Q.1. How effective are early years interventions in addressing health inequalities?

As the Committee has previously acknowledged, the primary determinants of health are well recognised as being economic, social and environmental. One common definition of health inequalities is that they are those systematic and avoidable differences in health between population groups which result from the unequal distribution of resources within populations; and the associated accumulation and interaction of multiple risk factors. The Committee will recognise the description of health inequalities as an example of a wicked issue: i.e. one that involves complex, messy and often intractable challenges; where the causes are complicated, ambiguous and often interconnected; and where there are no clear solutions.

The highly regarded Marmot Review (Fair Society, Healthy Lives; 2010) argued that while traditional government policies have focused resources only on some segments of society, in order to improve health for all of us and to reduce unfair and unjust inequalities in health, action is needed across the social gradient. The central ambition of that Review was that public agencies and civic society create conditions for people to take control over their own lives by:

- Giving every child the best start in life (highest priority recommendation).
- Enabling all children, young people and adults to maximize their capabilities and have control over their lives.
- Creating fair employment and good work for all.
- Ensuring a healthy standard of living for all.
- Creating and developing sustainable places and communities.
- Strengthening the role and impact of ill-health prevention.

The fundamental challenge presented then is how "we" tackle unjust inequities across society as a whole – and not to foster silo-ed programmes (nationally or locally); nor imply that a given sub-set of initiatives or services will provide the ‘magic bullet’, no matter how common-sense some may feel that to be.

The WHO Commission on the Social Determinants of Health stressed the critical role of child development in addressing inequalities in health. An effective and coherent suite of early years interventions must be a key element of any serious attempt to tackle (health) inequalities – but it is important to avoid placing unrealistic expectations on any given programme to address health inequalities in of itself (particularly in the short-to-medium term). It is also important to recognise that just because an intervention is labelled ‘early years’ does not mean it should be viewed as inherently good or above being subject to robust appraisals: as for any area of activity, some such interventions will be more effective than others in terms of their stated
aim; and many will be found to be ineffective (and so wasteful to continue) irrespective of how well-intentioned the endeavour or personally-invested the individuals involved.

This should not be taken as a counsel of despair though – especially given the considerable improvements in health outcomes achieved across the population as a whole – but rather underlines the need for a sustained and sustainable strategic approach underpinned by evidence (rather than anecdote or hyperbole).

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

The progressive promotion of early years policy in Scotland is laudable, particularly the encouragement for multi-disciplinary and multi-agency working becoming the norm. Within West Dunbartonshire, Community Planning Partners are committed to delivering integrated and comprehensive services for children and families which are appropriate, proportionate and timely. Our Community Planning Partnership’s (CPP) Integrated Children’s Services Plan expresses our collective commitment to the principles of early intervention and prevention as part of Getting It Right For Every Child (GIRFEC), i.e. that our children and young people are safe, healthy, active, nurtured, achieving, respected, responsible and included. We also recognise that the imminent enactments of the Children & Young People Bill and the Public Bodies (Joint Working) Bill provide considerable opportunities – and imperatives – for a genuinely joined-up and streamlined approach to early years services and support by territorial NHS Health Boards and local Councils through new Health & Social Care Partnerships (HSCPs).

The national Early Years Collaborative has much to recommend it as a vehicle for energising focused activity on early years interventions at a local/community planning partnership level (in a similar vein to the Reshaping Care for Older People’s Change Fund Programme), including seeking to encourage innovation through rapid (micro) testing. However, as with any high profile national programme, it is important to guard against its creating over-bearing bureaucratic processes for local staff and services; and over-excited rhetoric that leads to impatient demands and unrealistic expectations.

From the perspective that an effective and coherent suite of early interventions should be part of any serious attempt to tackle (health) inequalities, there are a number of key opportunities for strengthening the overall approach:

- Improving the coherence and connectivity between the range of policy streams (of which early years is but one) that collectively impact of the underlying determinants of health and the determinants of (in)equity across communities. This was acknowledged within the most recent (2013) report of the Ministerial Task Force Report on Health Inequalities.
A more explicit appreciation that tackling the social gradient in health requires a combination of both universal (population-wide) and targeted interventions that reflect the level of disadvantage and hence, the level of need – i.e. proportionate universalism. As a 2012 report on Health Inequalities and Population Health by the National Institute for Health & Clinical Excellence (NICE) stated: “simply working to narrow the health gap (‘raising the health of the poorest, fastest’) and focusing on the health needs of a small proportion of the population may not be enough to achieve the biggest impact on local populations”.

