The Health Foundation's submission: Response to the First 1000 days of life inquiry

October 2018

The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

Our aim is a healthier population, supported by high quality health care that can be equitably accessed. We learn what works to make people's lives healthier and improve the health care system. From giving grants to those working at the front line to carrying out research and policy analysis, we shine a light on how to make successful change happen.

We make links between the knowledge we gain from working with those delivering health and health care and our research and analysis. Our aspiration is to create a virtuous circle, using what we know works on the ground to inform effective policymaking and vice versa.

We believe good health and health care are key to a flourishing society. Through sharing what we learn, collaborating with others and building people's skills and knowledge, we aim to make a difference and contribute to a healthier population.

The Health Foundation and early years development

The Health Foundation is currently working alongside the Institute of Health Equity (IHE) on an analysis of health inequalities in England and an update of *The Marmot Review (Fair Society, Healthy Lives)*. One of four key themes being explored as part of the review is early years and education, with a 'deep dive' analysis to be undertaken into certain aspects of this theme. The final report, entitled *Healthy Equity in England: The Marmot Review 10 Years On,* will be published in February 2020 and its recommendations will be shared with the Committee.

As recognised within the 2010 Marmot review, good development in the early years is essential to later good health – with a child's physical, social, and cognitive development during the early years strongly influencing their school-readiness, education attainment, economic participation and adult health. Good development in the first 1000 days is also strongly socially patterned, with clear inequalities evident by socio-economic position from an early age. By the time children get to school, there are already big differences in their levels of development which persist and amplify over time.

1. National strategy

1.1 Cross-sector, joined-up health in all policies approach

In devising any national strategy to support healthy development in the first 1000 days of life and beyond, a holistic approach should be adopted that looks at early years development in the context of wider social determinants of health. While it is tempting to look for a set of evidence-based interventions that hold the key to successful early years development, it is the living conditions into which children are born – including their family's income, housing and quality of work – that are the strongest determinants of health and are likely to have the greatest impact on a child's development during the first 1000 days. For example, children living in cold homes are more than twice as likely to suffer from respiratory problems than children living in warm homes, and children in deprived areas are nine times less likely to have access to green space and places to play. Providing good 'services' cannot make up for more fundamental deficiencies in the social circumstances in which children grow up.

Making swift progress on prevention and supporting children to live healthier lives from their first 1000 days onwards will depend on the government embedding a 'health in all policies' approach at the heart of its decision-making. To do so, a more holistic way of working is required at both national and local government levels. Such an approach would mean that spending and investment decisions right across the system are considered in terms of their impact on the physical, mental and emotional health and development of children and their families.

To promote cross-government and cross-sector action and policy coherence on the wider determinants of health, the government could look towards the Welsh Wellbeing of Future Generations Act 2015 as an example of how a health in all policies approach can be embedded into the policymaking process. The Act, praised as 'pioneering' by the UN, requires public bodies to carry out sustainable development and focus on achieving seven wellbeing goals, such as "A healthier Wales" and "A more equal Wales". Ministers are required to set national indicators and milestones, and to publish an annual report on progress. The key benefit of this approach – and a mechanism that could be used as the basis for a UK-wide model to address health inequalities - comes from its focus on explicitly factoring in the wellbeing of future generations when considering all public policy decisions across government.

1.2 Priorities for a national strategy

Addressing child poverty

Measures to tackle child poverty are fundamental to ensuring positive long-term physical, mental and emotional health and development, and should form a central plank of any national strategy focused on the first 1000 days of life. While there are lessons that can be considered on how to effectively spread good practice in preventative early years services, such interventions can have limited long-term impact if they are not also delivered alongside efforts to tackle the root causes. Health interventions for families in the first 1000 days will not be sustainable if parents cannot afford to feed their children properly or give them affordable, warm and stable homes to live in.

