Health Inequalities - Early Years

Audit Scotland

Introduction

1. Audit Scotland is the public sector audit agency undertaking the external audit of the majority of public sector bodies in Scotland. We do this on behalf of the Auditor General for Scotland (for the NHS and central government) and the Accounts Commission (for local government). We provide this written evidence to assist the Health and Sport Committee with its inquiry on health inequalities and early years.

2. The Auditor General and the Accounts Commission welcome the opportunity to contribute to the committee’s inquiry.

Issues highlighted in audit work

3. Audit Scotland published a report, *Health Inequalities in Scotland*, in December 2012. In our report, we highlighted that:
   - children’s early years are a major determinant of their future health
   - deprivation is a major factor in health inequalities.

4. We included several indicators in our report which show that children living in the most deprived areas have significantly worse health compared to those living in the least deprived areas:
   - The percentage of low birthweight babies is around three times higher in the most deprived areas. In 2010, 32 per cent of babies who were born with very low birthweight were born to mothers living in the most deprived areas compared with 13 per cent of babies born to mothers living in the least deprived areas.
   - Breastfeeding rates are almost three times lower in the most deprived areas. In 2010/11, 15 per cent of mothers in the most deprived areas exclusively breastfed their child at 6-8 weeks compared to 40 per cent of mothers in the least deprived areas.
   - There have been recent overall improvements in children’s dental health but in 2011 children in the most deprived areas did not meet national tooth decay targets of 60 per cent of children with no dental decay. Just over a half of children in the most deprived areas had no dental decay in 2011, compared to over 80 per cent in the least deprived areas.
   - There is increasing prevalence of obesity among children in the most deprived areas. In 2010/11, 25 per cent of children in the most deprived areas were classified as overweight compared to 18 per cent in the least deprived areas.
   - Pregnancy rates among under-16s are five times as high in the most deprived areas. In 2010, the rate was 14 per 1,000 in the most deprived areas compared to three per 1,000 in the least deprived areas.
1. **How effective are early years interventions in addressing health inequalities?**

In our report we included evidence of the effectiveness of two national (Scotland-wide) early years interventions:
- Family Nurse Partnership
- Childsmile.

Four broadly positive evaluations have been published as part of the **Family Nurse Partnership** programme, introduced initially by NHS Lothian in 2010. The programme offers intensive and structured home visits by specially trained nurses to vulnerable first-time teenage mothers from early pregnancy until the child is two years old. Links to the four evaluations are below:

- Intake and early pregnancy (July 2011)
- Late pregnancy and post-partum (June 2012)
- Infancy (December 2012)
- Toddlerhood (October 2013)

The evaluations highlighted a wide range of areas where participation in the Family Nurse Partnership programme was perceived to have a positive impact in supporting young mothers to:

- Become more confident parents
- Manage their child’s behaviour and routines more effectively
- Manage routine development activities – like potty training – more confidently
- Improve their toddler’s diets
- Keep their child safe as they grow
- Manage their own mental and emotional health
- Broaden their horizons in relation to work and education.

By the end of 2013 the Family Nurse Partnership programme was being delivered in seven NHS Board areas – Lothian, Tayside, Fife, Greater Glasgow and Clyde, Ayrshire and Arran, Highland and Lanarkshire. The Scottish Government aims to have at least one FNP team in every viable Board area by the end of 2015.

The Family Nurse Partnership National Unit, based in England, has completed an external evaluation and is working on a randomised controlled trial due to report in 2014.

**Childsmile**, introduced across Scotland in 2008, is a national programme designed to improve the dental health of children in Scotland, and reduce inequalities in dental health by targeting children in the 20 per cent most deprived areas. In October 2013, statistics released by ISD Scotland showed that 72.8 per cent of primary seven children had no obvious decay, compared to 69.4 per cent in 2011 and 52.9 per cent in 2005. For the first time, primary
seven children in all areas of deprivation reached the target of 60 per cent having no obvious decay.

2. **What are your views on current early years policy in Scotland in terms of addressing health inequalities?**

The Public Finance and Accountability (Scotland) Act 2000 states that the Auditor General for Scotland may not question the merits of policy objectives. The Committee may be interested in the Scottish Government policy update paper on early years for the Ministerial Task Force on Health Inequalities in June 2013: [http://www.scotland.gov.uk/Resource/0042/00426049.pdf](http://www.scotland.gov.uk/Resource/0042/00426049.pdf)

3. **What role can the health service play in addressing health inequalities through interventions in the early years?**

In our report, *Health Inequalities in Scotland*, we stated that appropriate access to health services is an essential part of reducing health inequalities. Primary care is the main focus of most health service efforts to reduce health inequalities, but the distribution of primary care services across Scotland does not fully reflect the higher levels of ill health and wider needs found in deprived areas.

In our report, we cited research which indicated that, although child health reviews are available to all children, those living in the most deprived areas are less likely to have a review. Unavailability or lack of parental engagement were the most common reasons for missed reviews, but aligning the distribution of health visitors to the needs of the population is also essential to ensure children from all areas receive health reviews.

The Scottish Government reintroduced the 27-30 month health review for all children across Scotland in April 2013. The review assesses children’s wellbeing, provides age appropriate health promotion advice, builds parenting capacity, identifies needs for support, and is designed to facilitate early access to effective interventions. The Scottish Government set up a short-life working group in late 2011 to produce national guidance on the content and delivery of the review but Audit Scotland is aware of different approaches and tools being adopted across Scotland.

4. **What barriers and challenges do early years services face when working to reduce health inequalities?**

Stakeholders (such as the voluntary sector) have indicated that there are a number of barriers facing early years services, including engagement with the parents of the most vulnerable children, encouraging parents to bring their children to vaccination appointments, and attendance at the 27-30 month health review.

Audit Scotland is aware that a number of organisations are trying to address these barriers through the Early Years Collaborative by, for example,
introducing a telephone reminder service instead of relying only on a written appointment system.

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?

See Q1 for examples of specific initiatives from Scotland.

Audit Scotland
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