

	<p>London Borough of Hammersmith & Fulham</p> <p>CABINET MEMBER DECISION)</p> <p>AUGUST 2014</p>
<p>HEALTHY START AND VITAMIN D SUPPLEMENTATION OF MOTHERS AND CHILDREN 0-5 YEARS OF AGE</p>	
<p>Report of the Cabinet Member for Health and Adult Social Care</p>	
<p>Open Report</p>	
<p>Classification: For Decision Key Decision: No</p>	
<p>Wards Affected: All</p>	
<p>Accountable Executive Director: Liz Bruce, Tri-borough Executive Director of Adult Social Care</p>	
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AUTHORISED BY:

The Cabinet Member has signed this report.

DATE: 7 August 2014.....

1. EXECUTIVE SUMMARY

- 1.1 Vitamin D deficiency is likely to be prevalent across the Tri-Borough, based on local and national intelligence. Local Authorities share a statutory duty to provide the Healthy Start scheme consisting of food and vitamin vouchers aimed at the most disadvantaged mothers and children.
- 1.2 We propose to supply and encourage uptake of Healthy Start vitamins for all pregnant and lactating women, and children under 5 years of age, at a cost of £30,602.45 per year, given the scale of the problem of Vitamin D

deficiency, moderate cost and high effectiveness of such an intervention. This will cost £91,807.35 over the proposed 3 years.

- 1.3 By extending the Healthy Start vitamin scheme to all pregnant and lactating women, and children under 5, we expect to see greater uptake among the eligible population. Universal provision is suggested as the mechanism because it both allows the message to be simplified and ensures that midwives and health visitors are able to routinely discuss vitamin D and Healthy Start with every woman. If provision is no longer restricted to one group, its profile is likely to be raised in informal sharing of information between pregnant women and new mothers which will help establish vitamin D supplementation as a cultural norm.

2. RECOMMENDATION

- 2.1. That approval be given to the proposal to supply and encourage uptake of Healthy Start vitamins by all pregnant and lactating, women and children under 5 years of age, resident in Hammersmith and Fulham at an estimated total cost of £30,602.45 per year (Option 2) for a period of 3 years (total £91,807.35).

3. REASONS FOR DECISION

- 3.1. This decision is taken due to the scale of the problem of vitamin D deficiency, the moderate cost and high effectiveness of such an intervention.
- 3.2. By extending the Healthy Start vitamin scheme to all pregnant and lactating women, and children under 5, we expect to see greater uptake among the eligible population. Universal provision is suggested as the mechanism because it both allows the message to be simplified and ensures that midwives and health visitors are able to routinely discuss vitamin D and Healthy Start with every woman. If provision is no longer restricted to one group, its profile is likely to be raised in informal sharing of information between pregnant women and new mothers which will help establish vitamin D supplementation as a cultural norm.

4. INTRODUCTION AND BACKGROUND

- 4.1. **Evidence of vitamin D deficiency and its consequences:** There is much published evidence on the resurgence of rickets and hypocalcaemic fits in children in the UK as a consequence of vitamin D deficiency. Vitamin

D is found in a small number of foods including oily fish and eggs, but most is manufactured in skin when exposed to summer sunlight. Vitamin D deficiency has many contributory factors including an indoor lifestyle, conservative dress, skin pigmentation, fastidious use of sunscreen and obesity. In addition to rickets, lack of vitamin D is linked to higher incidence of tooth decay in children and osteoporosis in adults. Other sequelae of vitamin D deficiency may include increased risk of chronic diseases e.g. multiple sclerosis, diabetes and malignancy.

