Introduction

The Health Committee is proposing to investigate the Mayor’s plans to improve child health in London, focusing on early years. This paper sets out the scope of the investigation for approval by the Chair, in consultation with the Deputy Chair.

The proposed terms of reference for this investigation are:

- 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 five in London

Background

The health and development of children in their early years is universally accepted to have far-reaching consequences into adolescence and adulthood, for both physical and mental health and wellbeing. The Mayor has committed to focusing on the health of children as one of the key strategic aims of the draft Health Inequalities Strategy. Previous mayoral interventions around improving child health have focused on school aged children, notably through the Healthy Schools London programme. However, it is known that by the time children start school, inequality is already well entrenched. There are also wide differences between London’s diverse communities in key indicators of child health and wellbeing including childhood obesity rates, low birth weight, oral health and nutrition. And inequalities in maternal and family health can also have a significant effect on children’s health in the early years.

The Mayor is proposing to develop a new pan-London Healthy Early Years London Programme (HEYL). A number of London boroughs already have healthy early years programmes; it is expected that the Mayor’s programme will seek to build on these existing initiatives. Early indications are that the programme will aim to encourage healthy eating and active play, boost emotional wellbeing and support parenting, by providing a framework for good child health to London’s 12,500 early childcare settings.

The Mayor has also committed to supporting NHS innovation in this area, including supporting the launch of the Child Health Digital Hub, an online resource that seeks to support parents to have a complete and consistent record of their children’s development, as well as providing ways to establish better data to assist in future health planning across London.

Beyond looking at the Mayor’s developing plans for this programme, the investigation will also seek to determine how the Mayor can support wider efforts to improve children’s health in the early years and reduce health inequalities across London. In the draft Health Inequalities Strategy (HIS), the Mayor outlines his aims for London’s babies to have the best
Health Committee meeting  
Healthy Early Years in London

start in life. Stated objectives include supporting parents through pregnancy, breastfeeding and vaccinations, and increasing general understanding of child development.

The role of the Mayor

The Mayor has a statutory duty to promote the reduction of health inequalities among Londoners. In the draft Health Inequalities Strategy (HIS), the Mayor outlines his aim for London’s babies to have the best start in life. Stated objectives include supporting parents through pregnancy, breastfeeding and vaccinations, and increasing general understanding of child development. The Mayor has also committed to developing a new Healthy Early Years Programme to achieve his aim for early years settings and schools to support children’s health and wellbeing.

The committee will seek to establish whether the Mayor’s plans as set out in the Health Inequalities Strategy are likely to result in significant improvements in early years health and the reduction of health inequalities, including how this will be evaluated. The committee will seek to establish how the Mayor’s Healthy Early Years Programme (HEYL) is being developed and how it will be targeted to ensure it reaches those most in need. The committee will also look to establish further ways in which the Mayor could strengthen support for early years health beyond the parameters of the planned HEYL and make recommendations on areas for further action.

Suggested approach

The committee will hold two meetings to discuss this topic. The first meeting (November 2017) will examine two mayoral proposals for Healthy Early Years included in the draft HIS; The Healthy Early Years London Programme (HEYL) and the Child Health Digital Hub. The second meeting (January) will look beyond the Mayor’s existing proposals at wider issues relating to healthy early years. Possible topics include (but are not limited to) health visiting, school readiness, childhood obesity, and parental mental health support.

The committee will conduct a targeted call for evidence to boroughs and stakeholders to establish existing levels of early years support available in London, and a wider public call for evidence to establish issues of wider concern. The committee may also consider carrying out qualitative and/or quantitative research and site visits to support its final report.

The committee will look to publish its final report and recommendations in spring 2018.

Key issues

First 1000 days

The first thousand days (stretching from gestation up to child’s second birthday) are considered the most important for development outcomes and future health. The level of development a child reaches by their twenty-second month can serve as an indicator for educational attainment by the age of 26.¹ Malnutrition during the first thousand days can

¹ https://nct.org.uk/about-nct/first-1000-days/why-its-vital
lead to lifelong health impacts including obesity, diabetes, poor oral health and heart disease. Parental health inequalities such as poverty, job insecurity and being a lone parent can also impact children’s health and development in the first thousand days (and beyond).

