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## **NCT Document Summary: Public Service Agreement 12 Improve the health and wellbeing of children and young people**

The 2007 Comprehensive Spending Review (CSR) announced 30 new Public Service Agreements (PSA) for the 2008 – 2011 spending period, which are applicable to England. All PSAs have a set of indicators by which their progress will be measured. PSA 12<sup>1</sup> concerned Improving the Health and Wellbeing of Children and Young People and includes an indicator on increasing the prevalence of breastfeeding at six to eight weeks. PSA 19, concerning Better Care for All<sup>2</sup>, includes an indicator on the percentage of women who have seen a midwife or a maternity healthcare professional, for health and social care assessment of needs, risks and choices by 12 weeks and six days of pregnancy. (Please see document summary on PSA 19 for further information).

### **Public Service Agreements (PSA)**

Introduced in the 1998 CSR, PSAs set out key priority outcomes the Government wants to achieve in the given spending period with the intention of galvanising public service delivery and driving major improvements in outcomes. Whilst the targets articulate the desired outcomes, they provide front line managers with the freedom to innovate and make decisions about the most effective and efficient means of delivery. By setting minimum standards across a range of public services, including health, education and crime, 'floor' targets ensure that everyone benefits from improvements.

Each PSA is underpinned by a single Delivery Agreement which is shared across all contributing departments and developed in consultation with delivery partners and frontline workers. The Delivery Agreements set out plans for delivery and the role of delivery partners. They also describe the national outcome-focussed performance indicators that will be used to measure progress towards each PSA.

### **PSA 12: VISION**

The Government declared its commitment to improving the physical, mental and emotional health and wellbeing of children and young people from conception to adulthood in PSA 12. The sharp increase in child obesity and high rates of mental health disorders has led to a focus on prevention and early intervention and it is acknowledged that this begins with a healthy pregnancy, a normal healthy birth and a strong bond between a baby and its parents.

The Government will use five mutually-reinforcing indicators to monitor developments that impact on all children's health and the quality of support for disabled children and children with mental health needs.

- **INDICATOR 1: Prevalence of breastfeeding at 6 – 8 weeks**
- INDICATOR 2: Percentage of pupils who have school lunches
- INDICATOR 3: Levels of childhood obesity
- INDICATOR 4: Emotional health and wellbeing, and child & adolescent mental health services (CAHMS)

- INDICATOR 5: Parents' experience of services for disabled children and the 'core offer'

### **Indicator 1: Breastfeeding target**

The PSA recognises that breastfeeding offers long term emotional, physical and mental benefits to mother and child. In 2005, although 78 per cent of mothers began breastfeeding, only 64 per cent were still doing so six weeks later. Given the significant long-term health benefits, the Government wants to see increased levels of breastfeeding at six to eight weeks however, for the medium term the Government are seeking to develop a broader measure of health and well-being in the very early years. The target calls for an increase in parents getting help with breastfeeding and other aspects of parenting and health from health visiting and midwifery teams and General Practices.

### **Other requirements**

Support during pregnancy and the early years is identified as particularly important and a significant window of opportunity where parents and carers are receptive. It is also identified as a time when the neurological development of children is most vulnerable. The Department of Health (DH) will review its standard for the Child Health Promotion Programme (CHPP)<sup>3</sup> to ensure this time is underpinned by the right skills and expertise, training and clinical governance.

There are also requirements for services to work towards the full range of 2014 development standards in the *National Services Framework for Children, Young People and Maternity Services*<sup>4</sup> which calls for:

- Flexible individualised services designed to fit around the woman and her baby's journey through pregnancy and motherhood, with emphasis on the needs of vulnerable and disadvantaged women.
- Women being supported and encouraged to have as normal a pregnancy and birth as possible, with medical interventions recommended to them only if they are of benefit to the woman or her baby.
- Midwifery and obstetric care being based on providing good clinical and psychological outcomes for the woman and baby, while putting equal emphasis on helping new parents prepare for parenthood.

### **Delivery Strategy for PSA 12**

The Delivery Strategy focuses on prevention, early intervention and effective support from practitioners. Specific priorities are:

- Empowering children and families to meet their own health goals by improving provision of information, access to services & information and support networks
- Ensuring all services that work with children, young people and families promote and support good health outcomes for them through effective health promotion and support that goes much wider than the NHS. This includes regional sports and physical activity partnerships
- Delivery on the five indicators

### **How will the PSA be delivered?**

The Department for Children, Schools and Families (DCSF) and DH will jointly lead action across Government and liaise with other Government departments as appropriate. Their work will focus on prevention, targeting early intervention and support reduce the risk factors associated with poorer health outcomes and prompt health improvements. This will include work to eradicate child poverty and promote healthy communities.

Local Authorities (LAs) and Primary Care Trusts (PCTs) will work together through children's trust arrangements to understand the full spectrum of health needs of local children and agree how they can be met through several channels.

The PSA also requires children's centres and other early years settings to take responsibility for giving young children a healthy start in life and offer support and advice to parents. This includes the provision of a range of integrated services including parenting and family support; promoting breastfeeding; reducing obesity; and reducing smoking in pregnancy. Particular focus will be given to the most disadvantaged families. It also calls for those providing childcare and early education to meet the standards of the Early Years Foundation Stage (statutory from September 2007), helping babies and young children with physical development and parents understanding of physical activity, play and healthy food.

