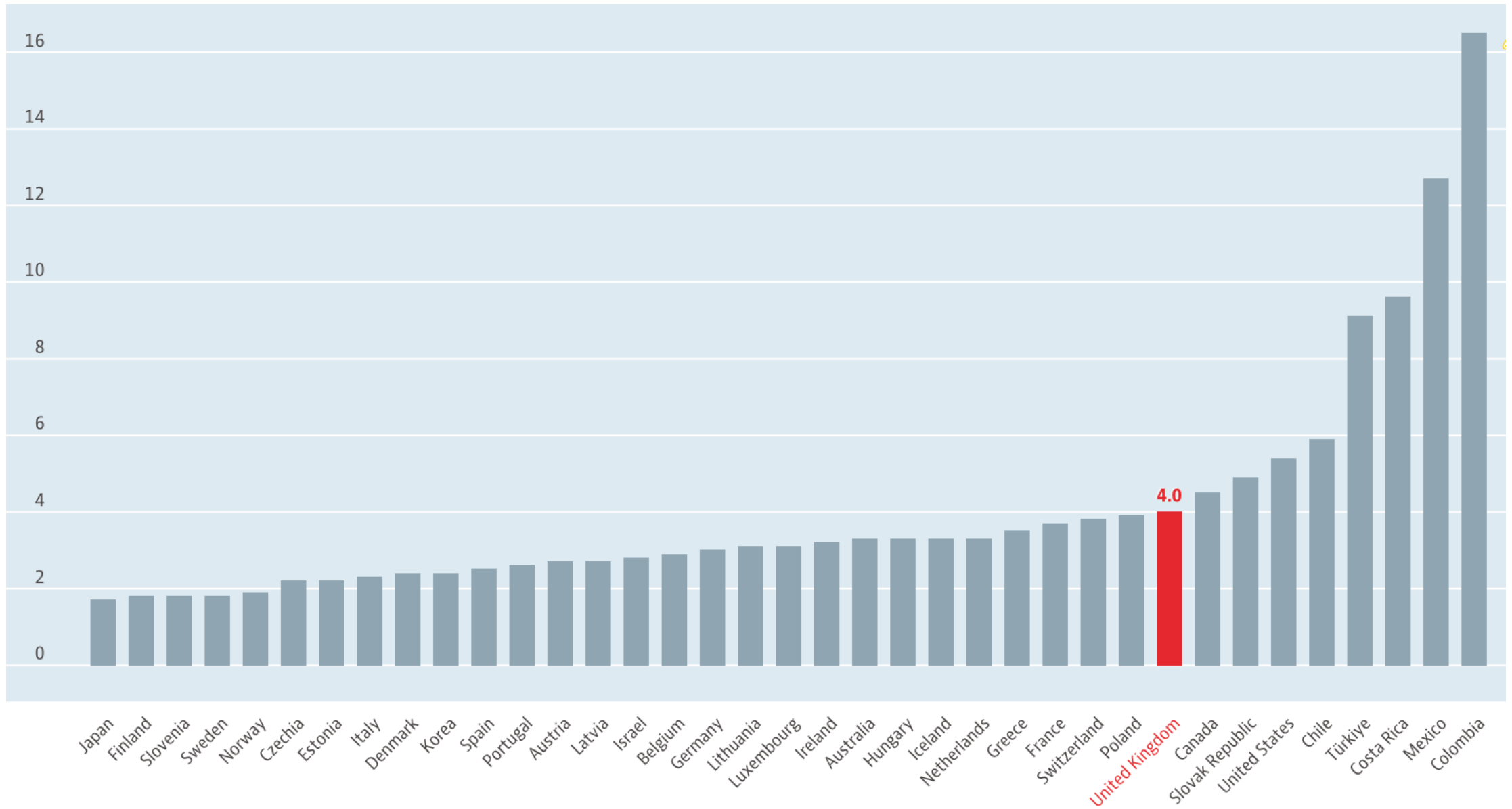
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The state we are in

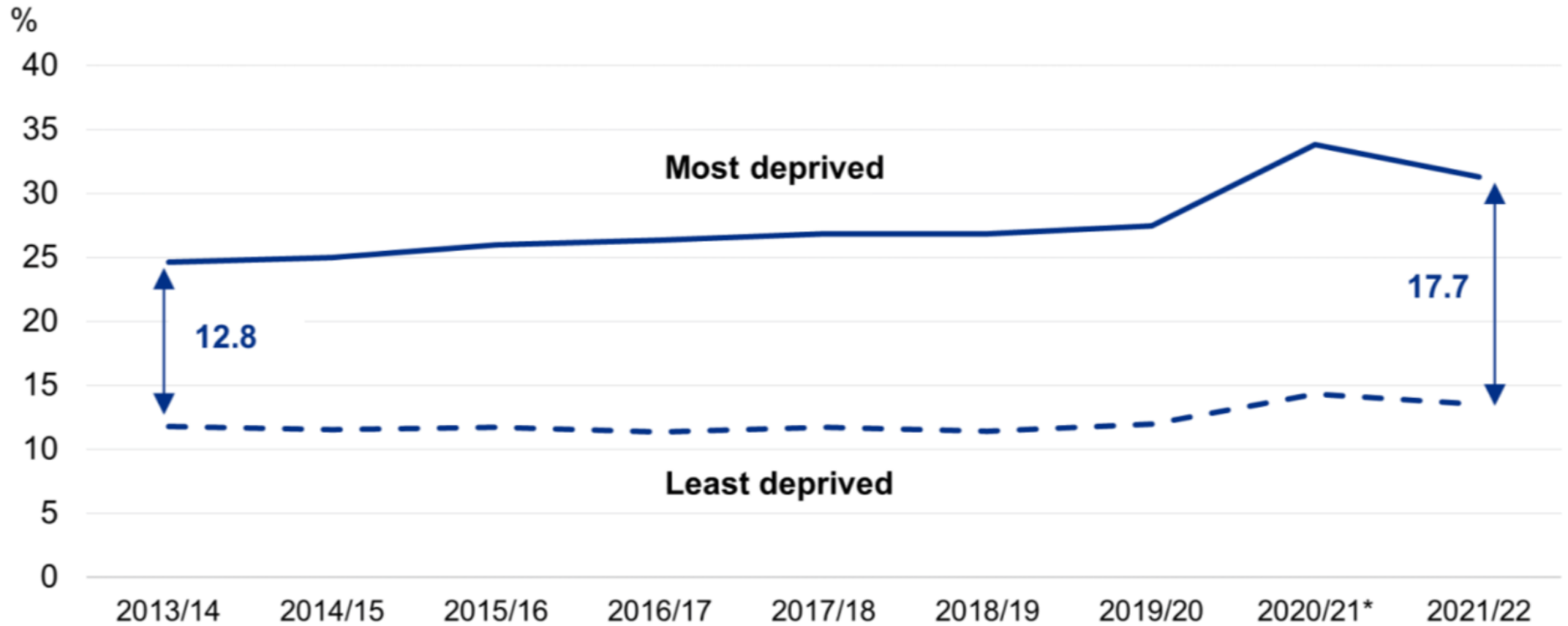
Infant mortality rates for most and least deprived deciles of neighbourhoods in England 2000-2022



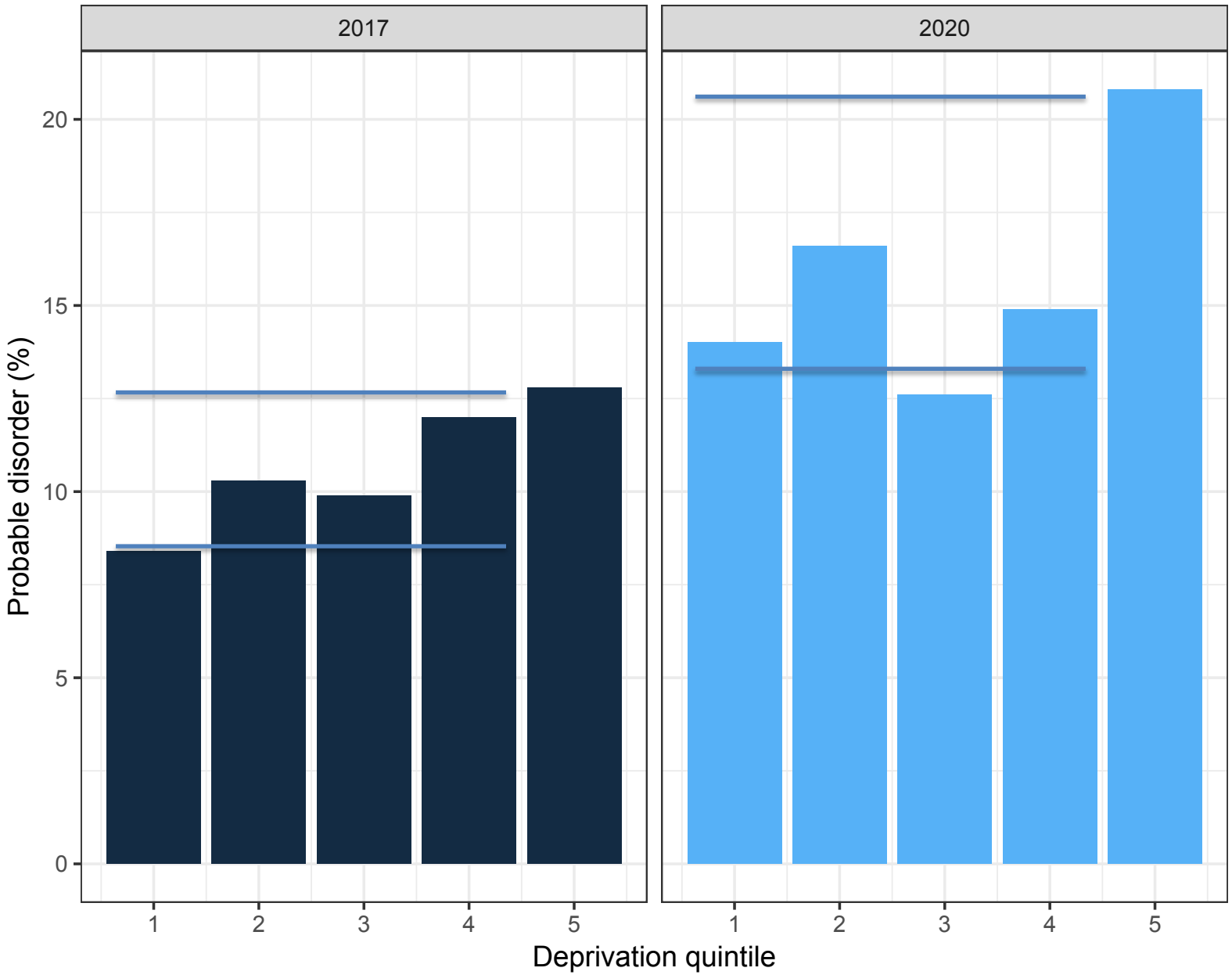
Infant mortality rates. Total, Deaths/1 000 live births, 2022 or latest available. OECD *UK comes in at 29th*



Trends in inequalities in obesity in 10-11 year old children in 2013-2022



Probable child mental health problems by deprivation quintile pre and during pandemic

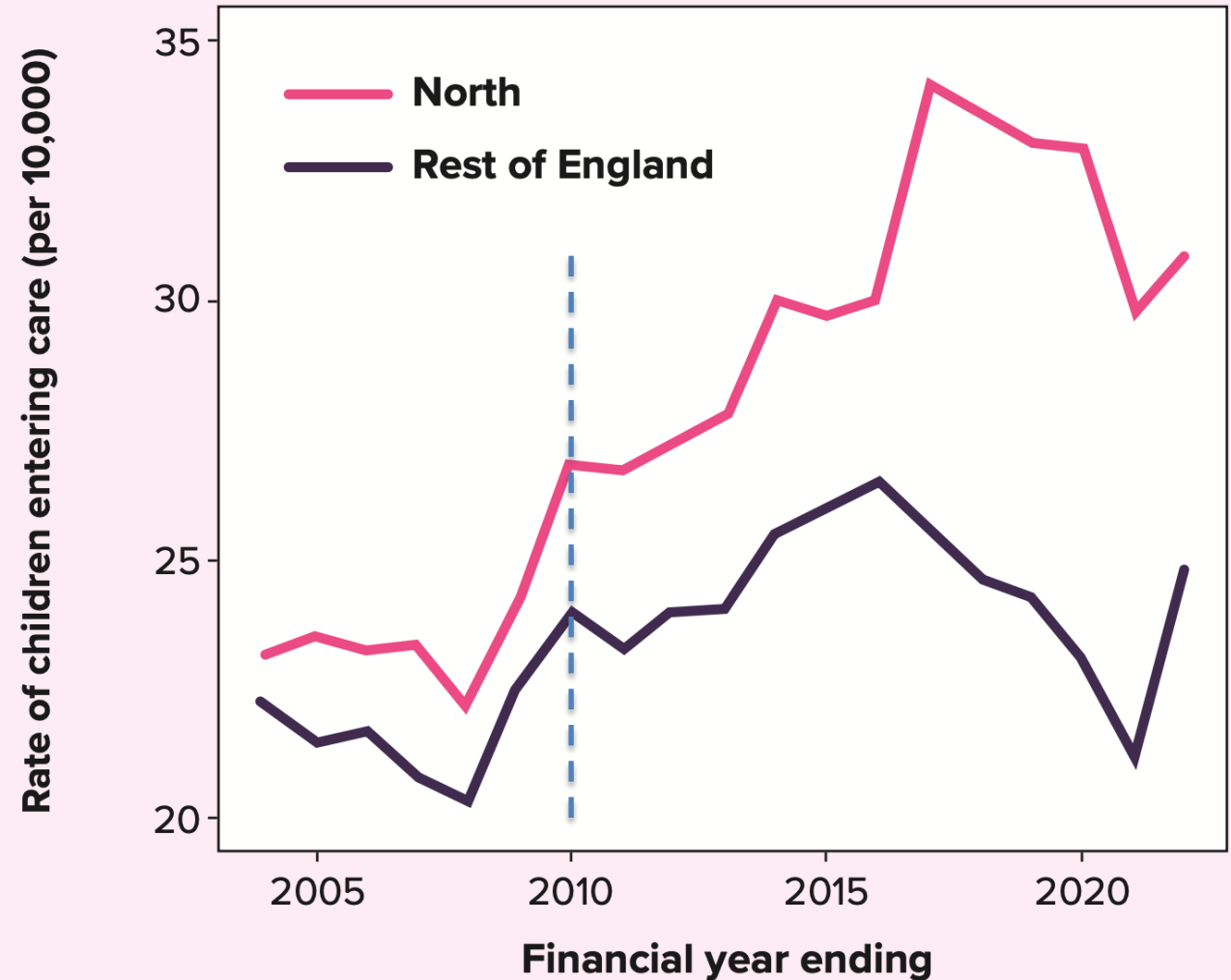




Children in Care in the North of England

A report prepared for the Child of the North All-Party Parliamentary Group

Figure 3. Rates of children entering care during the year, by North versus South, 2004 to 2023.¹



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Whooping cough

Five babies in England reported dead after developing whooping cough

Fears of biggest UK outbreak in two decades as 2,793 cases confirmed in first quarter of 2024



A baby receives a vaccination. Vaccines are highly effective at preventing severe disease and complications from whooping cough. Photograph: Angie Wang/AP

