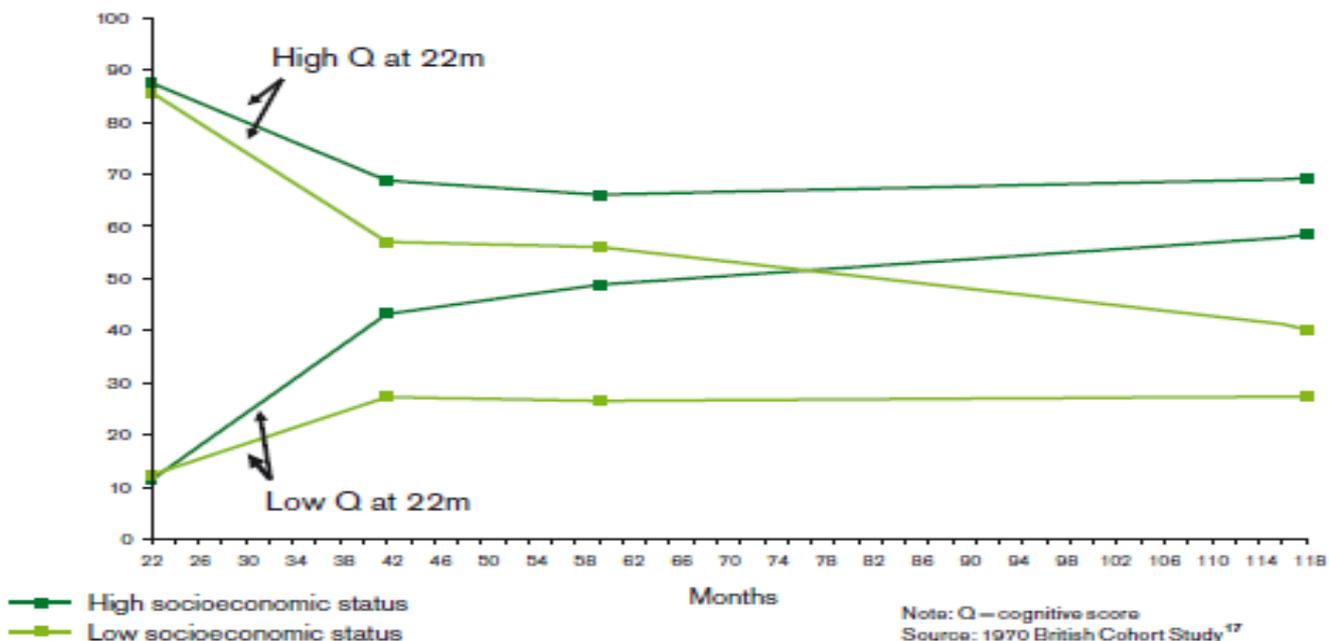


Environment matters for short, medium and long term outcomes (1)

Inequality in early cognitive development of children in the 1970 British Cohort Study, at ages 22 months to 10 years

Figure 6 Inequality in early cognitive development of children in the 1970 British Cohort Study, at ages 22 months to 10 years

Average position
in distribution



Environment matters for short, medium and long term outcomes (2)

Blackburn with Darwen Adverse Childhood Experiences:
Increased risk of having health behaviours/conditions in adulthood
for individuals experiencing 4 or more ACE

This and subsequent studies have identified a set of ACEs including:

- Growing up in a household with someone who is depressed, mentally ill, a substance abuser or has been incarcerated in the criminal justice system;
- Exposure to child maltreatment or domestic violence
- Losing a parent through divorce, separation or death
- Importantly, the impact of ACEs appears to be cumulative, with risks of poor outcomes increasing with the number of ACEs suffered

Environment matters for short, medium and long term outcomes (3)

Increased risk of having health behaviours/conditions in adulthood for individuals experiencing 4 or more ACE

STI x 30.6

Heroin or Crack user x 9.7

Been in prison or cells x 8.8

Hit someone last 12 months x 7.9

Morbidly Obese x 7.2

Been hit in last 12 month x 5.2

Pregnant or got someone accidentally pregnant under 18 x 4.5

Regular heavy drinker x 3.7

Liver or digestive disease x 2.3

Stayed overnight hospital in last 12 months x 1.5

Adverse childhood experience;retrospective study to determine their impact on adult health behaviours and health outcomes in a UK population. Bellis M,Lowey H, Leckenby N, Hughes K, Harrison D Journal of PH, advance access 013/04/14

