

LONDON ASSEMBLY

Health Committee

Healthy First Steps



Health Committee

July 2018

Holding the Mayor to
account and
investigating issues
that matter to
Londoners

LONDONASSEMBLY

Health Committee Members



Dr Onkar Sahota AM
(Chair)
Labour



Unmesh Desai AM
Labour



Susan Hall AM
(Deputy Chair)
Conservative



Fiona Twycross AM
Labour



Andrew Boff AM
Conservative

The Health Committee reviews health and wellbeing across London, with a particular focus on public health issues and reviewing progress of the Mayor's Health Inequalities Strategy.

Contact

Raphaelle Driver, Scrutiny and Investigations

Email: raphaelle.driver@london.gov.uk

Telephone: 020 7983 6542

Howard Wheeler, Communications Officer

Email: howard.wheeler@london.gov.uk

Telephone: 020 7983 5769

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Dr Onkar Sahota AM

Chair of the Health Committee



It is hard to overstate the importance of good health in the early years. Not only does good health in infancy set a child up for good health throughout their life, it also helps children achieve success in school, boosting their chances of employment, and contributing to positive emotional and social development. However, health in infancy is still too often dictated by the situation babies are born into. We know that children born in the most deprived areas are more likely to face a range of health complications and are less likely to be school ready by the age of five. This is why we are pleased that giving London's children the healthiest start is one of the Mayor's key ambitions.

There are so many aspects to child health that no one programme can hope to tackle them all. That is why it is important that we use our resources effectively to address persistent health inequalities that begin even before birth. We urge the Mayor to ensure that his flagship Healthy Early Years programme reaches out to those families most in need, and not just a privileged few. Fewer than half of London's children access childcare settings, so we also want to see the Mayor use his considerable influence to champion high quality universal services, like health visiting and parental mental health, that should be available to all London's children and their families but which, sadly, are still not.

The benefits of good health for London's babies stretch further than individuals. A healthy, happy child will learn better, develop better and ultimately contribute to a healthy future for the city.

I would like to thank everyone who has contributed to our investigation. We look forward to working with the Mayor to ensure that every London child has the best possible start in life.

"The benefits of good health for London's babies stretch further than individuals. A healthy, happy child will learn better, develop better and ultimately contribute to a healthy future for the city."

Summary

The Mayor's baby steps

The Mayor has committed to giving Londoners the best, healthiest start to life. The Healthy Early Years London (HEYL) programme is his main vehicle to achieve this. HEYL will be a four-stage awards scheme for childcare settings, such as nurseries, crèches and childminders. Settings will work towards meeting set criteria covering issues such as healthy eating and active play, emotional wellbeing for children and parents, supporting parenting as well as immunisation and oral health. The active participation of boroughs will be essential for this programme to succeed, but they are facing their own challenges. The Mayor will need to use all his political sway to encourage boroughs to support childcare providers in delivering what is fundamentally a voluntary scheme.

While we support the programme's intentions, we think the Mayor could be more ambitious. In particular, the Mayor should set out how his work will improve the health of children *before* they enter childcare, and those children outside formal childcare settings.

Many children—particularly disadvantaged children—do not attend formal childcare so we cannot see how the HEYL will reduce child health inequalities in London. So far, the main Mayoral intervention to improve access to childcare is three childcare hubs. Without a more concerted effort to improve access for all London's children, there is a risk that HEYL could actually *increase* child health inequalities in the capital. The children most in need of health interventions are those who often do not access the settings in which the interventions are delivered. To convince the committee, and indeed Londoners, that health inequalities are a serious priority, we need to see interventions being focused where they can impact those who need them most.

It is clear that health inequalities are well entrenched before children enter childcare. During our investigation, we were repeatedly told about the need to start interventions at the very beginning of a child's life. It seems the wide evidence base showing that interventions between conception and the age of two are most likely to succeed have been neglected. Prevention is the key to improving the health—and therefore life chances—of the youngest

Londoners. But, because HEYL only covers children from the age of two, it could miss the opportunity to give London's babies the best start in life.

There are many opportunities to improve child health before childcare, but services are stretched too thin. Universal services are struggling, supporting families with complex needs while contending with workloads well above the recommended limit. Closures to children's centres and inconsistent commissioning of support services are leaving parents with too few options to access support. For vulnerable parents and their children especially, the impact of insufficient support can be long lasting and devastating.

Parents should be offered much better support. In the draft Health and Inequalities Strategy (HIS), the Mayor acknowledged the importance of maternal health for child health. But the methods being used to improve this are severely limited: encouraging businesses to have family friendly policies, supporting the launch of the eRedbook and encouraging mothers to breastfeed in City Hall. The eRedbook is indeed a promising measure, but it is an NHS project and the Mayor has provided little detail of how he intends to support it. While we wholeheartedly support family friendly workplace policies, it is difficult to see how they will actively support child health.

In the chapter *Before childcare* we highlight a number of ways parents could be supported by the Mayor and other partners. Many charities and organisations across London are actively supporting breastfeeding, maternal mental health and teaching parents child nutrition skills. These charities and organisations show us that interventions before children turn two can support families to provide the healthiest start for their children. The Mayor should support these organisations to help maximise the positive impact they can make to those children and families most in need of support.

Recommendations

Healthy Early Years London programme

Recommendation 1

The GLA should publish an annual monitoring report for the HEYL programme. It should include a breakdown of uptake by borough, including the percentage of each type of setting participating and information on programme reach for disadvantaged groups.

Recommendation 2

In his response to this report, the Mayor should set out how the GLA will work with providers in unengaged boroughs and what steps he will take to engage those boroughs.

Recommendation 3

The GLA should build clear guidelines for children with disabilities and complex needs into the HEYL criteria.

Recommendation 4

In his response to this report, the Mayor should explain how the Child Health Data Hubs will be used to better target the programme.

Before Childcare

Recommendation 5

The Mayor should work with the NHS Child Digital Hub and Public Health England to commission research on the effect of residential churn on child health outcomes in London.

Recommendation 6

In the Health Inequalities Strategy, the Mayor should explicitly state the need for the retention of universal health visiting services. He should use his influence through the London Health Board to challenge boroughs on the lack of delivery of five mandated visits. Performance across London should be monitored as part of the Health Inequalities Strategy indicators.