Linda Geddes

Thu 9 May 2024 13.07 BST

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Health

Cost of living crisis may be factor in low whooping cough jab rates, experts say

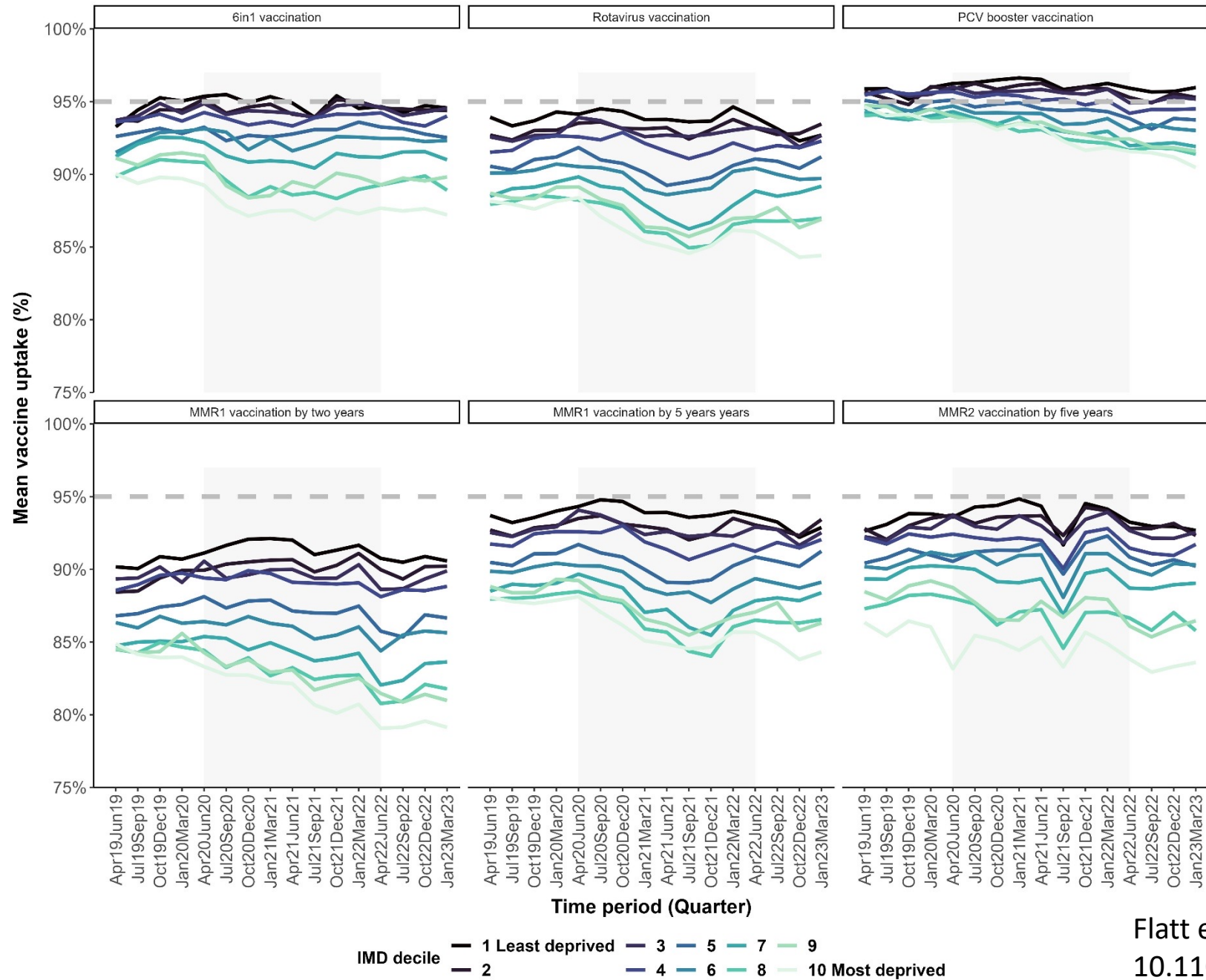
Analysis shows rates of uptake of six-in-one vaccine lowest in the most deprived areas of England



London had the lowest vaccination rate, with 86.2% of children having taken the three doses of the vaccine at 12 months compared with 95.6% in the north-east. Photograph: vgajic/Getty Images

Tobi Thomas and Carmen Aguilar García

Sat 11 May 2024 10.00 BST





Whooping cough

Whooping cough will kill more babies unless UK vaccination rates rise, says expert

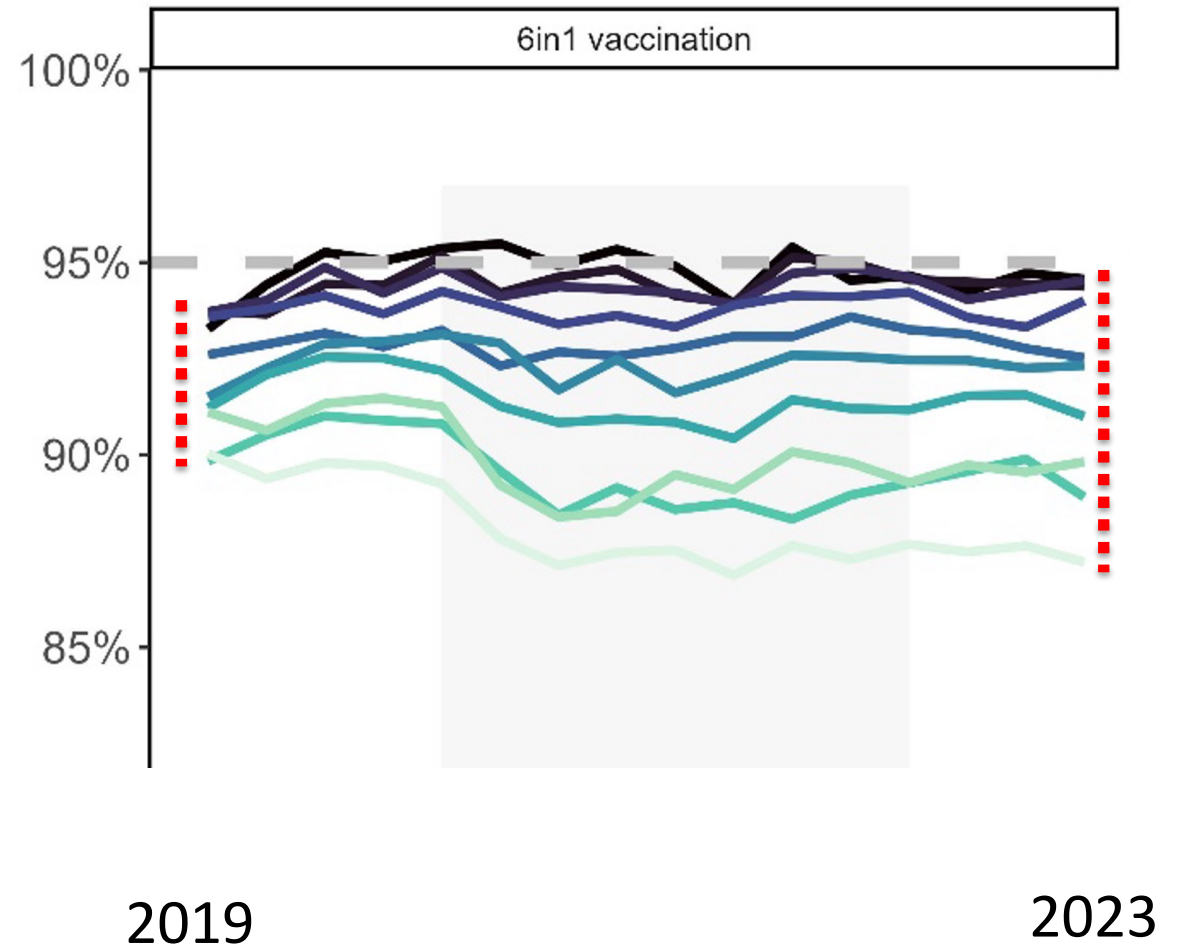
Government adviser says low take-up of jab among pregnant women is putting young infants at particular risk

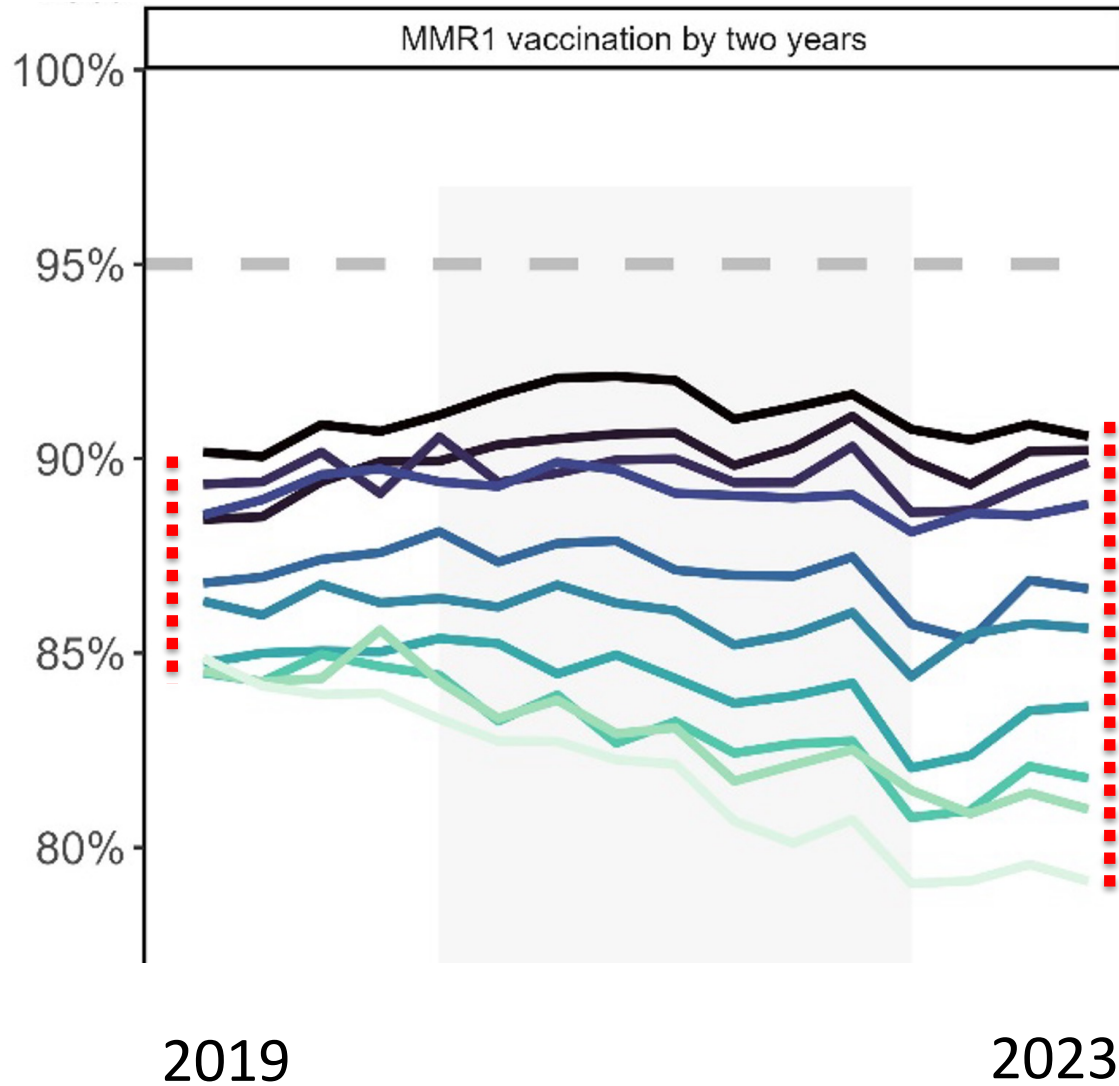


An infant receives a routine vaccination. Experts say the proportion of children having the whooping cough vaccine in their first year also needs to be higher. Photograph: Angie Wang/AP

Jamie Grierson

Fri 10 May 2024 12.42 BST





Health

England now seeing clusters of measles cases

© 15 February



SCIENCE PHOTO LIBRARY

By Michelle Roberts
 Digital health editor

England is now seeing clusters of measles cases across a number of regions including London, the North West, Yorkshire, The Humber and the East Midlands, as well as the West Midlands.

Child Poverty in the Midst of Wealth

UNICEF Innocenti Rank

1	Slovenia
2	Poland
3	Latvia
4	Republic of Korea
5	Estonia
6	Lithuania
7	Czechia
8	Japan
9	Ireland
10	Croatia
11	Canada
12	Belgium
13	Portugal
14	Finland
15	Denmark
16	Malta
17	Netherlands (Kingdom of the)
18	Greece
19	New Zealand
20	Norway
21	Slovakia
22	Sweden
23	Iceland
24	Cyprus
25	Germany
26	Australia
27	Chile
28	Romania
29	Austria
30	Switzerland
31	Bulgaria
32	United States
33	France
34	Italy
35	Luxembourg
36	Spain
37	United Kingdom
38	Türkiye
39	Colombia

Most recent rate of child poverty (Average 2019–2021)

%	Rank
10.0	2
14.1	8
16.3	16
15.7	15
14.8	9
18.3	22
11.6	4
14.8	11
14.8	10
16.6	17
17.2	19
14.9	12
19.3	25
10.1	3
9.9	1
19.8	26
13.5	7
22.3	31
21.1	29
12.0	5
18.9	23
18.0	20
12.4	6
15.6	14
15.5	13
17.1	18
21.6	30
29.0	37
19.2	24
18.0	21
26.1	34
26.2	35
19.9	27
25.5	33
24.5	32
28.0	36
20.7	28
33.8	38
35.8	39

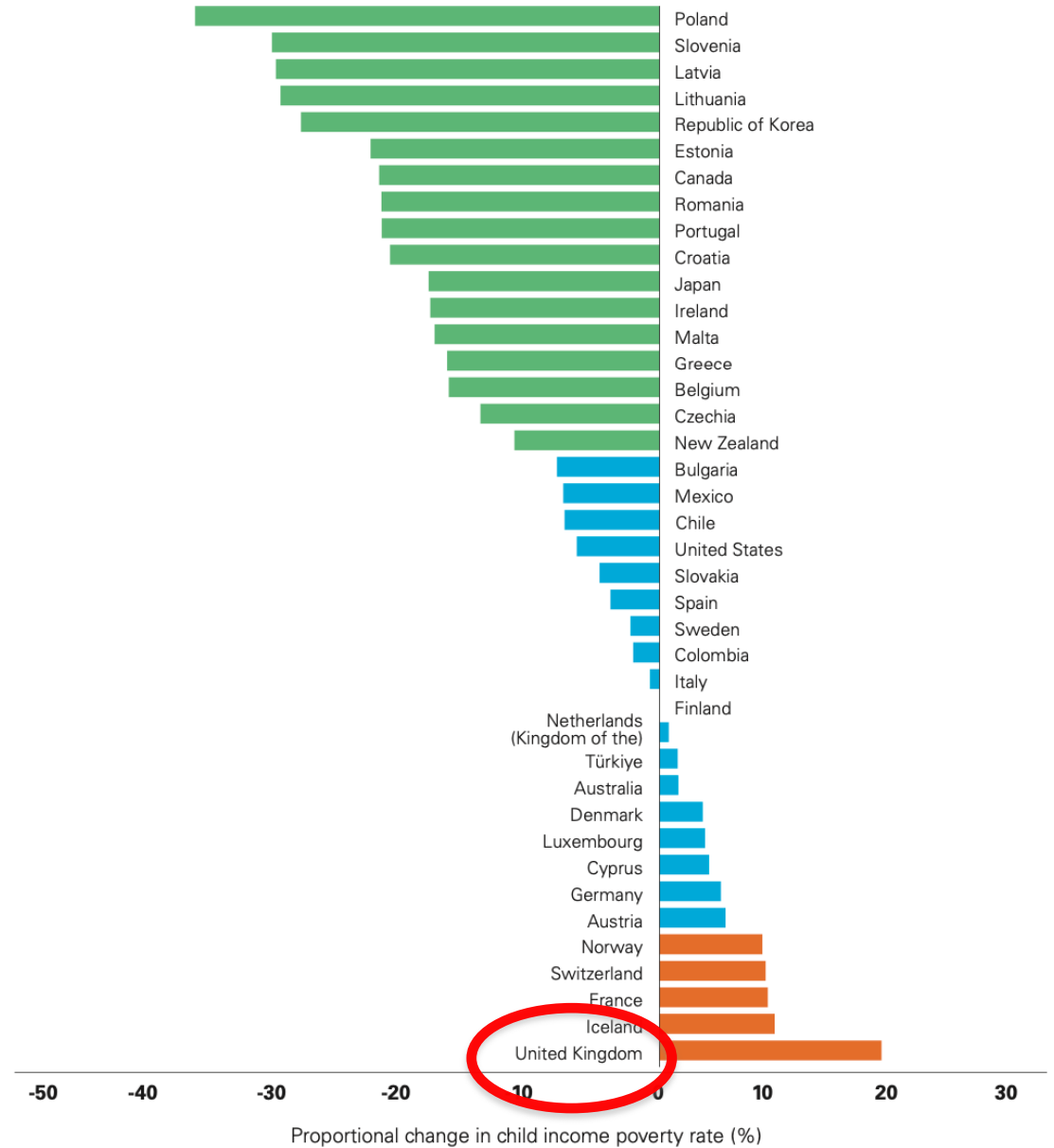
Change in child poverty rate (2012–2014 to 2019–2021)

