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Summary

- The transfer of public health responsibilities to local authorities provides a **range of opportunities for improving children and young people's health** but these are partly undermined by councils' diminishing jurisdiction in education
- Because of the types of services that the Public Health Grant is intended to fund, ongoing **cuts to this funding stream have a disproportionate impact on children and young people**. The combination of these cuts with reductions in local authorities early intervention funding and Education Services Grant will make it very hard for local authorities to realise the opportunities presented by their new role in public health
- There are startling **inequalities in the health and development of young children across England**, including regional inequalities and those relating to deprivation. Government must set out a renewed strategy for the early years to address this as well as supporting local authorities to play their part
- **Information and guidance for local authorities in their new role could be improved** through investigating the reasons for local variations in young children's health and setting out solutions that take account of the various challenges that individual local authorities may be facing
- The future of important sources of **data that will help measure progress in children and young people's public health** is in doubt. Government should ensure there are plans to continue to measure the development of children at age five and the health and wellbeing challenges facing young people.

1. Introduction

- 1.1 The National Children's Bureau is a leading charity that for over 50 years has been working to improve the lives of children and young people, reducing the impact of inequalities. We work with children and for children to influence government policy, be a strong voice for young people and practitioners, and provide inspiring creative solutions on a range of social issues. We undertake a range of work in partnership with statutory services and decision makers to improve children and young people's health and wellbeing. NCB is one of 21 voluntary sector strategic partners to Public Health England, the Department of Health and NHS England.
- 1.2 This submission focusses on the challenges that lie ahead for local authorities in securing high quality early intervention and prevention services for children and young people. We pay particular attention to public health services for children under five, for which responsibility has only recently transferred in October 2015. While we have been positive about the structure of the new public health system, we have concerns about impact funding cuts and wider government policy on the

ability of local authorities and their partners to make the most of the opportunities that this reform presents.

2. Opportunity to make a difference early in the life course

- 2.1 Many children and young people suffer poor health outcomes which could be prevented. Around a quarter of all five year olds are affected by tooth decay, a total of over 150,000 children, nearly two fifths of all children are judged as not having reached the right level of development by the end of reception class, and there are nearly fifty thousand children aged under five admitted to hospital with an injury every year.¹ The latest figures on obesity show an increase for school aged children and growing inequalities linked to deprivation.²
- 2.2 There is a wealth of evidence about the efficacy of intervening early to ensure better health throughout the life course and about the potential savings to the taxpayer from avoiding illness and other poor outcomes. An analysis in the Chief Medical Officer's 2012 report estimated the cost of childhood obesity to be around £600m a year.³ The report stressed the huge return on investment in health promotion in the early years and highlighted the fact that five of the 'top 10' risk factors for the total burden of disease in adults are initiated or shaped in adolescence.⁴ The Marmot Review of 2010 highlighted the need to prioritise action in the first five years of life in order to tackle health inequalities and called for an increased proportion of spending in the early years.⁵
- 2.3 While local authorities' opportunity to join up some of their existing functions, such as planning, licencing and housing, has relevance across the whole life course, there are also additional opportunities for joint working on child public health. Joint working across health visiting, social work and children's centres is key in ensuring needs are identified and addressed, and this can only be helped by them all coming under the jurisdiction of one local agency. Local authorities also have also played an important role supporting school-aged children and young people to achieve their potential. They have been the lead agency planning schools provision and providing information advice and guidance for young people locally, as well as early intervention services for teenage parents. They therefore have opportunities to make the support offer from public health services such as school nursing and sexual health services more relevant and accessible to people in this age group.
- 2.4 Some of these opportunities are potentially being counteracted other policies. The growing number of Academies and Free Schools also has implications for local

¹ National Children's Bureau (2015), *Poor Beginnings: Health inequalities among young children across England*
www.ncb.org.uk/poorbeginnings

² Health and Social Care Information Centre (2015) National Child Measurement Programme 2014/15

³ Chief Medical Officer (2013) *Our Children Deserve Better: Prevention Pays*, Chapter 3: the economic case for a shift to prevention, Department of Health: London
<https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>