Recommendation 7

Thrive LDN's suicide prevention strand should specifically prioritise perinatal and parental mental health support.

Recommendation 8

The GLA should set up a Healthy Early Years champion network to provide support to early years professionals — this should include not only HEYL but the wider sector to enable the dissemination of best practice across services, both voluntary and universal.

Adverse Childhood Experiences**Recommendation 9**

The Mayor should work with partners to explore the feasibility of undertaking a Pioneer Community pilot in a London borough.

Recommendation 10

The Mayor should sign London up to the 70/30 campaign to reduce ACEs by 70 per cent by 2030.

Recommendation 11

The Mayor should review how Healthy Schools London might be used to improve education for teenagers and young adults on relationships and parenting.

1. The case for action

Key findings

- A child's health in the very earliest stages of life has far reaching consequences for their health and wellbeing throughout their life.
- Child health indicators for London are below average for the UK.
- Poverty and poor housing have a momentous effect on child health.

The impact of healthy early years

- 1.1 Good health in infancy sets a child up for a healthy and successful life. The health of a child in their earliest years is widely recognised to impact their health and wellbeing well into adulthood. A child that has been breastfed, for example, is less likely to become obese or develop type 2 diabetes.¹ Poor health in infancy often leads to health complications later in life and children who do not reach a good level of development by the time they start school are left playing catch-up with their peers well into adulthood.²

The current state of child health in London

- 1.2 The link between child health and life chances is well-established and well-known. It is therefore profoundly disappointing that the health of many children in London is so poor.
- Almost one in four children in reception year are overweight or obese.³
 - One in four five-year-olds in London have tooth decay.⁴
 - One in ten children aged zero to four years have a longstanding illness or disability.
 - Over a quarter of London's children are not reaching a good level of development by age five.⁵
 - Nine in ten children aged two to four years do not meet recommended levels of physical activity.
 - Perinatal mental health problems are common and affect up to 20 per cent of women. Post-natal depression has also been linked with depression in fathers and high rates of family breakdown.
- 1.3 On a variety of measures, the health of London's children compares poorly to children in the rest of the country.⁶
- Babies born in London are more likely to be of low birthweight than in England as a whole.
 - Breastfeeding rates are lower in London than England as a whole.
 - Immunisation uptake rates are consistently lower in London than the rest of England, including for children in care.

- London has one of the highest rates (ten per cent) of obesity in reception-aged children.
- 1.4 Birthweight, breastfeeding, and immunisation all have a significant effect of children's health from the very start of their life. These rates could be improved through interventions to support mothers.

Compounding inequalities; poverty and poor housing

- 1.5 Poverty can have a devastating impact on the health of a child. Children living in poverty often perform worse on health indicators than their peers in wealthier families. 82 per cent of the most privileged children show a good level of development, compared to only 69 per cent of the most deprived children.⁷
- 1.6 The impact of childhood poverty on health lasts throughout an individual's life. Poverty heightens the risk of death from conditions such as coronary heart disease, respiratory disease and cancer, as well as heightening the risk of developing chronic health conditions.⁸

"If you are born into poverty, the detrimental effect and damaging effect that that can have in terms of your access to really good quality food and being able to access services, is having a detrimental effect on the outcomes for children and young people and as they move into adulthood later on in life."

Emily Arkell, Head of Health Policy, Royal College of Paediatrics and Child Health⁹

- 1.7 Poor housing, often linked to poverty, can also negatively affect children's health. Many families in London live in housing that is too cramped, cold or damp. Overcrowding often leads to infants sleeping in unsuitable beds or sharing beds with parents, which can lead to infant fatality in the most extreme circumstances.¹⁰ Furthermore, children's physical development can be hindered if they do not have a safe space to play.

"I have been in many homes where they cannot put their baby on the floor because there is nowhere to put the baby, so that has an impact on the baby's physical development in terms of not having the opportunity to learn how to roll over, to learn to crawl, all those early skills that are really important."

Geraldine Butler, Locality Manager, West Haringey Health Visiting Service, Whittington Health¹¹

- 1.8 Parents' stress over poor housing and poverty can often be an extra barrier to making good health choices for their children. The vast majority of parents

want to give their children the best chances of a healthy and successful life. This is much harder when parents are worrying about housing or providing adequate food for the family.

How will the Mayor help?

- 1.9 The Mayor's flagship commitment to giving London's children the best start is the Healthy Early Years London programme (HEYL). The Mayor hopes this programme will encourage childcare settings to improve children's health and wellbeing. In the next chapter, we examine the programme in more depth and highlight the gaps that need to be addressed. In chapters three to five we examine other areas of child health and interventions the Mayor should consider to give London's children the best start they all deserve.

2. The Healthy Early Years London programme

Key findings

- Healthy Early Years London will be the Mayor's flagship programme to improve the health of Londoners in their early years. It is due to be launched later this year and will be delivered through childcare settings.
- Without a concerted effort to target the programme appropriately, the programme risks *widening* health inequalities in London.
- To be successful, the programme will need London's boroughs to engage.
- The earlier intervention takes place and the more programmes engage parents, the more effective they tend to be.

The Mayor's Healthy Early Years London Programme

- 2.1 The Healthy Early Years London programme (HEYL) is due to be launched later this year. Essentially, HEYL will be a four-stage awards scheme for childcare settings, such as nurseries, crèches and childminders. These settings will work through the first steps, bronze, silver and gold stages, with accreditation awarded by the GLA against a set of criteria. The criteria will cover healthy eating and active play, emotional wellbeing for children and parents, supporting parenting, as well as immunisation and oral health.¹²
- 2.2 The HEYL programme has been piloted in six London boroughs, with 60 childcare settings. However, the pilot only tested the programme up to the bronze stage and the results have not been published.¹³ Following the pilot, changes have been made to make registration easier, however any necessary changes to the silver and gold stages are not likely to be identified until after the first assessment of the programme.
- 2.3 HEYL is modelled on other mayoral voluntary award schemes, such as the Healthy Schools London programme (HSL) and the Healthy Workplace Charter (HWC). These schemes are designed to improve the health and wellbeing of pupils and employees through schools and businesses. HSL has so far reached 2,000 schools—nearly two thirds of all the schools in London.¹⁴ But there are far more (over 13,000) childcare settings in London for the HEYL to reach.¹⁵ And childcare settings are also more varied, ranging from nursery chains with multiple dedicated sites, to pack-away nurseries in church halls and independent childminders. The HWC has been adopted predominantly by larger, office based organisations. Therefore, we question the validity of this type of scheme for childcare settings. We are concerned that HEYL may similarly appeal only to larger settings which have more resources and time to dedicate to a voluntary awards scheme.
- 2.4 An obvious advantage to the HEYL approach is that it makes use of the expertise of childcare practitioners and their relationships with parents and children. Parents often approach childcare practitioners for advice and support because they are not judgemental.