%	Rank
-31.4	2
-37.6	1
-31.0	3
-29.0	5
-23.4	6
-30.6	4
-14.5	16
-18.7	11
-18.5	12
-21.8	10
-22.7	7
-17.0	15
-22.5	9
0	26
+3.5	30
-18.2	13
+0.7	27
-17.2	14
-11.7	17
+10.1	35
-4.9	21
-2.4	23
+11.0	38
+4.0	32
+5.0	33
+1.7	29
-7.7	19
-22.5	8
+5.3	34
+10.3	36
-8.3	18
-6.7	20
+10.4	37
-0.8	25
+3.7	31
-4.0	22
+19.6	39
+1.5	28
-2.1	24

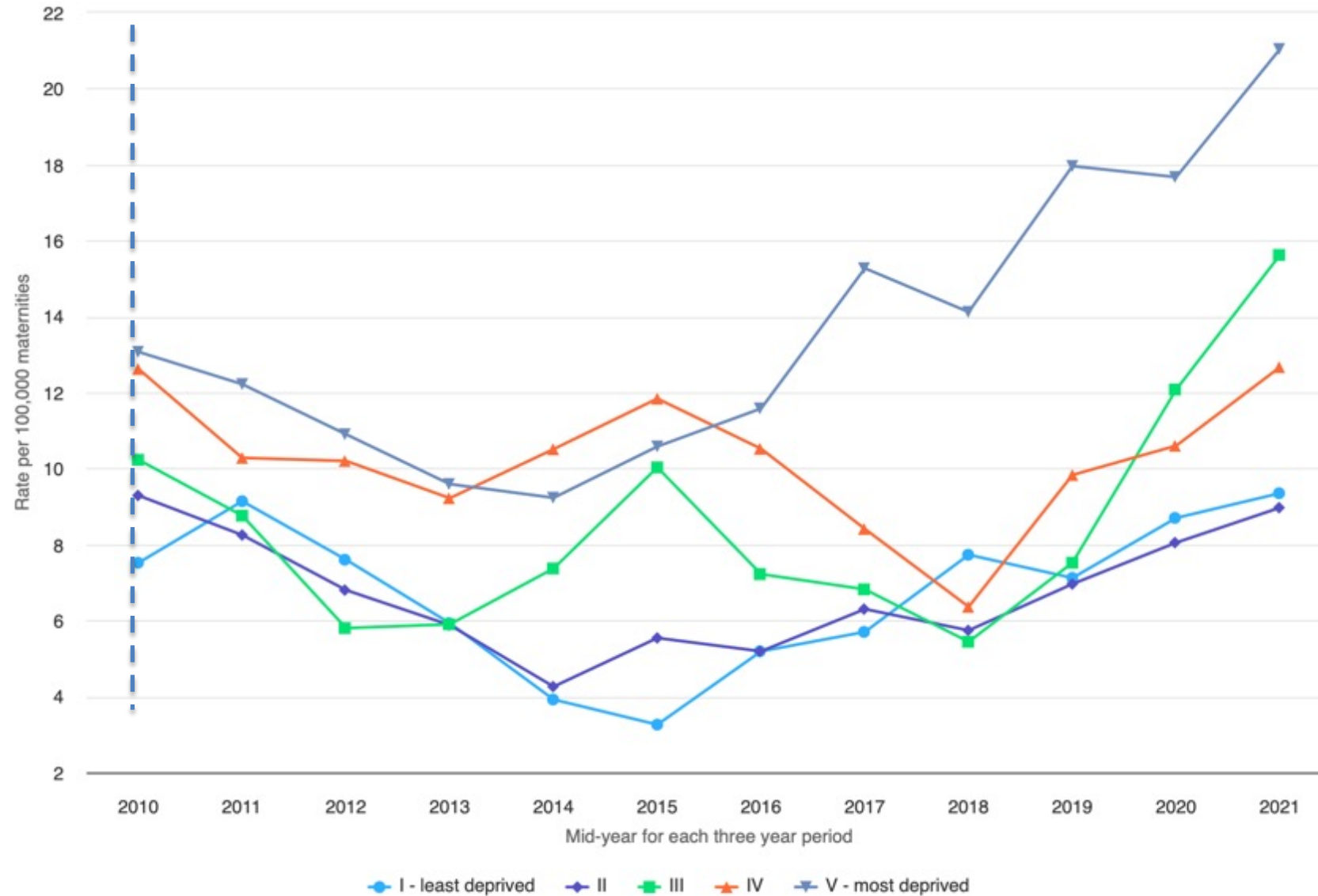
Child poverty rates, 2019–2021



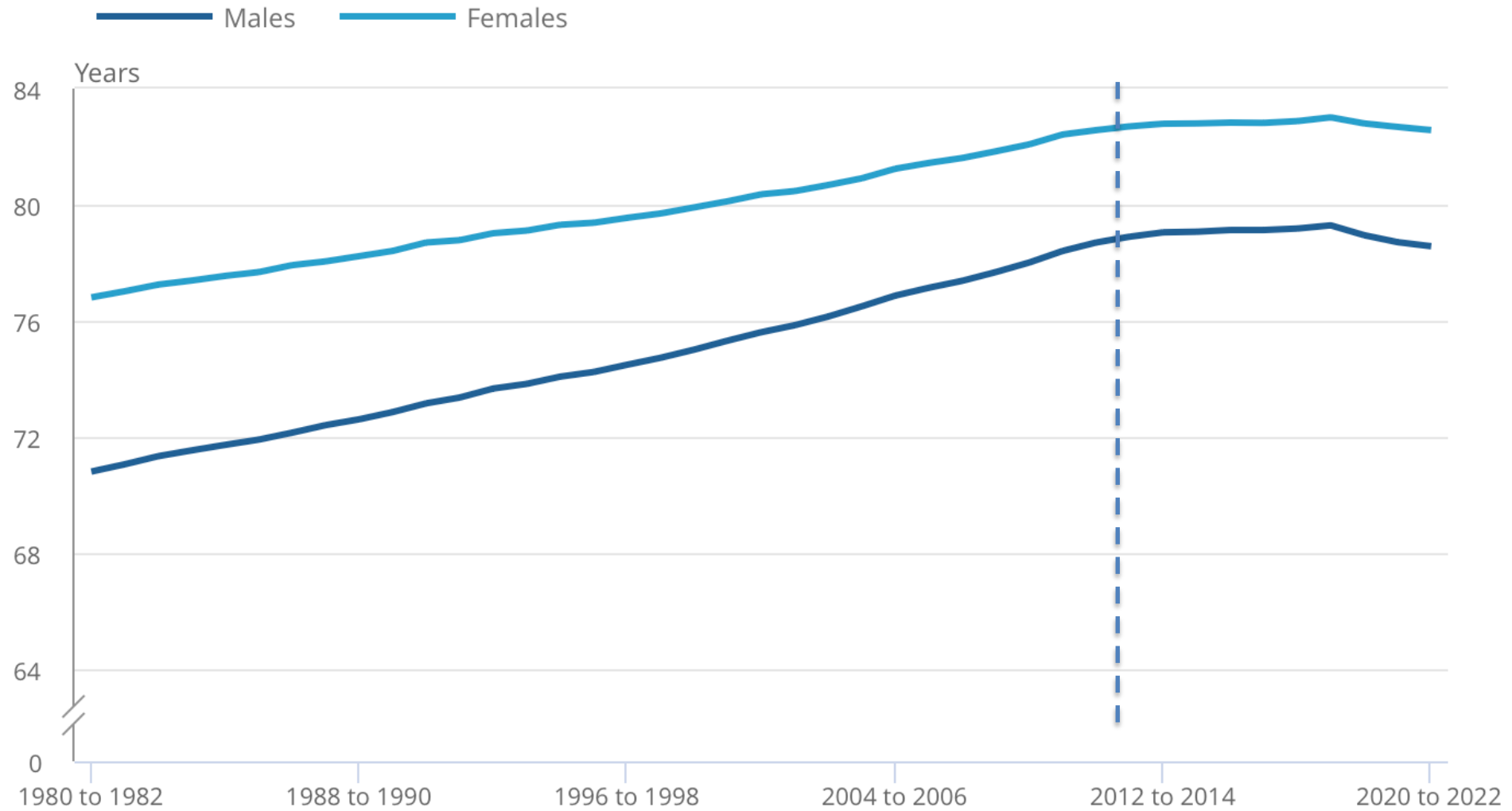
Change in child income poverty rates, 2012–2014 to 2019–2021



Maternal mortality rates 2009-22 among women from different levels of socio-economic deprivation in England

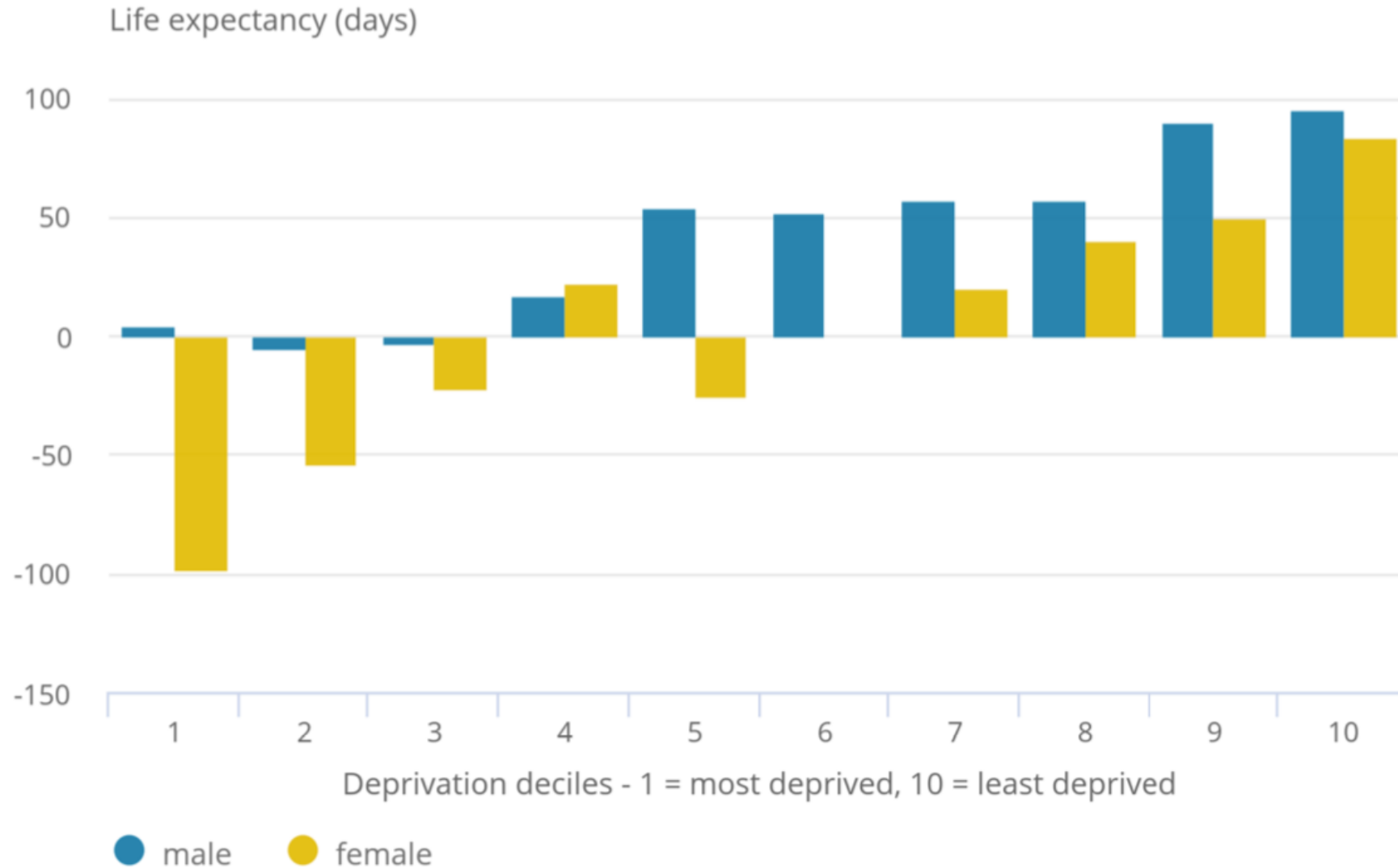


Life expectancy at birth for males and females, UK, between 1980 to 1982 and 2020 to 2022



Change in life expectancy in days between 2014 and 2017: by sex and decile, England

<https://www.ons.gov.uk>



Large fall in LE at birth among women in the most deprived areas – increasing inequalities

A problem foreseen

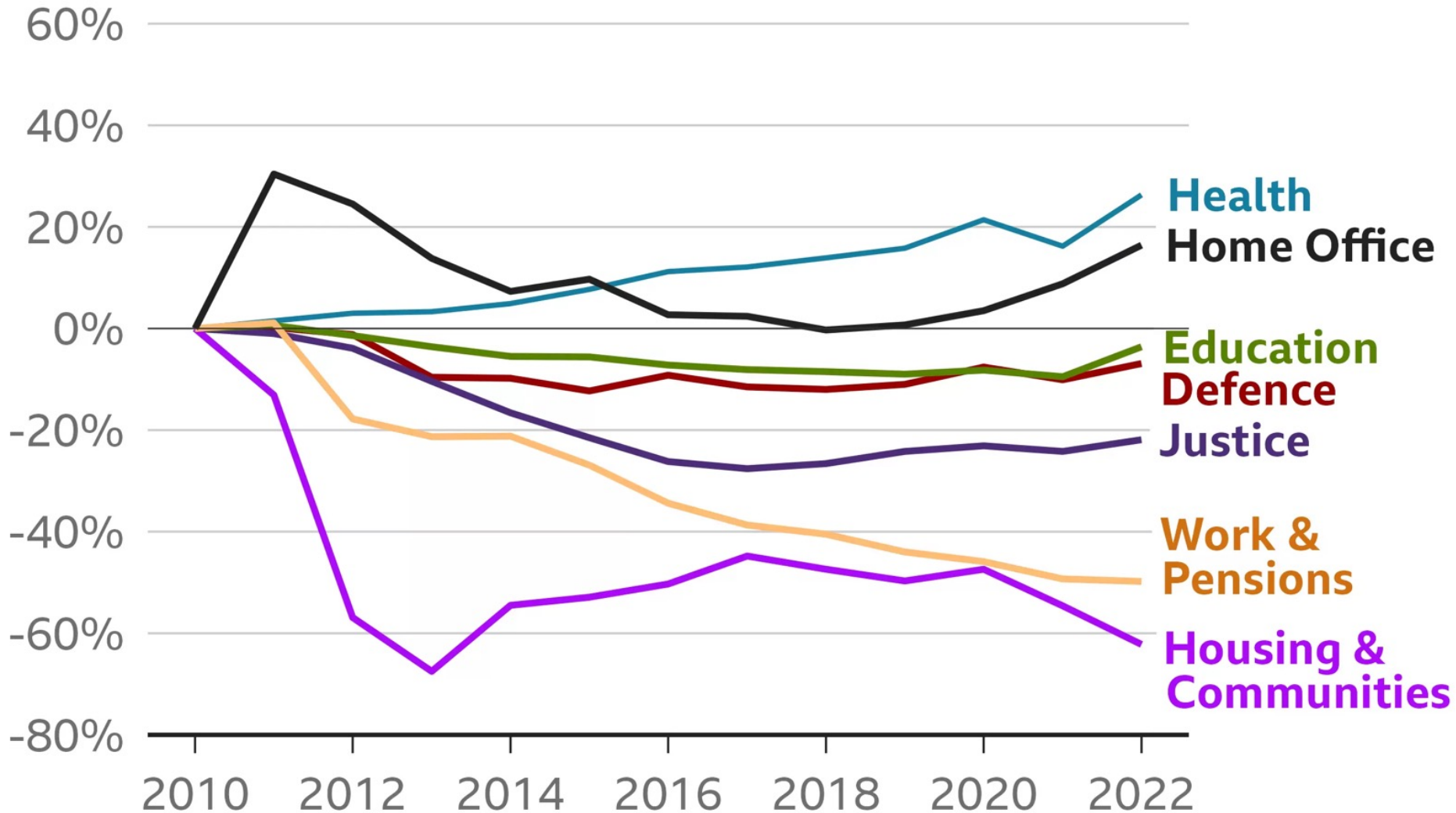
“For this reason,
*giving every child
the best start in life
is our **highest
priority
recommendation***”

