


Health and Wellbeing Board Tuesday 17 November 2015	
Report of the London Borough of Tower Hamlets	Classification: Unrestricted
Emotional Wellbeing in the Early Years and Childhood	

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Executive Key Decision?	No

Executive Summary

This paper summarises a new public health work programme that is being developed to support emotional wellbeing during the early years and childhood. It provides a counter-balance to a focus on mental health disorders and highlights the importance of building a preventive approach that promotes emotional wellbeing which is both important in its own right and can also help to prevent the development of mental disorders in the longer term.

The paper provides a summary of the evidence on key determinants of emotional wellbeing in the early years and childhood and some of the key themes that have been identified from local community and stakeholder engagement. It then provides an overview of public health commissioned services that aim to promote emotional wellbeing in the early years and childhood, as follows:

Services with a primary focus on emotional wellbeing

- Better Beginnings (Parent and infant wellbeing)
- Family Nurse Partnership
- Mindful schools programme
- School Health Service Mental Health Transformational Change programme
- Educational Psychology – targeted emotional wellbeing programmes

Services with a broader focus but a significant role in promoting emotional wellbeing

- Healthy Early Years Accreditation Scheme
- Health Visiting service
- Infant Feeding Service
- Active Play and Healthy Eating (0-5 years)
- Child and Family Weight Management service
- Healthy Schools Programme

Future developments for this programme include identifying the appropriate mental

health and emotional wellbeing outcomes to be introduced into contracts as part of the Children and Adolescents Mental Health Outcomes Based Commissioning project and strengthening the wider workforce and whole system working.

Recommendations:

The Health and Wellbeing Board is recommended to:

1. Review and comment upon future direction.

1. REASONS FOR THE DECISIONS

1.1 N/A

2. ALTERNATIVE OPTIONS

2.1 N/A

3. DETAILS OF REPORT

3.1 Introduction

The purpose of this paper is to summarise a new public health work programme that is being developed to support emotional wellbeing during the early years and childhood. This programme has been developed in response to the growing evidence of the importance of the early years and childhood in providing a foundation for lifelong mental health. This programme is an integral part of the Tower Hamlets Mental Health Strategy and Transformation Plan for Children's Mental Health and Wellbeing. It is being presented separately to provide a balance to a tendency to focus on mental health disorders and to highlight the importance of building a preventive approach that promotes emotional wellbeing which is both important in its own right and can also help to prevent the development of mental disorders in the longer term.

3.2 Summary of evidence on key determinants of emotional wellbeing in the early years and childhood¹

The Marmot Review highlighted the importance of early years and childhood as a critical period for virtually every aspect of human development with lifelong effects on health and wellbeing. Socio-economic status and parenting are key protective/harmful determinants throughout the early years and childhood with deficits in either clearly associated with poorer outcomes for children. Children and young people in the poorest households are three times more likely to have a mental health problem than those in better-off homes. Parenting practice is a significant predictor of infant attachment security, child antisocial behaviour, high child self-esteem and social and academic competence, and is protective against later disruptive behaviour and substance misuse. Severe mental illness, substance dependency and domestic violence all have a significant impact on parenting.

Pre-conception and pregnancy

- Foetal programming – the effect of a mother's mental health on the subsequent health of her child is as important as her physical health. Impact of 'maternal mental illness'/'maternal stress' are key, as is the complex impact of being brought up in poverty; all are associated with biological changes which can be transmitted to the foetus and can adversely affect future child health and development;

¹ The full version of this needs assessment is available as an appendix to the Tower Hamlets Transformation Plan for Children's Mental Health and Wellbeing and also includes a section on the prevalence of diagnosable mental disorders in children and young people

- Adverse pregnancy outcomes including preterm birth (responsible for a high proportion of later neuro-disability) are linked to lower socio-economic status;
- Substance misuse/drug/alcohol abuse - associated with problems in child development, through toxic effect of the substance upon the foetus, through frequently chaotic life circumstances of a drug-using mother/partner and by mother's often poor physical and mental health;
- Mental illness - adverse impact of maternal depression during pregnancy on birth outcomes, on continuing depression in the postnatal period and on infant development and later child outcomes.

