

MAYOR OF LONDON

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Thank you for sharing with me a copy of the London Assembly Health Committee's recent report titled 'Healthy First Steps' July 2018. I am writing to you to offer my reflections on the report, and to relay my responses to the recommendations you have made in that report.

First, I would like to thank you and the Committee for your focus on the early years, and for your thoughtful report. I have great hopes for this universal programme, which has already received international attention. In focusing on children from birth to five years old, including those with complex needs, and across all childcare settings, it has the potential to make a huge impact.

I am grateful to you for highlighting Healthy Early Years London (HEYL) as one of my flagship programmes within the London Health Inequalities Strategy (HIS). As with many aspects of the HIS, HEYL is dependent on partners getting behind its shared aims and objectives and collaborating to achieve impact at scale. Any support the Assembly can offer in this regard is welcome.

Since its launch in April 2018, the HEYL Programme is making rapid and significant progress. All but one borough are engaged, with almost 300 settings already signed up. There are also good opportunities to share thinking across City Hall as the programme develops, on child mental health or violence prevention for example, and to influence the Health and Care system through its emerging 10-year plan.

In this response to you, I want to address the recommendations you make in the report for me. Additionally, I have attached as an appendix a short note which sets out some points of clarification. I know that our officers have discussed these, and many arise because the evidence for your report was gathered before the programme had actually commenced.

Most importantly, HEYL is there to support child health and wellbeing through all childcare settings, from birth.

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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.

You can see current reporting statistics through the following weblink: www.london.gov.uk/what-we-do/health/healthy-early-years-london.

There is a plan to develop publicly available information and reporting on the programme, including annual reporting and information on uptake. I expect this to be completed in the near future.

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.

I recognise the pressure many local authority services and functions are under given growth in the London population and its needs, and the financial context they are operating in. I am very pleased to hear about the level of engagement boroughs have shown to date, which reflects their commitment to children and young people in London. As of August, only one borough in London is not engaged in HEYL, and discussions with officers there are in progress.

Recommendation 3:

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

Please see the attached at appendix 1 the HEYL audit award criteria document which sets out the criteria being used for settings to demonstrate compliance in this area.

My officers are also looking at the recommendations from the Education Panel report on transforming the lives of children and young people with special educational needs and disabilities in London, published in July 2018.

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.

This is a welcome recommendation and my officers are exploring this with colleagues from local government, the NHS and Public Health England.

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.

Residential churn remains a significant issue for London's public services. NHS England have advised that they are gathering data on this from primary care sources, and that this should be used to mitigate the risk the Committee report set out. This will provide further evidence and support for health visitors and general practice and will have a positive impact on child health and wellbeing.

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My officers will explore this further with colleagues from NHS England and Public Health England, and local authorities that commission the healthy child programme.

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.

Thank you for the opportunity to discuss my HIS for London with the Assembly on Monday 3 September. I took the opportunity to call on Government to reverse the cuts they have made to the public health grant allocated to local authorities to commission services like health visiting. I will ask officers to review the current position in London with Public Health England and discuss your proposal with my health advisors.

Recommendation 7:

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

As you know, the Thrive LDN programme is delivered through close partnership working across London, aiming to deliver a whole system movement for change. My officers will bring this recommendation to the attention of Thrive LDN.

Further, I have asked my officers to seek assurance, via the London Post Natal Mental Health Network, that plans are in place for the roll out of access to perinatal mental health support across London in 2019 (page 23 of your report).

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.

HEYL already has an established network which can be widened and can work alongside other networks.

Recommendation 9

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

Recommendation 10: The Mayor should sign London up to the 70/30 campaign to reduce ACEs by 70 per cent by 2030.

The idea of setting up a hub to inform and drive London's focus on ACEs, including pilots in Pioneer Communities, is an interesting proposal that supplements a range of work currently being taken forward by agencies - exploring trauma informed approaches, for example.

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The 70/30 campaign by the WAVE Trust is also an admirable proposal, and my team met with the CEO of the Wave Trust yesterday.

GLA and MOPAC officers are already working on how to accelerate the public health response to violence prevention and understanding the nature and impact of ACEs as well as the wider determinants of health is a key part of this. The London Safeguarding Children Board, which is part-funded by MOPAC, should be part of discussions on the subject.