“Every day in early years settings there are conversations happening between parents and practitioners, and every day practitioners are saying things to parents that make a small difference that we cannot even begin to measure, but those build up. It is a really important thing to remember that the relationship that early years practitioners build with parents is key to that child’s overall health development and learning development.”

Melanie Pilcher, Quality and Standards Manager, Pre-school Learning Alliance¹⁶

- 2.5 Through HEYL, the Mayor could help childcare practitioners keep up to date with services, information and opportunities for training. Amanda Coyle, Assistant Director of Health and Communities at the GLA, explained that sharing information between local authorities and childcare settings will be one of the key strengths of this programme. Making current information widely and easily accessible may also spread good practice between settings.¹⁷ Delivering HEYL through formal childcare settings clearly has a number of advantages.
- 2.6 However, as we set out in this chapter, we feel that the HEYL approach is fundamentally flawed. Crucially, it risks missing those children most in need of help, and it therefore has the potential to *increase*, rather than decrease, health inequalities in London. In particular, the HEYL model means that those children who do not attend formal childcare settings will not be reached.

Reaching children through formal childcare settings

- 2.7 Many of London's most disadvantaged young children do not attend a formal childcare setting, and will therefore not be reached by the HEYL. Childcare in London is expensive and takes up a larger proportion of the average disposable income than elsewhere in the country.¹⁸ Despite the Government's policy to provide 15 hours of free childcare for qualifying 2 year olds and 30 hours for three and four year olds, not all families make use of it.

"By focusing on childcare settings, we could miss some of our most marginalised families."
Laura Payne, 4in10

- 2.8 London has a particularly low uptake rate for free places for two year olds from disadvantaged families.¹⁹ Uptake of the free childcare entitlement for the most disadvantaged two year olds is lower in London than anywhere else in England, at under 60 per cent compared to a national rate of 71 percent.²⁰ Furthermore, children whose parents are in long-term unemployment are not entitled to free childcare. These children—already likely to be facing the health impacts of living in poverty—will therefore not have access to the Mayor's flagship child health programme.
- 2.9 Childcare settings charging for 'extras' to cover their costs could also impede the success of HEYL. We heard that some childcare settings may be charging parents extras, such as £15 for lunch, to make up for the shortfall in funding caused by offering free places.²¹ Few disadvantaged families are likely to be able to pay such extras, so these extra charges could prevent some children

from attending these settings, despite the Government's free places funding. And disadvantaged children who do attend those settings may still be excluded from the benefits of the scheme, if health lessons are given during lunchtimes or activities which are charged for.

- 2.10 We are also aware that some childcare settings turn away children with disabilities. This is illegal under the Equalities Act 2010, but we heard it still happens, either because childcare providers are unaware of their legal duties, or because they intentionally refuse to accept disabled children. This may be due to childcare setting's concerns over the cost of making their premises accessible, or fears that they may unintentionally harm the child. In our committee meeting, Amanda Coyle recognised this problem and suggested that clear guidelines for children with complex needs could be built into the HEYL criteria.
- 2.11 The headline target for the HEYL programme to reach 10 per cent of early years settings by 2020 is likely to skew outcomes further. The target contains no information about the types of settings reached, their location or the children benefiting from the programme. We are concerned that this target simply incentivises the GLA and partners to focus on those childcare settings that are easiest to reach, rather than the children most in need of help. Data that could help with this is now more accessible.

Using data to target HEYL

- 2.12 The new Child Digital Health Programme (CDHP) offers an opportunity to create a healthy early years programme that actually reaches those who need it most. The CDHP is a new approach to data collection which will centrally collect all available child health data, enabling up-to-date analysis and data sharing. This will give practitioners, such as health visitors and GPs, access to complete and current data about the child, enabling more timely and informed reactions and decision making.

"Every child will then have a single point of truth on the platform in London."

Kenny Gibson, Head of Public Health Commissioning (London), NHS England²²

- 2.13 The Mayor should utilise this new technology to target HEYL. The data could help boroughs identify the current health needs of their children, and use this information to help childcare settings focus on the most urgent improvements local communities need. So far, the Mayor has committed to supporting the launch of the Child Health Digital Hub.²³ We question why, despite the

presence of such powerful, detailed information, a one-size-fits-all approach that is unlikely to have the impact London's children need has been chosen.

Too little, too late

- 2.14 Ultimately, by focusing on childcare settings, the flagship Healthy Early Years London programme will miss many of the children who most need support. Furthermore, it misses the most important part of a child's life in terms of long-term health outcomes – the first thousand days. In the next two chapters, we set out the need for intervention *before* childcare and make several recommendations to the Mayor for further work.

3. Before childcare

Key findings

- The first thousand days are the most critical time for a child's long-term health.
- Universal services for child public health are under pressure. As a result, many of the youngest Londoners are not receiving the benefits they should.
- Healthy, empowered parents are better placed to make good health choices for their children.
- Wider services, such as nutrition education, breastfeeding support and parental health services can improve the lives of parents, guardians and children. In London, these services are inconsistent and often inadequate.
- To effectively tackle poor child health outcomes in London, the health of the whole family must be considered, in the widest sense.