Early Years

- Pre-school years are a key period for a child's social and emotional development (e.g. establishing a capacity for self-regulation via their attachment relationship to the primary caregiver);
- Attachment is a key significant bio-behavioural mechanism that plays a key role in the development of emotional regulation both during the early years and across the life span, with disorganised attachment having been found to be a strong predictor of later psychopathology;
- Toxic stress, i.e. infant or toddler's prolonged exposure to severe stress that is not modulated by the primary caregiver has been identified as having a significant impact on the young child's development and health and wellbeing across the life span and leads to atypical parent-child interaction, which can represent a significant form of early emotional abuse and neglect;
- A parent's own attachment status predicts the infant's likelihood of being securely attached, and the parent's ability in relation to affect regulation (i.e. manage stress, anger, anxiety and depression) has a significant impact in terms of the development of mental health problems and psychopathology in the early years.

Childhood and adolescence

- Stability and a sense of belonging within a family have been linked with youth life satisfaction. Poverty and parental mental health status have been identified as key factors that interact with family structure to produce poorer outcomes for children;
- Rapid changes in the brain and across all organ systems in adolescence result in a host of new mental and physical health disorders appearing at this time (75% of lifetime mental health disorders have their onset before 18 years, peak onset of most conditions is from 8 - 15 years);
- Approximately 10% of adolescents suffer from a mental health problem at any one time;
- It is likely that latent determinants such as puberty and brain development recapitulate the biological embedding of social determinants seen in very early life;
- Parental mental illness is associated with increased rates of mental health problems in children and young people, with an estimated one-third to two-thirds of children and young people whose parents have a mental health problem experiencing difficulties themselves.

Vulnerable groups and risk factors in Tower Hamlets

Parental education and employment

- Higher proportion of residents in Tower Hamlets with no qualifications than London and the UK, and correspondingly lower levels of qualifications at each level;

- 7,290 lone parent households in Tower Hamlets (2011), highest levels of unemployment in lone parent families of all London boroughs at 62% (47.8% across London, 40.5% across England).

Child poverty

- Highest levels of child poverty in the country with almost one in four children (39 per cent) living in an income-deprived family. 54% of neighbourhoods in Tower Hamlets rank in the 10% most deprived nationally on this index;
- A lower percentage of children achieve a good level of development of school readiness at the end of reception (at 55.0%) compared to London and England (62.2% and 60.4% respectively). This is linked to the high levels of child poverty and the percentage for children on low incomes eligible for free school meals (50.7%) is similar to the average for London (52.3%) but better than that for England (44.8%) (2013/14)

Looked After Children (LAC)

- Relatively low rates of children looked after (44/10,000 under 18 population), ranking 17th highest of 33 London boroughs;
- 275 children looked after (2015); prevalence of mental disorders amongst LAC is estimated at 44.8% so we might expect to see approximately 123 looked after children in Tower Hamlets with some form of mental disorder.

Children with disabilities (including learning disabilities)

- Estimates of between 1,600 and 2,000 children and young people with a disability in Tower Hamlets (in 2013);
- Some studies suggest learning disabilities (LD) more common among boys, children from poorer families and among some minority ethnic groups and profound multiple LDs more common among Pakistani and Bangladeshi children (62.5% of the 0-17 year old population in Tower Hamlets);
- Well-established link between socioeconomic deprivation and the prevalence of mild/moderate LDs and some evidence of a link between severe LDs and poverty.

Black and Minority Ethnic groups

- Differences in rates of mental disorder across ethnic groups have been identified. CYP in Pakistani/Bangladeshi group had a rate of just under 8%, in the black group a rate of around 9% and highest rate of 10% in the white group;
- Cultural factors are likely to influence levels of local identified need - Asian British families have been found to be significantly more likely to want care to be provided by a relative than the white British families, and were significantly less likely to know the name of their child's condition (LD) with over 50% not knowing cause.

Bullying

- Bullying at school 'in the previous year' experienced by 22% of pupils (Tower Hamlets 2013 Pupil Attitude Survey), with 26% saying that it occurred at least every week;
- More than half of lesbian, gay and bisexual young people (national survey) still report experiencing homophobic bullying with over two in five gay pupils attempting or thinking about taking their own life as a direct consequence.

