SUBJECT: Call for written evidence: Health Inequalities – Early Years

NHS Lothian is due to submit the NHS Lothian Strategy for Children and Young People to the Lothian NHS Board in April following public consultation. The attached draft strategy outlines our proposed vision, principles and approach for how we will work to improve the physical and emotional health and well-being of children and young people across Lothian. In it we explain how we will work with our partners to reduce the impact of social circumstances on health by strengthening universal provision and targeted interventions to improve health or resilience in those more vulnerable to poor health.

How effective are early years interventions in addressing health inequalities?

Early years interventions can be highly effective, and cost effective, as demonstrated by JJ Heckman’s work on social returns on capital investment but investment in early years interventions and support needs to be given far higher priority than it is at present to be able to make a substantial impact on future (health) inequalities. Additionally, as with any service or intervention, it is essential to remove barriers to their delivery to reduce inequalities in access and outcome. We note that there are many reasons for health inequalities for children living in Scotland. A significant issue important to mention is the impact of poverty and we do remain concerned about the negative impact of recent benefits legislation on our ability to reduce health inequalities.

We are also aware that for many children, including disabled children, looked after children and children where English is not their first language, there are different barriers, or combinations of barriers to accessing the help they need. There is much written evidence to support this.

Universal provision such as maternity, health visiting and school nursing services are fundamental to reducing inequalities and stigma, but some populations need enhanced support to enable them to make best use of this universal provision. An example of this is the work we are undertaking to improve access to antenatal care, which evidences improved outcomes for children and families. NHS Lothian has exceeded the national target, with approximately 90% of women seeing their midwife for first appointment within 12 weeks. While NHS Lothian fully engages with the national poster campaign to maintain awareness with newly pregnant women, these universal messages are unlikely to reach the remaining 10% of women not accessing care within 12 weeks. A targeted approach, based on an understanding of why these women are not accessing antenatal care quickly is therefore required.
Targeted work can produce excellent results, such as the work of the Family Nurse Partnership that undertake intensive work with young pregnant women and helps reduce health inequalities for these women and their families. Actions must therefore be universal, but with a scale and intensity that is proportionate to the level of disadvantage. NHS Lothian believes this combination of proportionate universalism (from Marmot) is fundamental to addressing health inequalities particularly in the early years.

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

NHS Lothian is fully supportive of the existing policy matrix such as the Early Year Framework, Refreshed Maternity Framework and Maternal and Infant Nutrition framework and believes that the continued delivery of these Scottish Government policy approaches will have the most significant impact that NHS Scotland can take to addressing health inequalities in the long term if implemented true to their spirit. The Children and Young People (Scotland) Bill will also, we believe, make advances in this area, provided the known issues, especially regarding resourcing, are addressed to allow implementation.

We also commend the work of the Early Years Collaborative, making genuine bottom up change, often in more deprived areas, to support the delivery of Government Policy. We have tried to reflect this model of change at all levels in our NHS Lothian Children and Young People’s Strategy.

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

While Health Services have a role and can mitigate health inequalities, they cannot undo the underlying causes. Impact on these can be made by considering the broader determinates of health as highlighted by Equally Well, the 2008 report of the ministerial review of health inequalities. The key contributions made by the Health Services include:

- Antenatal care is often a time of strong motivation for positive health changes and therefore an opportunity for a raft of interventions such as smoking cessation, alcohol brief interventions, breastfeeding messages, maternal nutrition, support to address domestic violence, etc. It is noted however that there is still a limited time and number of health contacts during this period and support must come from our partners if these opportunities are to be fully realised. In addition to these interventions focused on medical risk factors, healthcare workers can also identify and support families on low income to access Healthy Start, Maternity Grant, advice from other organisations on employment and budgeting. This is one area of focus for Early Years Collaborative work in Lothian. See also NHS Health Scotland report on income maximisation: http://www.healthscotland.com/documents/22309.aspx

- Maternity and Health Visiting support mothers who wish to breastfeed to continue to do so for as long as they desire. This includes education of the
benefits of breastfeeding, skin to skin after birth, support in the initial stages and beyond.

- The six standard Health Visiting contacts provide further opportunities for early years work, particularly in signposting to both health and partner services and support. As the named person, the Health Visitor will take a wider view of the child’s needs, looking to address any issues that individual services may miss. NHS Lothian has put in place monitoring through our patient administration system to support staff in these aims.

- The 27-30 month review provides an opportunity to identify the support a child or family may need and again signpost to support services. We provide a global assessment of child development (Ages and Stages Questionnaire), an overview of health and wellbeing, and health promotion messages to all families. Families requiring additional support are linked in to supporting services. This work is being developed in close partnership with Early Years Collaborative work, helping us to tailor support. This, again, is an illustration of proportionate universalism.

- Children’s Service Management Groups in Edinburgh, and Support From The Start groups in East Lothian, and similar mechanisms in Mid and West Lothian allow NHS managers and practitioners to link with colleagues in community planning organisations to support locality planning. Work at Community Planning Partnership level, and Integrated Children’s Services Planning groups provide more strategic oversight.

- School Nurses have the opportunity to support our education partners to deliver health education and can provide targeted drop ins and links to services.

- A number of programmes of work, such as Tobacco Prevention, Gender Based Violence, Alcohol Brief Interventions delivered through the Health Promotion Service also seek to address health inequalities.

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

- The national shortage of Health Visitors combined with an already limited number and time for interventions represent a significant barrier to NHS work to reduce health inequalities in the early years. We have attached NHS Lothian’s previous statement to the Scottish parliament Finance Committee regarding this matter.

- School Nursing time is also limited and additional capacity in the area could take opportunities to address issues that exacerbate health inequalities with young people before they become parents themselves.

- Changes to benefits legislation are a threat to many families. This is outwith the control of NHS Boards, but, in collaboration with our partners within local authorities and the voluntary sector, we can provide advice on income maximisation as summarised briefly above.

- Changes in demographics can lead to barriers as new communities migrate or expand beyond previous provision, especially if those communities need support to access services e.g. language support. However, using maternity data (e.g. preferred language from NHS Lothian’s centralised booking system for antenatal care, country of birth of mother on birth
certificate from National Records of Scotland), we can keep track of changes in demographics and plan accordingly.

- With around half of pregnancies unplanned, a population health approach must be taken to improve health preconception (e.g. through education in schools) and to improve maternal health during and after pregnancy. This requires cultural change to support healthy eating, exercise, smoking cessation, alcohol moderation (and abstinence if planning for pregnancy, or pregnant) and other public health messages which cannot be delivered by the health sector alone.

**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?**

- Childsmile is an example of proportionate universalism. Tooth brushing is offered to all, as is encouragement for dental registration; fluoride varnishing is offered to children in SIMD quintile 1. Evidence from the National Dental Inspection Programme report 2013 (see figure 6 below) suggest that inequalities in dental decay are reducing.
- Family Nurse Partnership
- Immunisations
- Breastfeeding reducing the impact of social inequality

![Figure 6: Change between 2009 and 2013 in the proportion of P7 children in Scotland with no obvious decay experience by SIMD quintile](image)

**NHS Lothian**

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