⁴ Chief Medical Officer (2013) *Our Children Deserve Better: Prevention Pays*, Chapter 8: life stage: adolescence, Department of Health: London
<https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>

⁵ The Marmot Review (2010) *Fair Society, Healthy Lives* London: The Marmot Review
<http://www.instituteofthehealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

authorities' role in education, as these schools are approved and contracted outside of any local authority run process. Furthermore, Government has indicated its intention to formalise a reduced role for councils through removal of some statutory duties. Local authorities' role in securing Information, Advice and Guidance for young people was curtailed early on in the last Parliament. Opportunities are also of course restricted by funding cuts to these wider areas, particularly in early intervention, which we discuss later in this submission.

3. Funding and spending

- 3.1 Government consulted earlier in the year on the funding formula and allocations to local authorities for public health services for children age under five.⁶ However, before these allocations had even reached local authorities, an in year cut of £200m was made to the Public Health Grant as a whole. The Department of Health stated in the consultation document that it will be open to local authorities to make savings from provision for under-fives, but makes no comment about the risks of doing so.⁷ We feel this, combined with the timing of the cut (at same time as responsibility for under-fives was transferred) sends the wrong message about the importance of early intervention and of protecting vital services such as health visiting.
- 3.2 The services that the Public Health Grant pays for include sexual health services and substance abuse services which many young people will need to access but also child-specific services such as school nursing and health visiting. Consequently any cut to this funding will disproportionately impact on the young. We are therefore very concerned about plans announced in the 2015 Spending Review to make further reductions over the course of this Parliament.
- 3.3 These services will often be delivered by NHS staff and, rightly, continue to be marketed as such. In fact our recent survey of school nurses has found that they spend significant time supporting children with existing conditions ranging from cancer to asthma. A Treasury announcement in June suggested that a £200m cut would be made to 'non-NHS' spending.⁸ It is very disappointing that a change in commissioner appears to be being used as an excuse to cut funding for these services. They form a significant portion of the health service's 'offer' to children, young people and their families, who may struggle to understand why they are not being protected along with other NHS services.
- 3.4 Other sources of funding for services and interventions that support children's health and wellbeing continue to be reduced. In the 2015 Spending Review, Government announced reductions in the Education Services Grant, as well as its intention to reduce local authorities' role in education. This will make it harder for schools to be linked into local services that support children for through, for example, health-

⁶ The Consultation, *Funding for 0 to 5 children's services: 2016 to 2017*, ran from 26 February to 27 March 2015

<https://www.gov.uk/government/consultations/funding-for-0-to-5-childrens-services-2016-to-2017>

⁷ Department of Health (2015), *Local authority public health allocations 2015/16: in-year savings*
<https://www.gov.uk/government/consultations/local-authority-public-health-allocations-2015-to-2016>

⁸ HM Government (2015) News Story 4 June 2015: Chancellor announces £4½ billion of measures to bring down debt
<https://www.gov.uk/government/news/chancellor-announces-4-billion-of-measures-to-bring-down-debt> [Last Accessed 20/08/2015]

related or therapeutic services and education welfare services for children who are disengaging from school).

- 3.5 Local authorities receive an early intervention funding allocation (previously called the Early Intervention Grant), which Government expects them to use to pay for a wide range of universal and targeted services. These include, for example, information and advice for young people, Sure Start children's centres and teenage pregnancy services. *Cuts that Cost*, a report by NCB, The Children's Society and Children and Young People Now⁹ found that between 2010 and 2015 government funding for local authority early intervention services had been cut by £1.8 billion.¹⁰ The combination of all these cuts in funding will make it very hard for local authorities to realise the opportunities presented by their new role in public health.
- 3.6 Children's public health services are already stretched. As part of an ongoing research project, NCB has recently carried out a survey of school nurses. As well as information on the particular area of practice we are looking at this has also given an insight into some of the pressure that these practitioners are under. 29 per cent said that they work across 13 or more schools, 74 per cent reported having a high caseload and 64 per cent reported limited time and resources. These pressures, alongside the time taken to meet the needs of children with long-term conditions, inhibit school nurses ability to engage with pupils and families to offer a preventative service. 49 per cent of those we surveyed did not feel their role as a school nurse was understood by pupils whilst 54 percent did not believe it was understood by parents.

