

## 2.0 Giving every child in Barking and Dagenham the best start in life

The evidence that pregnancy and the first two years of life are critical in a child's development and long-term health is substantial is set out in 1001 critical days<sup>1</sup> affecting not only their risk of diseases, but also their educational achievement and economic status. To ensure the best start in life and good physical and mental health of future generations, women need to be supported during pregnancy and birth, and families supported during the first two years of a child's life.

All organisations, agencies and businesses in Barking and Dagenham have a duty and responsibility to enable and support parents, families and carers, and their communities, to give every child the best start in life.

The evidence and analysis set out in *Fair Society, Healthy Lives*<sup>2</sup> has been developed and strengthened by the report of the Independent Review on Poverty and Life Chances<sup>3</sup>. This report draws attention to the impact of family background, parental education, good parenting and the opportunities for learning and development in the crucial first five years of life, and identifies what matters most in preventing poor children becoming poor adults including:

- A healthy pregnancy;
- Good maternal mental health;
- Secure bonding with the child;
- Love and responsiveness of parents with clear boundaries;
- Opportunities for a child's cognitive, language and social and emotional development;
- Good services including health services, children's centres and high quality childcare.

Barking and Dagenham has built a strong network of services to support mothers in pregnancy and children in the early years of their lives. These include actions to enable the early identification of pregnancy and referral for antenatal care through primary care services, the maternity services provided by Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) and elsewhere along with the network of outstanding children's centres which support parents across the borough (Figure 2.0.1).

In 2014 there were 3,569 live births to residents in the borough<sup>4</sup>, with 63.9% of these births being to mothers born outside of the UK, of these 49% were to mothers born outside Europe<sup>5</sup>.

<sup>1</sup> <http://www.1001criticaldays.co.uk>

<sup>2</sup> Fair Society, Healthy Lives: The Marmot Review. 2010 <http://www.marmotreview.org/>

<sup>3</sup> The Foundation Years: preventing poor children becoming poor adults. The Report of the Independent Review on Poverty and Life Chances. Frank Field, 2010 <http://www.frankfield.com/review-on-poverty-and-life-chances/>

<sup>4</sup> hscic, Feb 2016, "Compendium of Population Health, Fertility; Number of births", [Online] available from: <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-318129> [last accessed 18 May 2016]

<sup>5</sup> ONS, 2016, "Parents country of birth, Table 7 Live births (numbers): country of birth of mother and area of usual residence, 2014" [Online] available from:

There is continuing evidence of an increase in health risk behaviours, such as smoking. In 2014/15 10.2% of women were smokers at the time of delivering their baby<sup>6</sup>. Although the percentage smoking at delivery is reducing, after Havering Barking and Dagenham has the second highest level between 27 LAs in London with recorded data.

There have been reductions in conceptions in the young female population; conception rates in girls aged under 18 years fell 19% from 51.4 per 1,000 women aged 15-17 years in 2012-13 to 32.4 in 2013-14, however this is still significantly higher than the London and England averages (21.5 and 22.8 per 1,000 women aged 15-17 years). This is in fact the lowest annual Teenage Pregnancy (TP) rate the borough has experienced since the government's Teenage Pregnancy Strategy began in 1998, with local figures falling by 40.7%. This is also a 19% reduction on last year's annual rate (against 6.2% nationally), although our overall rate of reduction since 1998 is less than the national rate of reduction (51.1% vs 40.7%).

Resulting births from conceptions were also down at a rate of 13.1 per 1,000 in 2014 compared to 16.1 per 1,000 the prior year<sup>7</sup>.

The 2011 Census found that the population of children aged 0-4 years had grown by 49% in the previous ten years: this was the highest growth for this age group of any local authority in England and Wales. The ONS population projections (2012) state that in 2016 there are 20,248 children under 5 years of age in the borough, 9.8% of the total borough population of 206,395 with 66,335 (32.1%) children and young people aged 0-19 years<sup>8</sup>. It also predicts the number of 0-19 year olds in the borough is to rise to 72,117 (32.5%) by 2020<sup>9</sup> which will lead to a potential strain on children's services.

Households with lone parents claiming benefits but also working have increased from 1.7% (2030 people) in 2014 to 2.1% (2,570 people) in November 2015, compared to 1.1% for both London and England<sup>10</sup>. The number of unemployed from January to December 2015 in B&D was 5,200 (12.5%) compared to 6.3% and 5.1% for London and England respectively<sup>11</sup>.

Immunisation uptake has improved significantly and moved substantially closer to the local target of 90% uptake, but still remains below the national target of 95% across all childhood immunisations.

