

# Hertfordshire Healthy Centres Programme



## Hertfordshire

Creating a healthy and happy Hertfordshire

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## **Introduction**

We want to create a healthy and happy Hertfordshire where all residents are born as healthy as possible and live a full, healthy and happy life<sup>[1]</sup>. Enabling every child to have the best start is crucial for sustaining health throughout life into older age. We want to ensure that children and young people are as healthy as possible as they grow into adulthood by supporting families, communities and professionals. Hertfordshire's Family Centres play a vital role in contributing to the delivery of public health with children aged up to 11 and their families. Family centres should implement 'Making every contact count' which gives child care professionals a responsibility to provide brief advice to families to improve children's overall health and wellbeing.

## **The Healthy Centre Programme**

The Healthy Centre Programme is a continuation of the Healthy Children's Centre Programme 2015 -18 which is now fully embedded within family centres. Public Health Hertfordshire and Family Services Commissioning have worked together to endorse and update the content of the programme.

The programme aims to build on the good work that centres have delivered over the past years whilst also continuing to further improve health outcomes for children pre-birth to age eleven and their families. The programme is based on researched evidence of successful approaches, as well as recommendations from national and local policy and strategy documents. While Hertfordshire's health statistics are mostly favourable compared with the national picture, we know that there are persistent, notable health inequalities across the county. This programme will help to minimise these inequalities.

We want family centre staff to be able to confidently approach, support and advise families on key health aspects whilst promoting national health weeks and their benefits.

## **Hertfordshire's Family Centres**

Hertfordshire's Family Centres went through a re-commissioning process and a new contract specification was put in place from 1 October 2018. This includes supporting the delivery of cost effective, early intervention and preventative public health services to improve outcomes and reduce health inequalities for children from pregnancy to eleven years of age although Public Health Nursing will work with young people until they are 19 years of age.

## **Partnership approach**

[The 1001 critical days manifesto](#) (p.8) encourages holistic, partnership working in order to support families.

A holistic approach to all antenatal, perinatal (conception to the first 18 months of life) and postnatal services would enable seamless access for all families. This includes midwives, health visitors, GPs and family centres. These services should engage with families as soon as possible, ideally during pregnancy. The contact that parents have with services before, and after, the birth of their child, provides a unique opportunity to work with them at a stage which is so vitally important to the development of children.

The continued success of the Healthy Centre Programme will depend on close partnership working with a variety of professionals to ensure high quality support is offered which is based on best practice and best evidence.

Many services provided by the family centre will be delivered in partnership with a range of professionals such as public health nurses, midwives, GPs and early year's settings who are all essential partners in the continued success of the Healthy Centre Programme.

### **Why continue with the standards?**

Continued engagement with the programme will help those working with children pre-birth to eleven and their families to:

- ensure that children in the family centre group reach area are physically, mentally and emotionally healthy, and that their families have healthy lifestyles
- meet the requirements of the Healthy Child Programme
- provide evidence for Ofsted inspectors of their work
- provide evidence for the Care Quality Commission
- work in line with the Government's Core Purpose for Family centres
- plan their work with disabled children and their families in line with the Early Support programme
- implement the recommendations of the Early Years Foundation Stage; these place increased emphasis on school readiness, personal, social and emotional development, communication and language and physical development.

### **Health in Herts**

The Healthy Centre Programme will continue to tackle the health inequalities raised in the Healthy Childrens Centre Programme. Eight areas remain priorities for Hertfordshire.

1. Healthy weight; healthy lives
2. Improving oral health
3. Improving mental health and emotional wellbeing
4. Improving sexual health

5. Reducing alcohol and substance misuse

7. Increasing childhood immunisation rates

6. Tobacco control

8. Child, family and centre safety

## **Safeguarding**

Safeguarding children and vulnerable adults is everyone's responsibility. If there is a danger to life, a risk of injury or a crime taking place, call the police by dialling **999**. Safeguarding cuts across all of our priorities.

### Protecting adults from abuse or neglect

If you or someone you know is being abused or neglected ring **0300 123 4042**

### Child protection

To make a child protection referral ring **0300 123 4043**

### Hertfordshire Safeguarding Children Partnership (HSCP)

Hertfordshire Safeguarding Children Partnership (HSCP) is a statutory board, which has been set up in accordance with the Children Act 1989 and Working Together to Safeguard Children 2015. The partnership ensures that all agencies and organisations who work with children and young people work together to keep them safe.