**Birthweight**

A child’s birthweight is a strong indicator of health in the first thousand days. London has a slightly higher average of low birthweight than England as a whole (7.1 per cent and 6.8 per cent respectively). However, there are greater differences between areas and communities within London. Babies born in Kensington and Chelsea are half as likely to have low birthweight than those born in Redbridge. Babies born to mothers of Pakistani or African and Caribbean descent are more likely to have low birthweight than those born to mothers of European descent.

**Parental mental health**

Maternal mental illness in pregnancy and postnatally is associated with higher risk of poor physical, social, emotional and intellectual development in children and can have lasting impacts on the wider family group. The committee’s previous work found stark variation in service provision for specialist perinatal mental health services and no recognised method for ring-fencing new funding for perinatal mental health care at CCG level. Perinatal mental health is not specifically referenced in the draft HIS. The investigation may provide an opportunity to revisit and analyse progress since the committee’s previous work. There is comparatively little study of the impact of poor paternal mental health; this is an area the committee could explore further.

**Health visiting**

Health visitors are at the forefront of identifying problems in the early years but are facing huge workload increases. A successful health visiting service can reduce perinatal mental health problems, reduce complications arising from obesity and help reduce problems facing families at the bottom of the socio-economic scale. Recent surveys have found that health visitors’ workloads are increasing; according to the State of Health Visiting survey 2016, 85 per cent of health visitors surveyed say their workload has increased over the past two years – with 40 per cent of the increase in workload due to a reduction in the number of health visitors. Simultaneously, the numbers of public health nurses are decreasing. Official figures show that at least 988 full time posts (NHS Digital, 2016) have been lost between Sept 2015 and August 2016, with 56 per cent of local authorities planning further

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2 [https://thousanddays.org/the-issue/why-1000-days/](https://thousanddays.org/the-issue/why-1000-days/)
4 RCN: The Best Start: The Future of Children’s Health, Valuing School Nurses and Health Visitors in England
5 Ibid.


cuts next year. A recent RCN report suggests that many STPs have failed to recognise the need and value of health visiting and consequently the RCN expresses concern that these services will not be adequately protected. This may disproportionately affect London, where children are currently the least likely to receive the right number of health visits, with far fewer receiving the final two check-ups.

**Obesity and school readiness**

One in four children in London is obese by reception age. There are inequalities between children growing up in different parts of the city. NHS Digital figures for 2015/16 show a vast difference between the percentage of obese children living in the most deprived areas (13 per cent) and the least deprived areas (5 per cent). There are also differences in the levels of obesity or excess weight in children by ethnicity.

Nearly thirty per cent of children in London do not reach a Good Level of Development (GLD) by the age of five. Reaching a GLD by the time a child starts school is important, as school readiness has a strong impact on future health and life chances. Learning activities, enhancing physical activity, high quality education and parenting support programmes can improve a child’s school readiness. A child’s ability to reach a GLD by the time they start school can be affected by gender, ethnicity, family income, and circumstances such as educational needs. For example, children who are not eligible for free school meals are more likely to have a GLD than those who are eligible.

**Key questions**

- What are the key issues the Healthy Early Years Programme will address and how were these prioritised?
- What resources have been allocated to the programme and who are the key partners?
- How will this work be targeted at those who need it most?
- What are the current challenges for early years settings in providing healthy environments for children, and how will the Mayor’s proposals overcome these?
- What has been learnt from the pilots so far and how will these be rolled out?
- How will success be measured and monitored?
- What additional support is the Mayor providing to the Child Health Digital Hub?
- What more could the Mayor do to address health inequalities for babies and families in the first thousand days?
- How will the Mayor support parental health and wellbeing?
- How will these interventions reach people who are not digitally enabled?
- How can the Mayor support health visiting across London?

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7 Ibid.
8 Ibid.
10 Ibid.
Possible guests

November (the Mayor’s current plans)

- Mayor’s Health Team
- Kenny Gibson- Head of Public Health Commissioning NHS England (London) and Head of Early Years and Immunisations (lead officer on child digital hub)
- Boroughs with good practice and/or facing particular challenges and/or piloting the HEYL
- Representatives from early years settings

January (wider issues)

- Royal College of Nurses/ Institute of Health Visiting
- Parenting organisations e.g. NCT, Gingerbread, Expectant Fathers programme
- Research organisations e.g. Early Intervention Foundation
- Directors of Public Health

Output
The committee will produce a report summarising our findings and setting out potential areas for Mayoral action.