(Policy Objective A)



Government departments' budgets since 2010

Percentage change in the value of annual budgets





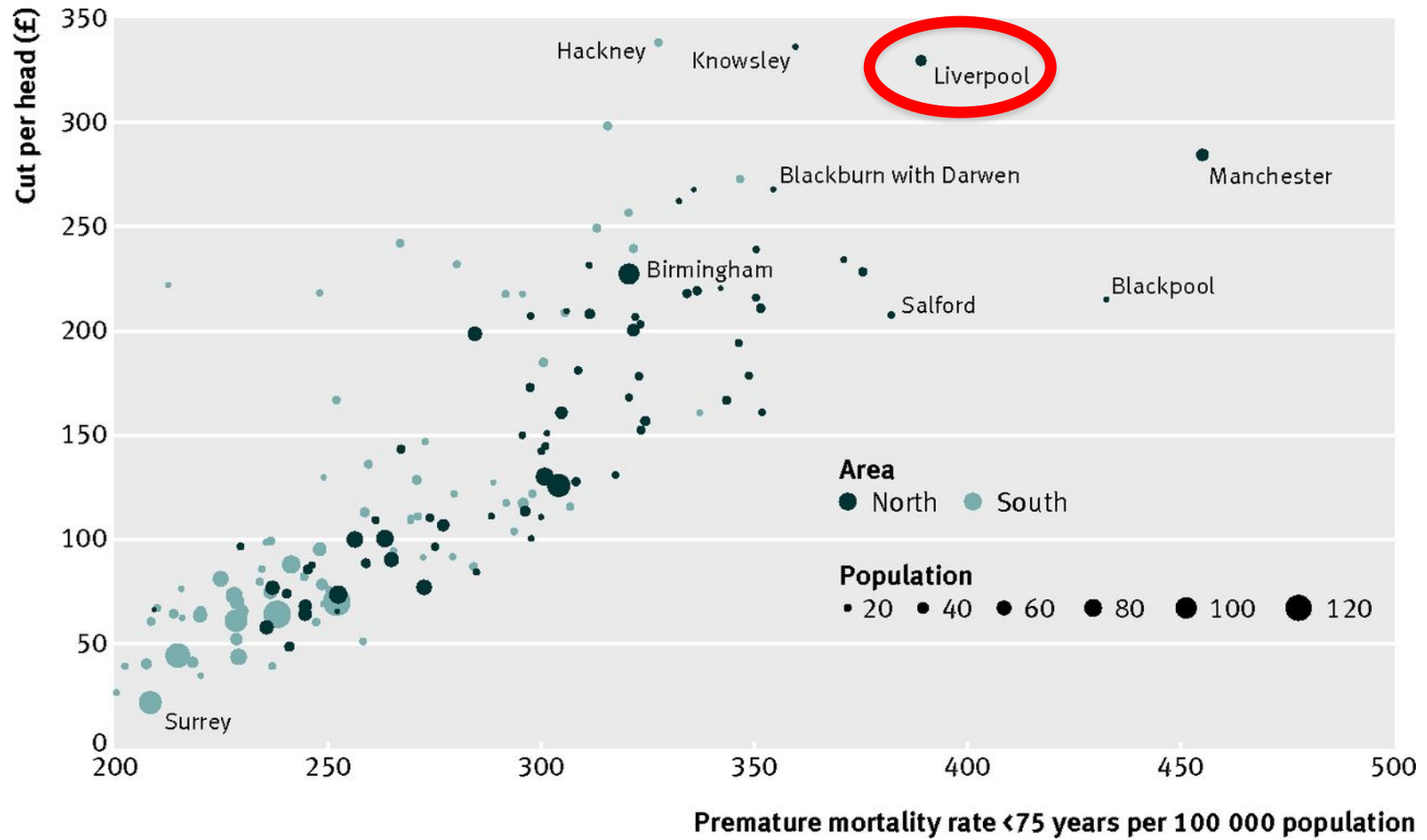
Families in an Age of Austerity:
January 2012

The Impact of Austerity Measures on Households with Children

Analysis by James Browne, Institute for Fiscal
Studies

The Institute for Fiscal Studies has described these as “colossal cuts,” raising the question, “Is this a fundamental re-imagining of the role of the state”?

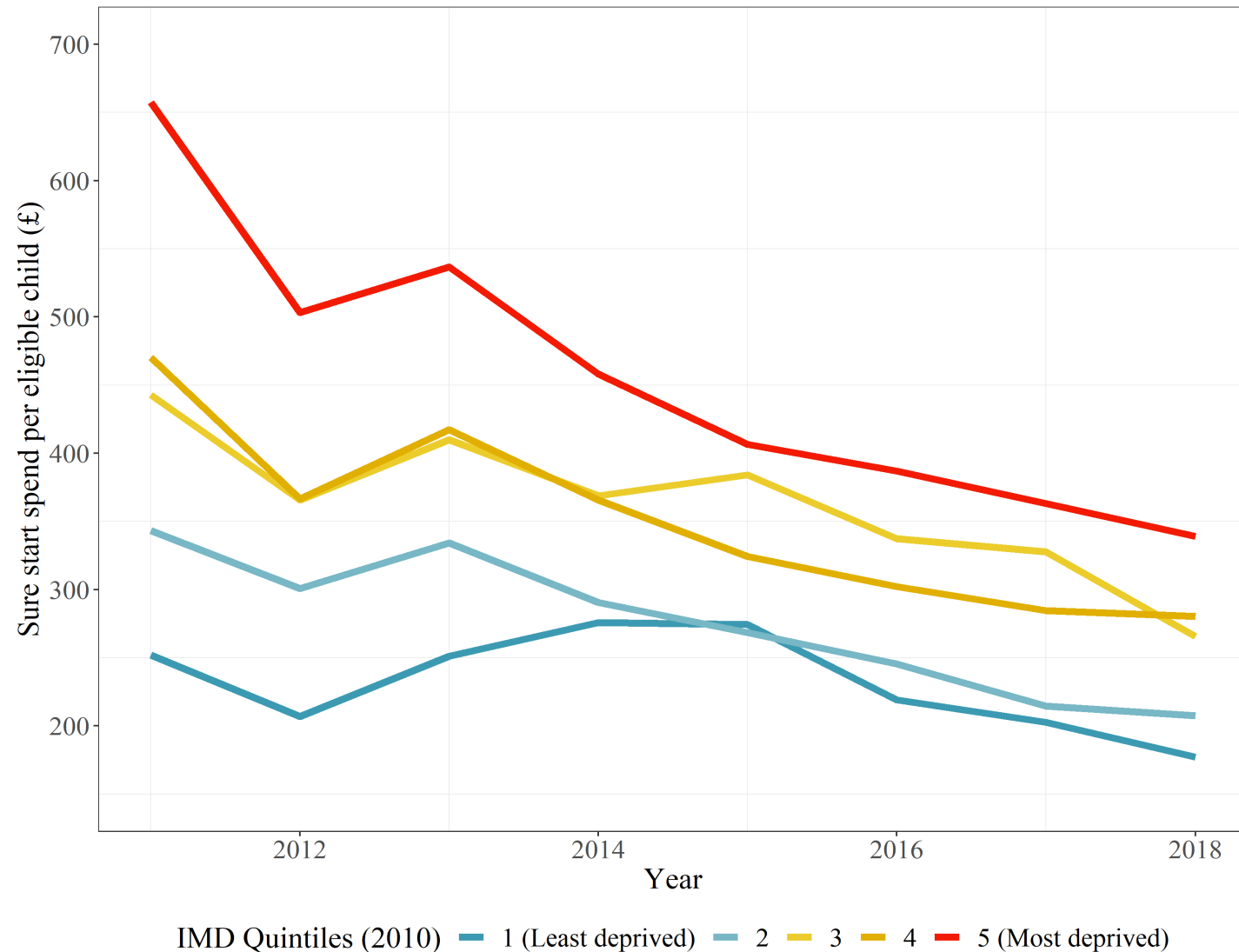
Local authority budget cut 2010-11 to 2014-15 versus premature mortality.



