

The London Public Health Forum Presents:

Growing Healthy Futures: Tackling Child Poverty and Nutrition

Wednesday 1 November 2023 1030-1200

Keynote address: Dr Jessica Allen, Deputy Director, UCL Institute of Health Equity and Professor Ingrid Wolfe, Director of Women and Children's Health, KCL













Please use #LondonPHForum to live Tweet the event

Welcome

Kevin Fenton

Regional Director London, Office of Health Improvement and Disparities (OHID)

House Keeping



Please stay on mute unless you are speaking.



Please turn your camera on if possible.



Please engage and ask questions by adding to the chat or raising your virtual hand. These will be answered at appropriate points.



Please keep content relevant and timely to agenda item in the chat.



This webinar will be recorded and slides will be shared after this event.



To turn your own live captions, select the three dots at top of your screen and click 'turn on live captions'

Objectives

This London Public Health Forum brings together public health leaders, practitioners and their teams from across London to:

- Describe the current state of child poverty in London including the challenges and mitigations
- Describe the barriers to healthy eating at a time of rising child poverty
- Highlight the great work being done to improve the quality of food consumed by London's children and young people, spotlighting local best practice
- Identify ways to improve baby, child and young people's nutrition at a pan-London, Integrated Care System and borough level

Keynote Address

Child poverty in London: the current situation and what can be done to reduce its impact

Dr Jessica Allen, Deputy Director, UCL Institute of Health Equity

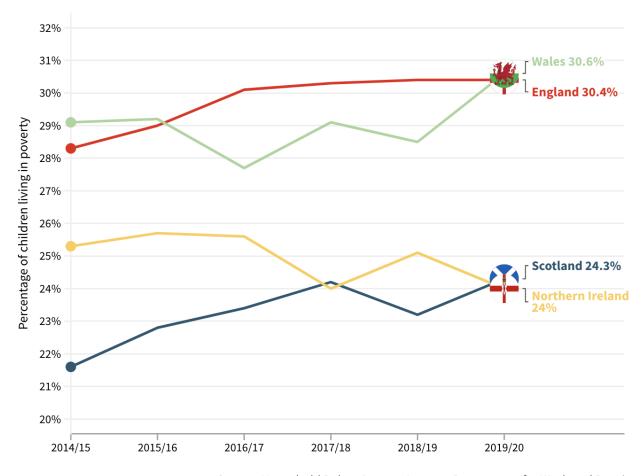


Child poverty in London

Dr Jessica Allen
Deputy Director
UCL Institute of Health Equity

Child poverty rising

Child poverty is also rising everywhere except Northern Ireland





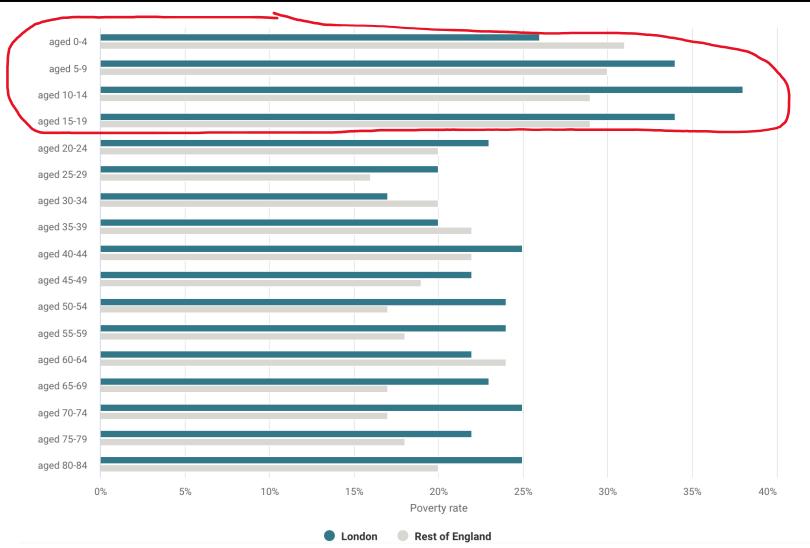
Source: Household Below Average Income. Department for Work and Pensions

Child poverty (<60% median income)