- 4.2. **National guidance and recommendations:** The four UK Health Departments currently recommend that all pregnant and breastfeeding women and all infants aged 6 months to 5 years should take a daily vitamin D supplement. For breastfed babies where there is concern over the mother's vitamin D status, supplementation may start earlier. This is consistent with NICE guidance on the topic. The Healthy Start initiative allows pregnant women who receive specific benefits or any pregnant woman under 18 to obtain vitamins for free.
- 4.3. **Local uptake of Healthy Start:** Uptake of the Healthy Start vitamins among eligible families is low nationally. In Westminster during Oct-Dec 2012, 17.4% of eligible women and 13.5% of eligible children were estimated to have received their Healthy Start vitamins; this is considerably higher than in RBKC (12.1% and 10.5% respectively) and Hammersmith and Fulham (5.2% and 3.3% respectively). Due to a Department of Health restructure there have been no estimates of uptake supplied more recently.
- 4.4. **Local evidence of need:** There were 12 hospital admissions for rickets for residents of the Tri-borough area between April 2009 and March 2013. As a preventable disease, these 12 cases are likely to point to a failure to supplement vulnerable children. There were 83 admissions relating to vitamin D deficiency in Tri-borough children aged 0-4 during the same time period. A clinical study undertaken at St Mary's hospital examining vitamin D deficiency in babies admitted for prolonged jaundice has found that 71% of these babies were vitamin D deficient. This indicates that a large proportion of babies in central London are likely to be deficient. These cases are the tip of the iceberg and suggest much more undiagnosed rickets and vitamin D deficiency with implications for health (particularly oral health as well as general health) in the population.
- 4.5. **Cost of treatment:** Currently, at least £84,000 is spent on pharmacological treatment for vitamin D deficient children in primary care in the Tri-borough area each year. In addition, a mean average of £27,586 is spent on hospital care for vitamin D deficient children aged 0-4 and £3,197 on hospital care for children with rickets per year. The additional

costs of personal, family, and in extreme cases (where permanent severe disability occurred) social care, occurring as a result of preventable vitamin D deficiency have not been calculated locally to date.

- 4.6. **Summary:** These figures, in the context of national evidence, indicate that the Tri-borough population would benefit from distribution of Healthy Start vitamins to all mothers, and children aged 0-5 years, according to clinical guidelines, regardless of income. An equivalent scheme has halved paediatric presentation of vitamin D deficiency in Birmingham.
- 4.7. **Action:** Both RBKC and Westminster City Council have agreed to this proposal. In an initial briefing with Cllr Ginn he agreed in principle, but due to the requested amount of money exceeding £20,000 a Cabinet Member's Decision report was required before sign-off. If Hammersmith and Fulham agree to commit the money there will be a consistent programme across the Tri-borough

5. PROPOSAL AND ISSUES

- 5.1. To supply and encourage uptake of Healthy Start vitamins by all pregnant and lactating women, and children less than 5 years of age, resident in Hammersmith and Fulham at an estimated total cost of £30,602.45 per year (Option 2) will cost £91,807.35 over the proposed 3 years.
- 5.2. In Birmingham, where a programme to encourage and supply all pregnant and breastfeeding women, and children aged 0-4, with Healthy Start vitamins has existing since 2005 the number of cases of symptomatic vitamin D deficiency in those under 5 years fell by 59% (from 120/100,000 to 49/100,000) despite the supplement uptake rate rising to only 17%. In Birmingham, public awareness of vitamin D deficiency rose to near universal levels.
- 5.3. Based on the experience in Birmingham we expect that if this proposal is agreed it will reduce vitamin D deficiency in the population. We expect to see a significant increase in uptake of Healthy Start vitamins by those who are currently eligible for the Healthy Start programme. We also expect that awareness of the importance of vitamin D will prompt many women in Hammersmith and Fulham to purchase their own pregnancy vitamins containing vitamin D.

6. OPTIONS AND ANALYSIS OF OPTIONS

Option One: Do the minimum

- 6.1 Cost: £44,580 per year across the Tri-borough
£15,401 per year in Hammersmith and Fulham
- 6.2 Service:
- Vitamins provided to eligible women and children only
 - Leaflets, radio shows and local press engaged to increase awareness
 - Training delivered annually to all Children's centre staff, health centre staff, and midwives and Chelsea and Westminster and Imperial College Hospitals on vitamin D deficiency and Healthy Start
- 6.3 With this existing model of a targeted Healthy Start vitamin programme there has been poor uptake of Healthy Start vitamins by eligible women (5.2%) and children (3.3%) despite multiple initiatives to attempt to increase their uptake.
- 6.4 This option will deny ineligible women the ability to obtain Healthy Start vitamins.