Effective early years services: 'health' context

- **Government commitments:** to increase HV workforce by 4200 (to 12,929) and transform the HV service and to increase the number of FNP places to 16,000 by 2015
- **Evidence:** strong and increasing evidence of the importance of early years for improved outcomes and life chances
- **Healthy Child Programme (HCP):** is the universal programme for child and family public health with extra help for families that need it. PHE has commissioned refresh of the evidence
- **Commissioning arrangements for HCP:** transferred to NHS England (from PCTS) on 1st April 2013 and will transfer to LAs on 1st October 2015. NHS England will retain responsibility for Child Health Systems, until at least 2020, and the 6-8 week GP check
- **'Landscape' and governance:** Commissioning for children's health and wellbeing is a complex landscape and transition has shared responsibilities between DH, PHE, NHS, and LAs with complex governance arrangements

Commissioning for the best start

Working together to support the ‘best start for children’ because

- There is strong evidence that educational attainment is a key determinant of life chances and that ‘health in childhood sets foundation for adult health’
- For children to get the best from their education healthy, secure pre school years are vital
- There are major inequalities in health and wellbeing at school entry which soon translate into differential educational outcomes
- **Some children need more support for social factors, illness and disability**
- Effective joined up services providing universal coverage of PH programmes, **early recognition of problems and early intervention are vital** to every child getting best start
- **Integrated** services for ‘**troubled families**’ and **effective communication in safeguarding** is vital for CYP as most risk/need
- **This requires strong joint local commissioning and partnership**

