

For General Release

REPORT TO:	CABINET, 19 November 2018
SUBJECT:	Annual Report of the Director of Public Health 2018
LEAD OFFICER:	Rachel Flowers, Director of Public Health
CABINET MEMBER:	Cllr Jane Avis, Cabinet Member for Health, Wellbeing and Adults
WARDS:	ALL
POLICY CONTEXT It is a statutory requirement for the Director of Public Health to produce an Annual Report and for the Council to publish this as detailed by the Health and Social Care Act 2012. The Annual Report is an important resource to inform the Council and its stakeholders of priorities and recommend actions to improve and protect the health of the communities they serve. This year's report focuses on the first 1000 days of children's lives from conception to age 2 (appendix 1). The issues highlighted in this report will underpin the successful delivery of all objectives of both Croydon's Community Strategy, Health and Wellbeing Strategy as well as Croydon's Corporate Plan.	
FINANCIAL IMPACT There are no direct financial implications arising from this report	
FORWARD PLAN KEY DECISION REFERENCE NO.: This is not a key executive decision	

The Leader of the Council has delegated to the Cabinet the power to make the decisions set out in the recommendation below

RECOMMENDATIONS

The Cabinet is asked to note the information, the evidence provided and to agree and action all of the recommendations.

2. EXECUTIVE SUMMARY

- 2.1 The Director of Public Health has a statutory responsibility to produce an annual report and this cover report details the highlight of her independent report and her recommendations.
- 2.2 This year, as with all years, the public health department (a small group of specialist, professional experts) has proactively worked in partnership with a range of organisations and communities with the aim of improving health and

wellbeing and reducing inequalities in Croydon. Some of this work is captured in the attached annual report and includes:

- 2.2.1 Led the development of a multiagency healthy child weight action plan
 - 2.2.2 Provided public health expertise around the evidence base and best practice, including modelling, working with commissioners and CHS, to improve health visiting services and their mandatory checks
 - 2.2.3 Developed children's priorities within the Health and Wellbeing Board
 - 2.2.4 Provided public health expertise, advice and modelling to support the early help strategy.
 - 2.2.5 Produced a range of public health intelligence to inform commissioning across the local authority and the CCG.
 - 2.2.6 Joint work led by Gateway on the food poverty action plan including the promotion of the Healthy Start vouchers
 - 2.2.7 Led the re-shaping and refining of the smoking cessation services for pregnant women within the wider development work of Live Well.
 - 2.2.8 Facilitated the teenage pregnancy partnership and re-energising the action plan
 - 2.2.9 Led the development of Croydon's first Suicide Prevention and Harm Reduction strategy (ensuring true multi-agency engagement)
 - 2.2.10 Continued the on going work around health protection across Croydon including the local management of outbreaks including measles and mass immunisation protecting children from Hep A infection, in partnership with local, regional, and national organisations.
 - 2.2.11 Actively supported the Croydon's Children's safeguarding Board including the Director of Public Health chairing of the Croydon Child Death Overview Panel
- 2.3 The Director of Public Health report attached presents the evidence about the key role every's child's first 1000 days plays in determining their future health and development. The report has used the evidence to inform key principles and recommendations. The report acknowledges the importance of pre pregnancy health and the contribution it makes to the first 1000 days and beyond
- 2.4 The report recognises and discusses the factors, such as social and economic circumstances, that influence the first 1000 days and can perpetuate inequalities
- 2.5 The report introduces the concept of Adverse Childhood Experiences (ACEs), such as neglect or abuse. Some ACEs may occur during the first 1000 days of life, and may have a long lasting impacts. Each additional ACE that a child is exposed to increases the risk of poorer health outcomes
- 2.6 The report shows what Croydon is already doing to improve the wider environment and support children and their families during the first 1000 days.
- 2.7 In summary, the 2018 Director of Public Health Report focuses on
- A. The setting for the first 1000 days – the role of the wider environment
 - B. Preparing for pregnancy
 - C. Pregnancy
 - D. Infancy