Taylor-Robinson D et al. BMJ 2013;347:bmj.f4208

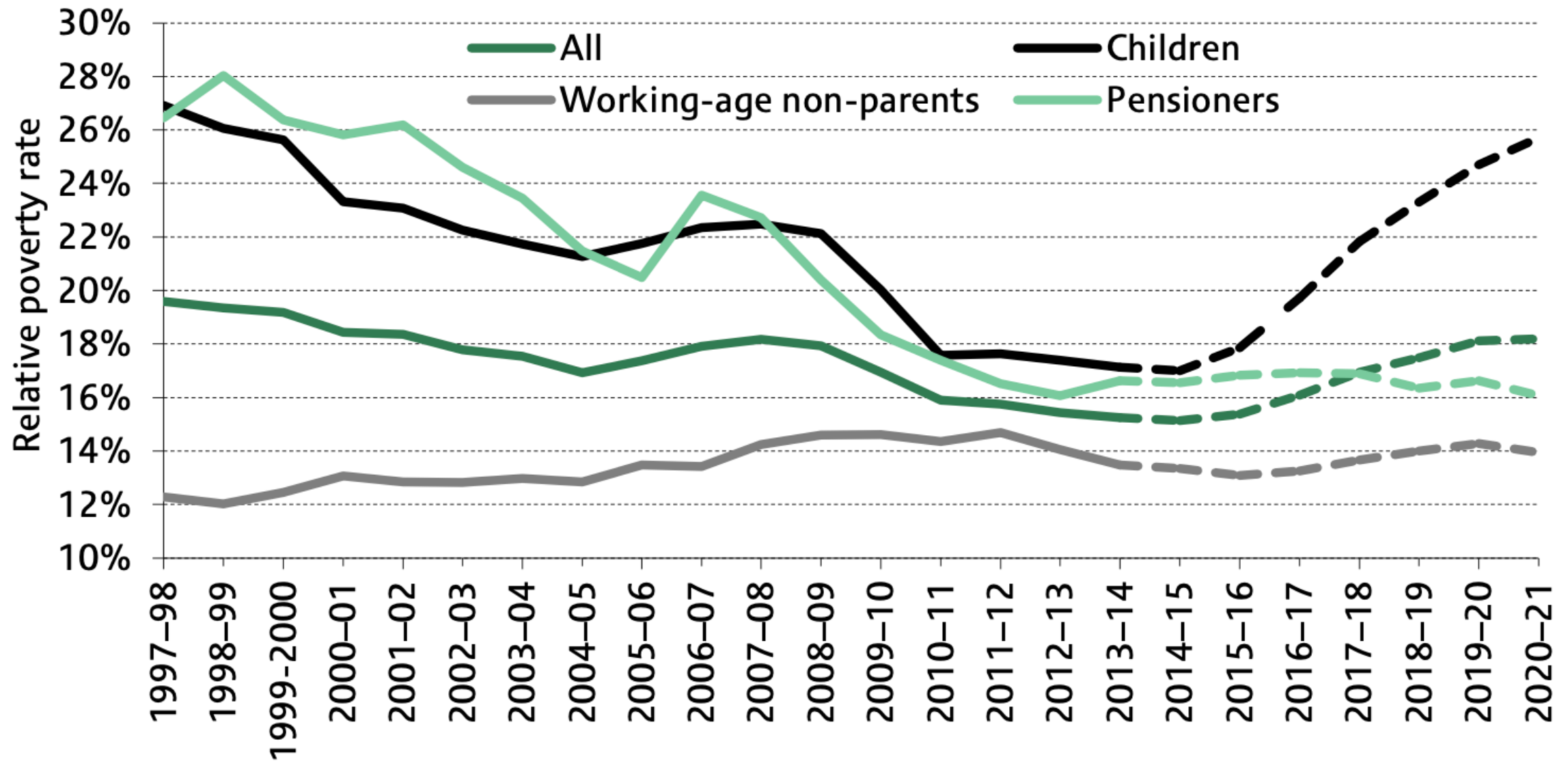
A decade of cuts to children's services

Biggest cuts to prevention in poorest areas

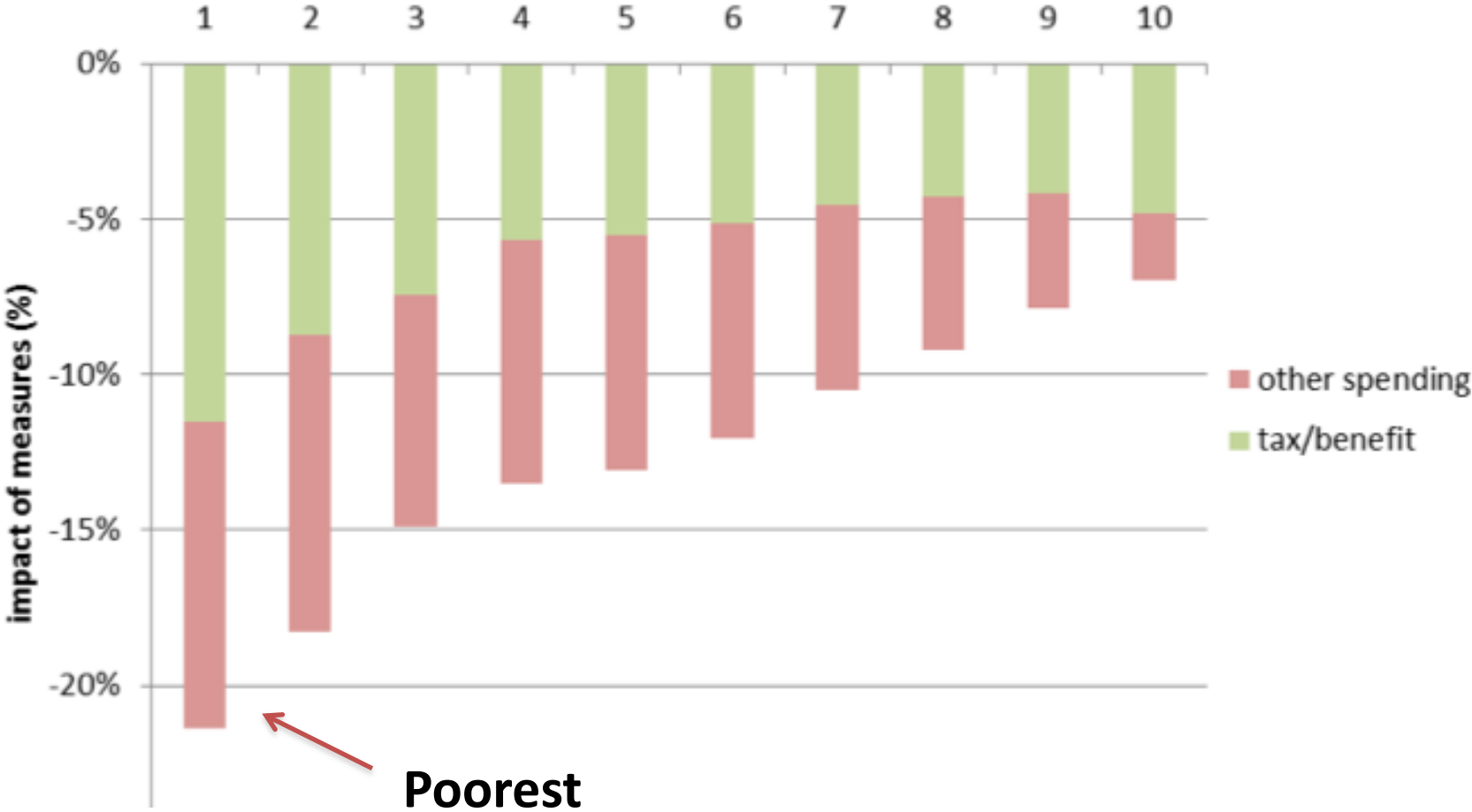


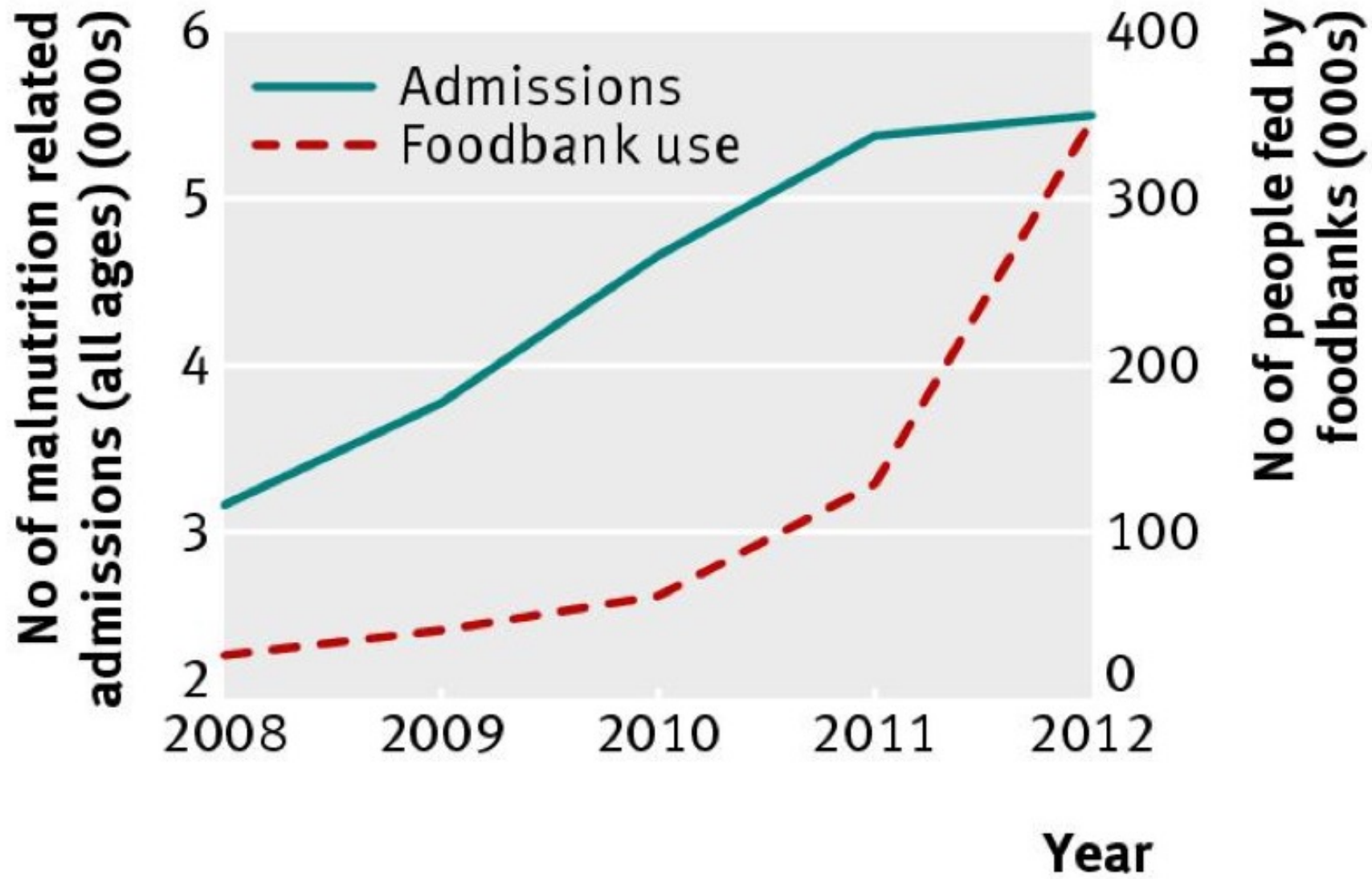
Taylor-Robinson and Bennett 2020
<https://cpag.org.uk/shop/cpag-titles/2020-vision-ending-child-poverty-good>

Figure 3.9. Relative poverty rates: 1997–98 to 2020–21



Combined impact of tax/benefit measures and other spending measures expressed as a percentage of net income: by income decile, all families with children





Taylor-Robinson et al BMJ 2013;347:f7157



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Chief Medical Officer 'ashamed' as rickets makes a comeback



40 per cent of English children have some kind of vitamin D deficiency



2013

Growth in UK children living in households with food insecurity

BMJ 2024 ; 385 doi: <https://doi.org/10.1136/bmj.q997> (Published 03 May 2024)

Cite this as: BMJ 2024;385:q997

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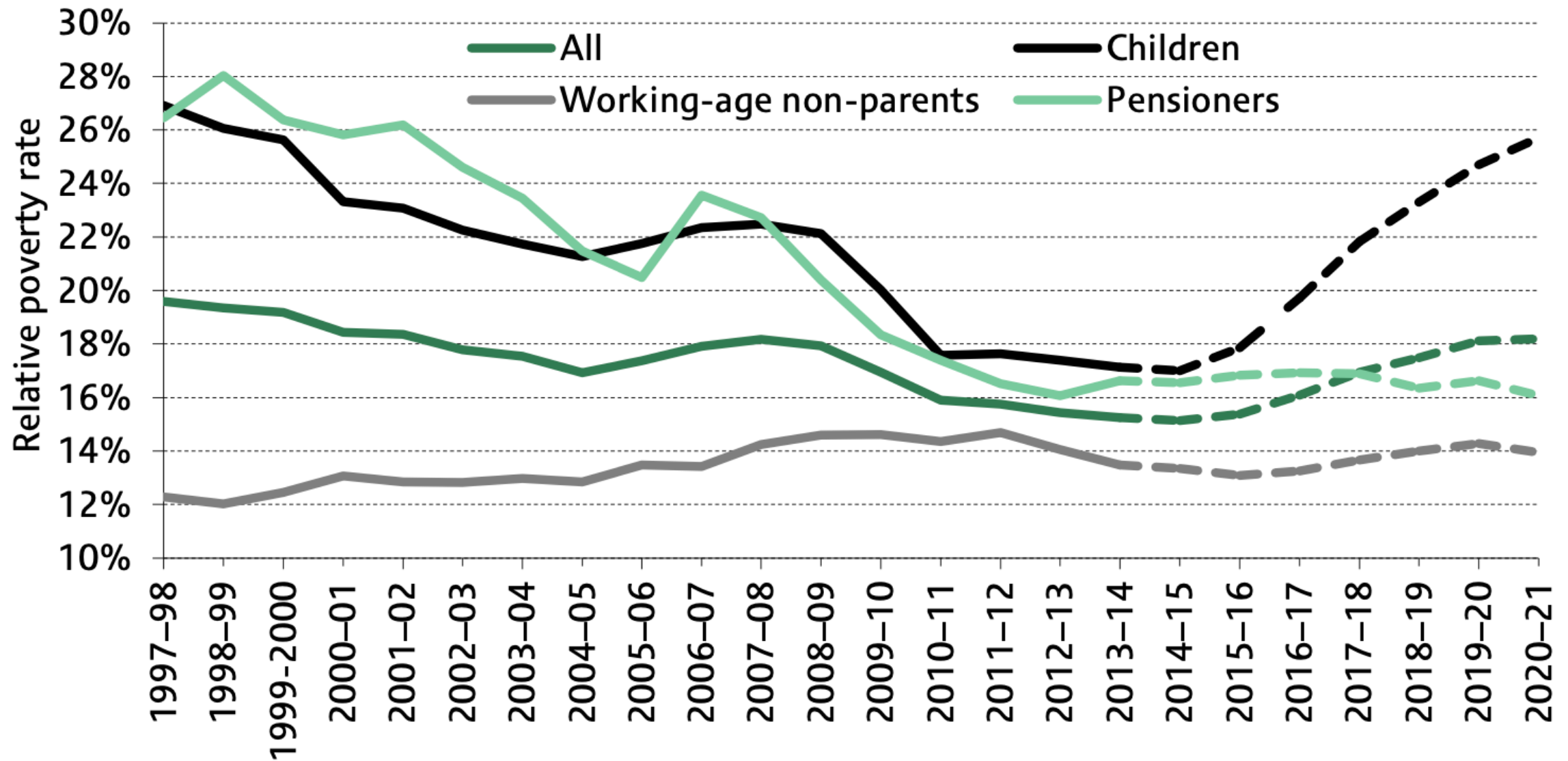
Rachel Loopstra, senior lecturer in public health

- An average of 2.4 million children a month (or 17% of all children) were living in food insecure homes during 2022-23
- UK's children face higher levels of food insecurity than children living in Canada or the US

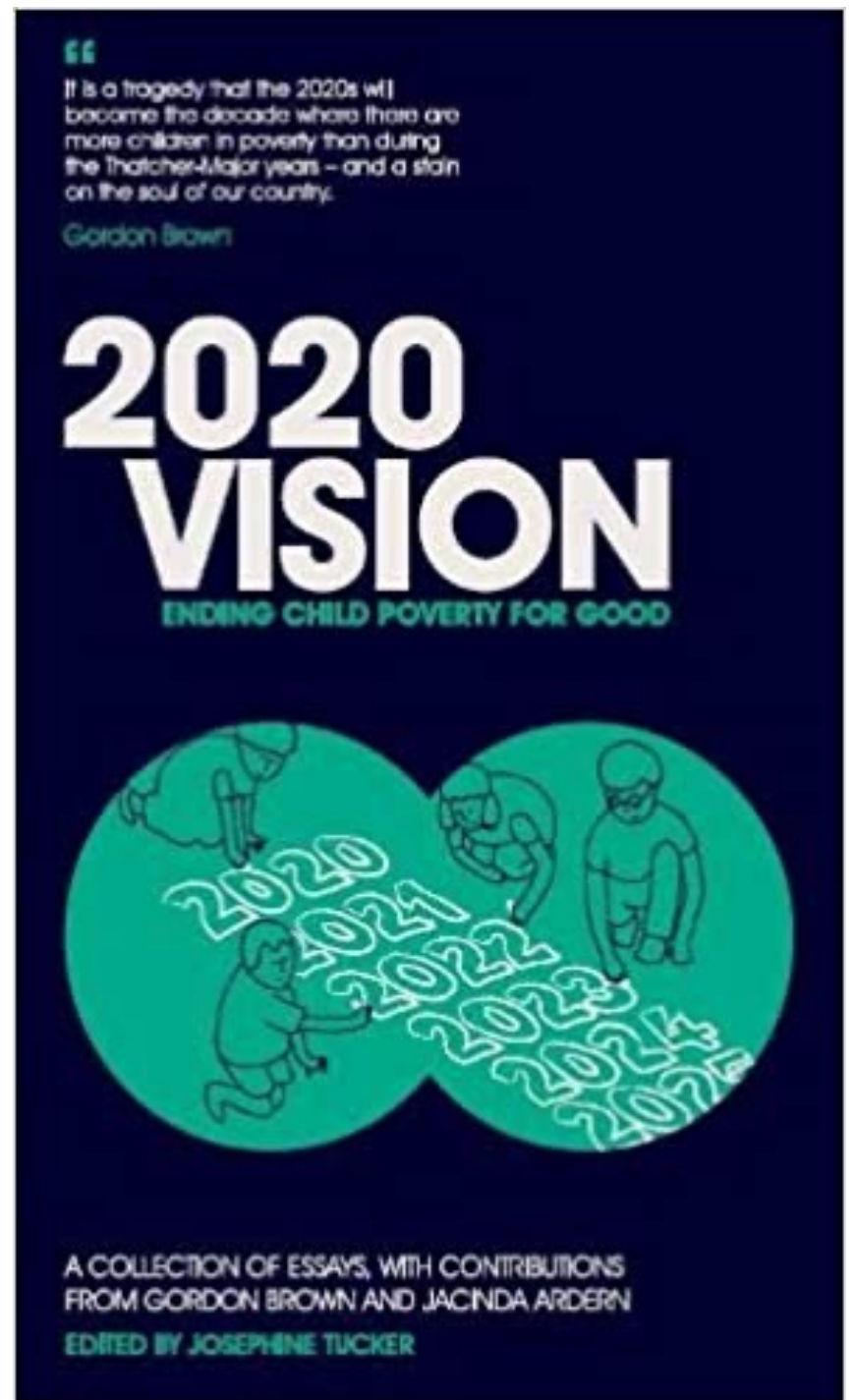
2024

What caused the adverse trends in inequalities?

Figure 3.9. Relative poverty rates: 1997–98 to 2020–21



In 1999, Tony Blair pledged to end child poverty by 2020. This was one element of New Labour's broader inequality strategy which included the English Health Inequalities Strategy, regarded as the world's largest experiment in tackling health inequalities.



“By 2010 to **reduce by at least 10% the gap in life expectancy** between the fifth of local authorities with the worst health and deprivation indicators (the Spearhead areas) and the population as a whole”. (DH, 2003).



- Targets
- Resource allocation
- Area based regeneration
- Tax and benefit changes
- Minimum wage
- Sure Start
- Targeted primary and secondary prevention services
- Technical support for improved chronic disease management

What did local health agencies in Liverpool invest in?

- Tackling inverse care law - proportionate universalism in prevention – in children's centres, NHS Smoking Cessation Clinics, BP control.....
- Wider social determinants of health – 'Liverpool Healthy Homes'
- Using purchasing power and status as major employer to boost employment chances

RESEARCH



Investigating the impact of the English health inequalities strategy: time trend analysis

OPEN ACCESS

Ben Barr *senior clinical lecturer in applied public health research*, James Higgerson *research fellow*, Margaret Whitehead *WH Duncan professor of public health*

Department of Public Health and Policy, Institute of Psychology, Health and Society, University of Liverpool, Liverpool L69 3GB, UK

BMJ 2014;348:g3231 doi: 10.1136/bmj.g3231

Page 1 of 10

RESEARCH

The impact of NHS resource allocation policy on health inequalities in England 2001-11: longitudinal ecological study

OPEN ACCESS

Research report

The impact of New Labour's English health inequalities strategy on geographical inequalities in infant mortality: a time-trend analysis

Tomos Robinson,¹ Heather Brown,¹ Paul D Norman,² Lorna K Fraser,³ Ben Barr,⁴ Clare Bamba¹

“Trends in inequalities before, during, and after the strategy show that the strategy reduced these inequalities”



 > Insights > What did local government ever do for us? An update of the evidence.

What did local government ever do for us? An update of the evidence.