My officers will explore these recommendations further and reply to you separately.

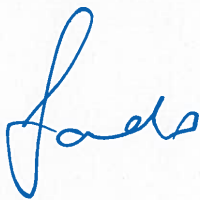
Recommendation 11:

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

My Healthy Schools London programme includes a focus on relationships and parenting within the resources on Personal, Social and Health Education and Relationships and Sex Education (RSE). These will be strengthened through the current review of the Healthy Schools London (HSL) Bronze Award, and hopefully through the intended national introduction of statutory RSE in schools, although I understand this has been delayed somewhat.

Thank you again for helping to ensure that children stay at the heart of London's HIS.

Yours sincerely,



Sadiq Khan
Mayor of London

Appxs.

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Appendix: Response to Healthy First Steps Report – points of clarification

Issue

Page 14, 2.2 ‘...pilot only tested programme up to Bronze stage... results have not been published... changes to the silver and gold stages are not likely to be identified until after the first assessment of the programme’

Response

The HEYL ‘pilot’ was an internal review of the full Award pathway to inform programme development. Feedback included that on Silver and Gold Awards.

Issue

Page 14, 2.3 “HEYL is modelled on other mayoral voluntary award schemes such as the Healthy Schools London (HSL) and the Healthy Workplace Charter (HWC).”

Response

The HEYL was modelled on an amalgamation of evidence from HEY programmes in Wales, Scotland, National Healthy Schools, HSL, 14 London HEYs progs, HSL Evaluation, evidence-base of what works and through extensive consultation and not specifically on the Healthy Workplace Charter.

Issue

Page 15, 2.6 & 2.8; page 16, 2.10 ‘... we feel that the HEYL approach is fundamentally flawed. Crucially, it risks missing those children most in need of help, and...therefore has the potential to increase, rather than decrease health inequalities in London.’

Response – I reject this statement for the following reasons:

- 30 (91%) boroughs and 16/17 (94%) targeted boroughs with the poorest child outcomes have committed investment to provide support for HEYL; 2 boroughs are expressing interest in taking HEYL forward and 1 borough has not yet engaged.
- HEYL includes settings with the poorest families/child outcomes e.g. children centres (with and without day care), playgroups, creche, childminders as well as private, voluntary and independent nurseries, Early Years in schools including schools with two-year old provision and Nursery schools.
- HEYL adopts a universal and targeted approach encouraging settings to improve health, wellbeing and education across the whole setting and for targeted needs and groups.
- The HEYL Bronze and Silver audits ask settings to demonstrate how they support children and families with SEND/complex needs and chronic health conditions.
- To achieve HEYL Silver and Gold Awards, settings need to demonstrate how they identify areas of work to develop based on local priorities and staff, families’ or children’s needs; one priority should meet the needs of a child or group of targeted children and one should support a whole (universal) setting approach to supporting all children’s health, wellbeing and education.
- The Mayor’s three Early Years hubs are engaged with HEYL and settings in the hubs should achieve the HEYL Bronze Award

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Issue

Page 15, 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."

Response

The HEYL 'Evidence base for a Healthy Early Years Programme in London (January 2016), identified that "A considerable portion of London's children spend time in childcare settings either part-time or full-time. Implementing a HEYL programme is an ideal opportunity to improve the health of young children."

And "Implementing interventions in Early Years settings is an effective means of tackling health. To improve children's health, you need: a whole setting approach; involvement of children, parents, the community and partner agencies; training and engagement of staff; key policies and procedures, high quality childcare."

I am determined to improve access to high-quality early education for all children, and in particular for those from disadvantaged backgrounds. My Early Years Hubs, set up in areas of low uptake of free early education, provide the opportunity for schools, childminders, Private Voluntary and Independent (PVI) nurseries, and others, to work together to engage families and improve outcomes for children.

I am planning to run a London Early Years Campaign in 2019 to raise awareness of the free early education offer amongst London parents, improve uptake of the early learning and thus improve children's outcomes.