Option Two: Supply and encourage uptake of Healthy Start vitamins by all pregnant and lactating women and all infants under 5 (preferred option)

- 6.5 Cost: Estimated at £92,000 per year across the Tri-borough
Estimated at £30,602.45 per year in Hammersmith and Fulham
- 6.6 Service:
- Vitamins provided for all pregnant and lactating women, and infants under 5 years of age
 - Leaflets, radio shows and local press engaged to increase awareness
 - Training delivered annually to all Children's centre staff, health centre staff, and midwives and Chelsea and Westminster and Imperial College Hospitals on vitamin D deficiency and Healthy Start
 - Evaluation
- 6.7 Given the scale of the problem of Vitamin D deficiency and the moderate cost and high effectiveness of such an intervention, this is the recommended option for Hammersmith and Fulham

- 6.8 Westminster City Council and the Royal Borough of Kensington and Chelsea have agreed to option 2 for their respective populations. Agreement in Hammersmith and Fulham will allow equal access to this service across the Tri-borough.

7. CONSULTATION

- 7.1. We have briefed Cllr Weale at the Royal Borough of Kensington and Chelsea who has agreed to fund this programme for her borough. We have briefed Cllr Robathan at Westminster City Council who has agreed to fund this programme for her borough.
- 7.2. We have consulted with paediatricians at St Mary's Hospital (Dr Mike Coren), Chelsea and Westminster Hospital (Dr Nicola Bridges), North West London CCG (Katrina Mindel) and Central London Community Healthcare NHS Trust (Beth Menger).

8. EQUALITY IMPLICATIONS

- 8.1. Age: This programme will offer Healthy Start vitamins to children aged 0-4 and pregnant and lactating women (ie: women of child-bearing age). This is to protect children during their development in the womb and the first 5 years of life, when they are vulnerable to serious consequences of vitamin D deficiency, and they are likely to have insufficient levels. All other children and adults can receive vitamin D supplements on prescription from their GP if necessary, or these can be purchased from most pharmacists or chemists.
- 8.2. Disability: This programme should not have equality implications for individuals according to disability status.
- 8.3. Race (including colour, nationality, ethnic or national origin): Vitamin D deficiency is likely to be more common in those with pigmented skin due to this pigment screening out the ultraviolet component of sunlight required to manufacture vitamin D in the skin. Vitamin D deficiency is also common in those with paler skin types so all ethnic groups will benefit from this programme. However, those with pigmented skin, which include those with an African or Asian ethnic background, who may currently be at greater disadvantage from vitamin D deficiency, may particularly benefit from this programme.
- 8.4. Religion/belief or non-belief: Vitamin D deficiency is likely to be more common in those who dress conservatively, which may be particularly

likely in specific religious groups who promote covering up for women. Although all religious and non-religious groups will benefit from the proposed programme, those who do not often expose their skin to the sunlight, including practising Muslims, may currently have a poorer vitamin D status and as such stand to gain particular benefit from this programme.

- 8.5. Sexual Orientation: This programme should not have equality implications for individuals according to their sexual orientation.
- 8.6. Marital, partnership and family status: Healthy start vitamins will be available to any pregnant or lactating woman regardless of marital or partnership status. Healthy Start vitamins are not available to women of child-bearing age who are not pregnant or breast-feeding. If women who are not pregnant or breast-feeding require vitamin D supplementation they can get it through a prescription from their GP or can purchase vitamins at most pharmacists.
- 8.7. Socio-economic status: The proposed programme removes the eligibility criteria and allows free access to Healthy Start vitamins for any woman and her young children regardless of her economic circumstances. This should remove the stigma associated with Healthy Start vitamins and increase uptake amongst the eligible population. It also means that women who would not meet the eligibility but who may still be in need are able to receive Healthy Start vitamins free of charge.
- 8.8. Trade Union membership or non-membership: This programme should not have equality implications for individuals according to their membership of a trade union.