March 16th, 2023 by Alexandros Alexiou, Kate Mason, Davara Bennett, Katie Fahy, Nicholas Adjei, Konstantinos Daras, David Taylor-Robinson and Ben Barr

Levelling up health will only succeed if we invest across the whole of local government.

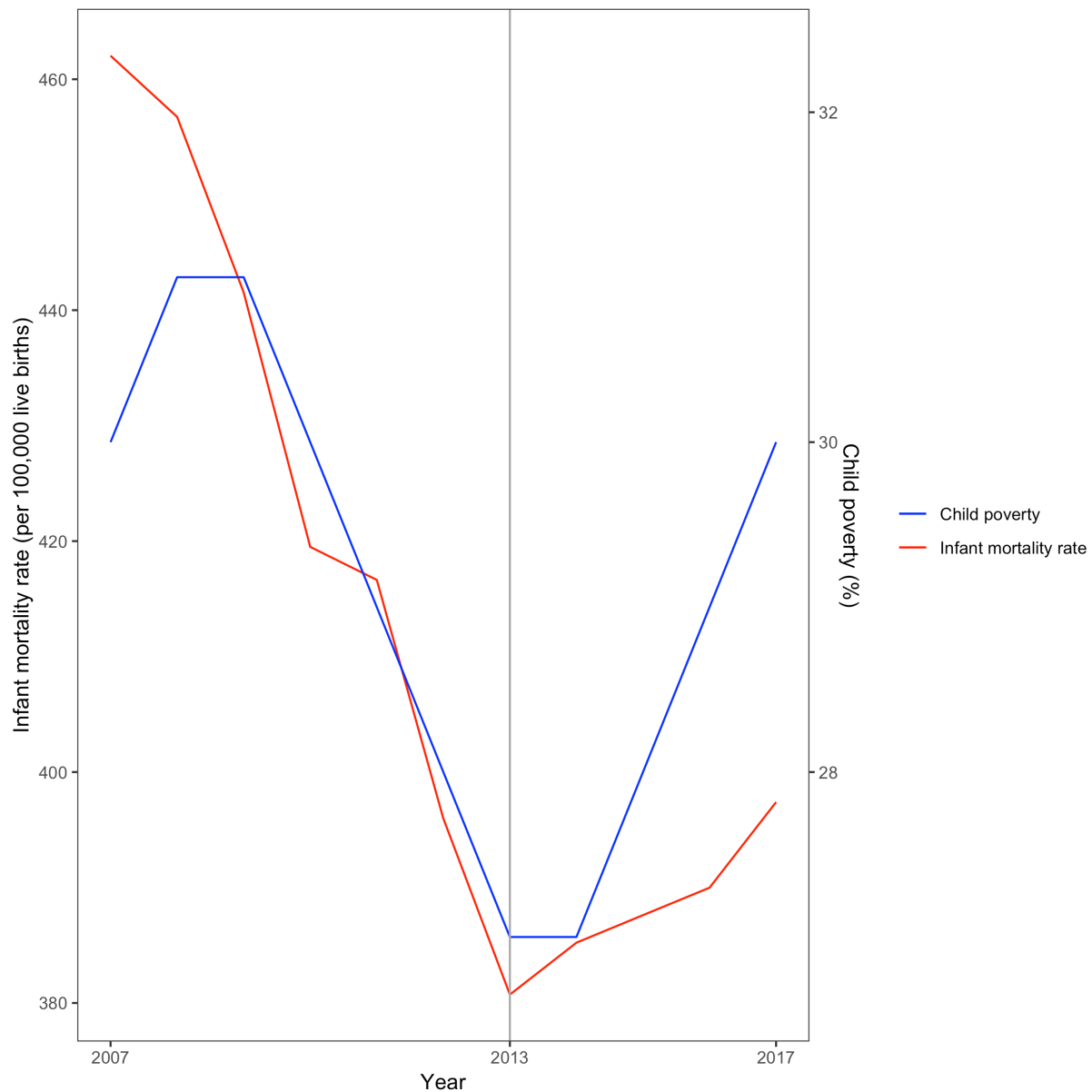
BMJ Open Assessing the impact of rising child poverty on the unprecedented rise in infant mortality in England, 2000–2017: time trend analysis

David Taylor-Robinson,^{1,2} Eric T C Lai,¹ Sophie Wickham,¹ Tanith Rose,¹ Paul Norman,³ Clare Bamba,⁴ Margaret Whitehead,¹ Ben Barr¹



An 'unprecedented' rise in infant mortality linked to poverty in England

Rising infant mortality, rising child poverty 2007-2017



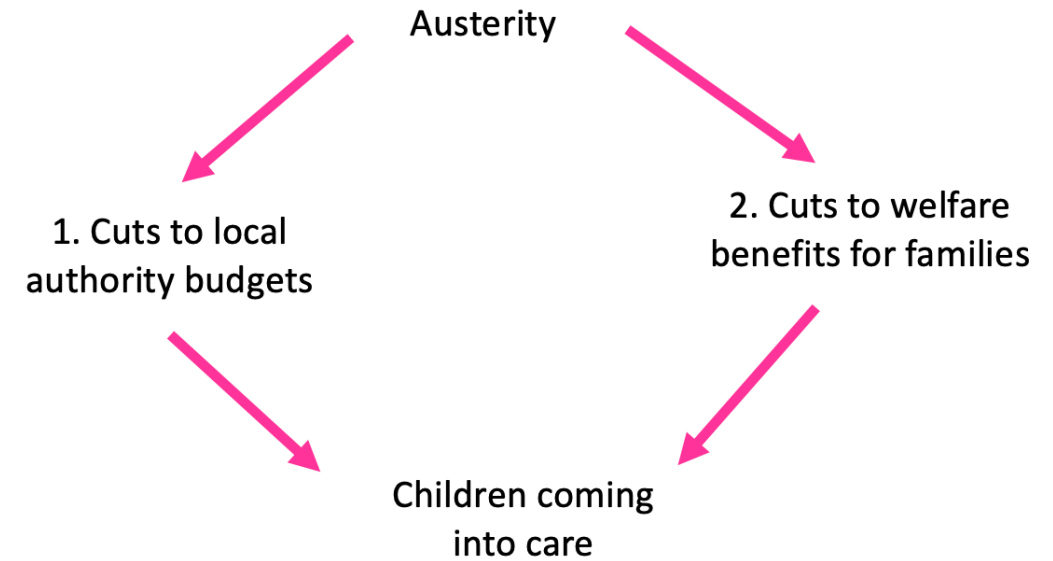
Each 1% increase in child poverty was significantly associated with an extra 5.8 infant deaths per 100 000 live births (95% CI 2.4 to 9.2).

About a third of the increases in infant mortality between 2014 and 2017 can be attributed to rising child poverty



Funding for preventative Children's Services and rates of children becoming looked after: A natural experiment using longitudinal area-level data in England

Davara L. Bennett ^a✉, Calum J.R. Webb ^b, Kate E. Mason ^a, Daniela K. Schlüter ^a, Katie Fahy ^a, Alexandros Alexiou ^a, Sophie Wickham ^a, Ben Barr ^a, David Taylor-Robinson ^a



Child poverty and children entering care in England, 2015–20: a longitudinal ecological study at the local area level



Davara L Bennett, Daniela K Schlüter, Gabriella Melis, Paul Bywaters, Alex Alexiou, Ben Barr, Sophie Wickham, David Taylor-Robinson



Summary

Background Children in care face adverse health outcomes throughout their life course compared with their peers. In England, over the past decade, the stark rise in the number of cared-for children has coincided with rising child poverty, a key risk factor for children entering care. We aimed to assess the contribution of recent trends in child poverty to trends in care entry.

Lancet Public Health 2022

Published Online




Month date, 2022

[https://doi.org/10.1016/S2468-2667\(22\)00065-2](https://doi.org/10.1016/S2468-2667(22)00065-2)

S2468-2667(22)00065-2

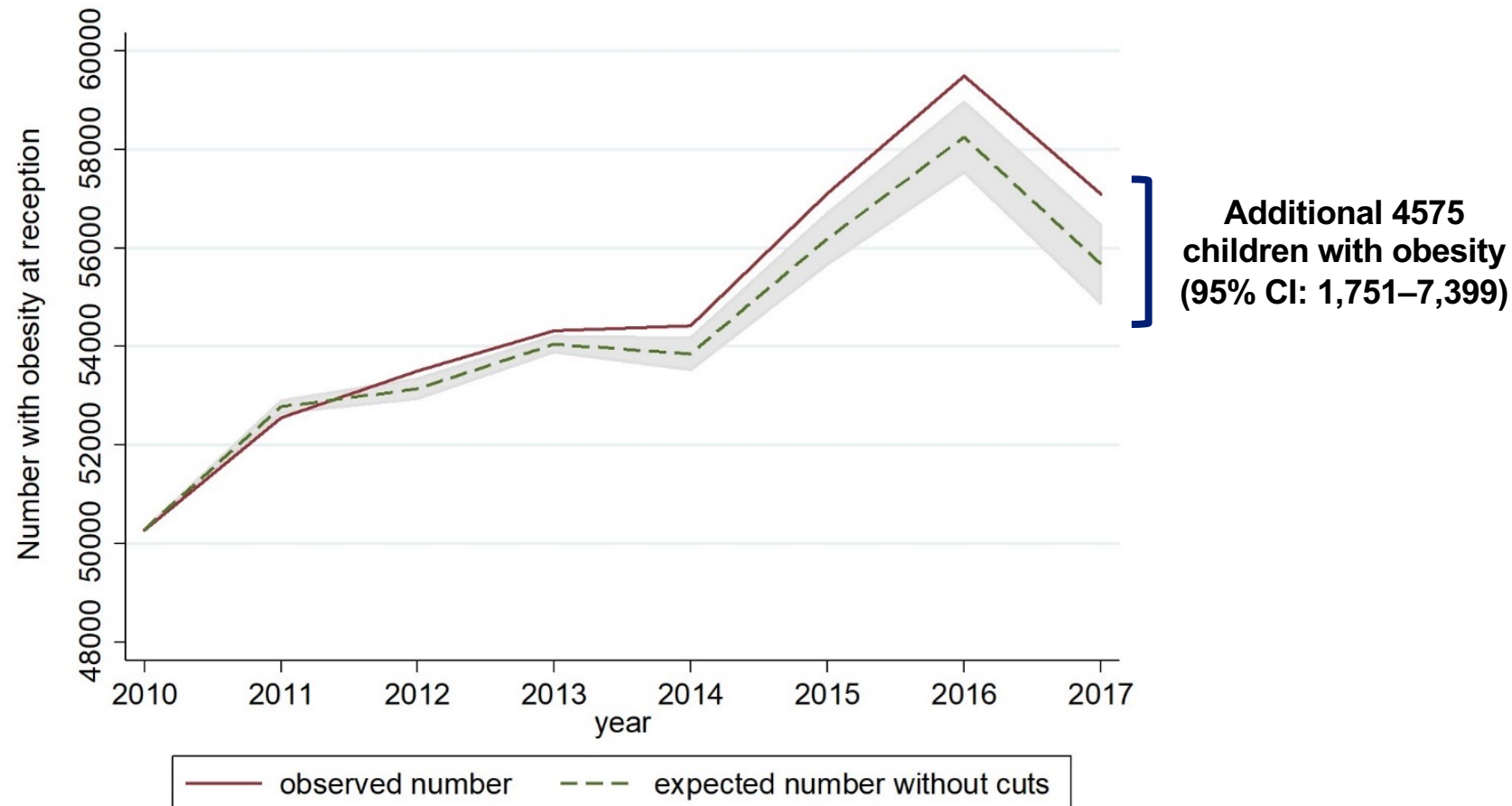
Original research

Impact of cuts to local government spending on Sure Start children's centres on childhood obesity in England: a longitudinal ecological study [a](#)

 Kate E Mason ¹,  Alexandros Alexiou ¹,  Davara Lee Bennett ¹, Carolyn Summerbell ², Ben Barr ¹, David Taylor-Robinson ¹

Observed number of 4-5 year olds living with obesity vs number expected in the absence of Sure Start spending cuts

Each 10% spending cut was associated with a 0.34% relative increase in obesity prevalence the following academic year



ARTICLES | VOLUME 6, ISSUE 9, E641-E647, SEPTEMBER 2021

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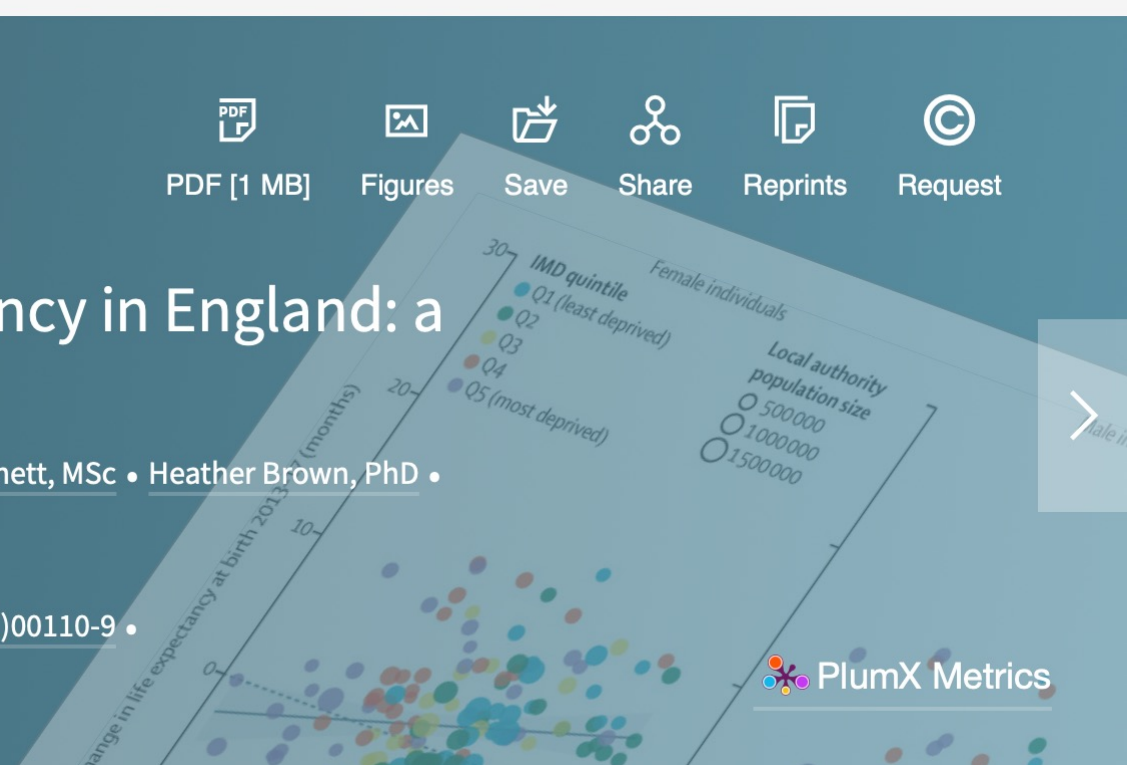
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Local government funding and life expectancy in England: a longitudinal ecological study