The first thousand days

“the sooner we start with early intervention the better”

Melanie Pilcher, Quality and Standards Manager, Pre-school Learning Alliance²⁴

- 3.1 The most critical time for a child’s health is the first 1,000 days of life. This period (stretching from conception to a child’s second birthday) is considered the most important for development outcomes and future health during adolescence and adulthood. Interventions during the first 1,000 days are therefore particularly valuable.²⁵ The level of development a child reaches by their twenty-second month can serve as an indicator for educational attainment by the age of 26.²⁶ Therefore, before most children join childcare settings, inequality is often already entrenched. In order to truly give London’s babies the best start, the Mayor needs to stretch his efforts to intervene earlier and support parents from the beginning. Antenatal and postnatal classes, for example, are an ideal opportunity to help and educate prospective parents – as demonstrated by the success of the British Society of Immunisation’s Vaccine Ambassador Scheme.²⁷

“We need to be putting support around the family right from the beginning and building parenting skills and confidence.”

Kim Roberts, Chief Executive, HENRY²⁸

- 3.2 All parents need support in the first two years of their child’s life. For some parents, their relatives, friends or community offer sufficient support. However, many of London’s parents either don’t have those support systems close by, or have more complex challenges. This leaves many parents feeling isolated and unconfident. This is why support services such as Health Visitors, children’s centres and maternal mental health services are so important.
- 3.3 As we set out in this chapter, however, these services are not giving the help that many of London’s families need. Many boroughs, which are under severe financial pressure, have cut the level of service they provide to families. Furthermore, the high residential churn in London makes a borough-based approach complex and difficult, especially for time-sensitive milestones, such as childhood immunisation. Nearly one-third of London’s babies will live in two boroughs during their first six months of life. These children are at risk of falling through gaps in an increasingly-stretched system.

Health visitors

- 3.4 London’s health visitors—paid for and commissioned by local authorities—are at the forefront of providing support to parents and identifying problems

among young children. A successful health visiting service can reduce perinatal mental health problems, complications arising from obesity and problems facing families at the bottom of the socio-economic scale.²⁹ Health visitors are one of the first professionals that expectant parents see. The service attempts to maintain consistency, with one health visitor allocated to each child – this is particularly important for developing relationships with the most vulnerable mothers, such as migrants or refugees, who stand to benefit the most from this service.

3.5 As a proactive, universal service, health visiting reaches London's most vulnerable families and those with the most complex needs:³⁰

- 86 per cent of health visitors in London's caseloads include families with postnatal depression or mental health problems.
- 86 per cent of health visitors in London are working with families where there is a Child Protection Plan (CPP) in place.
- 60 per cent are working with families that include refugees or asylum seekers.

3.6 Despite the benefits that a health visitor service offers, children in London are the least likely to receive the required number of health visits. National Institute for Health and Care Excellence (NICE) guidelines suggest a minimum of five universal home visits, starting at late pregnancy and ending with the developmental assessment at two years. However, a recent report by the Royal College of Nursing (RCN) highlights that London's families are least likely to receive all five visits compared to other parts of England.³¹ Since 2016, there has been a major drop in health visitor numbers for a variety of reasons, including cuts by local authorities, retirement and a reduction in people entering the profession.³² The health visitors that remain are therefore coming under greater pressure, which puts the quality of service at risk: nearly half of health visitors in London have double the recommended caseload.³³ This is not a sustainable position and needs to be addressed as a matter of urgency.

Breastfeeding Support

Breastfeeding rates are low in London, despite the benefits for mothers and children.³⁴ Though health visitors are not often breastfeeding specialists, for many mothers they are the only source of breastfeeding support. However, the first post-natal health visit is at ten to 14 days, when many mothers are likely to have already stopped breastfeeding.

Support for breastfeeding in London is patchy. Some boroughs have integrated breastfeeding support, whereas others have reduced or cut their breastfeeding support.³⁵

“it is very piecemeal[...]What will happen in one area will not happen in another. That is a real sense about London.

Everywhere is slightly different with a different offer”

Geraldine Butler, Locality Manager, West Haringey Health Visiting Service, Whittington Health

Mothers who are unable to breastfeed, including those living with HIV, must also be supported to give their child the healthiest start. For many, formula milk is an unaffordable necessity. Local support to buy formula milk in London is inconsistent and government schemes often do not meet the cost. For asylum seeking mothers with no recourse to public funds, this leads to a terrible choice: to breastfeed despite the risk to the child, or to skip meals in order to buy formula for their children.³⁶

The Mayor could be more ambitious in his attempts to make London more welcoming for breastfeeding mothers. Currently, the Mayor welcomes breastfeeding in City Hall and encourages breastfeeding-friendly employment policies. However, breastfeeding rates drop most significantly in the first two weeks post-birth; before many mothers return to work. We are concerned that Mayor’s current interventions will not substantially increase breastfeeding rates in London.

Children’s centres

- 3.7 In recent years, more children’s centres have closed in London than in any other region in the country – some 261 since 2010.³⁷ Children’s centres are an important resource for families. They offer a range of advice and practical support to parents, and are often a base from which child health programmes are delivered. They also act as a stepping stone to other public health services, such as dentists. HENRY’s oral health service in Waltham Forest

partners with local dentists to offer sessions at children's centres. They advertise and make bookings at the centre which enables parents to see a dentist without having to find a dental practice.³⁸

Nutrition and obesity

The Mayor's new food strategy sets out a commitment to increase the uptake of Healthy Start Vouchers across London to 80 per cent of those parents who are eligible, but there is no inclination of how this will be achieved.