3.3 Local Community and Stakeholder Engagement

Healthy Child Review 1

An engagement process, involving parents and carers, children and young people and relevant professional groups, was undertaken during 2013 to inform the re-commissioning of the School Health, Child and Family Weight Management and Breastfeeding Support services. The importance of promoting emotional health and wellbeing was identified as one of the top priorities by all three stakeholder groups. Other relevant themes included the importance of developing peer support / peer led services, better communication and engagement, joined up holistic approaches and transitions. Schools were identified as having a key role as a setting for promoting emotional wellbeing with School Nurses being well placed to provide accessible support, advice and onward referral where appropriate.

Parent and Infant Wellbeing stakeholder engagement

This built on the Healthy Child Review and priorities that had emerged from the Mental Health Strategy workshops on Children and Young People's mental health. The Maternity, Early Years and Childhood sub-group of the Children and Families Partnership Board identified maternal and infant mental health as one of its priorities for action. A multi-agency task and finish group was established in October 2013 to take forward this work. During 2014 a mapping of services was undertaken against the four tiers set out in the '1001 Critical Days' document:

- Tier 1 Universal support for every parent
- Tier 2 Additional care for parents identified as needing extra clinical & universal care
- Tier 3 Services for parents who are ill and at risk
- Tier 4 Services for parents with severe mental illness

This was followed by two multi-agency workshops to identify how to strengthen the system and led to the commissioning of the 'Better Beginnings' programme (see below)

Healthy Child Review 2 (Health Visiting Stakeholder Engagement)

A second phase of engagement, building on the Healthy Child Review, was undertaken from January-April 2015 to inform the re-commissioning of the Health Visiting service. This again highlighted the importance of emotional wellbeing including the key role of the health visiting services in preparation for parenthood, supporting parent/infant attachment and bonding, emotional support, coping with anxiety and early identification of mental health issues including postnatal depression.

Children and Adolescents Mental Health Outcomes Based Commissioning project

Public health has contributed as a partner to this programme led by the CCG Mental Health Joint Commissioner. This has included engagement with young people, parents and carers and professionals to develop a shared mental health outcomes framework.

3.4 Overview of public health commissioned services that aim to promote emotional wellbeing in the early years and childhood

This section summarises the relevant services that have been commissioned by public health and therefore does not describe the full range of local services and programmes that support children's emotional wellbeing.

Services with a primary focus on emotional wellbeing

Better Beginnings (Parent and Infant Wellbeing)

The aim is to provide support for local parents and carers during pregnancy and the first year of the baby's life. Primary focus is on promoting maternal mental health, supporting secure emotional attachment, parent/infant communication, sensitive attuned parenting and peer support. The programme also links to other key influences on parent and infant health (e.g. parental smoking and substance misuse, parental and infant nutrition, oral health and injury prevention) to ensure a holistic approach. There are 4 Locality Parent and Infant Wellbeing Coordinators each supporting a team of peer supporters / volunteers (currently being recruited), the programme also includes a training programme for the peer supporters. The providers are Island House, Toyhouse, Social Action for Health and the Council's parental engagement team.

Family Nurse Partnership

FNP is an evidenced based, preventive, early intervention programme for vulnerable young first time mothers (aged under 19 years) and fathers. It offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until age two that provides a client centred, strength based approach to support parenting skills and the parent/carer and child relationship. There is international evidence that this approach improves the longer term educational, social and health outcomes for the child. A recent randomised control trial (RCT) undertaken to test the model in the English context suggests that the impact is less than in the USA (possibly due to the existence of stronger Universal services) but the follow up may not have been long enough. The provider is Barts Health.

Mindful schools programme

There is growing evidence that mindfulness training can help to promote emotional wellbeing in children as well as in adults. Consultation on whether to introduce a pilot programme in schools highlighted the importance of extending the approach to teachers who also experience high levels of stress. This pilot programme will provide the opportunity for a cohort of teachers and other relevant professionals to participate in a recognised mindfulness intervention, followed by train the trainer sessions, in order for teachers to be equipped to deliver sessions to pupils. Programmes adapted for primary and secondary schools will be developed and evaluated. 12-16 years of age is seen as a key developmental window for self-regulation and a period when young people need to negotiate many academic and social stressors for the first time and we are particularly interested in evaluating the effectiveness of mindfulness in this context. The provider is the Council's Educational Psychology service.