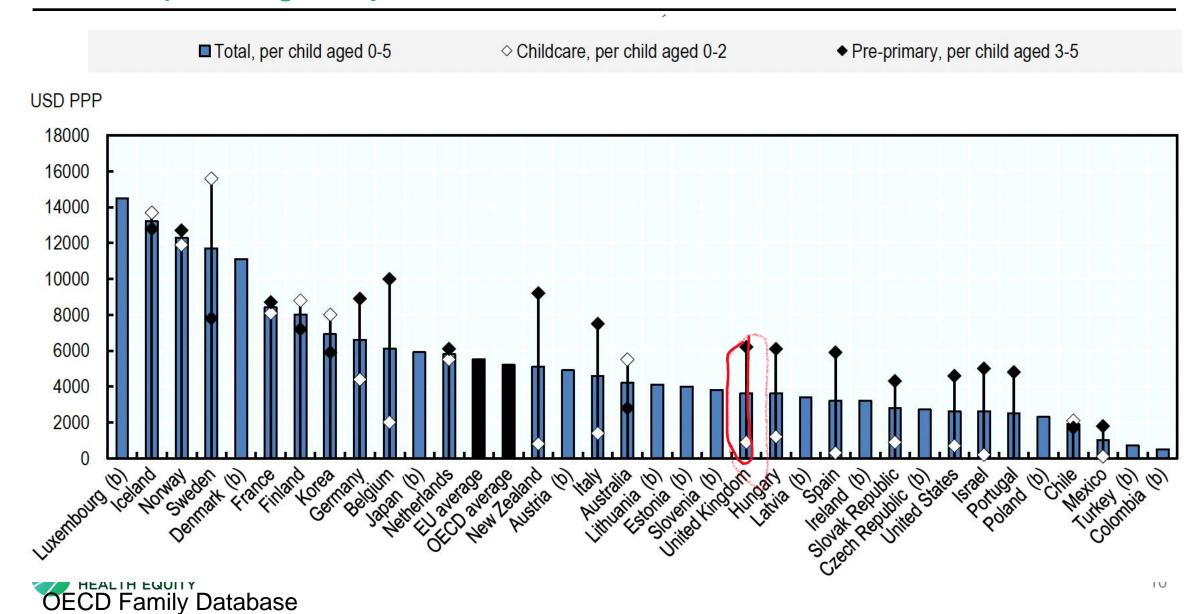


Proportion of Londoners in poverty after housing costs by age band (2021/22) – highest rates are for children





Public spending early child education and care



Drivers of child poverty

Low income

- Wages minimum wage policy
- Inadequate social protection and taxation policies
- Culture, racism and discrimination

Expenditure – high costs of housing, heating, food, transport and essential goods

Impacts of deprivation



Annual real growth in median equivalised disposable household income before housing costs by income quintile: UK





Fig 5. Change in local authority spending power, by deprivation, London local authorities, 2010/11 – 2020/21

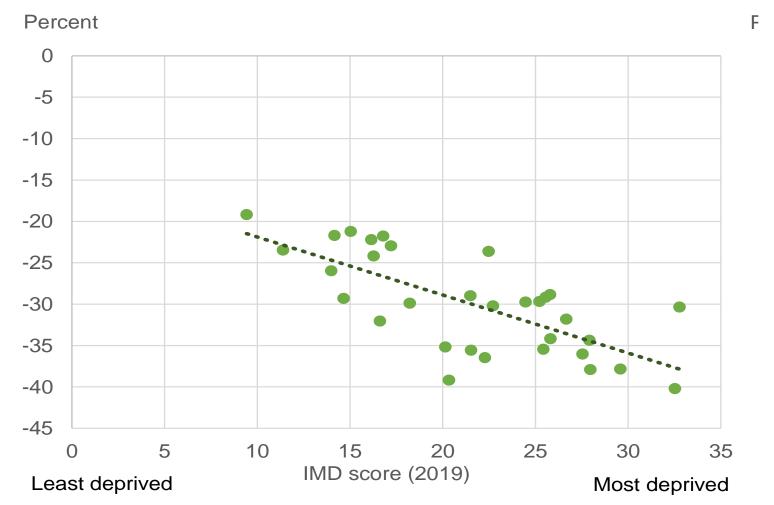
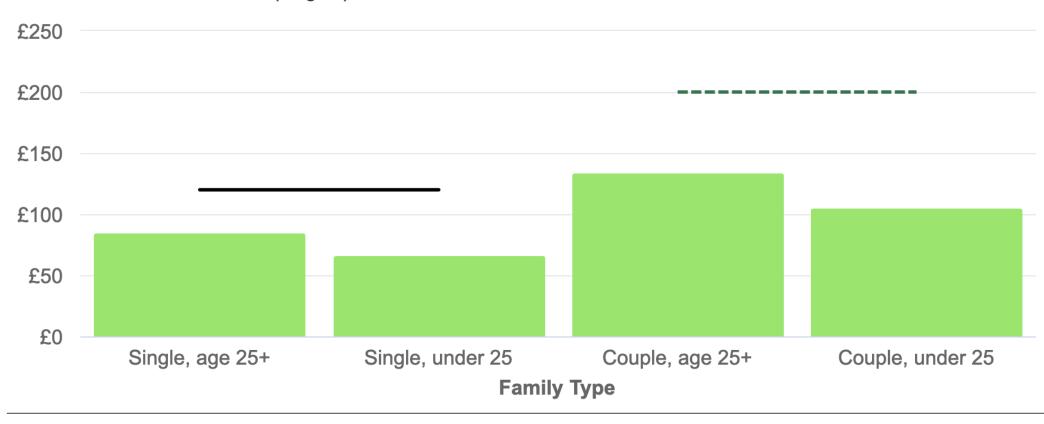
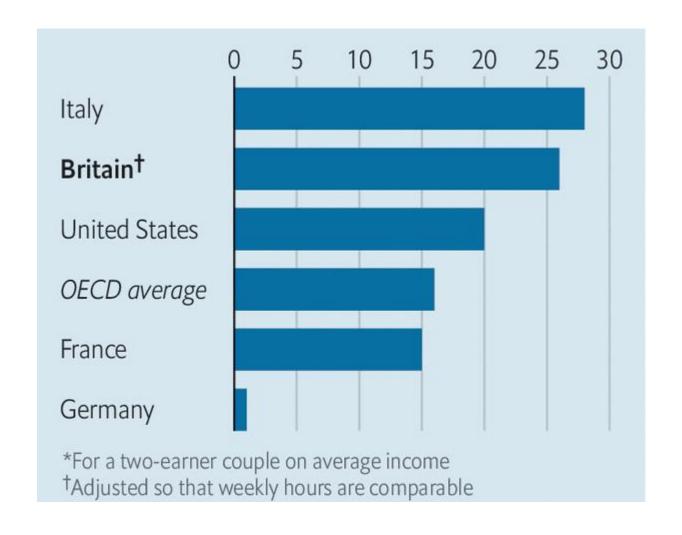