## Standard 1: Healthy weight, healthy lives

### Breastfeeding

#### What is the issue?

[The World Health Organisation \(WHO\)](#) and the [Department of Health](#) recommend exclusive breastfeeding of infants up to the age of six months. Although in the UK the number of women initiating breastfeeding increased from 76% in 2005 to 81% in 2010, a third of women stop breastfeeding soon after birth <sup>[2]</sup>. For the year 2019-2020 (quarter 4), in Hertfordshire, 74.75% of babies had breastmilk at birth (initiation) <sup>[3]</sup>. However, that percentage falls significantly by 6-8 weeks.

Although a minority of infants cannot be breastfed due to maternal health or other reasons, the benefits of breastfeeding are well established <sup>[4]</sup>

- Improved attachment and bonding between mother and baby.
- Reduced lifetime risk of obesity and diabetes.
- Reduced hospital admissions of infants for diarrhoea, vomiting and respiratory infections.
- Reduced risk of sudden infant death.

#### What can help?

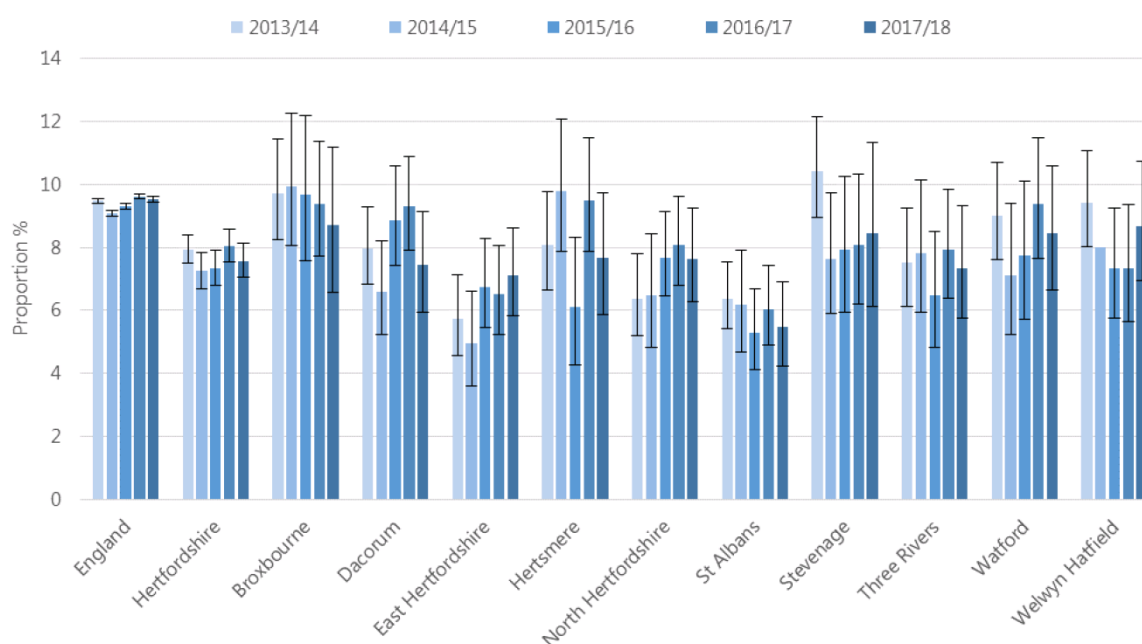
Hertfordshire's Family Centres Family Support are Unicef UK Baby Friendly Initiative re –accredited as at July 2019. This is a national kite-mark scheme, which supports breastfeeding and appropriate introduction of solids, through training all staff and ensuring a breastfeeding friendly environment. A range of breastfeeding groups have been developed across the county to support and sustain breastfeeding. The support offered within family centres includes support by a range of professionals including family centre staff, health visitors, midwives and the voluntary sector.

### Adult and childhood obesity

#### What is the issue?

Being overweight or obese can cause ill health, affect mental health and increases the risk of serious illness such as Type 2 diabetes, hypertension and certain cancers. Nearly a quarter of people in England are obese and current trends may mean that today's children have less good health and a shorter life expectancy than their parents' generation. The Foresight report predicted that unless we take effective action, 70% of girls and 55% of boys will be overweight or obese by 2050 <sup>[5]</sup>. Excess weight is the aggregation of both overweight and obese categories. Growth patterns in the first few weeks and months of life affect the risk of later obesity and chronic disease.