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<http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/datasets/parentscountryofbirth> [Last accessed: 18 May 2016]

<sup>6</sup> PHE-OF, 2016, "Indicator 2.03 - Smoking status at time of delivery" [Online] Available from: <http://www.phoutcomes.info/search/smoking#page/3/gid/1/pat/15/par/E92000001/ati/102/are/E09000002/iid/20301/age/1/sex/2> [Last accessed: 18 May 2016]

<sup>7</sup> <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-348338>

<sup>8</sup> <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-322718> (accessed 8 October 2014)

<sup>9</sup> <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-335242> (accessed 8 October 2014)

<sup>10</sup> NOMIS, 2016, "Labour Market Profile - Barking and Dagenham" [Online] available from: <http://www.nomisweb.co.uk/reports/lmp/la/1946157260/report.aspx?town=barking#tabempunemp> [Last accessed: 18 May 2016]

<sup>11</sup> Ibid

Breastfeeding reporting has improved with 78% of mothers initiating breast feeding, compared with the average for London of 86.1%<sup>12</sup>; however, there are currently data quality issues with breastfeeding prevalence data so we are unable to report this figure.

The locality structure for service delivery of children's services links health, social care, education, children's centres and Multi-Agency Panels (MAPs) with local communities in six supra-ward divisions. Using this structure, both universal and targeted services can be delivered linked to local priorities identified through the locality needs assessments and personalised at an individual level through the Common Assessment Framework (CAF).

There is strong evidence that parenting support from children's centres is closing the gap between disadvantaged children and the borough and national average in Foundation Stage outcomes.

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<sup>12</sup> <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/1/par/E12000004/are/E06000015/iid/20301/age/1/sex/2>

## **Key Recommendations**

The Health and Wellbeing Board must ensure that all commissioners have considered the impact of the growth in the population of children aged 0-4 years and are providing adequate capacity in commissioning and services to support this group.

### **Maternity Recommendations**

Local Authority Commissioners must ensure that the NICE guidance on supporting pregnant women to stop smoking (NICE PH26<sup>13</sup>) is fully implemented.

Clinical Commissioning Group (CCG) Commissioners should consider commissioning a full equity audit of maternity services in 2015/16 to understand in more detail the needs of pregnant mothers and their partners.

CCG commissioners should ensure that services, specifically ante-natal and post-natal support is available locally through community hubs such as children's centres.

Neo-natal performance must be reported on a regular basis against the national audit framework and NHS Outer North East London CCGs should review the business case for a Level 3 Neonatal Intensive Care Unit at Queen's hospital.

The CCG should review maternity pathways and data collection to ensure all Barking and Dagenham mothers have appropriate access to local services and support, irrespective of maternity service providers, and there is robust standardised data to support commissioning decisions for the local population.

CCG Commissioners should ensure that maternity data is routinely collected, and reported, on alcohol and substance misuse, obesity, domestic violence and perinatal mental health by providers to inform future JSNA and commissioning intentions.

The Public Health Team should work with Commissioners to develop a profile of neonatal health and outcomes for Barking and Dagenham for the next JSNA.

### **Immunisation and Breastfeeding Recommendations**

The National Commissioning Board should work with local stakeholders to improve the uptake of immunisation and improve breastfeeding continuation at 6-8 weeks to close the gap between Barking and Dagenham and the London average.

### **Supporting Parents' Recommendations**

The Council should explore partnerships that increase the capacity of the support provided through children's centres to maximise the positive impact on Foundation Stage results.

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<sup>13</sup> <http://www.nice.org.uk/guidance/PH26>

Health and Wellbeing Commissioners should ensure the caseload capacity of the health visiting service keeps pace with the high rates of births and children under 5 and meets the complex and diverse needs for new birth visits, maternal and infant reviews and assessments

Health and Wellbeing Commissioners should consider how best to support access to services for lone parents, particularly those in employment.

### **Troubles Families Recommendations**

The Troubled Families Co-ordinator should ensure full engagement from the Children's Trust to ensure holistic and co-ordinated support for troubled families across health, social care, criminal justice, education and the third sector.

### **Looking Forward Recommendations**

Health and Wellbeing Commissioners will need to incorporate a model of population growth into the forward financial planning for health and social care services, building on the experience of the school places planning.

Council Commissioners need to work effectively across housing and planning and service commissioners to strategically align the expansion of the population and the development of services, particularly in relation to new school places.

Health and Wellbeing Commissioners will need to influence the workforce development strategies locally and regionally to reflect the changing profile and needs of children and young people in the borough.

Health and Wellbeing Commissioners will need to explicitly consider how the changing profile of the population impacts on the scale and complexity of demand for services.