4. Working from a baseline of inequalities in children under five

- 4.1 NCB's *Poor Beginnings* report looked at variation in health and development outcomes in children under five across England - at the point at which local authorities were to take on responsibility for this age group in autumn 2015. It found wide variations within and between regions and local authorities with different levels of deprivation which are set out in paragraphs 4.2 and 4.3.¹¹
- 4.2 If the North West had outcomes as good as the South East it would see: a 19 per cent reduction in obesity in reception class children; a 43 per cent reduction in five year olds suffering from tooth decay; a 31 per cent reduction in children under five admitted to hospital with an injury and an 11 per cent increase in children achieving a good level of development by the end of Reception. However, there is also great variation within regions. In London for example, a five year old in Barking and Dagenham is two and a half times more likely than one of their peers in Richmond to be obese. A child in Trafford is nearly fifty percent more likely to reach a good level of development than by the end of Reception than a child in Blackburn.
- 4.3 If all areas had the same outcomes as the least deprived fifth of local authorities there would be: nearly 10,000 fewer obese children in reception class; nearly 35,000

⁹ National Children's Bureau and The Children's Society (2015) *Cuts that cost: Trends in funding for early intervention services* London: NCB <http://ncb.org.uk/cutsthatcost>

¹⁰ National Children's Bureau, The Children's Society and Children and Young People Now (2015), *Cuts that cost: Trends in Funding for Early Intervention Services* <http://www.ncb.org.uk/cutsthatcost>

¹¹ National Children's Bureau (2015), *Poor Beginnings: Health inequalities among young children across England* www.ncb.org.uk/poorbeginnings

fewer five year olds suffering from tooth decay; over 5,000 fewer children under five admitted to hospital with and injury every year; and nearly 12,000 more children achieving a good level of development by the end of reception. Some local authority areas do appear to buck this trend, however. Hartlepool, South Tyneside and Islington have relatively low rates of tooth decay despite being some of the most deprived areas in the country, whilst several London Boroughs with high levels of deprivation have high rates of children achieving a good level of development by the end of reception.

4.4 It is clear that there are inequalities affecting the whole of England which local authorities should not be expected to tackle on their own. While local authorities are well placed to understand the needs of their communities and to join up a wide range of services, national Government needs to play its role. **We urge the Committee to recommend that Government set out a renewed strategy to support children in the early years that focuses on children's health and development and joins up activity across Government departments.**

4.5 We note that Government plans to publish a child obesity strategy in the new year. It is vital that this takes account of the impact of poverty and deprivation of the chances of children's health and chances of becoming obese and includes appropriately targeted measures. There are also plans for a life chances strategy, which will in part take the place of the child poverty strategies of previous Governments. It is important that this, in turn, pays appropriate attention to the impact of the health and development of young children on their later life chances. **We urge the Committee to recommend that the Government consider inequalities in children's early health and development in forthcoming strategies on child obesity and life chances strategies, and in the annual life chances report.**

5. Evidence into action

5.1 NCB leads the Lambeth Early Action Partnership, one of five projects across England which aim improve the life chances of over 60,000 babies and young parents as part of the Big Lottery Fund Better Start Programme. Each area is running a variety of programmes and initiatives to improve outcomes for children in three key areas of development: social and emotional development; communication and language development; and nutrition. There will be a 'systems change' in the way that local health, public services and the voluntary sector work together to put prevention in early life at the heart of service delivery and practice. Crucially, these projects run for ten years and are being extensively evaluated. **We urge the Committee to recommend that local and national government ready themselves to act on evidence from projects such as LEAP and the other Better Start sites.**

5.2 There is, of course, a need for evidence to inform commissioning and practice decisions in advance of such new findings becoming available. We commend the work to date of Public Health England, working across academic and policy sectors involved in public health to make a wide range of evidence accessible and digestible for the many new local stakeholders now involved in making decisions.