According to projections by the Institute for Fiscal Studies (IFS), after housing costs are deducted absolute child poverty will rise from 27.5% in 2014–15 to 30.3% in 2021–22. Evidence from the IFS, Resolution Foundation and others suggests a significant proportion of this is due to welfare policy changes undertaken in recent years. For example, the IFS has found that cuts to universal credit work allowances explain around a third of the increase in the absolute AHC poverty rate for children in working households. As highlighted by the Early Intervention Foundation in their October 2018 report, *Realising the potential of early intervention,* poverty and economic stress impacts on children's development in a multitude

of ways over a long time; for example by impacting on parents' ability to provide the calm, consistent, nurturing environment that is necessary to ensure children flourish.

A report by the Food Foundation released in September – looking at the *Affordability of the UK's Eatwell Guide,* has also highlighted the growing issue of food insecurity related to poverty. The report shows that 4 million children living in households in the lowest two income deciles struggle to afford to buy enough fruit, vegetables, fish and other healthy foods to meet official nutrition guidelines.

Achieving a good level of development at 5 years of age

A priority goal for a national strategy could also be to reduce the gap in children achieving a good level of development (formerly known as 'readiness for school') at 5 years of age. This is measured in the Early Years Foundation Stage Profile (EYFSP) - the government's national measure of early years progress. Currently, 29% of children in England do not reach a good level of development at the end of reception. While the proportion of children reaching a good level of development has improved since 2012/13 - increasing from 52% in 2012/13 to 71% in 2016/17 - the average for those with free school meal status is lower than this at 56%, and the gap has only narrowed slightly, meaning that persistent inequalities remain. There are also clear regional differences and inequalities by ethnicity.

Stalling infant mortality rates

Through Quality Watch, our joint research programme with the Nuffield Trust, we monitor how the quality of health and social care is changing over time. Our tracking of infant and neonatal mortality through Quality Watch shows that while the infant mortality rate has been decreasing in all OECD countries since 2000, the UK has a relatively high rate of infant mortality compared to other countries with 3.9 deaths per 1,000 live births in 2016. The first rise in neonatal mortality since 2003 was also seen in the UK in 2016. Measures that reduce poverty and mitigate the impact of poverty on the health of women before and during pregnancy will have a significant impact on the risk of stillbirth and death during infancy. Policies that are directed at improving the health of pregnant women (such as stop smoking services) and early intervention services such as health visiting and midwifery, are also likely to reduce infant and neonatal mortality rates.

Adverse childhood experiences (ACEs)

Another approach to explore as part of a national strategy could be one based on ACEs (adverse childhood experiences). There is strong and growing evidence on how ACEs affect health across the life course. Children who experience a higher number of ACEs (such as child abuse, parental separation, and household members with substance abuse) are more likely to experience a wide range of poor health and social outcomes. For example, a national survey reported on in the Journal of Public Health in 2014 (Bellis et al.), found that adults who had several adverse childhood experiences are nine times more likely to be incarcerated; likely to have significantly worse mental health; and three times more likely to develop diabetes.

It is also increasingly understood that poor experiences in childhood can create intergenerational cycles of deprivation and poor health. People who have multiple adverse childhood experiences are also more likely to make poor educational progress, have unplanned pregnancies and be unemployed. This in turn can have a negative impact on their parenting ability, perpetuating the cycle across generations.

Focusing on preventing ACEs can also be a useful way of promoting the cross-sector and whole-system approach that is necessary to make an impact across a wide range of social

determinants that impact on children's healthy development. Public Health Wales have made ACEs a priority, committing to addressing ACEs and their impact in Wales by trying to ensure all public services in Wales are able to respond effectively to prevent and mitigate the harms from ACEs, and by building protective factors and resilience in the population to cope with ACEs that cannot be prevented.

