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**To:** Kent Health and Wellbeing Board

**Date:** 25th January 2017

**Subject:** Health and Wellbeing Strategy: Update Outcome 1 Every Child has the Best Start in Life

**Classification:** Unrestricted

**Summary:**

This report provides an update on indicators associated with outcome 1 “every child has the best start in life” of the Kent Health and Wellbeing Strategy.

**Recommendations:**

The Board are asked to comment on and endorse the contents of this report.

**1. Introduction**

- 1.1 This report provides an update on indicators associated with outcome 1: “Every child has the best start in life” of the Kent Health and Wellbeing Strategy. The evidence is clear that experiences in the early years have lifelong impact, with effects ranging from obesity, heart disease and mental health conditions to educational attainment and economic status. There is good evidence that improving the health and wellbeing in the early years is crucial to reducing health inequalities across the life course.
- 1.2 To work towards the ambition of giving every child the best start in life, it is essential to have strong partnerships across organisations that support children and families. Progress is being made with partners in Kent to ensure a focus on early intervention and ensure that those most in need are supported. Work is also underway to develop clear pathways of interventions to facilitate a seamless experience for families. For example, KCC and the seven CCGs have been working together to procure emotional health and wellbeing services ranging from universal prevention to specialist support for those young people who have developed a mental health condition. This has allowed a renewed focus on early intervention and prevention whilst ensuring those who need specialist services receive them in a timely manner.
- 1.3 KCC is linking closely with partners through Local Childrens Partnership Groups (LCPG’s) at a district level to enhance understanding and delivery against the indicators set out in the Children and Young Peoples Framework (CYPF). The CYPF was ratified and agreed through the Kent 0-25 Health and Wellbeing Board. Partners have committed to taking it through their own governance structures and it has been ratified at the KCC Cabinet Committee for specialist children’s services.

- 1.4 These indicators were agreed through the Health and Wellbeing board as part of the development of the CYPF and form the basis of all target setting within the districts. Dashboards are produced on a bi-monthly basis to coincide with the LCPG meeting schedule. They enable a local prioritisation, based on a dashboard which sets out the performance of all indicators locally.
- 1.5 This is further enhanced by the allocation of LCPG Early Help grants that are distributed against local priorities and targets. This enables the partnership groups to not only look at need specific to their district, but also put in place community initiatives delivered by local partners and organisations to tackle issues head on. The next round of these grants is currently underway with moderation and grant allocation completing for early February 2017 for the 17/18 financial year.

## 2. Indicator update

- 2.1 Appendix 1 details the indicators associated with outcome 1 from Kent's Health and Wellbeing Strategy. This section provides details on the key points arising from the data, in particular where Kent has seen a decrease in performance or is performing worse than England as a whole.
- 2.2 **Indicator 1.4:** There has been a reduction in the rate of conceptions to under 18 year olds, following the low term trend. The rate in Kent is similar to the rate in England as a whole. There remains variation across the County with the highest rates in Swale and Thanet and the lowest in Sevenoaks and Tunbridge Wells.
- 2.3 **Indicator 1.6:** There has been a rise in the level of school readiness in Kent to 72.9% of children at the end of the reception year. Kent continues to be well above the national average for this measure.
- 2.4 **Indicator 1.14:** The unplanned hospitalisation rates for asthma in children and young people under 19 has improved.
- 2.5 **Indicator 1.1:** This indicator presents ongoing challenges in reducing the percentage of women who are smoking at the time of delivering their baby. Kent has seen a reduction from 17.1% of women smoking in 2009/10 to the current figure of 13.7%. However, the percentage across England as a whole has reduced to the same degree from 14.1% to 10.1%. There is significant variation across Kent in the proportion of women smoking at the time of delivery, with 19% smoking in Thanet compared to 9.7% in Maidstone, Tonbridge and Malling and Tunbridge Wells.
- 2.6 In response to these challenges, a number of actions have been taken. KCC Public Health has invested in a specialist Smoking in Pregnancy Midwife at East Kent Hospitals University NHS Foundation Trust to support the implementation of the evidence base BabyClear programme. This programme supports universal Carbon monoxide monitoring of all women at their booking appointment and onward referral for support.
- 2.7 A recent multiagency meeting between all maternity providers in Kent, CCG Commissioners, Children's Centres, Health Visiting and KCC Public Health has

started a dialogue to work in partnership to reduce the smoking prevalence across Kent. In addition South Kent Coast, Swale and Thanet CCGs have very recently been awarded £75,000 grant funding each by NHS England to address the high rates of smoking in pregnancy. An initial meeting is due to take place across partners to plan how to most effectively use the monies to improve outcomes.