## Obese children (4-5 years), Persons, 4-5



The proportion of children in reception year in Hertfordshire with excess weight decreased, though not significantly, from 20.5% in 2013/14 to 19.3% in 2017/18 and remained significantly below the England average of 22.4%.

[Further details on the NCMP data can be found here](#)

Being overweight is an issue that affects an increasing number of people. In England, in 2015, 58% of women and 68% of men were overweight or obese. Obesity prevalence has increased from 15% in 1993 to 27% in 2015 <sup>[6]</sup>.

### What can help?

Family centres can help to reduce obesity of adults and children through facilitating improvements to diet and lifestyle in line with nationally recognised nutritional and physical activity guidelines, eliciting behaviour change in relation to parenting skills and emotional wellbeing (e.g. understanding entrenched eating behaviours and how to address these), and increasing awareness of healthy eating and physical activity within settings and by children and their families. This could be by encouraging active play in all family centre sessions, supporting programmes that encourage parents and carers to be more active and encouraging active travel to and from the centre on foot or by bicycle. Family centre staff can signpost and refer families to any relevant workshops that are running, such as 'Introduction to solids' as well as local healthy weight programmes. They can also encourage participation in local initiatives including [Junior Park Runs](#) which are free for families to access.

## Standard 2: Improving oral health

### What is the issue?

Poor dental health can affect children and their families in a range of physical and social ways. Although largely preventable, tooth decay is the most common oral disease affecting children and young people in England, and in 2012-13 it was the most common reason for hospital admissions in children aged five to nine <sup>[7]</sup>. Poor oral health in children is caused by poor diet, poor oral hygiene and lack of exposure to fluoride. Children who are from lower income families experience disproportionately high levels of oral health problems <sup>[8]</sup>.

Nationally, dental health has been improving since the 1970s which was highlighted by the 2017 Child Dental Health Survey for 5 year olds; nationally almost 25% of 5 year olds have tooth decay. <sup>[8]</sup> The local needs assessment for dental health in Hertfordshire has shown that dental health in children is generally good compared to England as a whole. However, some districts in Hertfordshire have better oral health than others and in some districts the oral health inequalities are wider. 15.4% of children in Hertfordshire have tooth decay. In St Albans, this was 9.9% compared to Watford at 26.2% and Stevenage at 25.2%. These 2 districts have the highest rate of tooth decay in the county.

### What can help?

Improvements in oral health can be gained by minimising the amount of sugar in children's diets and increasing access to fluoride; family centres can help promote these messages to families. Centres can also encourage adults to brush their children's teeth effectively, with age appropriate fluoride toothpaste twice a day for about two minutes. [NHS choices](#) encourage parents to brush their child's teeth twice a day from when they first appear and continue to assist them until about the age of 7 years old. A new Hertfordshire Oral Health Alliance was set up in the spring of 2019 to co-ordinate actions to improve oral health for 0-5 years. All of the providers from the Family Centre Service are represented on the Alliance.

Centres should also be helping parents to register their child at a dental practice and be recommending that children go to the dentist with their parents before the age of one <sup>[9]</sup>; the earlier these visits start, the more relaxed the children will be. Family centres should discourage parents/carers from using a bottle after one year old and encourage them to wean their babies on to a healthy diet of sugar-free snacks and drinks. Family centres should promote drinking water within their own environment and encourage families to drink water in the home.

[Herts oral health care ideas](#)

[NHS England oral health care ideas](#)





## Standard 3: Improving mental health and emotional wellbeing

### What is the issue?

Mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community<sup>[10]</sup>. The mental health of both parents/carers can have a direct impact on the emotional health and wellbeing of babies, children and young people. Research has clearly shown that an adult carer who is suffering from a mental health disorder or difficulty can profoundly impact not only the parent-infant relationship but also impact on the child's own emotional development and wellbeing<sup>[11]</sup>.



Strong bonding and attachment between parent or carer and infant supports the baby's social and emotional development including empathy, trust and wellbeing in the child, healthy brain and language development leading onto cognitive development and school readiness. Strong attachment can support and build resilience to adverse life events or circumstances<sup>[11]</sup>.