Chart 1: Universal Credit's standard allowance compared to our indicative Essentials Guarantee level (£ per week in 2023/24)

- Universal Credit standard allowance -- Cost of basic essentials (couples)
- Cost of basic essentials (singles)



Child-care costs, % of net household income*, 2020

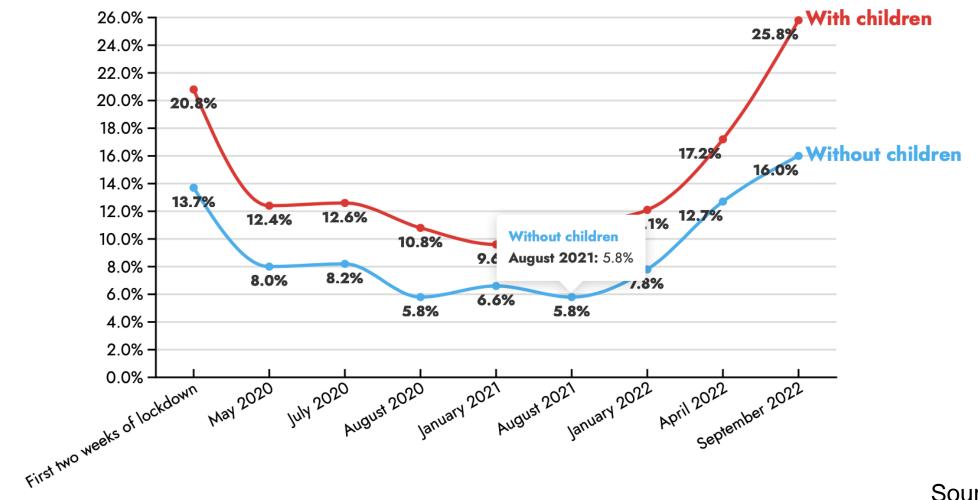




Source: OECD, IFS, Economist

Food insecurity has increased more in households with children

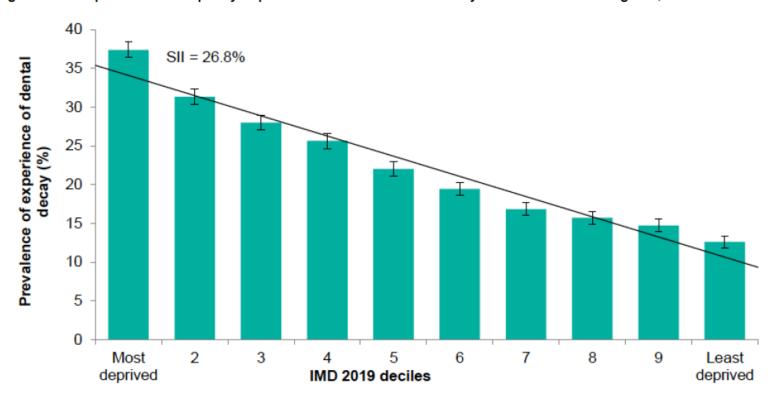
Percentage of households experiencing food insecurity*:



Gradient in caries in 5 year old children

Inequalities in oral health in England

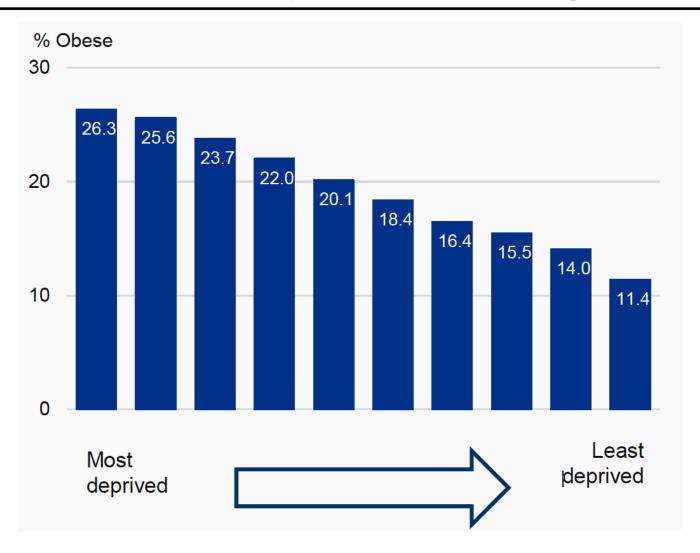
Figure 3.13 Slope index of inequality in prevalence of dental caries in 5 year old children in England, 2019



Source: PHE 2020Both the slope and the relative indices of inequality can also be used to describe changes in inequalities over time. Absolute inequalities in dental caries prevalence in 5 year old children had slightly reduced from 30.2 in 2008 to 26.8 in 2019 (Figure 3.14). While absolute inequalities in dental caries prevalence had reduced since 2008, it is also important to consider relative inequalities, as an improvement in one may not always follow an improvement in the other. Relative inequalities in the prevalence of dental caries in 5 year old children had increased from 2008 to 2019. In 2008, the proportion of children with dental caries was 2.9 times higher in the most deprived areas than the least deprived areas and in 2019 it was 3.8 times higher (Figure 3.15).