Moving on from the clarion call of the Christie Commission – and in fairness, the Marmot Review - to explicitly dealing with the reality of how or where already scarce resources have to shifted from (i.e. disinvested) in order to increase long-term funding in those early years interventions that are proven – or at least highly likely - to deliver proportionately improved outcomes over the medium-to-long term. Nationally, this appears to have been acknowledged in part through the decision to establish a new academic led consortium - 'What Works Scotland' - that will consider such issues in partnership with the Economic & Social Research Council.

A more grounded view of the transformative capacity of CPPs – which are all too often and incorrectly alluded to as if they are distinct organisations and legal entities - to deliver short-to-medium term change, recognising the very real demands on individual community planning partners to meet current needs and increasing obligations (most notably in relation to demographic change) in an extremely challenging financial environment.

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

Health services clearly do have an important contributory role to play in terms of delivering safe and effective pre-natal, ante-natal and post-natal programmes and services. For example, West Dunbartonshire has been a pilot site for the Family Nurse Partnership (FNP), an intensive and strengths-base programme to improve the health, wellbeing and self-sufficiency of young, first-time parents and their children.

However, although the health service is well placed to comment on the impact of inequalities in terms of health and wellbeing, it does not follow that the health service has (nor should be expected to possess) the expertise or capacity to direct or drive ‘upstream’ solutions to address the underlying determinants – other community planning partners should be legitimately recognised as being better placed, qualified and encouraged to take on such leadership roles.

A systematic review and meta-analysis published in the BMJ in 2012 (“Social Inequality and Infant Health in the UK”) concluded that:

- There is a real absence of research to support claims made for many interventions, with rigorous and reliable studies urgently required to inform
decision-making (e.g. individual behavioural studies and studies of ‘upstream’ approaches that seek to alter the material and environmental conditions before and immediately after birth).

- Given the clear association between child health outcomes and social disadvantage at individual and area level, governments must continue to focus on tackling social determinants, which require a cross cutting approach that includes those working in health care, social care, education, child poverty and other related policy portfolios.

We share the considered analysis expressed by the Committee (from 27th September 2013) when it stated “overwhelmingly that most of the determinants of health inequalities are related to wider social and economic inequalities that lie both outside the remit of the Health and Sport Committee and the direct responsibility of the NHS”. Within West Dunbartonshire, the strategic and determinants-based approach to addressing health inequalities in the long-term - as recognised within our Single Outcome Agreement (SOA) - has been championed by our local Community Health & Care Partnership (CHCP) across our CPP.

We do recognise that the imminent enactments of both the Children & Young People Bill and the Public Bodies (Joint Working) Bill provide considerable opportunities – and imperatives – for a genuinely joined-up and streamlined approach to early years services and support by territorial NHS Health Boards and local Councils. The experience of West Dunbartonshire having benefited from a comprehensive CHCP since 2010 is that those new HSCPs which incorporate the strategic commissioning for and management of all children’s community health and social care services will be significantly better placed to focus on prevention and early intervention – not just in relation to early years, but with whole families and whole communities.

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

Nationally - across organisations, statutory and third-sector - there is far too frequently:

- Unrealistic exhortations regarding the ability of early years intervention(s) to address health inequalities within the short-to-medium term (e.g. within the lifespan of a three year SOA). The reality – and frustration – is that there is very little robust evaluation evidence available for UK early years intervention programmes.

- Inadequate emphasis on proportionate universalism within mainstream services.

- Insufficient discussion of the realities and requirements for disinvestment, i.e. what needs to be stopped being done or provided in order to release already scarce resources to increase long-term funding in those early years interventions that a robust case can be made for sustaining over the medium-to-long term.
A more explicit and thoughtful debate is needed regarding re-allocating resources within existing children and young people’s services expenditure away from those activities that just have not worked (no matter how dearly they may be held by some).

In a similar vein, the national policy discourse on increasing early years investment needs to become less strategically insular, as it rarely pays any heed to the parallel challenges of demographic change and the equally strong imperatives for increasing investment in services and support for older people and their carers.

Q.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?


West Dunbartonshire Community Health and Care Partnership
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