- E. Adverse Childhood Experiences (ACEs)
- F. Recommendations

2.8 The report proposes three principles to guide our future actions. These are:

- 2.8.1 **Know your role:** we all have a role to play in helping children thrive during the first 1000 days- however we need to understand what this role is and how best we can contribute through a whole systems approach
- 2.8.2 **Health in all policies:** we all should shift the focus from managing ill health to creating the right conditions for good health through a health in all policies approach
- 2.8.3 **Breaking the inequalities cycle:** tackling the socio- economic determinants of health- (such as jobs, homes, social cohesion, education, income) is key in reducing inequalities in early years that, in turn, become inequalities across the life course. We all have a role to play in breaking this cycle

2.9 The report makes key recommendations for action which include:

- 2.9.1 Review, revise and join up the maternal mental health pathways from the community, and primary care, through midwifery and health visiting and other partners by 2019.
 - 2.9.2 All (100%) of midwives and health visitors in Croydon to receive training around recognising and supporting families with risk of multiple Adverse Childhood Experiences by the end of 2019.
 - 2.9.3 1000 front line staff in the council, NHS, police and voluntary sector to have training around Adverse Childhood Experiences, their causes and impact, in 2019
 - 2.9.4 Develop and Implement a plan of action for increasing the levels of awareness about pre pregnancy health and the importance of preparing for pregnancy by the end of 2019
- 2.10 The information, principles and recommendations presented in this report are intended to focus our efforts to make the most of our collective resources across the Borough to ensure each child has the best possible first 1000 days.
- 2.11 It is proposed that the Health and Wellbeing Board (HWB) create a task and finish group to develop an action plan informed by the recommendations contained in the report. It is also intended that this task and finish group report progress made to the HWB and Local Strategic Partnership. It was agreed by the Health and Wellbeing Board Executive last month that this report is presented at the Health and Wellbeing Board in January 2019 and this is then taken forward.
- 2.12 The 2018 Director of Public Health Report is an appendix to this report.

3. DETAIL

3.1 Background

- 3.1.1 Public Health is the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society. It includes working to reduce inequalities in society.
- 3.1.2 There is a statutory requirement for the Director of Public Health to produce an annual report. This is the Director of Public Health's professional statement about the health of local communities, based on sound epidemiological evidence, and interpreted objectively. The report should be useful for both professionals and the public¹.
- 3.1.3 The annual report is an important vehicle by which Director of Public Health can identify key issues, flag up problems, report progress and thereby serve their local populations. It will also be a key resource to inform stakeholders of priorities and recommend actions to improve and protect the health of the communities they serve.
- 3.1.4 The report is a tool for advocacy as well as a statement of needs, current priorities and action and continuing progress. It can also be a valuable process for internal reflection and team prioritisation as well as external engagement and awareness raising.
- 3.1.5 The report details that working together to ensure that children experience the best first 1000 days is a vital prevention activity that will enable us to change the future health of Croydon residents.
- 3.1.6 Although we will not see some of the impacts of our current efforts for 10 years or more evidence shows that early experiences, both positive and negative, last a lifetime.
- 3.1.7 A healthy start in life gives each child an equal chance to thrive and grow first into an adolescent and then into an adult, able to make a positive contribution to the community.

3.2 Report Focus

- 3.2.1 Each year nearly 6000 babies are born in Croydon and we have an enormous opportunity to make a difference for each one of these children
- 3.2.2 The first 1000 days are a period of enormous development and what happens during them lays the foundations for every child's future. Not all the foundations are equally firm and this can be a source of inequalities. It is well accepted that inequalities result in poor health, social, educational and economic outcomes across the whole of the life course and across generations. By focusing this report on the first 1000 days we can identify the opportunities we have to make a difference to the lives of parents and babies and narrow the inequalities gap.