The majority of people in Hertfordshire see themselves as being in good health and the local population's sense of their own mental wellbeing has progressively risen in recent years. When compared with national surveys of self-reported wellbeing, people in Hertfordshire report higher levels of happiness and satisfaction and lower levels of anxiety and worthlessness than across England as a whole<sup>[12]</sup>. Although there is no maternal mental health data available locally, there is an ever growing evidence base around maternal mental health and children's mental health and wellbeing.

### What can help?

Family centres provide evidence-based programmes of support which aim to promote bonding, attachment and resilience, including stay and plays and parenting programmes, role model positive parenting skills. [My Baby's Brain](#) messages are embedded into family centre services, helping families to do five key things that help their baby's brain to grow and develop. Family centres deliver services that improve parental emotional health and wellbeing, have strong links with health visitors who also support maternal mental health and can refer to more specialist support where necessary.

## Standard 4: Improving sexual health

To have good sexual health, both physical and emotional, can include:

- valuing and feeling good about yourself
- having safe and respectful relationships
- using contraception to avoid sexually transmitted infections (STIs) and unplanned pregnancies
- getting tested for STI's and accessing the right treatment if needed
- feeling good about your sexual experiences, and not regretting anything that's happened
- not having to do anything sexually that you do not want to.

All new parents should be reminded to look after their sexual health and to think about their own contraception needs. However, it is often young parents who need additional support.

### What is the issue?

Young people continue to experience the highest diagnosis rates of the most common STIs. This is likely due to greater rates of partner change among 16 to 24 year old people.

Hertfordshire's teenage pregnancy has continued to decline over a number of years. Our teenage conception rate is now significantly lower than the national average and one of the lowest in the country. Despite the significant reduction, further progress is needed to sustain the achievements and narrow inequalities. That includes a continued focus on supporting young parents.

Like all parents, young mothers and fathers want to do the best for their children. Some manage very well, but significant numbers struggle. Therefore, support for young parents should include:

- identifying vulnerable teenage mothers early and providing tailored maternity care, dedicated, coordinated support from a lead professional through targeted youth support, public health nursing, or voluntary sector
- drawing on specialist expertise from multi-agency teams on health (including mental health), contraception, returning to education and childcare.

### What can help?

When working with young people, it is important for staff to respond appropriately to any relationship and sexual health issue which may arise. Responses need to take into consideration the current legal context, while also respecting young people's right to privacy and independence and promoting their physical and emotional well-being

Family centres should offer support to enable people to find and access a range of [sexual health and contraception services](#) in their local area including specialist sexual health centres, GPs and pharmacies. Family centres should build

relationships with local sexual health and contraception services to better understand referral arrangements and services available for young parents.

To prevent unplanned pregnancies, access to contraception (including hormonal contraceptive pill, injection and emergency contraception) is available within general practices across Hertfordshire. Some general practices are contracted by Hertfordshire County Council to provide additional Long Acting Reversible Contraception (LARC) services (e.g. implants, coil). LARC are highly effective in reducing unplanned pregnancies and supports a self-management approach to sexual health. LARC is also available from specialist sexual health centres.

Staff should be familiar with the various methods of contraception including LARC. For more information visit [www.hertfordshire.gov.uk/contraception](http://www.hertfordshire.gov.uk/contraception)

Participating pharmacies can offer emergency contraception free to women aged 24 years and under. Women should be encouraged and supported to use regular methods of contraception. However, emergency contraception (EC) is a safe and effective way of preventing unwanted pregnancy when regular methods have failed or have not been used.

Consistent and correct use of condoms can significantly reduce risk of STIs. Young people can access free condoms from participating pharmacies, YC Hertfordshire access points and specialist sexual health centres. For more information on how to access condoms and a short condom demonstration film visit [www.hertfordshire.gov.uk/condoms](http://www.hertfordshire.gov.uk/condoms)

Anyone under 25 years who is sexually active should be screened for Chlamydia annually, and on change of sexual partner. Free Chlamydia screening kits can be accessed from all GP's, participating pharmacies, YC Hertfordshire access points and specialist sexual health centres.

STI testing is available from specialist sexual health centres. Free on-line testing kits for HIV, Syphilis, Chlamydia and Gonorrhoea are also available from [SH:24](#).