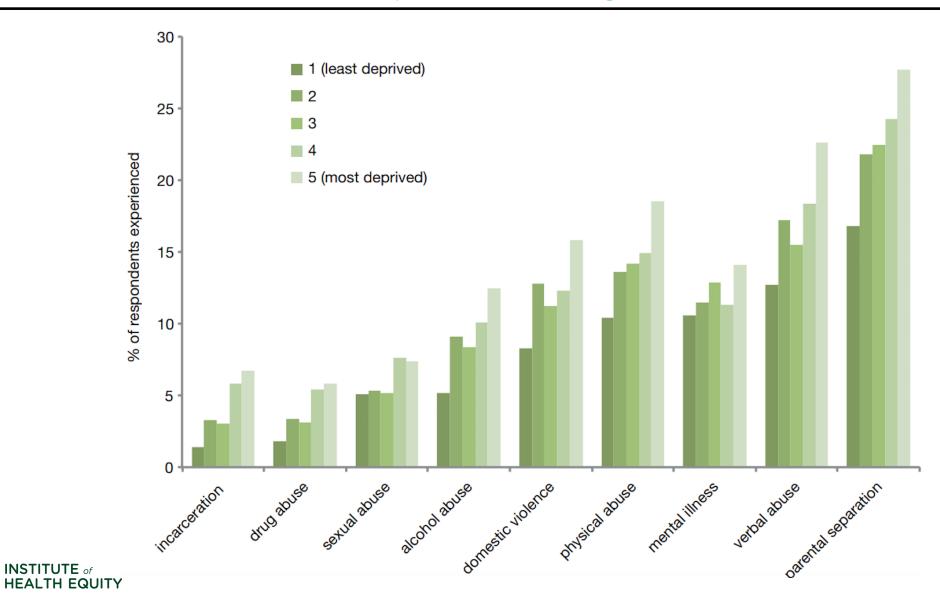


Obesity Prevalence in Year 6 by Deprivation England 2016/17

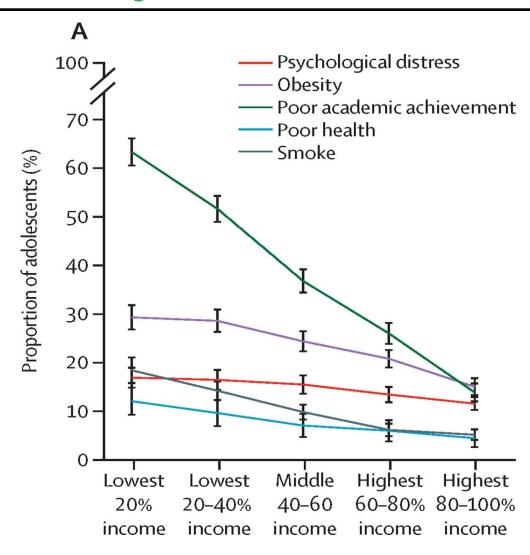


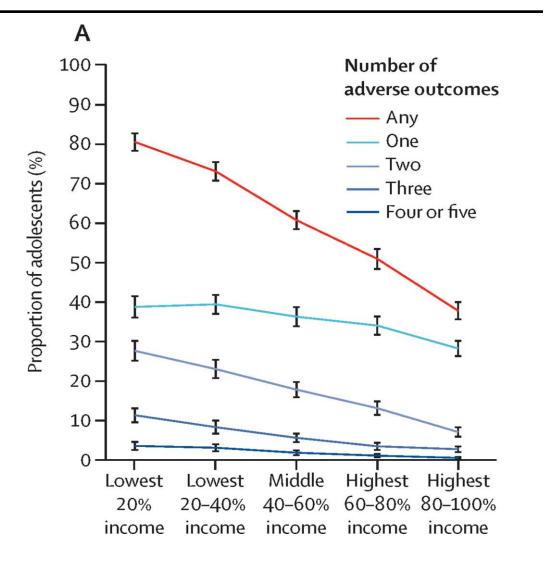


ACEs by income England 2013



Adverse health and educational outcomes following early childhood disadvantage







Source: Villadsen, A., Asaria, M., Skarda, I., Ploubidis, G. B., Williams, M. M., Brunner, E. J., & Cookson, R. (2023).