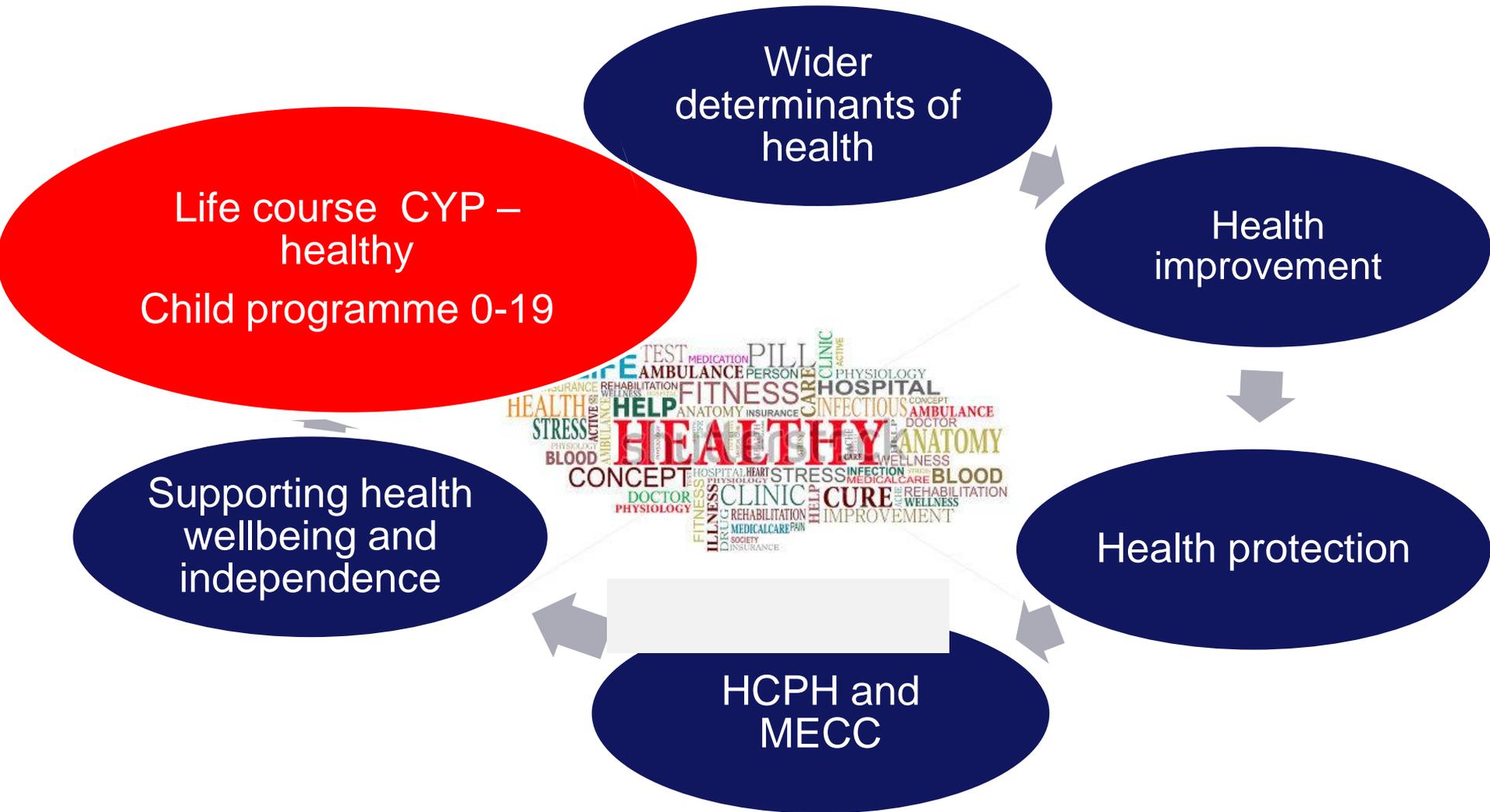
Opportunities

Local Authority commissioning HCP 0-19 real opportunities for

- Joining up children's commissioning locally - public health, early years /wider family services, integration with children's social care safeguarding and education
- Involving HWB to promote aligned/joint commissioning between local authority and health commissioning for wellbeing, health services, health protection, and complex care
- Streamlining universal access to Healthy Child Programme with early intervention and targeted interventions/programmes for families needing more help
- Joining up 0 – 5 Healthy Child Programme with 5 – 19 Healthy Child Programme (which is already commissioned by LAs)
- Better integration of services at point of delivery with improved access and experience
- **Improved communication for families with complex needs and in safeguarding**

Improved outcomes for children families and communities and reduced inequalities (PHOF)

Activities for 'Population Health'



The best start for all children

Universal

Health and development reviews

Screening and physical examinations

Immunisations

Promotion of health and wellbeing, e.g.:

- smoking
- diet and physical activity
- breastfeeding and healthy weaning
- keeping safe
- prevention of sudden infant death
- maintaining infant health
- dental health

Promotion of sensitive parenting and child development

Involvement of fathers

Mental health needs assessed

Preparation and support with transition to parenthood and family relationships

Signposting to information and services

Universal plus

- Emotional and psychological problems addressed
- Promotion and extra support with breastfeeding
- Support with behaviour change (smoking, diet, keeping safe, SIDS, dental health)
- **Parenting support programmes, including assessment and promotion of parent-baby interaction**
- **Promoting child development, including language**
- Additional support and monitoring for infants with health or developmental problems
- Common Assessment Framework completed

Life course Healthy
Child Programme 0-19

Higher risk

- High-intensity-based intervention
- **Intensive structured home visiting programmes by skilled practitioners**
- **Referral for specialist input**
- **Action to safeguard the child**
- **Contribution to care package led by specialist service**

SAFEGUARDING

Health Visiting Programme

Lifecourse 0-5



Commitment to increase the number of health visitors by 4,200 (to 12 292) by March 2015 and to transform services to

- **Improve access**
- **Improve experience**
- **Improve health outcomes**
- **Reduce health inequalities**

Health Visiting Programme

Lifecourse 0-5

Six priorities for demonstrating success and building sustainable services post 2015

- Transition to parenthood and the early weeks
- Maternal mental health (PND)
- Breast feeding (initiation and duration)
- Obesity to include nutrition and physical activity
- Health and wellbeing at 2 (development of the child two year old review (integrated review) and support to be 'ready for school')
- Managing minor illness and reducing accidents (reducing hospital attendance/admissions)

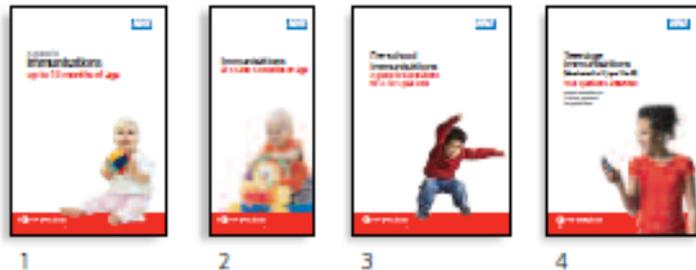


Sharing responsibilities to protect children's health?