Further information on sexual health, relationships and contraception can be accessed from [www.sexwise.fpa.org.uk](http://www.sexwise.fpa.org.uk).

## Standard 5: Reducing alcohol and substance misuse

The Department of Health recommends that pregnant women, or women trying for a baby, should avoid alcohol altogether <sup>[13]</sup>

Drinking [alcohol](#) at any stage during pregnancy can cause harm to your baby and the more you drink, the greater the risk. This is why the [alcohol unit guideline](#) advice to pregnant women is that the safest approach is to not drink alcohol at all during pregnancy.

If you're pregnant or think you may become pregnant, you're also advised not to drink. But please be aware if you're already pregnant and drank only small amounts of alcohol in the early stages of pregnancy, the risk of harm to the baby is low. However, if you are worried, you should talk to your GP or midwife.

### What is the issue?

Drug and alcohol misuse can result in different types of poor parenting including parental responsiveness, physical and emotional care and violence, all of which have a long term effect on children and young people. Serious issues for families such as domestic abuse, relationship breakdown and mental health problems can be linked to drug and alcohol misuse. These can all have a profound impact on children.

- Around 1 in 11 (9.0%) adults aged 16 to 59 had taken a drug in the last year. This equates to roughly 3 million people.
- According to the 2017/18 CSEW, 2.1 per cent of all adults aged 16 to 59 were classed as frequent drug users (had taken a drug more than once a month). This equates to roughly 698,000 people.

[Drug misuse: findings from the 2017 to 2018 Crime Survey for England and Wales.](#)

There are also New Psychoactive Substances (NPS) which are illegal to sell or give away. (Refer to [Frank](#) for more information).

### What can help?

Family centres are well placed to identify families that may have substance misuse issues. They can provide information, advice and support about substance misuse and other underlying needs such as stress and anxiety, financial difficulties or domestic violence. Family centres can signpost and refer to local specialist services who deliver services across the county.

## Standard 6: Reducing the harm from tobacco



### What is the issue?

Smoking is the main cause of preventable illness and premature death in England and in Hertfordshire. Smoking has a greater impact on lower socio-economic groups, causing a widening gap in health inequalities between the better and the least well off, with some groups dying 16-20 years earlier than the general population. Babies and children are particularly vulnerable to the effects of second-hand smoke which can lead to a lifetime of inequalities from before birth to older age. Smoking in pregnancy increases the risk of low birth weight and underdevelopment and congenital malformations; the risk of stillbirth, neonatal death and cot death are increased threefold. Smoking in pregnancy is also associated with an increased risk of behavioural problems and ADHD in children.

Tobacco smoke contains over 4,800 chemicals and over 70 toxins and carcinogens; there is no safe level of smoking and children exposed to second-hand smoke are at increased risk of respiratory illnesses, middle ear infection and bacterial meningitis with more admissions to hospital for conditions caused by or made worse from exposure to tobacco smoke. Children of parents who smoke are up to three times more likely to start smoking themselves, creating an ongoing cycle of inequalities. Stopping smoking has immediate health benefits and reduces the risk of serious long-term disability and premature death.

While rates of smoking have declined, almost 1 in 8 adults in Hertfordshire still smokes. Smoking prevalence has ceased to fall rapidly and new action is needed to drive smoking prevalence rates down further, especially in the most deprived communities where smoking prevalence is almost 1 in 4 in comparison.

### What can help?

The work of Smokefree Hertfordshire, Hertfordshire's Tobacco Control Alliance (a multi-agency partnership) includes: preventing the uptake of smoking; helping smokers to quit, promoting smokefree environments and protecting babies and children from second-hand smoke. Family centres are important members of Smokefree Hertfordshire and can make a significant contribution to reducing the harm from smoking in the families they work with.

Family centres will continue to have a smokefree policy in their settings including any outside areas. They will educate families about the dangers of smoking and second-hand smoke and they will promote any relevant campaigns and will make referrals to the Hertfordshire Health Improvement Service.

All tobacco control policies can be found on the Health in Herts professionals pages:

<https://www.hertfordshire.gov.uk/services/health-in-herts/professionals/smoking-professionals.aspx#strategies>

<https://www.hertfordshire.gov.uk/services/Health-in-Herts/Smoking/Stop-Smoking-Service.aspx>

## Standard 7: Increasing childhood immunisation rates

It is the decision of the guardian of the child to consent to vaccination. Some people choose not to vaccinate their child due to personal reasons such as religious belief, perceived harm from the vaccine or a lack of understanding of the importance of immunisation.