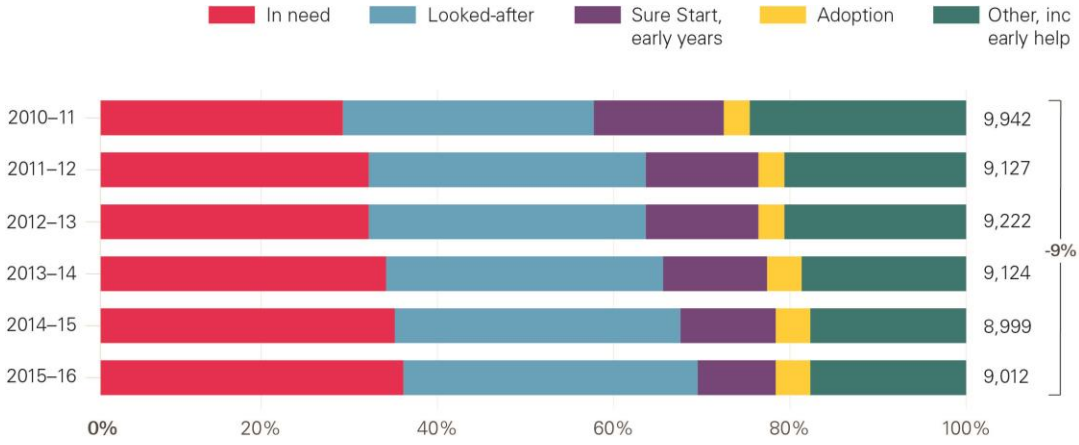
2. Current spending and barriers to investment

Difficulties in making the case for investment nationally and locally

There are worrying signs that the UK has under-invested in the long-term strategies that are necessary to develop long-term physical and mental health, including early years development. This year's Children's Commissioners report analysing *Public spending on children: 2000 to 2020*, produced by the IFS, shows that while spending on children rose substantially in the 2000s, it fell back in the 2010s.

Too often national investment in longer-term strategies for health and wellbeing are hindered by short-term political decision-making that is financially motivated and fails to invest in what matters most: keeping people healthy and intervening early to prevent poor health, not simply treating them when they become ill. Scarce resources get drawn into firefighting acute problems; many of which are preventable.

The chart below illustrates the drift towards spending on acute children's services (for children in care) and away from preventative, health-creating early years services including Sure Start, since 2010-11. Spending on Sure Start and early years services, for example, fell by 44% over that period, while spending on the acute needs of the relatively small number of children in the statutory social care system (children in need and looked-after children) increased by 10% over the same period. As a result of the drift in funding away from preventative services in this field, the Children's Commissioner report shows that England now spends half of its entire children's services budget on 73,000 children in care, leaving the other half for 11.7 million children.



Source: Department for Education, Section 251 outturn, total expenditure

Prioritising health as an asset

Strategies that deliver value over the life course, including those targeted at improving children's health and development in their first 1000 days of life, cannot continue to be subject to in-year budget tradeoffs. If we are to realise the benefits brought across the life-course from services such as those focused on early years development, this spending should be treated as a long-term investment and the current costs discounted against future benefits they bring to the individual and to society. To overcome the difficulties so often encountered when securing national and local investment, a first step would be to start

prioritising health and wellbeing as an asset; a stock which is worth investing in for our societal prosperity and which can be positively enhanced by ensuring a healthy environment in the early years and beyond.