Health Protection

The complete routine childhood immunisation programme

These booklets describe the immunisations offered to your child during the first 18 years of their life.



- 1 A guide to Immunisations up to 13 months of age**
Covers all the immunisations up to 13 months but describes in detail those at 2, 3 and 4 months.
- 2 Immunisations at 12 and 13 months of age**
A reminder leaflet to get your child immunised at 12 and 13 months.
- 3 Pre-school Immunisations – a guide to vaccinations for 3- to 5-year-olds**
Details of the immunisations for your child at 3 to 5 years of age before they start school.
- 4 Teenage Immunisations – your questions answered**
Describes teenage immunisations at 13 to 18 years.

- **AMR: information education behaviour change**

- **Importance of HCP immunisation programme**

- **Resurgence of childhood illnesses when immunisation rates fall – whooping cough (pertussis), measles**

- **Flu – protection in pregnancy**

- **Protection before immunisation programme – pertussis for pregnant women**

- **New campaigns – childhood flu immunisation**

Safeguarding

RCPCH RCN joint clinical statement role of designated professionals 2010



Health protection

Local services and designated professionals should

- Work closely to ensure an integrated local approach to safeguarding children, taking account of factors such as early intervention, domestic violence, substance misuse and parental mental health problems.
- [be mindful that] engagement is critical to progress the needs assessment and population issues.
- [understand that]it is pivotal that DPHs and designated professionals work closely together [to ensure local programmes] encompass..... the critical factors affecting child health and protection

Health and wellbeing children young people of school age

- Health education and health promotion
- Drop in clinics – nutrition weight exercise, bullying and general health advice
- Young Carers support
- Managing transition
- Sexual health services
- Smoking cessation
- Drugs and alcohol advice
- Emotional health and wellbeing support
- Managing health needs (LTCs)
- Text messaging / Skype consultations
- Training for school staff re: specific health needs

Health
improvement

Develop evidence based practice Pathways for practitioners including

- **Emotional health & wellbeing**
- **Sexual health**
- **Young carers**
- **Complex needs**

Work with Partners including voluntary bodies head teachers/ local government



For children and young people with special needs

Supporting health wellbeing and independence

Opportunities to jointly commission and so join up services for children and young people -

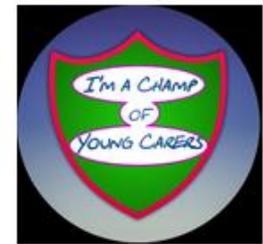
Who are looked after by LA

Who are care leavers

Who have additional and complex needs due to illness or disability

Who are young carers

Integrated care – key workers – shared information – improved communication – better outcomes



Right to a childhood

....healthy as possible, a good start in life, equal life chances and opportunities - college, a job and a social life

- An estimated 286,000 CYP under the age of 18 with learning disabilities approximately 1% of population have Autistic Spectrum Condition
- Need to
- Promote social inclusion enable young people to live ordinary lives
- Address problems with transition during childhood and to adult services
- Coordinate support for CYP special educational needs (SEN)
- Provide Information, support and encourage participation,

Wider determinants of health

HCPH and MECC

Joined up care

- Ensure (additional) health needs of CYP are prioritised and addressed
- Promote of physical, mental health and emotional well-being independence & control of day to day life— a pathway for complex and additional needs
- Prevent complications – postural care, epilepsy support, behavioural support, dysphagia services
- **Protect from abuse and neglect bullying and harassment - safeguarding**

Giving every child the best start

To prevent early adversities stopping our children developing their full potential



694,241 new
opportunities available
last year in the England
(ONS 2012)