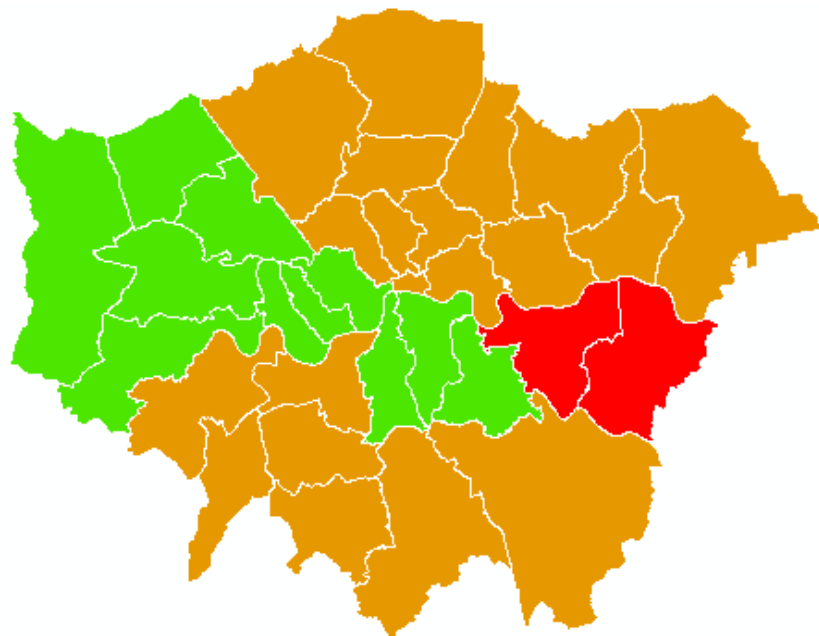
Food habits are established during the first thousand days, so that is when the Mayor should begin interventions that tackle childhood obesity. We heard from a number of organisations that food and cooking classes delivered in children's centres are particularly successful in teaching parents about children's nutrition. This makes it more concerning that so many of London's children's centres have closed.

The role of children's centres is missing from the draft Food Strategy, so we urge the Mayor to ensure this is amended in the final Food Strategy. We also call on the Mayor's new Childhood Obesity Taskforce to feature nutrition for 0-2 year olds and to consider the role of children's centres, in their plans to improve childhood obesity in London.

Maternal Mental Health

- 3.8 Maternal mental health is not adequately supported in London. One in ten women develop a mental illness during pregnancy or within one year after having a baby.³⁹ Suicide is amongst the most common reasons mothers die in the year after they give birth. Treating post-natal depression improves the quality of life for both mothers and children. To give babies the best possible start, mothers who experience mental health illnesses must be able to access specialist services close to where they live.
- 3.9 The provision of perinatal mental health services is inconsistent across London. Only eight London boroughs meet Perinatal Quality Network Standards and two London boroughs have no specialist perinatal mental health services.⁴⁰

Access to perinatal mental health support is inconsistent across London



	Specialist Community Perinatal Mental Health Community Teams (2017)
Green	Women and families can access treatment that meets nationally agreed standards
Orange	Basic level of provision - falls short of national standards
Red	No provision

- 3.10 The NHS recently announced it will boost perinatal mental health services. In London, as well as in other underserved parts of the county, a second wave of community perinatal mental health services will be rolled out by April 2019.⁴¹ While we welcome the announcement from the NHS to invest more in community perinatal mental health services, we urge the Mayor to use his influence to ensure these services are accessible to all London mothers. We particularly want to highlight the need for these services to be accessible to mothers with disabilities and those with little knowledge of English.
- 3.11 We were encouraged to hear from Amanda Coyle that parental mental health would be one strand of support the HEYL programme encourages settings to offer.⁴² We believe the Mayor should go further by specifically prioritising perinatal and parental mental health as a key area for action in Thrive LDN's suicide prevention strand.

4. Adverse Childhood Experiences

Key findings

- Far too many children live through Adverse Childhood Experiences (ACEs) in their earliest years.
- ACEs have devastating impacts on Londoners' long-term health.
- Understanding the impact of ACEs and preventing them would drastically improve health inequalities.
- The Mayor should step up London's preventative measures by trialling a Pioneer Community project in London, signing London up to the 70/30 campaign and improving relationship education for young people.

- 4.1 Adverse Childhood Experiences (ACEs) is the term given to traumatic situations children live through. There are ten ACEs: physical or emotional abuse; physical or emotional neglect; sexual abuse; living around domestic violence or engaging in substance misuse; a parent living with mental illness; and not being raised by both parents, either through separation or incarceration.
- 4.2 Nearly half of England's population experience at least one ACE and one in eight people experience at least four ACEs.⁴³ You are more likely to be murdered under the age of one than any other time during your life.⁴⁴