9. LEGAL IMPLICATIONS

- 9.1 The London Borough of Hammersmith and Fulham already complies with its core statutory duties in respect of the Healthy Start scheme. What is proposed is that the Healthy Start vitamins element of the scheme be extended, based in part upon the evidence obtained from Birmingham. This has already been agreed by RBKC and Westminster.
- 9.2 The proposed widening is consistent with our duty under s2B National Health Service Act 2006 which includes providing services or facilities designed to promote healthy living.
- 9.3 NICE are reviewing whether Healthy Start vitamins should be widened to a universal scheme. There is the possibility that the proposed extended scheme may become a statutory requirement as opposed to a statutory power.

9.4 Kevin Beale, Head of Social Care and Litigation, Legal Services, London Borough of Hammersmith and Fulham. Tel: 02087532740

10. FINANCIAL AND RESOURCES IMPLICATIONS

Vitamin costs

10.1. Total vitamin costs for Hammersmith and Fulham, based on projected numbers of mothers, and infants aged 0-4

Year	Cost for mother vitamins	Costs for infant vitamins	Total vitamin costs for H&F
2014	£2,435.87	£19,710.31	£22,146.18
2015	£2,420.06	£19,825.35	£22,245.41
2016	£2,414.78	£19,897.93	£22,312.71
2017	£2,411.27	£19,917.88	£22,329.15
2018	£2,412.15	£19,917.19	£22,329.34

10.2. Vitamin costs for eligible women and infants can be claimed back from the Department of Health. The number of eligible people (estimated from Department of Health and CLCH data) and the amount that can be claimed back per year, is shown below:

Eligible population		
	Children	Women
Hammersmith and Fulham	769	250

Amount that can be claimed back for the eligible population per year		
	Children	Women
Hammersmith and Fulham	£8,197.54	£1,348.75

10.3. Total vitamin costs will therefore be up to a maximum of £12,783.05 or an average of £12,726.27 per year.

Co-ordination, publicity and training

10.4. The current provider (CLCH) estimates that it takes a total of 854 hours of staff time (114 days) and £4,680 per year running the current programme for eligible women and the first bottle free campaign.

10.5. 114 days may cost £39,900 at a rate of £350 a day (standard rate per day that would include a daily rate for the member of staff and additional support services provided by their organisation including: general IT, dedicated phone line, office systems and equipment, transport, resources,

public liability and indemnity insurance etc). Therefore total provider costs are £44,580.

10.6. We would like to fund an additional publicity programme estimated to cost £7,000 across the Tri-borough as part of the proposal.

10.7. Splitting this per borough based on the population of pregnant women, and children aged 0-5; costs are shown below:

Average number of mothers and children per borough predicted (2014-2018)					
	Mothers	Children	Total	proportion of each borough	Share of costs
Kensington and Chelsea	2135	10484	12619	0.28	£14,483.39
Westminster	2918	13878	16796	0.37	£19,277.21
Hammersmith and Fulham	2753	12773	15526	0.35	£17,819.40

Total costs

10.8. Total costs per year in Hammersmith and Fulham:

Vitamin costs	+ coordination, training, publicity costs	= total costs
£12,783.05	+ £17,819.40	= £30,602.45

10.9. This gives a total cost of £91,807.35 over the proposed 3 years.

10.10. Anne Foster, Lead Business Partner – Public Health, Westminster City Council, City Hall SW1E 6QP

11. RISK MANAGEMENT

11.1. No risks have been identified that are associated with these recommendations.

12. PROCUREMENT AND IT STRATEGY IMPLICATIONS

12.1. The new Public Health Nutrition contract, which will be re-commissioned as part of the children and family healthy weight services, will include co-ordination, training and publicity in relation to Healthy Start. This contract should be in place from 1 January 2015

- 12.2. Interim funding arrangement will be put in place between May 2014 and January 2015 with the current provider of programme co-ordination (CLCH), with the purchase of vitamins done through Children’s Centres.
- 12.3. Implications verified/completed by: Anne Foster, Lead Business Partner – Public Health, Westminster City Council, City Hall SW1E 6QP

LOCAL GOVERNMENT ACT 2000

LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	N/A		

There are no documents used in preparing this report that are not already in the public domain.