- 2.8 **Indicator 1.2 and 1.3:** Initiation levels of breastfeeding remain below the National level; both Kent and England have shown no improvement over the previous year. The proportion of women breastfeeding at delivery varies across Kent, the lowest rate of initiation is found in Gravesham at 63.7% and the highest in Tunbridge Wells at 84.7%.
- 2.9 Local data indicate that 45.9% of babies are partially or fully breastfed at 6-8 weeks. This is similar to the national rate of 43.2% although there are variations at a district level mirroring those found at initiation.
- 2.10 The data for Kent and a large number of other local authorities is not published in the Public Health Outcomes Framework as it does not meet the PHE threshold of 95% coverage of all babies who are due a 6-8 week check. This is mainly due to the tight timeframes allowed for carrying out the 6-8 week check and the reporting the data. The coverage in Kent has improved significantly in recent months and reached 95% in Q2 16/17 (the latest period for which data are available) since the responsibility for reporting breastfeeding status transferred to Health Visitors.
- 2.11 Work is underway to improve the proportion of babies who are breastfed. All maternity services are seeking to gain or improve their level of accreditation with the World Health Organisation's Baby Friendly Initiative. This programme provides an evidence-based set of standards to improve rates of breastfeeding. The Health Visiting Service and Children's Centres have recently gained stage one accreditation and are working towards stage two. This has included carrying out comprehensive training across the workforce to support breastfeeding and an improvement in organisational systems to systematically support families with infant feeding. KCC Public Health continues to support PS Breastfeeding Community Interest Company to support women to breastfeed, through the provision of specialist and peer-support groups. They have also undertaken a programme of insight work in partnership with ActivMob, with a focus on Swale to understand why rates of breastfeeding are low, this is informing pathway development across services in Swale and Kent as a whole.
- 2.12 **Indicator 1.5:** The uptake of the second dose of MMR vaccination at the age of 5 in Kent is now lower than the required level to achieve "herd immunity" at 95% and has fallen over the last years of recording. The uptake in Kent at 82.4% is lower than England as a whole at 88.6%. The uptake in England and the South East region has been increasing year on year, whereas Kent has seen a two year decrease from a high of 92.2% in 2012/13. NHS England is responsible for commissioning childhood immunisations and this is shared with local CCGs where there are co-commissioning relationships. There is significant variation in the uptake of vaccination by general practice. The accuracy of the data presented here, which is gathered through the COVER national reporting system has been questioned. Data collected directly from practice systems suggests that the uptake in Kent is higher and similar to the national figures.

- 2.13 Evidence suggests that uptake can be increased and a package of measures such as ensuring the accuracy of data recording, good practice call/recall systems, targeting children who are at greatest risk of not receiving immunisations and ensuring other health professionals in contact with young children communicate the benefits of immunisations and encourage them to book appointments if appropriate have all been demonstrated to improve uptake. Currently work is being undertaken by the local NHS England Team and local CCGs to improve uptake of immunisations. More detailed discussions and expert advice on how to manage the current unvaccinated cohort, will be required
- 2.14 **Indicator 1.7:** In 2014/15 the proportion of 4-5 year old children who were assessed as having excess weight rose to 22.5% compared to 21.9% nationally. In the short term, there has been no overall change in obesity prevalence over time. The prevalence varies by district; it is highest in Gravesham at 25.9% and lowest in Canterbury at 15%.
- 2.15 All Local Health and Wellbeing Boards have childhood obesity as a priority with mapping exercises feeding into action plans. The majority of Local Children's Partnership Groups (LCPGs) have also prioritised childhood obesity and are conducting outcome-based accountability processes to action plan in their areas. Through the Annual Conversations, Early Help are setting targets for childhood obesity where it is identified as a priority.
- 2.16 An audit undertaken of National Childhood Measurement Programmes (NCMP) Locality groups has led to a paper being taken to the LCPG Chairs group in December to agree governance of local groups to enable them to take a local lead in the promotion of healthy weight.
- 2.17 Public health are extending the reach of the national Change 4 Life campaign; the campaign has three elements – traditional promotion to the public through various methods and key locations, support for frontline workers through amending resources and developing tools to aid good conversations, and support for the wider system to ensure consistent messaging, for example in campaign guides and tweets.
- 2.18 A new School Public Health Service will be in place from April 2017. The revised specification makes healthy weight a priority area for delivery at both a whole school and individual level with those children and young people who are at risk of becoming or who are at an unhealthy weight. In addition we are developing a healthy weight pathway for the Health Visiting service, in partnership with Children's Centres, to work with children and families in the early years. One particular initiative includes all nursery nurses across Kent being trained to deliver the correct messages about the introduction of solid foods, to help prevent the development of excess weight.