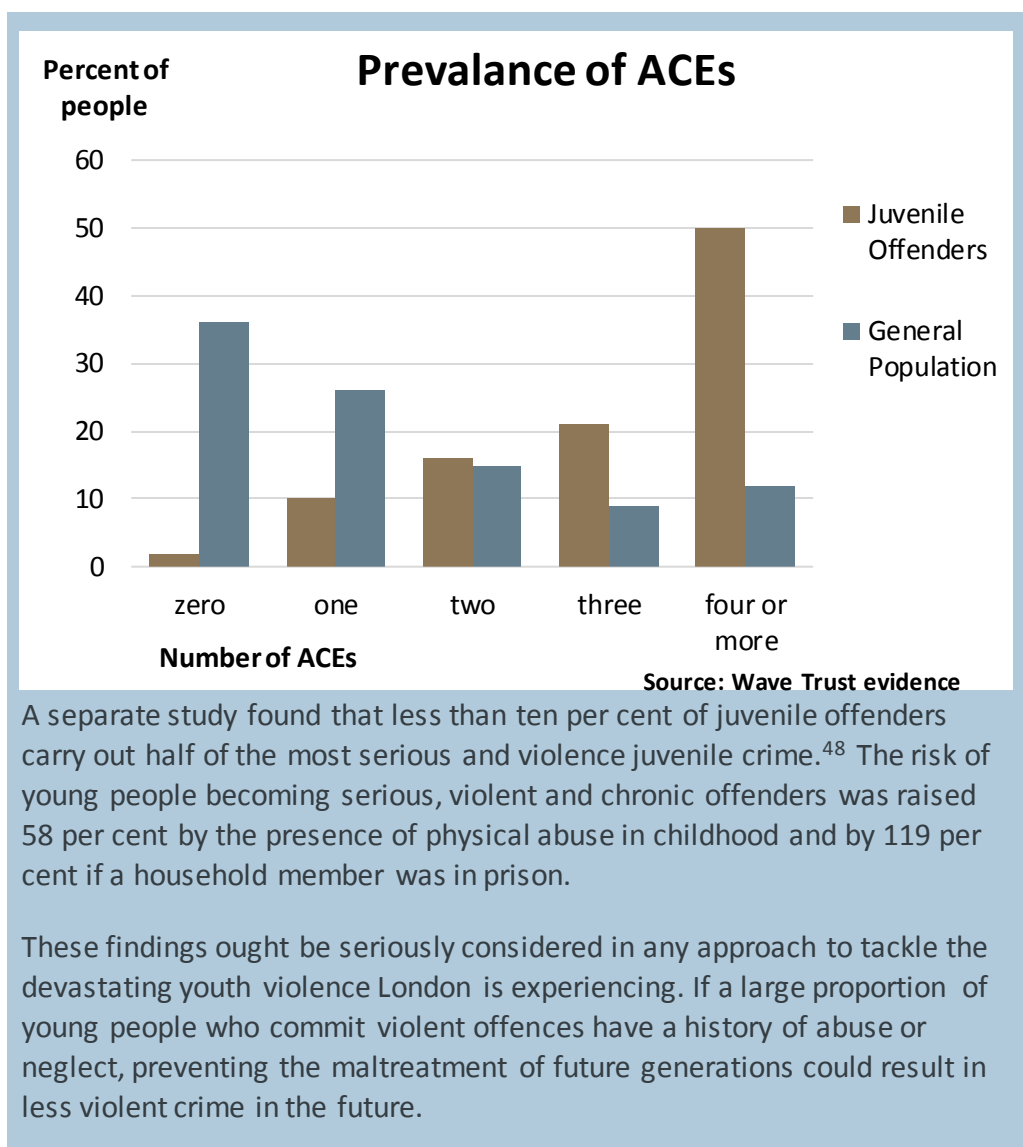
Impact of ACEs

- 4.3 Children who experience ACEs in their early life are at greater risk of an assortment of poor health outcomes. ACEs critically impact physical health, cognitive development and behaviour. They increase the prevalence of over 80 health issues, lifestyles, and other life outcome measures, including heart attacks, addiction and poor mental health.⁴⁵ Among those who experience four or more ACEs, there are higher levels of lung disease and adult smoking, higher risk of liver disease, higher risk of developing depression, and more suicide attempts. As well as having disastrous impacts on lives, all these results have a huge public health cost.

ACEs and knife crime

ACEs are also linked to an increased risk of criminal behaviour. Throughout childhood, the brain develops empathy, trust and community at a rapid rate. An infant or child experiences a situation perceived as a threat and the brain reacts, deciding whether to fight or run away. Afterwards, the brain rests. When a child or young person lives with ACEs, their brain does not get the rest it needs through the day as it is constantly reacting to threatening stimuli. This leads to the development of chronic stress in young people and everyday neutral situations seem threatening. This often leads young people to be anxious, disengaged and underachieving at school. It can lead to violence.

A recent study found that 50 per cent of juvenile offenders in Florida had experienced four or more ACEs.⁴⁶ This is a much higher prevalence than is found in the general population.⁴⁷



Initiative to tackle ACEs

- 4.4 In current health policy, the symptoms of ACEs—poor physical and mental health and disruptive lifestyles—are mostly treated as they arise. Yet proactive interventions, both preventative and those which treat the root cause of symptoms, can be far more impactful and cost-effective. In Washington State, USA, various authorities have been tackling ACEs for the past ten years. As well as improving the health and wellbeing of participants, their interventions have led to significant public health savings. The Christie Commission, looking at public expenditure in Scotland, found that adequate prevention could save 40 per cent of local public expenditure.⁴⁹

The 70/30 campaign

- 4.5 The Wave Trust's 70/30 campaign aims to significantly reduce child maltreatment through primary prevention. Primary prevention means preventing harm to children before it happens rather than reacting to the consequences of abuse. This is only possible through a full understanding of the root causes and major triggers of abuse which have been identified. We call on the Mayor to support the 70/30 campaign to achieve a 70 per cent reduction in child maltreatment by 2030.

Pioneer Community Projects

- 4.6 ACE Hubs have been set up in Scotland, Wales and Northern Ireland to improve understanding of the impact of ACEs. The learning will be used to inform and influence policy. In addition, the Pioneer Community approach to preventing ACEs before they happen has been developed by partners including Public Health England, the Institute of Health Visiting, and WAVE Trust.
- 4.7 The Mayor introduced three early years hubs in London in January 2018. These are intended to help children from disadvantaged backgrounds access quality childcare.⁵⁰ The hubs will bring together schools, childminders and nurseries, in three areas where take-up of free childcare places is lower than the London average: Newham; Wandsworth and Merton; and Barnet.
- 4.8 We would like the Mayor to explore options to pilot a Pioneer Community approach and ACE hub to tackle ACEs in London. We invite the Mayor to meet with the Wave Trust to discuss the potential to pilot a Pioneer Community project in London, whether through developing one of the current hubs or by establishing a new one.

Education as prevention

- 4.9 Better education about relationships and parenting could help to prevent ACEs for future generations. Appropriate relationship education could begin to inform future parents about the impact their behaviour and relationships can have on their future children.

“What teenagers need is support around relationships because this is all about relationships. This is about the relationship between your baby, the relationship with your partner, the relationship with professionals, and what teenagers do need is that support about what is a healthy relationship and how you can develop healthy relationships because that is just so key, thinking

about domestic abuse and domestic violence and young teenagers.”

Geraldine Butler, Locality Manager, West Haringey Health Visiting Service, Whittington Health

- 4.10 Abuse is often cyclical and London should be at the forefront of tackling the cycle of violence. Children who experience childhood abuse or who live in families experiencing domestic abuse are at higher risk of being in abusive relationships as teenagers and adults.⁵¹ Without relationship education, many young people who grow up in or around abusive relationships are not shown what a healthy relationship looks like. The Mayor should stand up for survivors of abuse and proactively support them to break cycles of violence.

5. Conclusion

Key findings

- The Mayor needs to raise his level of ambition if he is to achieve better health outcomes for *all* London's children and reduce health inequalities.
- The Mayor is well placed to provide leadership on this issue as Chair of the London Health Board.
- He also needs to make good on his promise to challenge health services to raise their game.