The evidence and briefing papers produced in collaboration with the Institute of Health Equity are good examples of this.¹²

5.3 However, there is more work to be done to ensure that all local authorities have the guidance and evidence that is relevant for them. As mentioned above, our analysis of outcomes data for young children suggests a startling degree of variation between areas. There is a need for further research which goes beyond explaining inequalities and highlighting risk factors, but also inform local strategies and targets for reducing these inequalities. **We urge the Committee to recommend that the Department of Health and Public Health England investigate the reasons for geographic variations in young children's public health outcomes and their relation to local practice.**

5.4 Guidance for commissioners and practitioners in public health needs not only to reflect the varied needs of different areas' populations but also to be aligned with central government policy – including resource implications of decisions to cut funding. In 2012, the department for health published guidance for local authorities to support their commissioning of school nursing services.¹³ This includes a multi-tiered service model ranging from universal preventative work to more intensive work with children with complex health needs. This progressive universalism approach led by specialist nurses, is a sensible one. However, with school nurses often having to cover more than ten schools, it may not be realistic to expect this to be delivered. We advocate increased spending on children's public health services. However, where this is not forthcoming, children and their families should know what level of service they should be able to expect and local authorities should be supported to make the right commissioning decisions with their limited resources. **We urge the Committee to recommend that Government further develops guidance for local authorities to support the planning of services that promote the health and wellbeing of children and young people in their area.**

6. Measuring progress

6.1 It is important that local authorities and their partners have good data to track their progress in promoting and improving children and young people's health. In 2013 the Department of Health commissioned IPSOS Mori and NCB to develop the What About Youth Survey¹⁴, to enhance the range of national data available on young people's health and wellbeing and create new indicators for the Public Health Outcomes Framework. While data from this survey is being used for an indicator of smoking prevalence in fifteen year olds we are disappointed that the same is not happening for the other issues the survey covers.

6.2 In 2013, the Department for Health committed to exploring the implementation of recommendations of the Children and Young People's Health Outcomes Forum for

¹² Public Health England (2014) Local action on health inequalities: evidence papers

<https://www.gov.uk/government/publications/local-action-on-health-inequalities-evidence-papers>

¹³ Department of Health (2012) Getting it right for children, young people and families: Maximising the contribution of the school nursing team: Vision and Call to Action

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216464/dh_133352.pdf

¹⁴ Health and Social Care Information Centre, What About Youth Study

<http://www.hscic.gov.uk/article/3742/What-About-Youth-Study>

new indicators.¹⁵ Despite the What About Youth Survey collecting data on diet, physical activity, drinking and substance misuse, bullying and self-reported wellbeing, the Department of Health has not proposed the inclusion of this in Public Health Outcomes Framework for 2016 onwards.¹⁶ Furthermore, the survey has been carried out just once, with uncertainty over future surveys being carried out. **We urge the Committee to recommend that the Department of Health ensures that that Public Health Outcomes Framework for 2016 onwards reflects the health and wellbeing challenges facing young people.**

- 6.3** The measure 'children reaching a good level of development by the end of reception' is used in the Public Health Outcomes Framework as a key indicator of school readiness. It currently has good coverage, can be disaggregated to monitor inequalities, and is the only measure that considers a young child's physical and emotional development in the round. However, The Department for Education has indicated that the Early Years Foundation Stage Profile, from which the data is sourced, will become non Statutory from 2016.¹⁷ This will effectively abolish this data source with implications for how local authorities can benchmark their progress and national government can be held to account for tackling inequalities in the early years. **We urge the Committee to recommend that the Department for Health and the Department for Education take steps to secure a continued supply of data on the health and development of young children.**

¹⁵ Department of Health (and others) (2013) *Improving Children And Young People's Health Outcomes: A system wide response* <https://www.gov.uk/government/publications/national-pledge-to-improve-children-s-health-and-reduce-child-deaths>

¹⁶ Department of Health (2015), *Reviewing the indicators in the Public Health Outcome Framework* <https://www.gov.uk/government/consultations/reviewing-the-indicators-in-the-public-health-outcome-framework>

¹⁷ Department for Education (2014) *Reforming assessment and accountability for primary schools* Government response to consultation on primary school assessment and accountability London: DfE <https://www.gov.uk/government/consultations/new-national-curriculum-primary-assessment-and-accountability>