Health Inequalities – Early Years

Late Submission - South Lanarkshire Community Planning Partnership

Thank you for the opportunity to prepare written evidence to the Committee on this important subject. This response has been prepared on behalf of the South Lanarkshire Community Planning Partnership, although individual partners may also have exercised their right to submit a separate response more focused on their service area.

In preparing this response we have addressed each of the five questions put to us by the Committee:

1. How effective are early years interventions in addressing health inequalities?
2. What are your views on current early years policy in Scotland in terms of addressing health inequalities?
3. What role can the health service play in addressing health inequalities through interventions in the early years?
4. What barriers and challenges do early years services face when working to reduce health inequalities?
5. Are there any specific initiatives or research evidence from Scotland, UK or internationally that you would wish to highlight to the Health and Sport Committee?

Before addressing these specific questions, however, we would like to set our response in context. As a partnership we feel that health inequalities need to be seen in the context of inequality more widely. There is compelling evidence from a number of sources that poverty, long-term unemployment and a sense of purposelessness, poor housing and environments as well as lifestyle behaviours such as smoking, diet, alcohol consumption and levels of physical activity all have a negative impact on health and wellbeing. It is now also clear that influences on the mother’s psychological and emotional wellbeing may have physiological impacts on her unborn child, therefore exposing the child to a range of stressors that will continue to have an impact on the child’s health and well being throughout life.

Response to Question 1

Although there is limited evidence to support interventions to address health inequalities specifically, we are satisfied that the evidence from a range of studies shows that a good start to life is the most effective way of supporting children to develop resilience and positive attachment which will provide the foundations for their future. Our partnership arrangements have a well-established approach to integrated children’s services, and recently we have built on this to develop a robust approach to the Early Years Collaborative in South Lanarkshire. Over the past year we have worked to embed the Early Years Collaborative into mainstream partnership arrangements, promoting the use of the methodology to support practitioners to address our priorities in a new way. This approach includes a focus on inequalities as services focus their attention on working with children and families whom we know are less
likely to engage with universal services and who are most risk of slipping through the cracks and into spirals of decline.

**Response to Question 2**

The policy context in Scotland is very strong in terms of promoting early years, and the approach provided by the Early Years Collaborative provides the potential for testing different service models, new partnership arrangements across agencies and sectors, and the creation of a new evidence base that will support us all to address long standing inequalities, including health inequalities. However, early years policy in itself will not be sufficient to address health inequalities. If we are to address health inequalities effectively we need to ensure a genuinely joined up approach across specific areas such as early years. The Early Years Collaborative, building on Getting it Right for Every Child is providing us with opportunities to explore the way in which adult focused areas such as employability, substance misuse and the justice system have a role in supporting parents as parents as well as potential workers, recovering drug users or offenders. We also need to ensure that performance frameworks at national level keep in step with attempts to address inequalities at local level. The current menu of indicators, recommended for use in Single Outcome Agreements, for example, is aimed at population based approaches, and leaves little scope to explore differences between areas or groups within our communities. This can appear to give mixed messages to local areas struggling to align their local performance monitoring arrangements to national frameworks.

**Response to Question 3**

We understand that NHS Lanarkshire has provided a separate response to the Committee and we do not intend to replicate this response here. From a partnership perspective we are currently working closely with the NHS to look at how we can all support the most vulnerable children and families in our communities to improve parenting skills, to promote attachment, to encourage positive home learning environments and to work closely to keep children safe and well. While the health service has a part to play in addressing health inequalities, we would like to reiterate that the health service cannot do this alone. As the named person, the midwife, and then the health visitor, will be best placed to form positive relationships with the family and child, and to identify that child’s needs. However, the best support for that child and family may not be health service based. The Early Years Collaborative and Getting it Right for Every Child approach provide an opportunity for us to explore how we work together across statutory and third sector agencies to provide the most appropriate support for children and families, while ensuring that key messages are consistent across services. A number of the tests of change that will be carried out in South Lanarkshire are examining how information about children’s well being and development is shared across agencies, enabling us to provide better, more consistent support and care for that child. Being part of the national EYC approach also enables us to benefit from learning from other parts of Scotland as we all seek ways of addressing what is a ‘wicked’ and enduring issue for us all.
Response to Question 4

As in other parts of Scotland, we recognise that there are a number of barriers that challenge our ability to provide the best possible start to all children. These include:

- The tension between universal services and providing additional support without stigma to those who need it most. Evidence from public health has suggested that universal services do not always provide the additional support for the most vulnerable or for groups who are less likely to engage with services. This means that we need to move away from just providing services and towards an approach that refocuses our attention on raising outcomes for the most vulnerable and most marginalised families in our communities.