5.1 Giving London's children the best start in life is a worthy aspiration, and we are pleased to see the Mayor is keen to make a difference. However, we do not believe the HEYL is the right programme for London's children—particularly for those most in need of help—and it risks *increasing*, rather than *decreasing*, health inequalities:

- It excludes children out of formal childcare settings, which particularly disadvantages vulnerable families.
- It excludes children under two, thereby missing the opportunity to have the greatest impact on children's health and life chances.
- It is based on models of voluntary participation that have previously worked with mainly larger, well-resourced organisations. This neglects the reality of the variety of childcare settings and the financial strain many of them are under.
- It fails to make use of the detailed data now available through the Child Health Digital Hub.

Where do we go from here?

5.2 For the HEYL to be a success, every effort must be made to ensure it reaches those children who need it most. To achieve this, the GLA will need to establish strong partnerships with local boroughs. However, London boroughs each take different approaches to child health because of the differing resource strains they face, and differing local needs and priorities. 14 boroughs already have specific Healthy Early Years programmes, but 19 do not. Many boroughs are yet to express an interest in the HEYL programme and the variation of programmes and support across London may be a barrier for some participating childcare settings.

5.3 The Mayor must also put more effort into ensuring the programme reaches the children who need it most. In chapter two we highlighted the potential of the new Child Digital Health Hub, which could help boroughs and settings identify their local child health needs. We also expressed concern that children with disabilities remain excluded from some childcare settings.

5.4 We make the following recommendations to the Mayor, to be implemented before the HEYL programme is rolled out across London:

Recommendation 1

The GLA should publish an annual monitoring report for the HEYL programme. It should include a breakdown of uptake by borough, including the percentage of each type of setting participating and information on programme reach for disadvantaged groups.

Recommendation 2

In his response to this report, the Mayor should set out how the GLA will work with providers in unengaged boroughs and what steps he will take to engage those boroughs.

Recommendation 3

The GLA should build clear guidelines for children with disabilities and complex needs into the HEYL criteria.

Recommendation 4

In his response to this report, the Mayor should explain how the Child Health Data Hubs will be used to better target the programme.

Action beyond the HEYL programme

5.5 We are very concerned that this programme is unlikely to significantly improve health inequalities in the early years. The Mayor needs to consider those children who will remain untouched by the HEYL programme. What will he do for *these* children, which includes some of the most vulnerable children in London who would benefit most from targeted help and support? We make a number of suggestions:

- The Mayor should help children in their first 1,000 days. He should promote universal services which are accessible to all children and families and raise awareness of pre- and post-natal support, particularly for disadvantaged communities. This may include publicly challenging a situation in which many of London's children and their families are not receiving the minimum levels of support they are entitled to, including mandatory health visits.
- London's parents also deserve more consistent support. The support offered to parents around London is patchy and many young families move between London boroughs which makes it difficult for boroughs to

track constituent's needs. To tackle child health inequalities, we need to know more about the impact of residential churn and the Mayor is well placed to commission this.

- The Mayor should also do more to support maternal mental health. Perinatal mental health in London is inconsistent and many boroughs do not meet nationally recognised standards. This is alarming, especially due to the significant number of mothers who develop mental health conditions during or following pregnancy. We would therefore like Thrive LDN's suicide prevention strand to specifically prioritise perinatal and parental mental health.

Recommendation 5

The Mayor should work with the NHS Child Digital Hub and Public Health England to commission research on the effect of residential churn on child health outcomes in London.

Recommendation 6

In the Health Inequalities Strategy, the Mayor should explicitly state the need for the retention of universal health visiting services. He should use his influence through the London Health Board to challenge boroughs on the lack of delivery of five mandated visits. Performance across London should be monitored as part of the Health Inequalities Strategy indicators.

Recommendation 7

Thrive LDN's suicide prevention strand should specifically prioritise perinatal and parental mental health support.

Recommendation 8

The GLA should set up a Healthy Early Years champion network to provide support to early years professionals — this should include not only HEYL but the wider sector to enable the dissemination of best practice across services, both voluntary and universal.

- 5.6 The Mayor should make a bold stand on preventing the Adverse Childhood Experiences which can damage the health and wellbeing of London's children for the rest of their lives. Signing the capital up to the 70/30 campaign and setting up a Pioneer Community Project would be a powerful start. Including

relationship education to the Healthy Schools London programme may also reduce child maltreatment by breaking cycles of violence.

Recommendation 9

The Mayor should work with partners to explore the feasibility of undertaking a Pioneer Community pilot in a London borough.

Recommendation 10

The Mayor should sign London up to the 70/30 campaign to reduce ACEs by 70 per cent by 2030.

Recommendation 11

The Mayor should review how Healthy Schools might be used to improve education for teenagers and young adults on relationships and parenting.

- 5.7 The Mayor must challenge the Government for the resources London needs. We urge the Mayor to continue to fight for the resources London's health and care services need, as he promised. He must challenge the Government to increase investment in wider public health services for all.

Stepping up

- 5.8 One of the Mayor's key roles is to galvanise support and unite people around a shared strategy on how to tackle health inequalities, and to encourage action. We believe that recognising the need to tackle health inequalities in the early years is a step in the right direction. But it is a baby step. Making real inroads into early years health will require a greater level of focus, leadership and ambition – starting with the Mayor.

Our approach

The Health Committee agreed the following terms of reference for this investigation:

- To set out the current landscape for healthy early years support in London.
- To assess the likely impact of the Mayor's plans to reduce health inequalities through the development of a new healthy Early Years Programme.
- To consider how the Mayor and GLA could further support the health of children under the age of 5 in London.