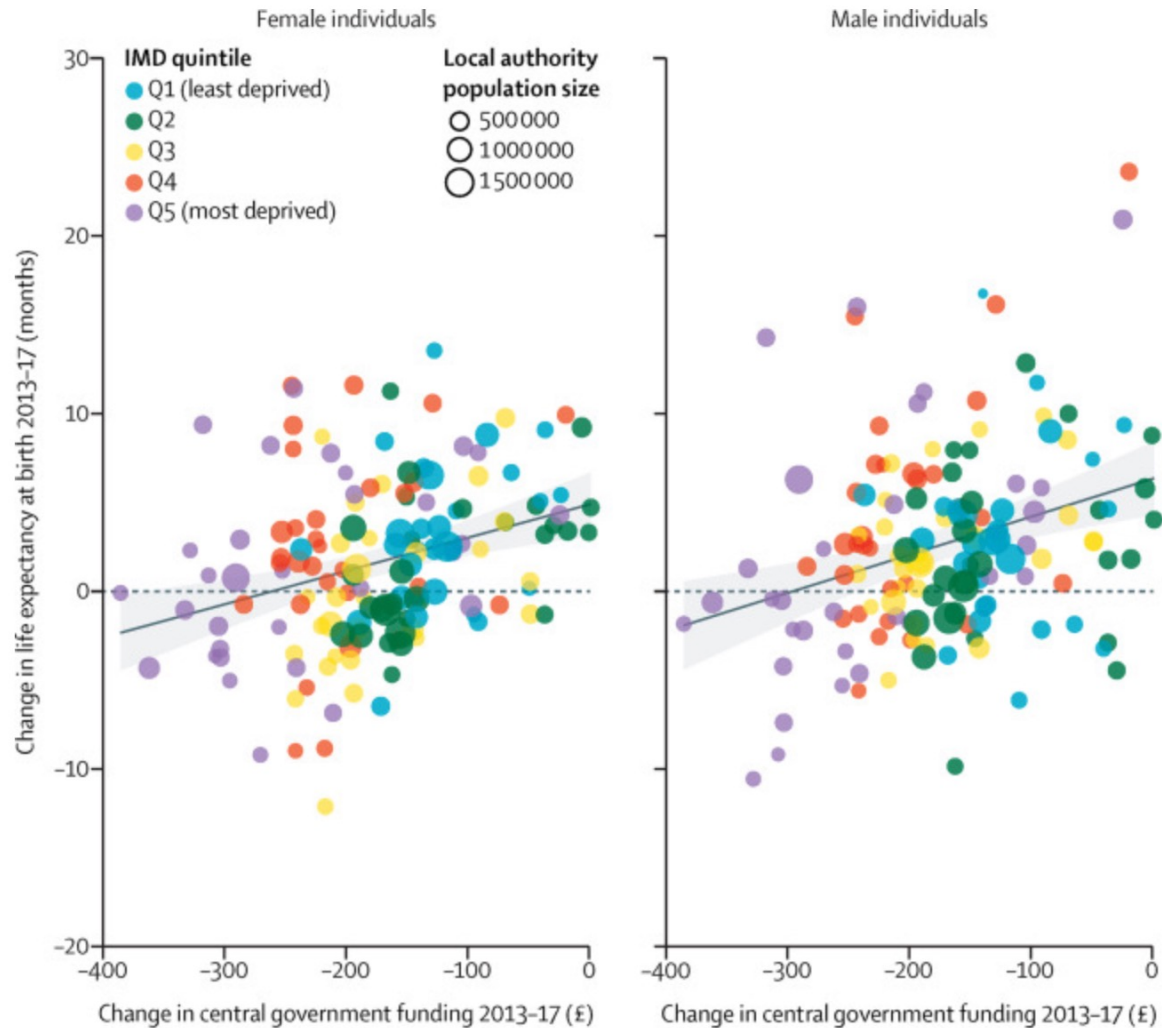
Alexandros Alexiou, PhD • Katie Fahy, MMath • Kate Mason, PhD • Davara Bennett, MSc • Heather Brown, PhD • Prof Clare Bamba, PhD • et al. [Show all authors](#)

Open Access • Published: July 12, 2021 • DOI: [https://doi.org/10.1016/S2468-2667\(21\)00110-9](https://doi.org/10.1016/S2468-2667(21)00110-9)

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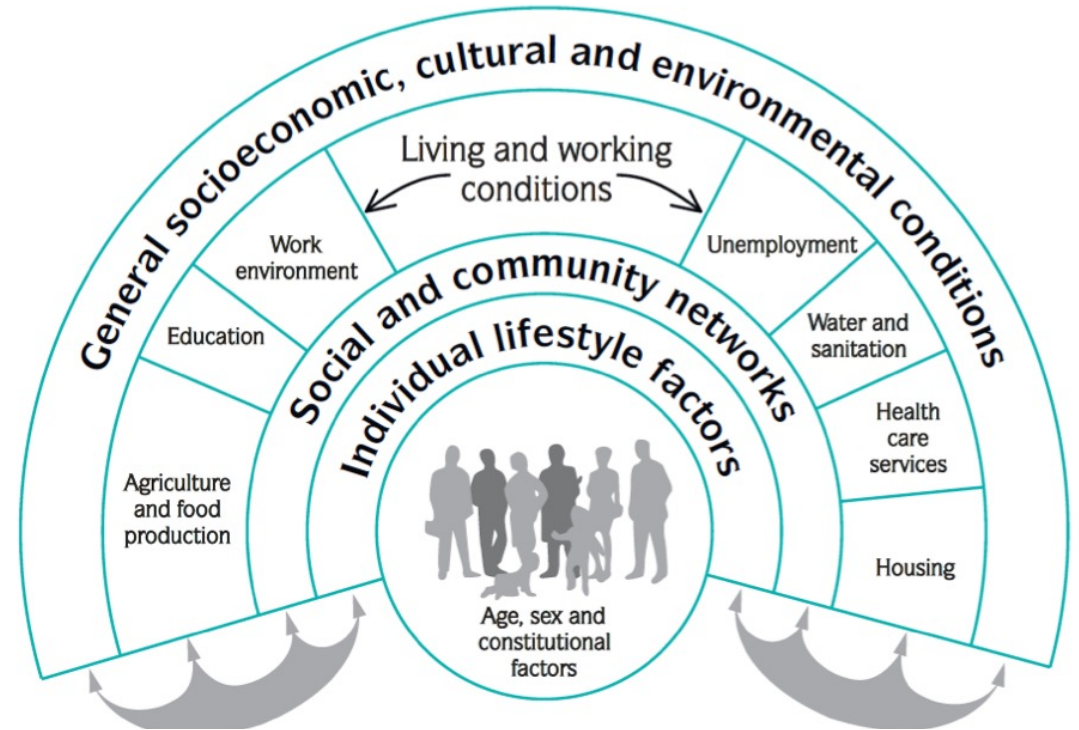
Association between per-person change in central government funds to each local authority area and change in life expectancy at birth for men and women between 2013 and 2017



Before the pandemic, it was widely recognised that improvements in life expectancy had stalled over the last decade and inequalities were widening. ***Our analysis shows how cuts to local government funding made a significant contribution to these adverse trends in mortality.***

The politics of health

A Hard Day's Night: The Politics of Promoting Equity and Health.



Professor Dame Margaret Whitehead has spent the last 40 years attempting to tackle inequalities in health, over 20 of those years in the renowned public health city of Liverpool. It's been a long and winding road. With tales of the unexpected, she reflects on the politics that have helped or hindered progress towards equity and health.

<https://lilac-healthequity.org.uk/a-hard-days-night/>

Obstructive political tactics

- Disregard/bury bad news – hope it will go away
- Dismiss as ‘pie in the sky’
- Discredit
- Distract/deliberately misinterpret



Children in Care in the North of England

A report prepared for the Child of the North All-Party Parliamentary Group



This is not an official publication of the House of Commons or the House of Lords. It has not been approved by either House or its committees. All Party Groups are informal groups of Members of both houses with a common interest in particular issues. The views expressed in this Report are those of the group.

Child of the North

Building a fairer future after COVID-19



death rates have increased in the most deprived areas



DISMISS the PROBLEM

proud that the government has overseen a significant fall in poverty but



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Child poverty definition to be changed

1 July 2015 UK Politics



A child is defined as being in poverty when living in a household with an income below 60% of the UK's average.

Work and Pensions Secretary Iain Duncan Smith has announced a new way of measuring child poverty.

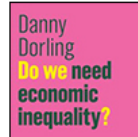
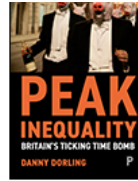
DISMISS the PROBLEM

Disregard/bury bad news – hope it will go away

Health researchers have urged the government and MPs to investigate rising numbers of deaths in England and Wales, after new figures showed over 20,000 “excess deaths” so far in 2018.

Gareth Iacobucci writing in the British Medical Journal on May 11th 2018 continued:

Earlier this year an analysis of the Office for National Statistics’ data on weekly provisional deaths in England and Wales, published in *The BMJ*, found that by week seven of 2018 (ending 16 February) 10 000 more people had died than the average from the past five years.



Mortality in England and Wales in first seven weeks of 2018

doi: <https://doi.org/10.1136/bmj.k1090> (Published 14 March 2018)

Cite this as: *BMJ* 2018;360:k1090

gistered in England and Wales (all ages)
range 2013-2017 Excess deaths in first weeks of 2018

Week	Excess Deaths
11	6453 extra
12	1839 extra
13	1952 extra
14	1663 extra
15	1167 extra
16	1189 extra

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BMJ talk medicine
Dorling on decreasing life expectancy - "the DOH have lost..."

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Concern at rising infant mortality rate in England and Wales

Obesity, poverty, smoking and a shortage of midwives could all be factors, say health professionals



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AN INVESTIGATION IS NEEDED AFTER A RAPID RISE IN MORTALITY IN ENGLAND AND WALES

A huge number of measures of the nation's health have deteriorated, including a very rapid and largely unreported recent increase in the numbers of deaths among mental health patients in care (Shutterstock)

In many areas of the country, and for poorer groups, life expectancy was already falling before this year

News

Excess deaths: government commissions review

BMJ 2018 ; 361 doi: <https://doi.org/10.1136/bmj.k2795> (Published 26 June 2018)

Cite this as: *BMJ* 2018;361:k2795

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Zosia Kmietowicz

Author affiliations ▾

The government is commissioning a review of the spike in deaths seen in England and Wales this year, after the issue was raised in *The BMJ*.

In March an analysis of the Office for National Statistics' (ONS) data on weekly provisional deaths in England and Wales, published in *The BMJ*,¹ found that by week seven of 2018 (ending 16 February) 10 000 more people had died than the average from the past five years. A subsequent analysis² showed that, by the end of week 16 (ending 20 April), 20 215 more people had died than the average for the past five years.

Ambient temperature

Estimates of excess winter deaths, produced by ONS,²⁰ measure the excess in winter compared with the average of non-winter months.[30] This is a different method to the EuroMOMO model presented later, which compares numbers of deaths seen each week with expected numbers for that week based on data from previous years. EuroMOMO therefore takes account of underlying seasonal variation in deaths.[31] The ONS approach does not allow for seasonality and therefore a much larger apparent excess is reported than with the EuroMOMO method.

Although there are large fluctuations in the annual number of excess winter deaths using the ONS method, the rolling five-year average, which smooths out short term fluctuations, has generally declined since the early 1950s, though there was an increase in the late 1990s (Figure 5C).[30] However, there has been little improvement in the five-year average since the winter of 2002/03, and it has increased in the last two time periods.

Respiratory diseases, including influenza, are one of the leading contributors to excess winter deaths, but there are also more deaths from cardiovascular disease and dementia in the winter months.[30]

Low temperature can pose a risk to all age groups, but risks are greatest in older people. Extreme cold can lead to death through hypothermia, but this is relatively rare. Exposure to cold can also cause deaths from heart disease, stroke and respiratory disease, as well as from falls and injuries.[32] The onset of cold weather can lead to an almost immediate increase in deaths from heart disease, reaching their highest levels after two days. Increased incidence of stroke takes place approximately five days after onset of cold periods and deaths from respiratory illnesses peak at 12 days. [32] Therefore, the effect of low temperatures on increased mortality can have a lag of three to four weeks.[33, 34]

Measurement artefact

Standardisation methods

The all-age mortality rates presented in Section 2 and 3 are age-standardised, which adjusts for changes in the age structure of the population, meaning valid comparisons can be made between rates in different years (see Definitions section for further details). They were calculated using a standard method in which the age specific rates, in five-year age bands up to a final age band of 90+, were weighted according to the age structure of the European Standard Population. It is possible, however, that this may not adequately standardise for changes in the population. For example, if the population aged over 90 is getting older over time, this will not be taken into account by the standard method of standardisation.

To examine this, age-standardised mortality rates were calculated using the population of England in 2011 as the standard population, by single year of age up to a final age band of 100+, and by five-year age groups up to a final age band of 90+. It is clear that there is almost no difference between the trend in these rates and rates calculated using the standard method (Figure 5A). It is therefore unlikely that recent trends in mortality rates in England are influenced by an artefact related to the method of age-standardisation being used.

²⁰ This measure makes no adjustment for the age structure of the population and so the ageing population is not taken into account in these estimates. See Definitions section for further details.

Changes in migration patterns

The number of people moving to live in the UK has been greater than the number emigrating since the mid-1990s, but migration patterns have not been consistent over time. It is possible that these changes have had some influence on recent mortality trends.

There was a large increase in migrants from outside the EU in the late 1990s but numbers have fluctuated since 2004. There was a large increase in migration by EU nationals from 2004 onwards (Figure 5O), much of which was from the 8 countries in central and eastern Europe, and the Baltic states, which joined the EU in May 2004. Bulgaria and Romania joined the EU in 2007, but nationals of these countries could not work in the UK without a work permit until 2014, when there was another stepped increase in the number of EU migrants (Figure 5O).

Migration patterns could affect mortality rates in a number of ways, such as through a reduction in the number of 'healthy migrants' moving to England, or an increase in migration from people whose country of origin has higher mortality rates than England.

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A review of recent trends in mortality in England

Such effects have been observed in other countries. An Australian study, for example, found that a substantial increase in life expectancy in the latter part of the 20th Century could be partly attributed to immigration from countries with low mortality in the decades after World War 2, and concluded that ongoing migration would continue to have a beneficial effect upon future Australian life expectancy.[84]

Figure 3L shows that people born in most non-EU countries had lower premature mortality for both sexes than the England average in 2011-13, and migration from non-EU countries has fluctuated since 2004.

Premature mortality for males who died in England but who were born in Poland and the other EU accession countries was significantly higher than the average for England in 2011 to 2013 (Figure 3L). This may reflect lower male life expectancy in these countries, eg male life expectancy in Poland is over 5 years lower than in the UK (Figure 4B).

Influenza

It is not straightforward to estimate the number of people who die each year from flu. [43] For many people who die from flu-related complications, flu is not mentioned on the death certificate or it is not selected as the underlying cause of death. For example, many older people, who are particularly vulnerable to flu, are not tested to confirm a flu infection. Some people with flu go on to develop pneumonia (which is more frequently recorded on the death certificate) but flu can also aggravate an existing chronic condition, such as heart disease, which is then selected as the underlying cause of death instead. Reporting the number of deaths where flu is recorded as the underlying cause of death would therefore greatly underestimate the burden of flu infections on mortality.

PHE monitors the association of flu activity with estimates of excess deaths in winter using a model developed by the European Mortality Monitoring Network (EuroMOMO).[31] EuroMOMO monitors real-time mortality data for all participating European countries, using a standardised approach, and therefore allows comparison of the mortality experience in England with other countries.[31] ²¹

²¹ The EuroMOMO model is endorsed by the European Centre for Disease Prevention and Control, an EU agency for the control of infectious disease.

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A review of recent trends in mortality in England

The EuroMOMO model compares numbers of deaths seen each week with the expected baseline for that week based on data from previous years. Therefore, the baseline takes account of underlying seasonal variation in deaths. Estimates from EuroMOMO show the peak in excess deaths in the winter of 2014/15 in England and the subsequent winters of 2016/17 and 2017/18 (Figure 5E). The number of deaths in these winters (black line) were far above the expected baseline (blue line).

Other authors have reported an association between trends in mortality and changes in public spending, and health and social care provision. Further work would be required to understand any potential causal mechanisms which may be operating between changes in health and social care provision and trends in mortality within England and across different countries.