¹ Guidance on DPH Annual Report- 2016-Association of Directors of Public Health and Faculty of Public Health

3.2.3 The report includes 34 recommendations listed below in the order found in the report . Four recommendations have been highlighted by the Director of Public Health as her top four recommendations- they have been highlighted below.:

3.2.4 The setting for the first 1000 days

- i. Ensure training raises awareness among staff of: the importance of the first 1000 days and pre pregnancy health; the impact of wider determinants such as poverty and how they can make a difference in their role for children and their families
- ii. Use population and community level intelligence at borough and locality level to target resources and services to those individuals and communities most in need

3.2.5 Young parents

- iii. Provide senior strategic support from across the partnership to the borough's teenage pregnancy action plan and ensure that its work is widely understood and linked to other strategies and programmes
- iv. Increase awareness among young people of all sexes of the importance of being healthy before pregnancy and planning pregnancies through implementation of the teenage pregnancy action plan and maximising the opportunities created by the statutory changes both in SRE (sex and relationship) education and in PSHE (personal, social, health and economic) education
- v. Ensure the findings of Croydon's Vulnerable Adolescent Mental Health deep dive are acted upon to identify when, where and how to provide support to children and teenagers

3.2.6 Knowledge about pre-pregnancy health and planning for pregnancy

- vi. **All agencies to maximise their use of existing opportunities to raise awareness of the importance for both parents of planning for pregnancy and addressing health issues before becoming pregnant.**
- vii. Use existing and new media to promote pre-pregnancy health messages, particularly about smoking and being overweight or obese for people living and working in Croydon

3.2.7 Smoking and pregnancy

- viii. Develop a pathway for pregnant smokers and their partners into smoking cessation support that is opt out rather than opt in
- ix. Identify the groups continuing to smoke through pregnancy and review the evidence base to identify the best approaches for helping them to stop smoking
- x. Develop a smoke free homes programme with social and private landlords

3.2.8 Parental weight, diet and nutrition

- xi. Continue to provide senior strategic support to the partnership's Healthy Weight steering group, and ensure its work plan includes pre pregnancy health.

- xii. Ensure that all programmes that promote pre-pregnancy health (see previous recommendation box) include key messages around the importance of being a healthy weight and having a healthy diet before pregnancy.
- xiii. Incorporate the recommendations of the London Mayor's Food Strategy (due to be published in December 2018) into local plans

3.2.9 Mental health in pregnancy and beyond

- xiv. **Review, revise and join up the maternal mental health pathways from the community, and primary care, through midwifery and health visiting and other partners by 2019.**
- xv. Ensure all staff have the skills to identify parents and prospective parents with potential mental health concerns and are able support and signpost them appropriately
- xvi. Ensure that all programmes that promote pre-pregnancy health (see previous recommendation box) address mental health concerns before pregnancy.

3.2.10 Relationships, social support and excess stress during pregnancy

- xvii. Review the effectiveness of the current arrangements for identifying women who need more social support and make recommendations to address any system wide gaps that are identified.
- xviii. All (100%) of midwives and health visitors in Croydon to receive training around recognising and supporting families with risk of multiple Adverse Childhood Experiences by the end of 2019.
- xix. 1000 front line staff in the council, NHS police and voluntary sector to have training around Adverse Childhood Experiences, their causes and impact in 2019

3.2.11 Positive environments, child development and stress in infancy

- xx. Ensure maximum delivery of the health visiting development checks, from the antenatal visit to the 2 year check
- xxi. Ensure all parents who may need additional support know what options are on offer and where to access them.
- xxii. All practitioners working with children and families understand what toxic stress is, its sources and what impact it may have

3.2.12 Immunisation rates in Croydon

- xxiii. All GP practices to reach 95% of MMR immunisations
- xxiv. Implement comprehensive vaccination for vulnerable groups

3.2.13 Breastfeeding in Croydon

- xxv. Reset targets for increasing breastfeeding rates at 6 to 8 weeks and 6 months across the Borough and within particular localities
- xxvi. Achieve level 3 of the UNICEF Baby Friendly award
- xxvii. Turn Croydon into a breastfeeding friendly Borough, so women feel at ease to breastfeed when they are out and about (PHE, 2016)

3.2.14 Child healthy weight,

- xxviii. Review the Child Healthy Weight action plan in light of this report and amend to increase its focus on the first 1000 days.