At its public evidence sessions, the committee took oral evidence from the following guests:

- Amanda Coyle, Assistant Director of Health, Education and Youth, Greater London Authority
- Nicky Elkins, Regional Compliance Advisor, Busy Bees
- Laura Payne, Project Manager, 4in10 Campaign Network
- Melanie Pilcher, Quality and Standards Manager, Pre-school Learning Alliance
- David Millard, Managing Director, Health Education Partnership
- Kenny Gibson, Head of Public Health Commissioning (London), NHS England
- Daniel Moulin, e-RedBook Programme Director, Sitekit
- Corinna Dymond, Digital Health Consultant, Sitekit
- Dr Robert Nettleton, Education Advisor, Institute of Health Visiting
- Emily Arkell, Head of Health Policy, Royal College of Paediatrics and Child Health

- George Hosking OBE, CEO and Research Director, Wave Trust
- Geraldine Butler, Locality Manager, West Haringey Health Visiting Service, Whittington Health
- Kim Roberts, Chief Executive, HENRY
- Carly Bond, Head of Operations, Best Beginnings

During the investigation, the committee also received written submissions from the following organisations:

- London Borough of Harrow
- London Borough of Enfield
- First Steps Nutrition Trust
- Royal College of Paediatrics and Child Health
- London Early Years Foundation
- The Lullaby Trust (formerly FSID)
- Bikeworks
- Manor Gardens Centre (Health Advocacy Service)
- British Society for Immunology
- Action for Children
- Breastfeeding Network
- NAT (National AIDS Trust)
- CACHE
- Better Breastfeeding
- Healthwatch Wandsworth
- Institute of Health Visiting
- The Wave Trust

References

¹ The Breastfeeding Network and Better Breastfeeding submissions

² The Department for Education defines children achieving a good level of development as those achieving at least the expected level within the following areas of learning by Reception age: communication and language; physical development; personal, social and emotional development; literacy; and mathematics

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/652602/SFR60_2017_Text.pdf

³ National Child Measurement Programme - England, 2015-16

⁴ Public Health England (PHE) Fingertips (2016/17)

<https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-early-years/data#page/0/gid/1938132986/pat/6/par/E12000007/ati/102/are/E09000002>

⁵ PHE fingertips (2016/17) <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000007/ati/102/are/E09000002>

⁶ PHE fingertips (2016/17) <https://fingertips.phe.org.uk/profile-group/child-health/profile/child-health-overview/data#page/0/gid/1938132992/pat/6/par/E12000007/ati/102/are/E09000002>

⁷ Early Years in London; Baseline and Consultation, March 2018, p. 28

⁸ The State of Child Health, 2017, Royal College of Paediatrics and Child Health, p.87

⁹ Healthy Committee Transcript, Health committee meeting, 11 January 2018

¹⁰ The Lullaby Trust submission

¹¹ Health Committee [Transcript](#), Health committee meeting, 11 January 2018

¹² Draft Health Inequalities Strategy, p. 38 & Transcript, 28 November

¹³ Health Committee [Transcript](#), 28 November 2017

¹⁴ <https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2017>

¹⁵ <https://www.london.gov.uk/what-we-do/health/healthy-early-years-london/about-healthy-early-years-london>

¹⁶ Health Committee Transcript, 28 November 2017

¹⁷ Health Committee Transcript, 28 November 2017

¹⁸ IPPR, The future of childcare in London, p.17

¹⁹ IPPR, The future of childcare in London, p. 12

²⁰ Health Committee Transcript, 28 November and Early Years in London, p. 5

²¹ Health Committee Transcript, 28 November 2017

²² Health Committee Transcript, 28 November 2017

²³ Mayor's Draft Health Inequality Strategy 2017, p. 38

²⁴ Health Committee Transcript, 28 November 2017

²⁵ During our committee meeting, examples of best practice for interventions in the first 1,000 days included the Healthy Weight programme in Amsterdam, The Getting it Right for Every Child programme

(GITFEC) and the Big Lottery Better Start programme, Health Committee Transcript, 11 January 2018

²⁶ <https://nct.org.uk/about-nct/first-1000-days/why-its-vital>

²⁷ British Society for Immunology submission

²⁸ Health Committee Transcript, 11 January 2018

²⁹ RCN: The Best Start: The Future of Children's Health, Valuing School Nurses and Health Visitors in England.

³⁰ Health Committee Transcript, 11 January 2018

³¹ RCN, The best start: the future of children's health, p. 6.

³² RCN, The best start: the future of children's health, p. 6

³³ Health Committee Transcript, 11 January 2018

³⁴ Better Breastfeeding and the Breastfeeding Network submissions

³⁵ Better Breastfeeding submission

³⁶ National AIDS Trust (NAT) submission

³⁷ Action for children submission

³⁸ Health Committee Transcript, 11 January 2018

³⁹ <https://maternalmentalhealthalliance.org/news/women-in-a-quarter-of-the-uk-still-cant-access-vital-maternal-mental-health-services/>

⁴⁰ <https://maternalmentalhealthalliance.org/wp-content/uploads/London-Specialist-Community-Perinatal-Mental-Health-Teams-2017.pdf>

⁴¹ <https://www.england.nhs.uk/mental-health/perinatal/community-services/>

⁴² Health Committee Transcript, 28 November 2017

⁴³ Bellis et al, 2014 -

<https://academic.oup.com/jpubhealth/article/36/1/81/1571104>

⁴⁴ Health Committee Transcript, 11 January 2018

⁴⁵ Wave trust submission (Table of ACE associated outcomes)

⁴⁶ Baglivio, M. T., Wolff, K. T., Piquero, A. R., & Epps, N. (2015). The relationship between Adverse Childhood Experiences (ACE) and juvenile offending trajectories in a juvenile offender sample. *Journal of Criminal Justice*, 43(3), 229-241 - <http://psycnet.apa.org/record/2015-25756-007>

⁴⁷ CDC-Kaiser Permanente Adverse Childhood Experiences (ACE) Study, <https://www.cdc.gov/violenceprevention/acestudy/about.html>

⁴⁸ Fox, B.H., Perez, N., Cass, E., Baglivio, M. T., Epps, N., (2015) Trauma changes everything: Examining the relationship between adverse childhood experiences and serious, violent and chronic juvenile offenders. *Child Abuse & Neglect*, 46, 163-173 - <https://www.sciencedirect.com/science/article/abs/pii/S0145213415000356>

⁴⁹ <http://www.gov.scot/Publications/2011/06/27154527/8>, 6.7

⁵⁰ <https://www.london.gov.uk/press-releases/mayoral/mayor-launches-early-years-hubs>

⁵¹ WAVE Trust, Conception to age 2 – the age of opportunity, (2013) p. 18, 21

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Greater London Authority

City Hall
The Queen's Walk
More London
London SE1 2AA

Enquiries 020 7983 4100
Minicom 020 7983 4458

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