3. Local service provision

Cuts to local authority budgets

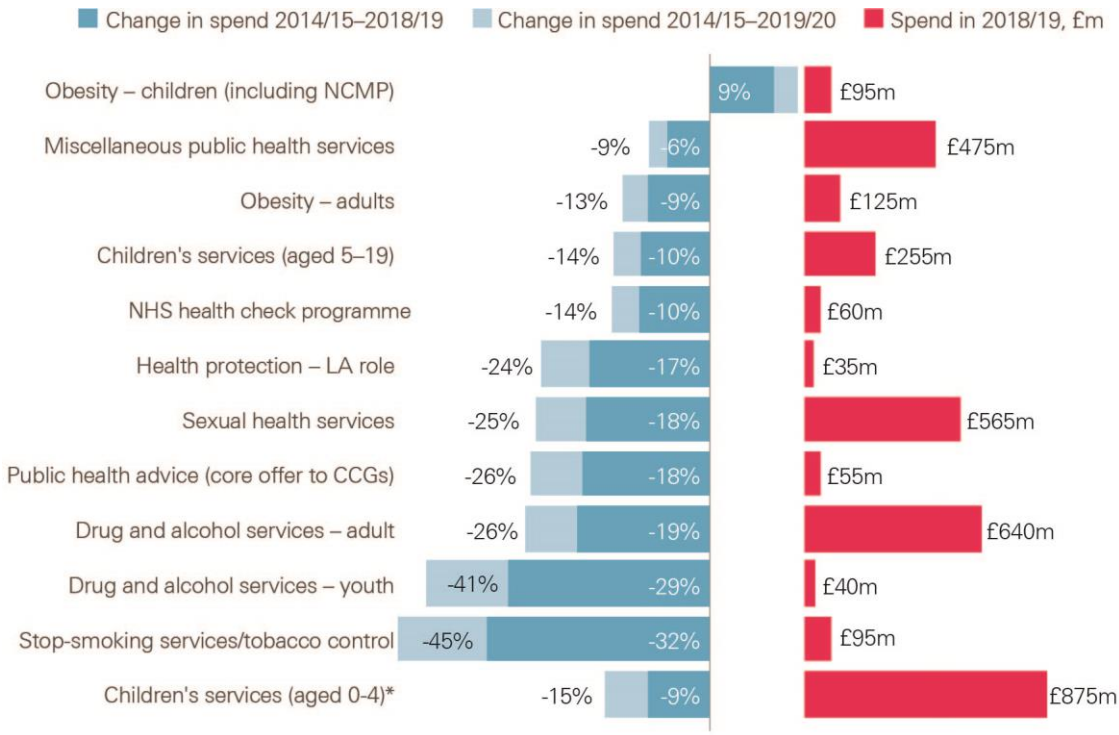
While providing good 'services' cannot make up for more fundamental deficiencies in the social circumstances in which children grow up, key health interventions supporting children in their first 1000 days are nonetheless of crucial importance and have suffered as a result of budget reductions in recent years. The substantial financial constraints currently facing councils present a major barrier to the delivery of effective, high quality early years children's services at local level. Over the past decade of austerity, the ability of councils to maintain and improve the health of their residents has been severely impacted by wide-ranging cuts to local services and investments, many of which directly affect health. The National Audit Office reported a 32.6% fall in spending between 2010/11 and 2016/17 on services (excluding adult social care) such as children's services, libraries, public transport and leisure facilities on which families depend to support children's healthy development.

The public health grant funding gap: Impact on children's services

Since 2013, local authorities have taken on very significant new responsibilities for children's health as part of the transfer of public health into local government. As outlined in a recent Health Foundation briefing paper, *Taking our health for granted: Plugging the public health grant funding gap*, the wider financial pressures on local authorities have been compounded by additional, large-scale cuts to the ring-fenced public health grant. The grant supports primary prevention services and also intervenes more widely, helping to influence the social determinants of health at a local level. Our analysis shows there will have been a £700 million real terms reduction in funding for the public health grant between 2014/15 and 2019/20 – a fall of almost a quarter (23.5%) on a per head basis.

The core public health grant reached £2.9bn in 2014/15 (in 2018/19 real terms), before starting to fall in successive years. The picture is complicated by the transfer of services for children 0–5 years of age (largely health visitors for infants and mothers) from the NHS partway through the 2015/16 financial year. In the first full year of allocation (2016/17), this portion of the grant was £1bn. By 2019/20, this spend is set to fall to £0.8bn

The chart below outlines public health grant net expenditure and percentage change in spend since 2014/15 by element of provision (for 2018/19 in real terms). This illustrates that services for children aged 0–5 years (£875m) represented the greatest areas of public health grant spend in 2018/19. However, it also shows that between 2014/15 and 2018/19 spending on children's services for 0-4 year olds fell by 9% and this is set to fall further to 15% next year (2019/20). This is against a backdrop of increasing demand for these services, with the number of children in England expected to grow by 7% between 2014 and 2019.