- Advocacy national, local government, health care, communities
 - Social justice case
 - Cost case
 - Efficiency
- Mitigating interventions
- Partnerships



Supporting the cost of essential outgoings

- Food
- Childcare
- Home energy
- Transport
- Housing
- Healthcare

Maximising income

- Pay London living wage
- Access all benefits entitled too

Financial resilience and debt management

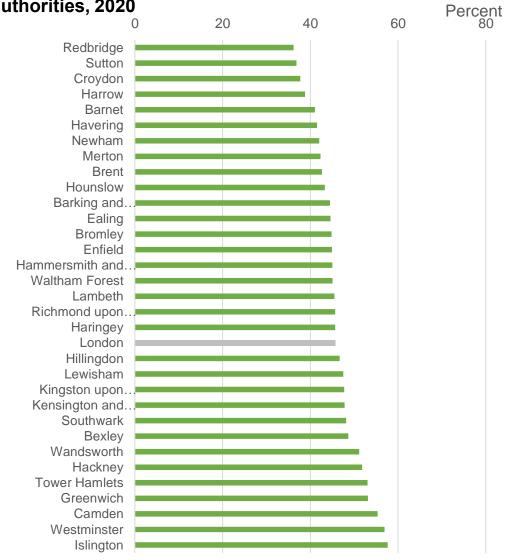
- Debt and financial advice services
- Responsible credit unions





THE RISING COST OF LIVING:
A REVIEW OF INTERVENTIONS
TO REDUCE IMPACTS ON HEALTH
INEQUALITIES IN LONDON

Fig 24. Uptake of Healthy Start vouchers, London local authorities, 2020





The health equity system – UK

- Local Government
- Health Care primary and secondary care, Trusts, Integrated Care Systems
- Voluntary and Community sector
- Public services education, criminal Justice, transport
- Business and private sector
- NATIONAL GOVERNMENT AND ORGANISATIONS



Children and Young Peoples health equity collaborative

Partnership Barnardos, IHE and 3 ICS

Drivers of health inequalities among CYP

- Design and deliver interventions to reduce them
- Data tool







The Health Equity Network

Register for the Health Equity Network here: http://bitly.ws/zh2g

or scan this QR Code with your phone camera:



Keynote Address

Mitigating the impacts of poverty through a population health approach to healthcare.

Professor Ingrid Wolfe, Director of King's Health Partners Women's and Children's Health

Mitigating the impacts of poverty through a population health approach to healthcare

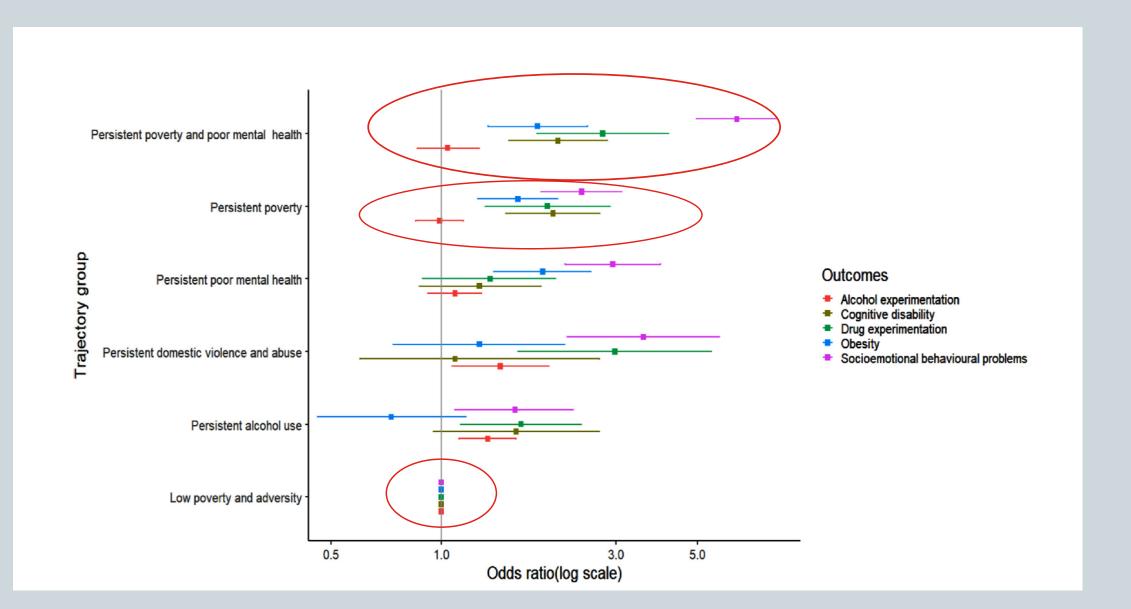
Ingrid Wolfe
The London Public Health Forum
1 November 2023



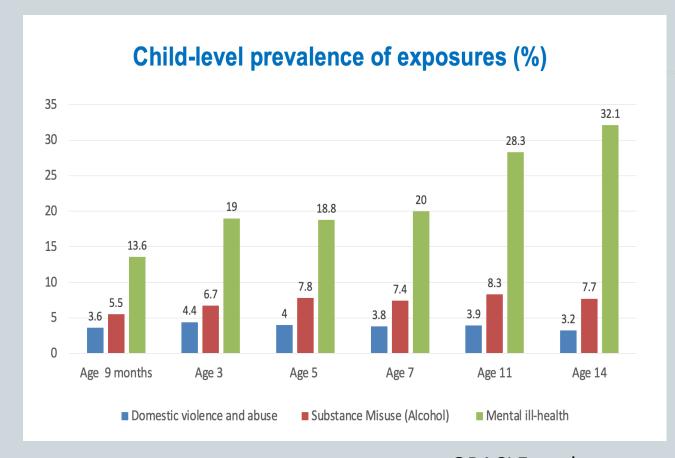


Persistent exposure of children to poverty is associated with adverse child outcomes