- Tension between area based approaches and wider inequalities that might be associated with disability, ethnicity or individual level socio-economic deprivation. As a CPP we have agreed to focus additional tackling poverty funding on the most deprived datazones in the council area as we feel this is the most effective and strategic way of addressing inequalities across our communities. However, we are aware that this might not address wider inequalities associated with disability, ethnicity or indeed socio-economic deprivation which is not sufficiently concentrated to highlight the area.

- Different funding arrangements exist for agencies and organisations across the public and not for profit sector bodies that make up Community Planning Partnerships. This includes the NHS and local authorities who work within different systems for allocating funds; a different set of challenges exist for other partners, such as those working in the third sector who may be reliant on short term funding to provide services. This will have an impact on this sector’s ability to provide sustainable services within partnership arrangements. Reductions in funding across the public sector mean that it is not always possible to redirect funds from the statutory to the third sector as there is a requirement to provide certain services under law. This reduces the level of discretionary spend available for statutory services.

- There are a range of performance frameworks that each organisation within the CPP works to address. Even within organisations there can be multiple requirements – for example, as well as HEAT targets, the NHS is reporting on a national framework for the Maternity Care Quality Improvement Collaborative, and there are discussions ongoing about a framework for the Early Years Collaborative. This is in addition to other frameworks for adult services (e.g. integration framework) and internal arrangements for specific services. If we are to have a focussed, consistent and co-ordinated approach to addressing health inequalities, the frameworks that we are asked to use to guide our performance need to be reviewed, revised and aligned to reflect a shift to addressing health inequalities rather than just providing services.
• At both national and local levels, all of our organisations need the space to use and share service level data to help us to understand more about service usage, different levels of engagement and variation in outcomes. This will allow us to set targets that are focused on addressing inequalities rather than simply focussing on targets or population wide performance measures.

• Working with communities, using genuine asset based approaches to build capacity and influence their own futures is a challenge for us all, both in South Lanarkshire and across Scotland, but has the potential to be a significant factor in creating sustainable improvement in our most disadvantaged communities in the future.

Response to Question 5
The South Lanarkshire CPP has supported a number of initiatives to address inequalities over the years. As above, we will not reproduce the response provided by NHS Lanarkshire, but will highlight some work that has been done by the wider partnership to address inequalities and raise the well being of children across South Lanarkshire.

Social Work Resources has been involved in a number of pieces of work, examples of which include:

• A pre-birth process which focuses on the health of the mother and baby. Where this process involves developing a plan to support the mother, this is a multi-agency process and will cover a tailored range of actions including health improvement as appropriate. This plan is reviewed regularly to ensure the woman and her baby continued to receive optimum support.

• As part of the partnership work led by the Lanarkshire Sexual Health Implementation group, the partners have been working to identify a range of young people who are less likely to engage with services, and may also engage in high risk sexual activity and may be at risk of becoming parents at a young age. Arrangements have been made with colleagues from Education and the NHS to ensure that sexual health and relationships work goes on in residential units and education units. However, challenges remain in providing continued support to young people once they leave care.

• All looked after children, either at home or away from home, will have an assessment of health needs with appropriate action being identified within the child’s plan.

Finally, the Getting it Right for Every Child approach is well established in South Lanarkshire and has ensured a very solid foundation for improvement work at all levels which is being led by the Early Years Collaborative. Our experience in the EYC to date has emphasised the very strong working relationships across the different agencies within the CPP which has allowed us to start trying new ways of working to ensure that the most vulnerable
children and families in South Lanarkshire are identified early and receive the support they need to ensure that they achieve their potential at all stages through life.

South Lanarkshire Community Planning Partnership
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