- xxix. All families with young children, nurseries and other early years' providers to be encouraged to become Sugar Smart and their pledges monitored. For example nurseries and early years providers to only be giving children in their care water and milk to drink by 2020
- xxx. Increase the numbers of young children who go to the dentist
- xxxi. Increase the numbers of eligible families claiming their healthy start vouchers for fruit and vegetables and vitamins from pregnancy (uptake is currently 63%).

3.2.15 Adverse childhood experiences in Croydon

- xxxii. Working as a partnership, develop evidence based actions to champion the importance of ACEs and the first 1000 days, and to identify and support children and families most vulnerable to ACEs
- xxxiii. **All (100%) of midwives and health visitors in Croydon to receive training around recognising and supporting families with risk of multiple Adverse Childhood Experiences by the end of 2019.**
- xxxiv. **1000 front line staff in the council, NHS police and voluntary sector to have training around Adverse Childhood Experiences, their causes and impact in 2019**

3.3. The report is presented in five chapters. The first reflects on the role of the wider environment, the socio-economic situation of families, and characteristics such as age, ethnic group, disability, and sexual orientation. The following three chapters address key issues in each of the phases; health before pregnancy, pregnancy and infancy. The fifth chapter talks in more detail about Adverse Childhood Experiences and the impact they can have.

3.3.1 **The setting for the first 1000 days.** All children's first 1000 days are influenced by their parents' or carers' worlds. Housing, family income, education levels of parents, neighbourhoods, communities can all impact. Poverty in the early years can affect progress at school. Individual characteristics such as age and ethnicity, can influence the likelihood of health conditions such as diabetes and sickle cell. This can result in inequalities that can pass down through generations unless we all work together to break the cycle.

3.3.2 Croydon already has a range of programmes in place to help maximise incomes and reduce inequalities. There are also further opportunities to shape the social and economic circumstances of parents and carers: capitalising on the Council and partnership resources and expertise to maximise their collective impact and working together as a community to break the cycle of inequalities so every child has the best opportunity to reach their potential.

3.3.3 **Health before pregnancy:** There is a large and growing body of evidence that good health before pregnancy can provide the best start for children. Not only is the mother's health important, the father's health and the that of the wider household can also influence the long term health of children.

3.3.4 Planning for pregnancy is a crucial element of preparing for and being healthy for pregnancy; it allows support to be put a place at the right time and changes to health behaviours to be made. The state of people's health before pregnancy is influenced by their social and economic circumstances and their individual

characteristics.

- 3.3.5. **Pregnancy:** Good physical and mental health in pregnancy is better for children's health and development. Stopping smoking, drinking and drug use are crucial as is a healthy weight and good nutrition. 50% of women are overweight and obese when they get pregnant, this increases their child's likelihood of being overweight and developing type 2 diabetes. There is clear evidence of links between social and economic circumstances and characteristics such as age and ethnicity and the likelihood that people will smoke, have excess weight, be under weight, have a poor diet, drink or take drugs. This increases the possibility of inequalities developing from before birth.
- 3.3.6 The effects of excess stress during pregnancy can be transferred to the unborn child. This can affect children's behaviour late in life. Sources of stress include untreated anxiety and depression, lack of support and social isolation, poverty, domestic abuse, and unplanned pregnancy.
- 3.3.7. Positive and supportive relationships during pregnancy can improve mental health. Croydon has programmes in place to support women during pregnancy. Our opportunity is to recognise from the earliest stage and ideally before pregnancy, how women and families' wider circumstances and their health may impact the quality of the pregnancy and ensure that any risks for the first 1000 days are minimised.
- 3.3.8 Infancy:** The first two years of life provide a window of opportunity to shape the brains of the future. Children's brains are developing at their fastest rate during infancy and parents, the wider family and community can all ensure that this development is as great as possible. Our brain cells need connecting and positive stimulating environments are vital to this process. Differences in child development at three between the children from the least and most deprived communities are already apparent.
- 3.3.9. Safe environments including a positive relationship with at least one adult caregiver are extremely important. Learning to cope with stressful situations is a normal part of learning but where these situations lead to 'toxic stress' long term damage is possible. A strong relationship with an adult and community resources can help children to thrive despite adversity;
- 3.3.10. Physical health during infancy can be supported. Immunisations are a proven and cost effective way of eliminating damaging and life threatening infectious diseases. Breastfeeding also helps bonding between mother and baby and breastfed babies are less likely to be overweight and obese or have type 2 diabetes and have higher cognitive development scores. Breast feeding and immunisation rates across the borough vary.
- 3.3.11 There is a link between child overweight and obesity and wider determinants; children living in deprived neighbourhoods are more likely to be overweight and obese. Children on lower incomes but in better neighbourhoods are less likely to be overweight and obese.
- 3.3.12 Croydon has already recognised the need to give every child the Best Start in life with the creation of the Best Start programme. This has incorporated the