### **3. Recommendations**

- 3.1 The Board are asked to comment on and endorse the contents of this report.

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Appendix 1: Outcome 1: Every child has the best start in life

↑	Performance has improved relative to the previous period
↓	Performance has worsened relative to the previous period
↔	Performance has remained the same relative to the previous period

Indicator Description	Known Target	Previous status	Recent status	DoT	Recent time period
1.1 Reducing the number of pregnant women with a smoking status at time of delivery (NHS Digital)	10.5% (national)	13.3% (r)	13.7% (r)	↑	12 months
1.2 Increasing breastfeeding initiation rates (PHOF) - Kent	74.3% (national)	71.3% (r)	71.3% (r)	↔	2014/15
1.3 Increasing breastfeeding continuance at 6-8 weeks (KCHFT Health Visiting Service)	43.8% (national)	Not available	45.9% (g)	-	12 months to Sep 16
1.4 Reducing conception rates for young women aged under 18 years old (rate per 1,000. PHOF) - Kent	22.8% (national)	22.9 (a)	22.2 (a)	↑	2014
1.5 Improving MMR vaccination uptake of two doses at 5 years old (PHOF) - <b>KENT ONLY</b>	90%	87.1% (r)	82.4% (r)	↓	2014/15
1.6 Increasing school readiness: all children achieving a good level of development at end of Year R (% of all eligible children. PHOF) – <b>KENT ONLY</b>	66.3% (national)	68.5% (g)	72.9% (g)	↑	2014/15
1.7 Reducing the proportion of 4-5 year olds with excess weight (PHOF) - Kent	21.9% (national)	20.8% (g)	22.5% (r)	↓	2014/15
1.8 Reducing the proportion of 10-11 year olds with excess weight (PHOF) - Kent	33.2% (national)	32.7% (g)	32.8% (a)	↔	2014/15
1.9 Increasing the proportion of SEND assessments within 20 weeks* ( <b>Stress. KCC MIU</b> )	Not available	89.5%	85.9%	↓	June to August 2016

Indicator Description	Known Target	Previous status	Recent status	DoT	Recent time period
<b>1.10</b> Reducing the number of Kent children with SEND placed in independent of out of county schools ( <b>Stress.</b> KCC MIU) <i>*Figures from the <b>total</b> cohort of SEN (with 'Responsible LEA of 886)</i>	Not available	773	767	↓	August 2016
<b>1.11</b> Reducing CAMHS average waiting times for routine assessment from referral ( <b>Stress.</b> South East CSU)	Not Available	9 weeks (Sep 2016)	7.6 weeks	↑	October 2016
<b>1.12</b> Reducing the number waiting for routine CAMHS treatment ( <b>Stress.</b> South East CSU)	Not available	260 (Sep 2016)	271	↓	October 2016
<b>1.13</b> Having an appropriate CAMHS caseload for patients, open at any point during the month ( <b>Stress.</b> South East CSU)	Not available	7859 (Oct 2015)	7,556	-	October 2016
<b>1.14</b> Reducing unplanned hospitalisation rates for asthma (Primary diagnosis) in people aged under 19 years old (rate per 100,000. KMPHO)	Not available	168.5	156.7	↑	2015/16
<b>1.15</b> Reducing unplanned hospitalisation rates for diabetes (Primary diagnosis) in people aged under 19 years old (rate per 100,000. KMPHO)	Not available	69.4	72.3	↓	2015/16
<b>1.16</b> Reducing unplanned hospitalisation rates for epilepsy (Primary diagnosis) in people aged under 19 years old (rate per 100,000. KMPHO)	Not available	61.1	61.9	↓	2015/16