The Secretary of State for Children, Schools and Families will be the lead minister for this PSA. The Senior Responsible Officer will be the Director-General for Children and Families Directorate in DCSF. He and the Chief Nursing Officer for England will co-chair a Child Health and Wellbeing Board which will:

- oversee delivery against the two cross-cutting themes and the five delivery priorities and indicators;
- provide a focus for work to implement the Children's NSF;
- identify and monitor cross-cutting activity to improve broader outcomes of health and wellbeing for children, young people and families; and
- ensure that action relating to children and young people's health and wellbeing are communicated coherently to the NHS and other delivery partners.

### **How will Indicator 1 be delivered?**

The DH will support the NHS to lead activity to promote breastfeeding, working through Children's Centres and other settings; building and sharing the evidence base to inform commissioning decisions; setting the framework which ensures services are delivered by appropriately-trained practitioners; and monitoring and reporting against national progress. Other partners will take the following actions:

#### ***PCTs***

- Ensure action via CHPP
- Provide adequate training to the primary care workforce to give consistent advice and support to mothers
- Ensure that data for the PSA indicator on breastfeeding status is collected at 6-8 weeks for all mothers and reported to Strategic Health Authorities (SHAs) ensuring maximum coverage

#### ***Primary and Community Health Services – GPs, Health Visitors, Midwives, Children Centres***

- Actively promote breastfeeding to mothers particularly in the antenatal period and influence decision making
- Support mothers to continue and sustain breastfeeding by identifying problems early and offering help
- Listen to parents' views on whether additional networks of support are needed

#### ***Third Sector (eg. NCT)***

- Work in partnership with PCTs, particularly with regard to training and support to mothers through advice and helplines

### **Appendix - Measurement of Prevalence of breastfeeding at 6 – 8 weeks**

<b>Indicator 1</b>	<b>Prevalence of breastfeeding at 6 – 8 weeks</b>
Data provider	Department of Health
Data set used	PCT Child Health Information records, which are reported to the Department of Health at quarterly intervals.
Baseline	Percentage of infants breastfed at 6-8 weeks in 2006-07. Baseline figures for 2007-08 will be available in September 2008.
Frequency of reporting	Quarterly - June, September, December and March

95 per cent confidence interval at last outturn  
Data Quality Officer

Not applicable – data covers all children who are assessed and is not a sample.<sup>1</sup>  
DH, Analytical Team, Room 316, Wellington House, 133-155 Waterloo Road, London SE1 8UG.

Minimum movement required for Performance assessment

To be determined. As this will be based on new data collection, the minimum movement can only be specified when a full year of data can be assessed (2008).

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## DH Definition of Key Terms

- Breastfeeding: defined as an infant receiving any breastmilk at 6-8 weeks.
- Prevalence: defined as the percentage of infants being breastfed at 6-8 weeks, and is calculated using the following data lines:
  1. The number of infants due for a 6–8 week check in each quarter, at which feeding status is recorded.
  2. The number of children recorded as being breastfed at 6-8 weeks.
  3. The number of children recorded as not being breastfed at 6–8 weeks.
  4. The number of children recorded as receiving both breast milk and infant formula
- Prevalence = Numerator/Denominator x 100
- Numerator is the Number of children recorded as being breastfed at 6-8 weeks + Number of children recorded as receiving both breast milk and infant formula
- Denominator is the Total number of infants due for 6-8 weeks check. Information is collected by SHAs from PCTs and submitted to the Department of Health quarterly.
- Proxy baseline data from the National Infant Feeding Survey 2005, showed 50 per cent prevalence of any breastfeeding in England.

## NCT Comment

It is very useful to have important maternity objectives included in PSA targets. The PSA 12 target to increase breastfeeding rates at six to eight weeks and the PSA 19 target to improve access to maternity care for women by 12 completed weeks of pregnancy will make these a priority for implementation by commissioners and managers in PCTs and NHS trusts. We are delighted that these two objectives have been highlighted for action.

As a first step PCTs need to ensure that they are collecting the correct data, and providing 'adequate training to the primary care workforce'. The recognition that training is vital and that 'getting the right help at the right time is key' is very welcome. We hope that, in parallel with NICE guidance recommending the implementation of the Baby Friendly Initiative<sup>5</sup>, this will compel PCTs and Children's Centres to take breastfeeding support more seriously as a way to reduce health inequalities and improve family health. It certainly helps to have NCT's expertise in breastfeeding support recognised.

## References

1. Cabinet Office. *PSA Delivery Agreement 12: improve the health and wellbeing of children and young people*. Norwich: HMSO; 2008.
2. Cabinet Office. *PSA Delivery Agreement 19: ensure better care for all*. Norwich: HMSO; 2007.

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<sup>1</sup> The indicator will be based on a new requirement on PCTs to collate data on breastfeeding at 6-8 weeks. Some PCTs already collate this information but for some this will be a new process which may effect the accuracy of the returns.

3. Department of Health, Department for Children SaF. *The Child Health Promotion Programme Pregnancy and the first five years of life. Update of Standard One (incorporating Standard Two) of the National Service Framework for Children, Young People and Maternity Services (2004)* . London: Department of Health; 2008.  
Available from: [www.nsc.nhs.uk/ch\\_screen/child\\_ind.htm](http://www.nsc.nhs.uk/ch_screen/child_ind.htm)
4. Department of Health. *National Service Framework for Children, Young People and Maternity Services*. London: Department of Health; Department for Education and Skills; 2004.
5. National Institute for Health and Clinical Excellence. *Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households. NICE public health guidance 11* . London: National Institute for Health and Clinical Excellence; 2008.  
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The NCT wants all parents to have an experience of pregnancy, birth and early parenthood that enriches their lives and gives them confidence in being a parent.

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