need to support parents, both through targeted support and universal Children's Centre activities.

3.3.13 Adverse Childhood Experiences (ACEs): Abuse, domestic violence, homelessness, parental relationship breakdown experienced in early childhood all have the capacity to become an Adverse Childhood Experience. The chronic toxic stress from ACEs can impact on both brain and physiological development. Consequences for the child include increased risk of self harming, anti-social behaviours, mental illness, and earlier development of chronic diseases in adulthood

3.3.14 It is extremely positive that Croydon has programmes to support vulnerable adolescents. Our opportunity is to recognise that some of the causes of risky behaviours in adolescence will rest within these children's first 1000 days and identify what can be done to reduce the risk factors. For example children from deprived neighbourhood are both more likely to be exposed to ACEs and to experience clusters of them, although ACEs are apparent in all sections of society.

4. CONSULTATION

4.1 As part of the development of this document Croydon Youth Forum and a range of people working in early years development have been involved in the process. The Director of Public Health report is meant to provide an independent report that others can then use to inform and shape any subsequent consultations however feedback will be requested from readers of the 2018 Director of Public Health report to ensure that it is as accurate as it can possibly be.

5. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

5.1 There are no direct financial implications arising from this report.

Approved by: Lisa Taylor, Director of Finance, Investment and Risk

6. COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER

6.1 There are no additional legal considerations arising directly as a result of recommendations in this report.

Approved by: Sandra Herbert, Head of Litigation and Corporate Law for and on behalf of Jacqueline Harris Baker, Director of Law and Governance and Monitoring Officer

7. HUMAN RESOURCES IMPACT

7.1 There are no direct Human Resources implications arising from this report. However, the content of this report are likely to have an impact on the future

development of Council services, which may have HR implications. Where that is the case, the Council's existing policies and procedures must be observed and HR advice sought at an early stage.

Approved by: Sue Moorman, Director of Human Resources

8. EQUALITIES IMPACT

- 8.1 Breaking the inequalities cycle is one of the three principles to guide our future actions. This will include: tackling the socio- economic determinants of health- (such as jobs, homes, social cohesion, education, income) is key in reducing inequalities in early years that, in turn, become inequalities across the life course. We all have a role to play in breaking this cycle. This will help the Council meet its equality objective to reduce differences in life expectancy between communities. An equalities impact assessment was not conducted due to the nature of the report as it covers all children from conception to the age of two within Croydon.

Approved by: Yvonne Okiyo, Equalities Manager

9. ENVIRONMENTAL IMPACT

- 9.1 Not applicable

10. CRIME AND DISORDER REDUCTION IMPACT

- 10.1 Evidence has shown across the globe that work to stop, reduce or mitigate Adverse Childhood Experiences before the age of two may have a positive impact in the reduction of crime and disorder for every child throughout the course of their life

11. REASONS FOR RECOMMENDATIONS/PROPOSED DECISION

- 11.1 Based on the evidence and information that has been sighted by the Director of Public Health she has used her specialist expertise to make this informed decision

12. OPTIONS CONSIDERED AND REJECTED

- 12.1 Not applicable

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BACKGROUND PAPERS - LOCAL GOVERNMENT ACT 1972: none

APPENDICES: Appendix 1: Draft Annual Director of Public Health Report 2018