Blog

Public health matters

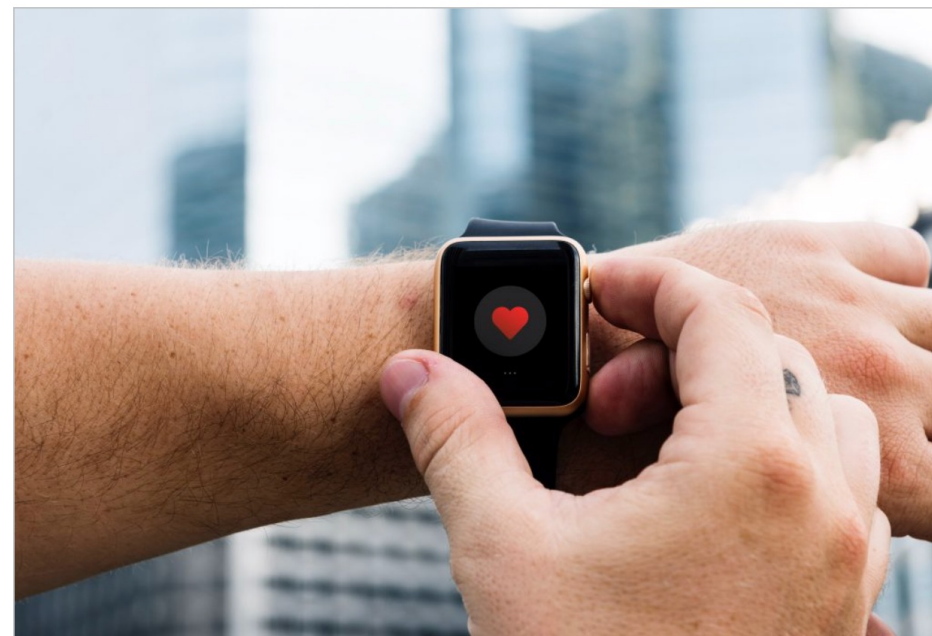
Organisations: [Public Health England](#)

The Secretary of State for Health & Social Care, Matt Hancock, outlined a specific example of precision public health in his recent [speech](#) - Prevention is Better than Cure - which promoted PHE's work on predictive prevention. This involves the careful, targeted and consensual use of data to provide digitally-enabled health improvement interventions in a way people are most likely to engage with and act on.

Lifestyle drift in policy...

Predictive prevention and the drive for precision public health

[John Newton](#), [Michael Ekpe](#) and [Peter Bradley](#), 20 November 2018 - [Digital](#), [Health Improvement](#), [Prevention](#)



UK launches whole-genome sequencing pilot for babies

Nature Biotechnology 41, 4 (2023) | [Cite this article](#)

1744 Accesses | 1 Citations | 18 Altmetric | [Metrics](#)

The UK has launched a program to test whether whole-genome sequencing (WGS) can speed up the diagnosis and access to treatment for babies born with genetic diseases. The [Newborn Genomes Programme](#) launched 13 December led by Genomics England and embedded in the National Health Service will be funded with \$130.5 million from the government.



Head To Head

Should all babies have their genome sequenced at birth?

BMJ 2021 ; 375 doi: <https://doi.org/10.1136/bmj.n2679> (Published 18 November 2021)

Cite this as: *BMJ* 2021;375:n2679

Article

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Responses

*Leslie G Biesecker, director, Center for Precision Health Research*¹, *Eric D Green, director*¹,
*Teri Manolio, director, Division of Genomic Medicine*¹,
*Benjamin D Solomon, clinical director, National Human Genome Research Institute*¹,
David Curtis, honorary professor, UCL Genetics Institute^{2 3}

[Author affiliations](#) ▾

Correspondence to: L Biesecker lesb@mail.nih.gov, D Curtis d.curtis@ucl.ac.uk

The UK is set to pilot genetic sequencing in healthy babies. Genomic screening at appropriate ages could help reduce the burden of genetic disorders, say **Leslie Biesecker and colleagues**, but **David Curtis** argues that newborns cannot consent and that our most personal data might be misused

Lack of a coherent public health voice

Increasing healthy life expectancy equitably in England by 5 years by 2035: could it be achieved?



In 2018, the UK Government's Secretary of State for Health and Social Care articulated an ambition to increase healthy life expectancy by at least 5 years by 2035 for England, while also reducing the gap in life expectancy between the richest and the poorest groups within the population.¹ Although we doubt that England—or indeed any high-income country—could achieve this ambition, we describe a set of policies with the potential to make a major contribution to such a target as part of an expected new prevention strategy for England.

The leading causes of years of life lost in England are tobacco use, unhealthy diet, alcohol consumption, and physical inactivity.² All of these behaviours are socioeconomically patterned. Changing them has the

not only enable healthier behaviours but also provide contexts in which behaviour change among individuals at high risk is more likely to be sustained.⁸⁻¹⁰ Both approaches are needed: targeting individuals through, for example, weight loss programmes without changing the environments that promote excessive energy consumption is akin to treating people for cholera and then sending them back to communities with contaminated water supplies.

Some interventions that target individuals engender inappropriately high expectations of effectiveness, particularly those arising from technological innovations that aim to motivate people to change their behaviour by informing them of their potentially reducible risks

CORRESPONDENCE | [VOLUME 394, ISSUE 10216, P2238-2239, DECEMBER 21, 2019](#)

Stalling life expectancy and rising inequalities in England

[David Taylor-Robinson](#)  • [Ben Barr](#) • [Margaret Whitehead](#)

Published: December 21, 2019 • DOI: [https://doi.org/10.1016/S0140-6736\(19\)32610-8](https://doi.org/10.1016/S0140-6736(19)32610-8)

“Rises in child poverty, homelessness, food poverty, and a deterioration in mental health have been observed. These have occurred at the same time as a reversal of investment in public services, with the biggest cuts in the most deprived areas.

It is time to acknowledge the elephant in the room—the underlying causes of the disturbing health trends in England—and to design appropriate policies to reverse them.”

Dismantling of public health in the UK



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Abolition of Public Health England

📅 18 August 2020 - [Johnson years \(2019–2022\)](#)

📌 [Public health](#)

On 18 August 2020, the Department of Health and Social Care announced that Public Health England (PHE) would be abolished. PHE had been established as an executive agency of the Department of Health and Social Care in 2013. It was responsible for a range of public health functions, including preventing ill health, reducing health inequalities and responding to public health emergencies.

The Health Foundation, Nuffield Trust and the King's Fund jointly stated that 'dismantling Public Health England in the midst of a pandemic carries serious risks.' The three charities warned that there was a lack of evidence behind this decision and increasing emphasis on infection control could lead to a loss of focus on other areas of public health, such as tackling health inequalities.

About us

We focus on improving the nation's health so that everyone can expect to live more of life in good health, and on levelling up health disparities to break the link between background and prospects for a healthy life.



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[What is whooping cough and is there a vaccine?](#)

Whooping cough, also known as pertussis, is a highly contagious bacterial infection that mainly affects the lungs and airways. Whooping cough is sometimes known as the 100-day cough because of how long it takes to recover from it. What are ...

[Read more](#)



Lack of joined up strategy to address inequalities

Thérèse Coffey scraps promised paper on health inequality

Exclusive: health secretary has decided not to publish white paper, which was originally intended for publication by last spring



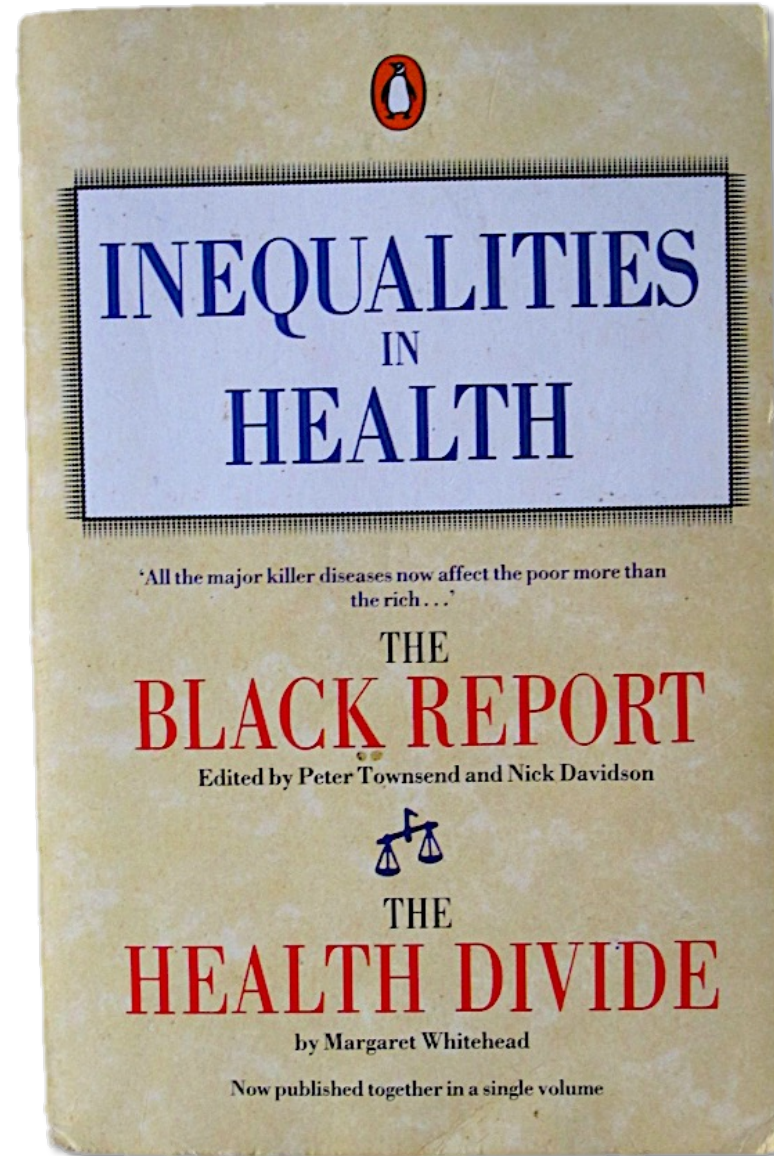
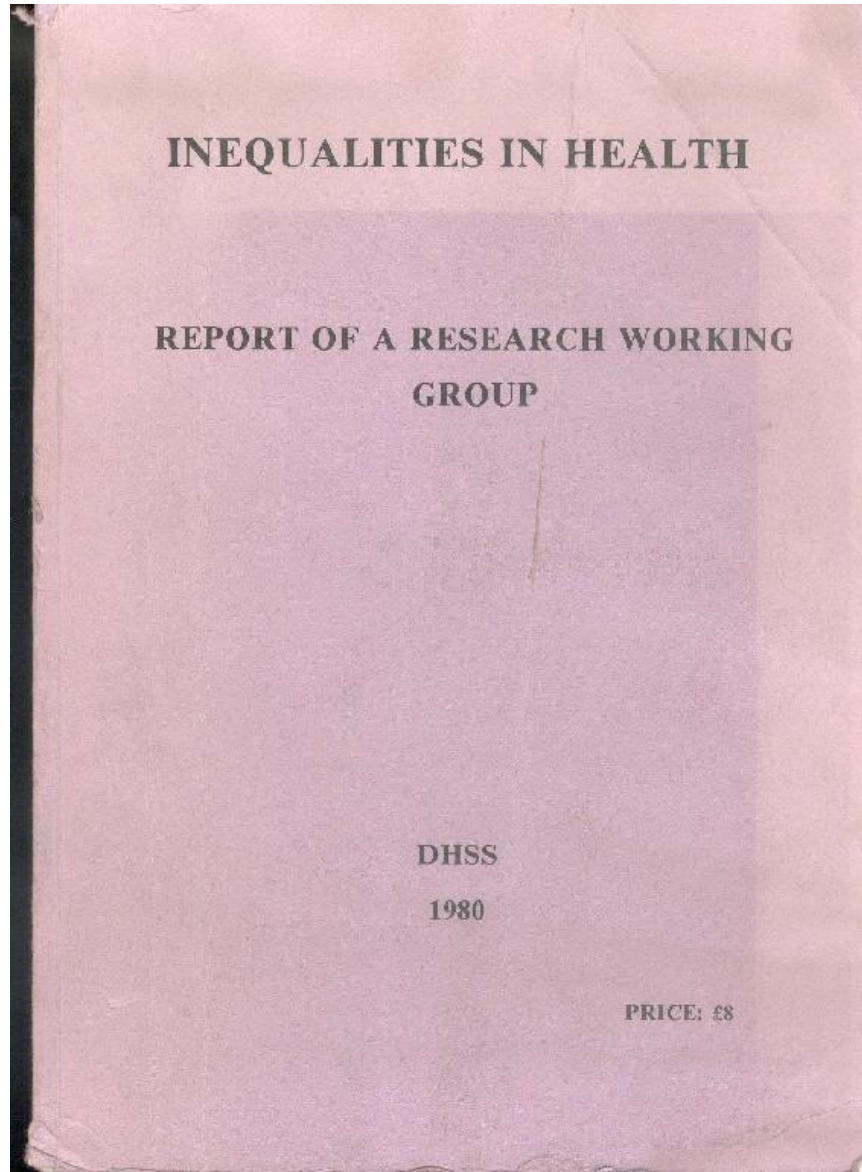
“The disparities paper is toast. My understanding of why they’ve pulled it is [that it’s] ideological — the white paper is an affront to this government’s view of what makes for health.”

WHAT TO DO?



“Medicine is a social science, and politics nothing but medicine on a grand scale”

Virchow, 1848



1980

“For this reason,
*giving every child
the best start in life
is our **highest
priority
recommendation***”

(Policy Objective A)



2010

DUE NORTH

**Report of the Inquiry on
Health Equity for the North**

2014

Child of the North key recommendations

This set of recommendations should form the basis of an action plan to build a fairer future for children of the North after COVID-19. Detailed recommendations are given at the end of each chapter.

1

Increase Government investment in welfare, health and social care systems that support children's health, particularly in deprived areas and areas most affected by the COVID-19 pandemic.

2

Tackle the negative impacts of the pandemic in the North through rapid, focussed investment in early years services, such as the Health Improvement Fund. This should include health visiting, family hubs and children's centres - as supported in the Leadsom review - but with investment proportional to need and area-level deprivation adequately accounted for.

3

Commissioners of maternity and early years services must consider the impact of pandemic-related service changes on inequalities in families and children's experiences and outcomes. This must shape service delivery during the recovery.

4

Take immediate measures to tackle child poverty. Increase child benefit by £10 per child per week. Increase the child element in Universal Credit and increase child tax credits.

5

We must feed our children. Introduce universal free school meals, make the Holiday Activities and Food Programme scheme permanent, and extend to support all low-income families. Promote the provision of Healthy Start vouchers to all children under five and make current government food standards mandatory in all early years settings.

6

Government should prioritise support to deprived localities by increasing the spending available to schools serving the most disadvantaged pupils in England. This requires a reversal of the current approach to resource allocation: the new national funding formula will deliver 3–4 percentage points less funding to schools in poorer areas relative to those in more affluent areas.

Child of the North

Building a fairer future
after COVID-19



2021



Early years: 0–16

Reducing inequities in health across the life-course

Early years, childhood and adolescence



Young adults: 16–24



Working age: 24–64



Later life: 65+

Reduce poverty

Invest proportionate to need
Children's rights based approach

Act early

Act on time

Act together

'People haven't woken up to the scale of this': Gordon Brown on the UK's child poverty scandal

A quarter of Britain's children live below the poverty line. Near his Fife home, the former PM shows how charities help families and says this issue must be a priority for any government

- [The Observer view: Labour must tackle this scourge](#)
- [Torsten Bell: We can end child poverty](#)
- [Archbishop urges Starmer to ditch 'cruel' benefit cap](#)



📷 Gordon Brown at a multibank warehouse in Fife. Four million children in the UK are now living in relative poverty. Photograph: Katherine Anne Rose/The Observer

“Finally, let’s not forget that money is the ultimate personalised medicine: parents exchange it for health promoting goods and services such as better housing, better clothes, healthier food, and life affirming school trips for their children”

Child health unravelling in UK

BMJ 2019; 364 doi: <https://doi.org/10.1136/bmj.l963>