Note: Data for 2013/14 to 2016/17 is out-turn spend. Estimates for 2017/18 and 2018/19 are published allocations. Estimate for 2019/20 is based on provisional allocation; it is assumed the share of the overall grant allocated to children's services will be in line with the previous year and future cuts will fall in line with historic trends. Real terms refers to 2018/19 prices, using the Gross Domestic Product deflator from the Office for Budget Responsibility. NCMP, National Child Measurement Programme; LA, local authority; CCG, Clinical Commissioning Group.

Health visiting services are a key universal intervention supporting mothers and children which have been badly affected by cuts to the public health grant. Our Quality Watch analysis with the Nuffield Trust shows that health visitor numbers have been reduced - falling from 8,100 in September 2009 to a low of 7,375 in August 2012, and increasing to a peak of 10,309 in October 2015. Since then, the number of health visitors has decreased, and as of April 2018 there were 7,982 health visitors.

However, cuts to public health services for children will also affect other areas such as breastfeeding support, which make up a vital component of providing children with the best possible start in life. Despite widespread recognition that improving the UK's breastfeeding rates would have a profound impact on child health – including by cutting common childhood illnesses such as ear, chest and gut infections – the UK continues to have one of the lowest breastfeeding rates in the world. Evidence suggests that efforts to step up support for breastfeeding in Scotland are beginning to pay off following the introduction of a national infant feeding strategy, with scope for England to also learn from the progress made here.

Looking beyond children's services, the largest reductions in the public health grant to date have been in stop smoking services (-32%) and drug and alcohol services for young people (-29%). If this pattern continues, then by 2019-20 we expect these to fall further to an overall reduction of 45% and 41% respectively. Both of these services support better maternal physical and mental health. Given the extensive evidence showing that smoking during pregnancy can have negative consequences for mothers and their babies and that smoking and alcohol consumption during pregnancy can affect bonding and impact on a child's development and health, these trends give cause for concern.

Based on our calculations, we recommend that an extra £3.2bn of funding per year is provided by the government to re-allocate the public health grant according to the

recommendation of the Advisory Committee on Resource Allocation (ACRA), while restoring real-term losses and preventing any local area experiencing a reduction. To deliver this in practice, we suggest the government should invest an additional £1.3bn in 2019/20. The remaining £1.9bn should then be allocated in phased budget increases by 2023/24, with further adjustments for inflation.

Children's social care: A system under pressure

Children's social care services at local authority level, which includes care for children in their first 1000 days of life, are also under significant pressure. There is currently no credible plan for much-needed reform, and the challenges facing children's social care services often do not get the same attention nationally or locally as adult social care pressures. Though more children are ending up in care, social care services have seen significant funding reductions in recent years. This is illustrated by the IFS report on public spending on children in England, which shows that spending per head on children's services is due to fall by 4% in real terms between 2016–17 and 2019–20, despite the significant pressures on these services from increases in the numbers of children needing support.

4. Summary

A cross-sector, holistic health in all policies approach is required to support good development in the first 1000 days of life and beyond. Any national strategy should adopt at its core an approach of cross-government, cross-sector action and policy coherence on the wider social determinants of health. Priority goals should be to address child poverty and its causes, achieve a good level of development at 5 years of age, investigate and take action on stalling infant mortality rates, and focus on preventing adverse childhood experiences. To ensure the delivery of high quality early years services, funding must also be provided for local authorities in order to reverse the significant cuts seen in recent years and re-allocate funding more fairly according to local need. Preventative, health-creating services that allow for early intervention should be prioritised, with health viewed as an asset and spending treated as a long-term investment that brings benefits to the individual and to society.

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