Persistent poverty is harmful to child health and wellbeing



ORACLE study Adjei et al 2021

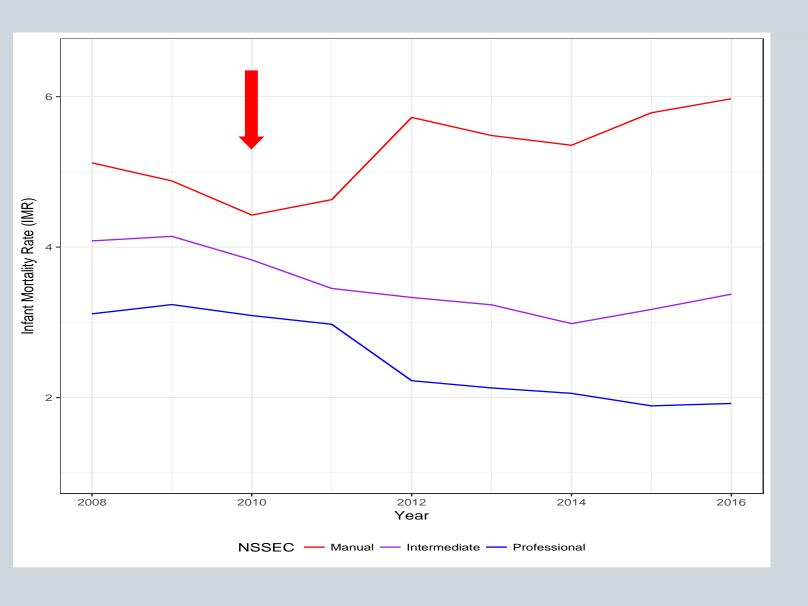


ORACLE study Adjei et al 2022

Over 40% of children experienced continued exposure to poverty and/or parental mental health problems

Poverty is a key reinforcing factor.

Poverty is associated with double the odds of poor childhood outcomes.



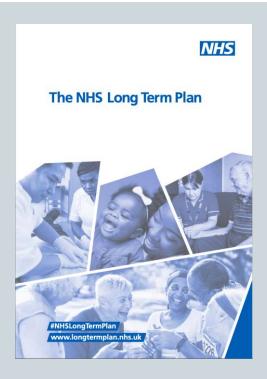
Poverty is a matter of life and death.

and politics.

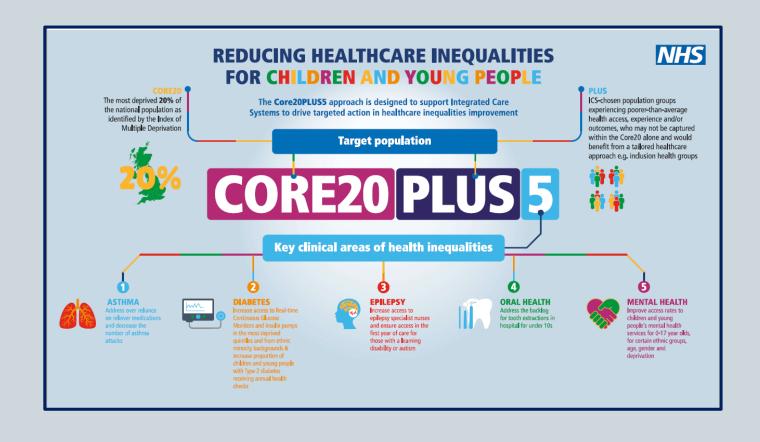
Policy



Health and Social Care Act 2012







What can the NHS do about poverty?



Ask about poverty

Know what help is available

Signpost *meaningfully*Care for the whole child

RESOURCES

- RCPCH Health Inequalities tool
- Child Poverty Action Group
- Institute of Health Equity