School Health Service Mental Health Transformational Change programme

Transformational change programme for school nurses and nursery nurses. Skills and confidence development in promoting emotional wellbeing and good mental health in children and young people. This will be addressed through providing both training and supervision for School Nurses. This programme is funded by the Burdett Trust with match funding from Public Health. The provider is Compass Wellbeing CIC

Education Psychology – targeted emotional wellbeing programmes

This has three strands. 1. Work with parents and families of school aged children (targeted to parents of children who have complex or additional needs (such as speech and language difficulties, social communication disorders or particularly challenging behaviour/emotional needs) or parents who are experiencing mental health or emotional difficulties; 2. Targeted support for pupils attending the Pupil Referral Unit (PRU); 3. Counselling sessions for up to ten local disabled adolescents. The provider is the Council's Educational Psychology service

Services with a broader focus but a significant role in promoting emotional wellbeing

Healthy Early Years Accreditation Scheme

This is a set of standards for early years settings to provide a framework for a whole organisation approach to health and wellbeing in line with WHO health promoting settings framework. Emotional health and wellbeing is one of the key strands along with physical activity, healthy food and oral health. The provider is the Council's Early Years/Children's Centres team.

Health Visiting service

Health visitors are responsible for delivering the Universal Healthy Child programme to all families with children 0-5 years as well as targeted support for families with higher levels of need. Health visitors have a key role in supporting maternal emotional wellbeing, parent/child attachment, parenting skills, child development and the early identification of and support for perinatal mental illness. Public Health and Barts Health have also been working with UCL Partners to develop a 'maternal mental health scorecard' as a quality improvement tool to support the role of the Health Visitor in identifying and supporting perinatal mental health problems. The provider is Barts Health.

Infant Feeding Service

The service aims to improve the health and wellbeing of Tower Hamlets mothers and their babies by helping mothers to make informed decisions about infant feeding and to promote and support breastfeeding whenever possible. One of the benefits of breastfeeding is that it contributes to development of secure infant / carer attachment which support infant emotional wellbeing. The service contributes to maintaining UNICEF Baby Friendly Standards. The provider is Barts Health.

Active Play and Healthy Eating

This service supports parent/carers & their children under 5 years where activity and diet are an issue through a 6 week course that covers healthy eating, active play and parental support promoting secure attachment. The provider is Toyhouse.

Child and Family Weight Management service

Emotional wellbeing is key to addressing overweight and obesity. The newly commissioned service is based on the MEND model (Mind, Exercise, Nutrition - Do it!) that places promoting emotional wellbeing at the heart of its approach. The service provides support for mothers in the post natal period and for children from 0-18 years. The provider is My Time Active CIC

Healthy Schools Programme

Emotional Health and wellbeing is one of 4 core areas along with Healthy Eating, Physical Activity and PSHE (Personal, Social and Health Education). The Healthy Lives team deliver work in line with London Healthy Schools programme and WHO Health Promoting Schools Framework. The provider is the Councils Healthy Lives team.

3.5 Future developments

Mental and Emotional Health and Wellbeing Outcomes

As the next stage of the Children and Adolescents Mental Health Outcomes Based Commissioning project, we are working to identify the appropriate outcomes to be introduced into the contracts for both public health commissioned services that aim to promote emotional wellbeing in the early years and childhood and those with a wider focus. We are planning that a later stage of this work will be to introduce emotional wellbeing measures into a still wider range of services for early years, children and young people.

Strengthening the wider workforce and whole system working

A future focus will be on supporting front line staff to develop and build upon their existing knowledge and skills to equip them with a sound evidence-base for practice along with skills to enhance psychosocial assessment of perinatal mental health and delivery of active listening approaches. Joint training will be developed for midwives and health visitors, which will then be rolled out more widely to Children's Centre and social care staff. The programme will have a strong focus on restorative clinical supervision for staff and on working collaboratively to develop a joined up whole system approach.

4. COMMENTS OF THE CHIEF FINANCE OFFICER

- 4.1. The work set out in this paper is covered by Public Health grant and is budgeted for in 2015/16. Contracts are in place for all services with the exception of the Health Visiting and Family Nurse partnership service. These services transferred to the Council in October 2015 and are currently being procured.