### What is the issue?

After clean water, vaccination is the most effective public health intervention in the world for saving lives and promoting good health <sup>[14]</sup>. Many vaccine preventable childhood diseases are now so rare that it is easy to underestimate the importance of children's vaccinations. However, whooping cough, measles and diphtheria are still a threat. The diseases are rare now, but if children are not vaccinated, there is a risk of these diseases increasing.

Measles, Mumps and Rubella (MMR) used to be common childhood diseases. MMR coverage is a good indicator for the whole vaccination programme. Following the introduction of the MMR vaccine, numbers of cases were low. However in recent years coverage of the MMR reduced, again because of unfounded concerns about links with Autism which have since been invalidated, and there continue to be outbreaks of measles across the country.

Coverage for the Measles, Mumps and Rubella (MMR) vaccine as measured at two years decreased in 2017-18 for the fourth year in a row. Coverage for this vaccine is now at 91.2%, the lowest it has been since 2011-12 <sup>[15]</sup>. At least 95% coverage is required to protect the population.

[Protecting our communities from harm: Hertfordshire Health Protection Plan](#) has more information about local coverage rates for vaccination.

### What can help?

Immunisations prevent infectious diseases and can dramatically reduce diseases and complications in early childhood. Family centres can support the immunisation programme through helping to allay fears about vaccinations and by raising awareness of immunisations and the importance of protecting children against these preventable diseases. For a list of all the childhood vaccinations please visit the NHS Choices website [NHS choices](#).

## Standard 8: Child, family and centre safety

### What is the issue?

Promoting safety advice to parents to help them to give their children a safe environment to grow up in is important so that risk of injury to children is minimised [16]. Areas of concern include drowning, choking, burns and scalds or falls. Did you know that:

- 95% of all childhood burns and scalds happen at home
- each day around 40 under-5s are rushed to hospital after choking on something, or swallowing something dangerous
- 15 young children are admitted to hospital each day because it is thought that they have swallowed something poisonous.

(source: Child Accident Prevention Trust)

Unintentional injury is a leading cause of death and illness among children and causes more children to be admitted to hospital than any other reason [17].

Each year in the UK, unintentional injury results in approximately two million children visiting accident and emergency (A&E) departments. This represents a significant burden to the NHS, to local government and to the families and individuals affected by it.

The prevalence of Sudden Infant Death Syndrome (SIDS) (sometimes known as cot death) has shown a decline over the years both nationally and in Hertfordshire. Although there is no cure for SIDS, there are several risk factors associated with it such as unsafe sleeping position, co-sleeping, maternal smoking, smoking environment in the house and overheating [18].

There is evidence that addressing these risk factors in a targeted way will result in a change in a mothers' behaviour in addressing some risk factors such as co-sleeping and sleeping position.

### What can help?

Many unintentional injuries and related deaths are preventable. Hertfordshire Family Centre Service can help families to understand the risks to children's safety by raising awareness of the practical steps parents can take to prevent serious injury, both inside and outside of the home. Staff should be knowledgeable about known and emerging risks (the latter includes grapes, button batteries etc.) [19] and be able to raise awareness amongst families.

Family support staff will work with public health nursing, GPs and pharmacists to ensure that families are educated about minor illnesses and injuries and know the right service to access when they need help.

Hertfordshire family support staff have an important role to play, alongside other professionals, in educating families about the risks associated with SIDS and encouraging safe sleeping in order to reduce the risk of death. Staff should work closely with public health nursing teams and other health professionals to identify families with risk factors associated with SIDS and support them with the relevant advice and information.





## References

- [1] [Hertfordshire Public Health Service Strategy 2017-21](#)
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- [5] [Tackling Obesities, 2007](#)
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- [9] [DCby1](#)
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- [11] [Early intervention: the next steps](#)
- [12] [Hertfordshire JSNA summary 2015 \(p.33-35\)](#)
- [13] [Drinkaware](#)
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- [15] [NHS Childhood Vaccination Coverage Statistics](#)
- [16] [Child Accident Prevention Trust](#)
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- [18] [NHS choices](#)
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