Healthcare Public Health

Access to care

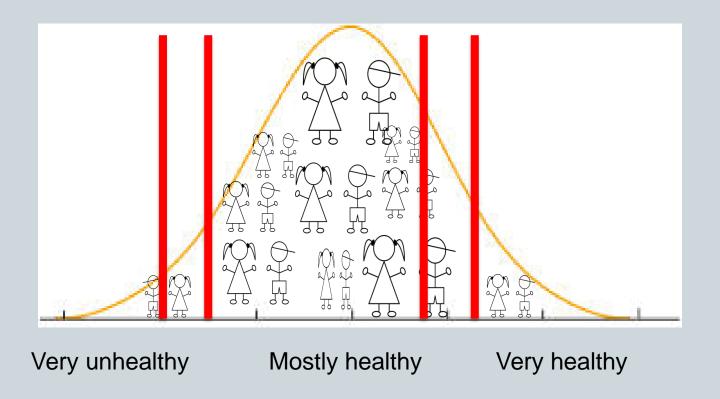
Inverse care law

Prevention

Early intervention

Social determinants of health

Paediatrics is about populations



Paediatrics is about populations: the CHILDS framework

Healthcare Public Health

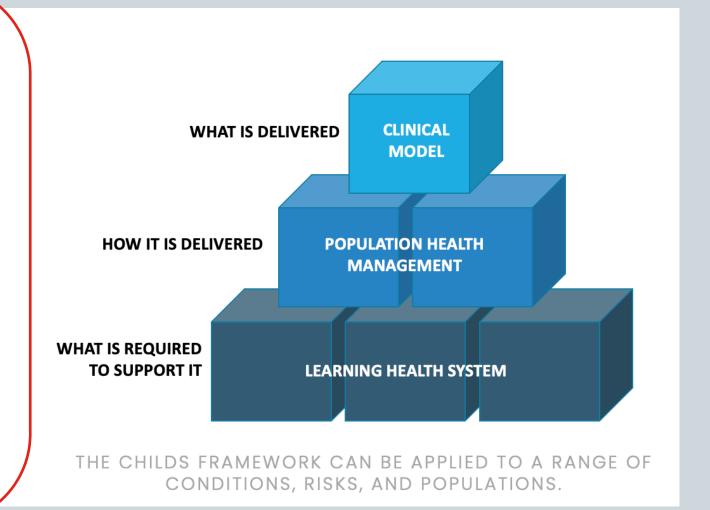
Access to care

Inverse care law

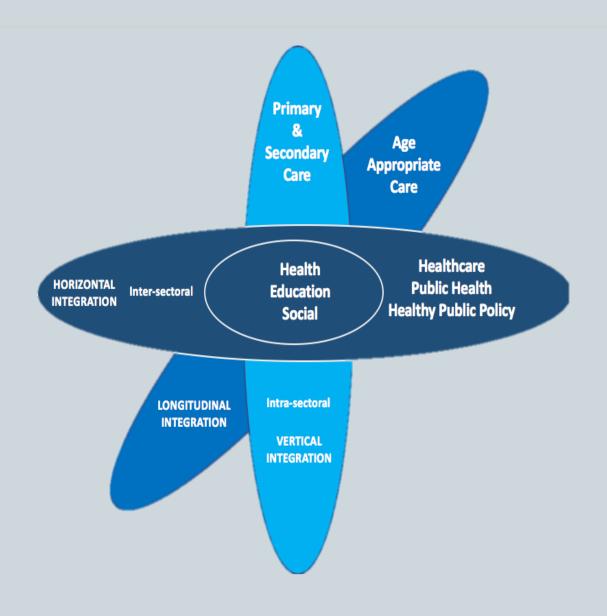
Prevention

Early intervention

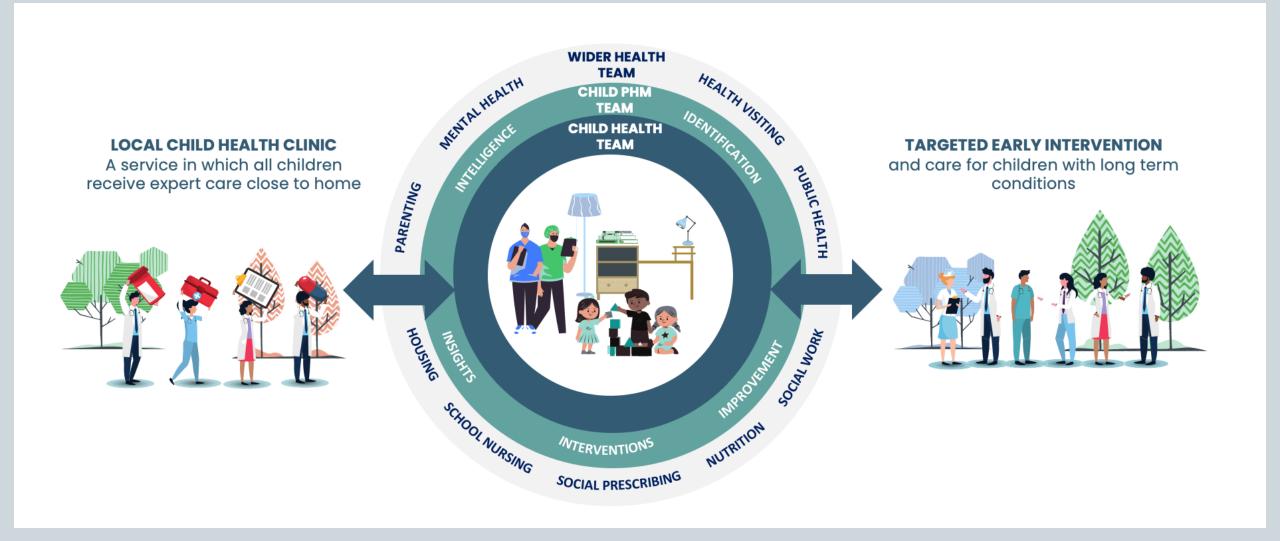
Social determinants of health

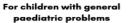


Paediatrics is about populations: the CHILDS framework



Paediatrics is about populations: the CHILDS framework





Referral via:

 Child's primary care provider



For children with a longterm condition

Referral via:

- Proactive case identification
- Clinician
- · School health services
- Parental self-referral

Local Child Health Clinic

- Triage and treat discussion
- Appointment with GP or paediatrician in primary care
- "Lunch and Learn" education and training between paediatrician and primary care team
- <u>Signpost to Tracer Condition</u>
 <u>Service for eligible children</u>



Tracer Condition Service

Family complete a biopsychosocial pre-assessment (Health Check) to support triage and tailored care planning