5. LEGAL COMMENTS

- 5.1. The Health and Social Care Act 2012 (the 2012 Act) introduces a series of amendments to the National Health Service Act 2006 (the 2006 Act). S.12 of the 2012 Act inserts a new section 2B into the 2006 Act which places a duty on the Council to take such steps as it considers appropriate to improve the health of the people in its area.
- 5.2. In general terms the 2012 Act confers on the Council the function of improving public health and gives local authorities considerable scope to determine what actions it will take in pursuit of that general function.
- 5.3. S.195 of the 2012 Act requires the Health and Wellbeing Board (HWB) to encourage those who arrange for the provision of any health or social care services in their area to work in an integrated manner.
- 5.4. This duty is reflected in the Council's constitutional arrangements for the HWB which states it is a function of the HWB to have oversight of the quality, safety and performance mechanisms operated by its member organisations, and the use of relevant public sector resources across a wide spectrum of services and interventions, with greater focus on integration across outcomes spanning health care, social care and public health.
- 5.5. S.6C of the 2006 Act empowers the Secretary of State to make regulations as to the exercise by local authorities of public health functions. The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 require the Council to provide certain public health services. This includes the weighing and measuring of children.
- 5.6. S.10 of the Children Act 2004 (the 2004 Act) places a duty on the Council to make arrangements to promote co-operation between relevant partners with a view to improving the wellbeing of children in the area.
- 5.7. The concept of wellbeing includes the child's:
 - (a) physical and mental health and emotional wellbeing;
 - (b) protection from harm and neglect;
 - (c) education, training and recreation;
 - (d) contribution made by them to society;
 - (e) social and economic well-being.
- 5.8. In making arrangements for meeting the duty under the 2004 Act the Council must take into account the role of parents and their carers.
- 5.9. By way of delegation through s.7A of the 2006 Act, the Secretary of State and NHS England have agreed that children's public health services from pregnancy to age 5 will be commissioned by local government from 1 October 2015.

- 5.10. The transfer of 0-5 commissioning will join-up public health services for children and young people aged 5-19 that are already delivered by Local Authorities (and up to age 25 for young people with SEND).
- 5.11. In May 2015 NHS England published a letter addressed to all Clinical Commissioning Groups identifying encouraging improvements in how services were delivered and commissioned in relation to the mental health of children and young people. Financial incentives were attached to this proposal.
- 5.12. When considering the recommendation above regard must be given to the public sector equalities duty to eliminate unlawful conduct under the Equality Act 2010. The duty is set out at Section 149 of the 2010 Act. It requires the Council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination (both direct and indirect discrimination), harassment and victimization and other conduct prohibited under the Act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic.
- 5.13. A further significant factor to be aware of is the duty now placed on the Council to, in respect of its health functions, have regard to the NHS Constitution (see from para.173 of Schedule 5 to the 2012 Act, amending s. 2 of the Health Act 2009). The Council is reminded to add the NHS Constitution (together with any statutory guidance issued by the Secretary of State under s.73B of the 2012 Act) to the list of matters requiring consideration when exercising the functions proposed.

6. ONE TOWER HAMLETS CONSIDERATIONS

- 6.1. Poor emotional health and wellbeing will be more prevalent in specific groups within the population and these are highlighted in the report. Equality dimensions may be of relevance in some instances (e.g. ethnicity, gender and sexual orientation) but vulnerability is primarily linked to socio-economic factors. The principle of proportionate universalism will apply to targeting to the resident population.

7. SUSTAINABLE ACTION FOR A GREENER ENVIRONMENT

- 7.1 N/A

8. RISK MANAGEMENT IMPLICATIONS

- 8.1. The programme of work set out mitigates risks in relation to future expenditure on health and social care through the promotion of emotional wellbeing and prevention of the development of mental disorders in the longer term. This will require partnership working across the council, NHS and voluntary sector.
- 8.2. It also mitigates risks in not meeting the duty of the council through the Health and Social Care Act 2012 to take steps to improve the health of population as

children and adolescents' mental health is an area of current national and local focus.

9. CRIME AND DISORDER REDUCTION IMPLICATIONS

9.1 N/A

10. EFFICIENCY STATEMENT

The report does not propose additional expenditure beyond that which has already been identified for the work programme set out. It does propose strengthening the skills and knowledge of the wider workforce and whole system working.

Appendices and Background Documents

Appendices

- NONE

Background Documents

- NONE