Issue

Page 6; 17, 2.14; "Furthermore, it misses the most important part of a child's life in terms of long-term health outcomes-the first thousand days. Page 6, "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."

Response:

The HEYL is designed to support all infants and children from birth to five (and therefore the first 1,000 days until a child is 2.7 years of age). The HEYL Bronze and Silver audits ask settings to demonstrate how they support infants and children from birth to five. For example, regarding:

- Under 1s bed time routines/sleep
- Planning for ages/stages of development
- ECAT- Every Child a Talker
- Brain development
- Advice on breastfeeding, starting solid food, dummies, free flow cups, milk
- Eat Better Start Better food and drink guidelines - food provision 1-4 years; Early Years menus 6 months-4 years; Infants feeding 6-12months
- Oral hygiene, Child Smile birth to three (healthy snacks and drinks)
- Self-care, hygiene, toilet training, intimate care routines, policies, procedures
- Immunisations policy and awareness
- Early identification Special Educational Needs and Disability (SEND)
- CMO physical activity guidelines for infants not yet walking (and those walking), tummy time, floor-based physical activity, sensory toys, treasure baskets, heuristic play to encourage baby movement, no restraint in buggies/high chairs, sitting less, moving more

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- Maternal mental health
- Engaging and supporting Fathers
- Parent/carer and staff health and wellbeing
- Parent/carer and staff support, advice learning and development.

ENDS

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Appendix 1: HEYL Audit Award Criteria being used for settings to demonstrate their support for children with disabilities and complex needs

HEYL Bronze Award

1g- The key person ensures that their key child(ren) has their physical, social and emotional care needs met (e.g. meals, comfort during distress)

2a- Practitioners are able to recognise when a child's speech, language and communication is not following a typical pattern of development

6f- Practitioners know how to differentiate age-appropriate physical activities for all children, including those with special educational needs and disabilities (SEND)

12a- Practitioners are able to identify when children's learning and development are not at a typical level for their age

12b- Practitioners plan for children with special educational needs and disabilities (SEND) and support parents to meet their child's additional needs

12c- Practitioners record and act on information from parents and carers about a child's dietary needs, including allergies

12d- Practitioners are aware of particular groups of children who may be disadvantaged and are able to support these children to make good progress

HEYL Silver Award

1b- Practitioners link with and enable families to access specialist services and parenting programmes, to help parents and carers access additional support for children with social, emotional health and wellbeing difficulties

2a- Practitioners link with and enable families to access specialist services and workshops, to help parents and carers access additional support for children with language concerns/delays

3a- Practitioners link with and enable families to access specialist services and healthy eating programmes, to help parents and carers access additional support for children with eating or weight concerns

4b- Practitioners are able to discuss and advise parents and carers on children's oral health and enable families to access specialist services

6a- Practitioners refer/signpost families to specialist services to help parents and carers access additional support for children where there are physical development concerns

7a- Practitioners are able to support parents and carers with children's independence in self-care and hygiene, toilet training, including where to get further support

10a-j- Adult health and wellbeing; staff and practitioners can provide information for parents and carers about support available in the following areas: mental health, domestic violence, smoking cessation and smoke free homes, alcohol and substance misuse, maternity services, support for teenage parents, particular needs of fathers, support relating to worklessness, healthy eating, physical activity and weight management

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11a- Practitioners link with and enable families to access specialist services, for children with complex needs, including special educational needs and disabilities (SEND) and long-term health conditions.

11b- Appropriate support is provided in the setting for children with long-term health conditions (for example asthma, sickle cell anaemia, diabetes)

12a- The setting knows who on the health visiting team can be contacted regarding concerns relating to individual children or for general advice, or to support children's progress check at the age of two

12b- Links with the local and wider services, for example: Children's Centre, Speech and language, CAMHS, Nutrition and dietetics, Oral health, Family support, Support for adult health and wellbeing, Mental health, Smoking, Alcohol and substance use, Domestic violence support

13- All staff can confidentially access advice, support and services to maintain their own health and wellbeing and healthy lifestyle, e.g. Healthy eating, Physical activity, Mental health, Domestic violence, Smoking cessation and smoke free homes, Alcohol and substance misuse, Maternity services