CYPHP Health Team

Referral to community-based team

- Paediatric nursing
- Mental and social health support
- Self-management advice
- Safety netting
- Medication reviews and annual checks
- Care plans shared with school health service



CYPHP Health Pack

Self-management booklet

- Self-management advice
- Safety netting
- Annual checks



Paediatrics is about populations: the CHILDS framework

Data mapping unmet needs

7779 children: early identification of risk

56% had at least 1 uncontrolled physical health condition even though they were known to their GP 78% had at least 1 unmet bio-psycho-social need 16% had all 3 unmet needs

Black children had an 33% increased risk of poor asthma control

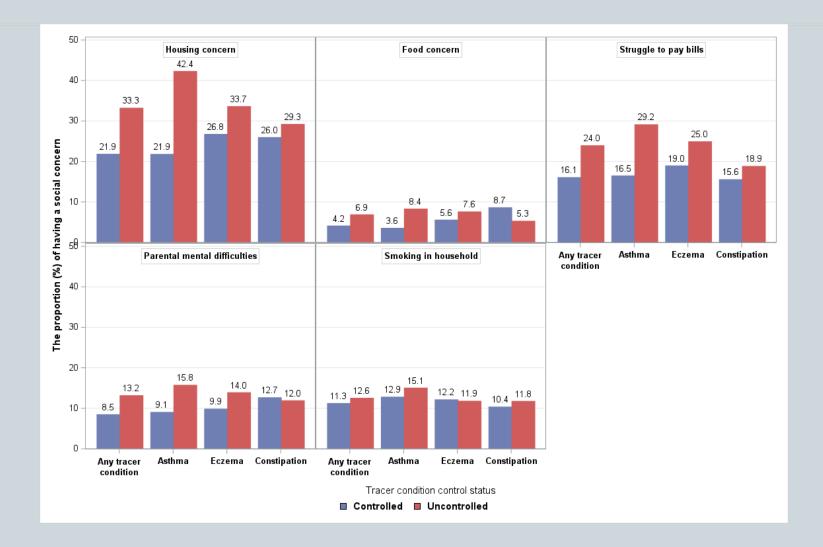
Risk ratio 1.3 (95% CI 1.2 to 1.47) p<0.001

Children from the most socio-economically disadvantaged quintile:

20% increased risk of poor asthma control

Risk ratio 1.2 (95% CI 1.11 to 1.31) P<0.001 after controlling for gender, age and ethnicity

Unmet needs



Lingam et al Under review

Identifying and delivering care for children with unmet needs is an important part of the potential for this model

Qualitative research with parents of children living in deprived conditions

- Provided 'individualised, holistic, quality care' for these families
- Benefitted the whole family unit beyond health alone.
- Helped with a range of social determinants of health, including mould, bed bugs, access to fresh food, job and housing support.
- Strengthened the parent's voice when talking to the school or doctor, through the nurses acting as an advocate.
- Provided easier access to care, by providing home visits and care in local clinics

Families preferred the service to their previous standard care

Health service access



Reduced health inequalities

We proactively reach proportionately more children from the two most deprived deciles

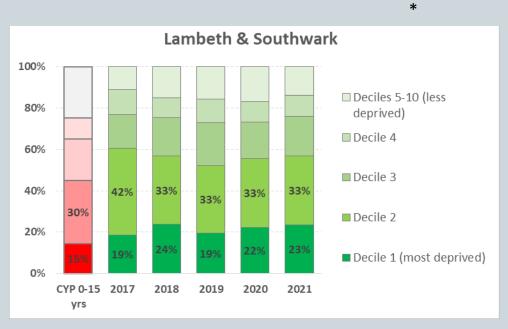
We are **improving equity of access** compared to usual care

We are reversing the Inverse Care Law



Reaching the local CYP population

The ethnic and age profile of our patients matches the local population



* IDACI: Income Deprivation Affecting Children Index

Healthcare public health

In our local area, care for children and young people now looks very different.





15 Child Health Teams covering 100% of our children & young people



400 children per month discussed by child health teams



10,000 families have been provided with self-management guidance for their child's long-term condition



4,000 children have been provided with proactive care for their long-term condition(s)



60% of general paediatric outpatient clinics take place in a primary care setting, closer to home.



If the UK could achieve the same child mortality rates as Sweden, 5 fewer children per day would lose their lives.

There were **4.2 million children** living in poverty in the UK in 2021-22.

That's 29 per cent of children, or **nine in a classroom of 30.**

Children from **Black and minority ethnic groups** are more likely to be in poverty: 48 per cent are now in poverty, compared with 25 per cent of children in white British families.

Thank you



Ingrid Wolfe Ingrid.wolfe@kcl.ac.uk



BACAPH

British Association for Child and Adolescent Public Health

https://www.bacaph.org.uk

info@bacaph.org.uk



Panel Discussion

Local London initiatives

- Emma Pawson, Head of Health & Programme Director for Universal Free School Meals, GLA
- Dr Chi-Chi Ekhator, GP Clinical Lead, The A.T Beacon Project
- Jonathan Pauling, Chief Executive, The Alexandra Rose Charity

Session Close

Kevin Fenton

Regional Director London, Office of Health Improvement and Disparities (OHID)

Please complete our evaluation form – <u>London PH</u> Forum November 2023 evaluation form London PH Forum November 2023 evaluation form

