

Children and Young People Overview and Scrutiny

27 November 2019

Best Start in Life Update



Report of Amanda Healy, Director of Public Health

Purpose of the Report

- 1 The purpose of this report is to provide children and young people's overview and scrutiny with an overview of the progress made in addressing the Best start in life framework and action plan and highlighting the importance of early intervention and prevention in the first 1001 critical days.
- 2 The report provides a brief update on the work undertaken to address some of the key priorities' progress and challenges. It also outlines some of the next steps for improving the actions as outlined in the Best Start in Life framework and action plan (available on request).

Executive summary

- 3 The earliest experiences, starting in the womb, shape a baby's brain development. During the first two years of life the brain displays a remarkable capacity to absorb information and adapt to its surroundings. Positive early experience is therefore vital to ensure children are ready to learn, ready for school and have good life chances.
- 4 Getting a good start in life and throughout childhood, building resilience and getting maximum benefit from education are important markers for good health and wellbeing throughout life.
- 5 In recognition of this, ensuring every child has the Best Start in Life is one of Public Health England's (PHE's) national priorities, as noted in its 2014 priorities document from evidence into action.
- 6 County Durham's children and young people strategy (2019-2022) aims to provide focus and clarity on the priorities for improving services and life opportunities for C&YP and the best start in life (BSIL) framework and action plan supports their ambitions.
- 7 Key outcomes within the BSIL framework are identified as;

- (a) All children and young people have a safe childhood
 - (b) Children & young people enjoy the best start in life, good health and emotional wellbeing
- 8 These outcomes will be monitored by three programmes namely; Healthy Child Programme Group, Children and Young People's Mental Health, Emotional Wellbeing and Resilience Local Transformation Plan (CYP MH LTP) and Best Start in Life programme. Detailed action plans support this work.

Recommendation(s)

- 9 Children and young people's overview and scrutiny committee are asked to:
- (a) Note the content of the report
 - (b) Promote the opportunities to work collaboratively and further explore opportunities to meet the needs of children and young people as early as possible

Background

- 10 School readiness has been identified as a primary outcome of focus in this programme, as this is a key marker of child development and is linked to child poverty. Conception to two years is identified as the specific focus, recognising the critical importance of this period of life in creating solid psychological and neurological foundations to maximise lifelong social, emotional, physical, educational and economic achievement.

Sector Led Improvement

- 11 There are challenges in working across a complex delivery system for children, which strengthens the rationale for the system-led improvement programme approach.
- 12 In 2016, the North East Directors of Public Health in collaboration with Directors of Children's Services, clinical networks and academic partners developed a sector led improvement (SLI) self-assessment process. It was agreed to build the SLI programme on ensuring every child has the best start in life, as this is central to the health inequalities

agenda, as highlighted in the Marmot¹ review and the Due North² and North East Health and Social Care³ Commission reports.

- 13 Following a self-assessment process, ten priority intentions were agreed. The following section provides a highlight of the main priorities and high-level actions which have been progressed against the BSIL action Plan. The BSIL steering group are currently reviewing the plan and reassess the priorities moving forward. A revised action plan will be in place December 2019.
- 14 The NE DPH have agreed the next stage of sector led improvement (peer review) be tested in County Durham. This was endorsed as a piece of work to scope; working with fuse (collaboration of the five NE universities) to understand the evidence base behind peer review and the best approaches to under taking peer review.
- 15 The next stage is to provide a paper highlighting the proposed approach to peer review and for County Durham to be the test site for the NE. This will help to inform the refreshed strategic action plan for BSIL.
- 16 BSIL Key Outcomes:
 - (a) Embed a strategic approach to support the development and delivery of agreed programmes that are aimed at giving every child the best start in life, ensuring they are ready to learn at 2 and ready for school at 5 and are able to reach their full potential.
 - (b) Ensure local arrangements will be in place for ensuring that the multi-agency workforce has the right skills and confidence to deliver the local framework and agreed programmes that are aimed at giving every child the best start in life. This will include analysing workforce needs across the system and enabling capacity and capability through redesign, recruitment and training.
 - (c) Ensure co-production will be a key feature to ensure services are fit for purpose for all families thereby providing an integrated response through all partners in the delivery of programmes

¹ Marmot, M. (2010) Fair Society Healthy Lives. London. Department of Health.

² Inquiry Panel for Health Equity in the North of England (2015) Due North; the report of the inquiry on health equity for the north. Great Britain. University of Liverpool and Centre for Local Economic Strategies.

³ Health and Wealth-Closing the Gap in the North East, Report of the North East Health and Social Care Commission, North East Combined Authority 2016

Summary of Progress

Poverty

- 17 4.1million children live in poverty in the UK. 21.4% of children in our county are living in poverty, compared to 22% regionally and 16.8% nationally. In some areas this figure rises to over 50%. 5.2 million children are expected to be in poverty by 2022.
- 18 County Durham's children and young people strategy state that this is around 21,000 children who are living in poverty; which is significantly higher than England but lower than the North east; although unequally distributed within County Durham
- 19 The national Healthy Start food voucher programme contributes to household food budgets to eligible families. This is one intervention that should support families to access and help increase the amount and variety of fruits and vegetables they eat to support improved nutrition. The aim of Healthy Start food vouchers is to offer a nutritional safety net to expectant mothers and young children. Many families are missing out on this due to poor uptake of the programme.
- 20 A working group has commenced to scope the work needed in addressing the poor uptake of the healthy start programme and identifying ways forward in supporting families both claim the vouchers and also to use the healthy start food vouchers more productively. This includes a review of the potential impact of universal credit on eligibility of some families

Maternal mental health / child emotional well being

- 21 Mental health issues can impact on a mother's ability to bond with her baby and be sensitive and attuned to the baby's emotions and needs. This can affect the baby's ability to develop a secure attachment.
- 22 The Institute of Health Visiting (iHV) multi-agency perinatal and infant mental health training was commissioned in 2018 to support workforce development. Following a slow start, all localities have now begun training or have training plans in place to commence roll out; however, multi-agency training has been challenging so a review of the delivery plan determined prioritising community maternity staff in September 2019. Health visitor training now firmly embedded within their workforce training plan.
- 23 Additionally, the Local Maternity System's (LMS) regional group is currently supporting the development of the regional perinatal mental health pathway.

Healthy weight, breastfeeding and oral health

- 24 'The first 1,000 days, that is, the nine months of pregnancy and the first two years of the baby's life – are seen as a critical window of opportunity to get food and nutrition right for every individual.
- 25 Breastfeeding helps alleviate many of the health inequalities that we see in our communities and in society today. Breastfeeding is something that all families can benefit from, whatever their income, education, background or place in society
- 26 The LMS's "regional breastfeeding in the North East audit and recommendations" report has generated support in the development of a regional 'touchpoint' pathway to increase the consistency of infant feeding support in the North East. A working group has started this work.
- 27 The breastfeeding friendly business accreditation offer has been successful in supporting over 170 businesses county wide who have received training and accreditation.
- 28 Currently 18% of boys and 21% of girls aged 2 to 4 years are overweight or obese; County Durham's children and young people strategy state that around 1400 children aged 4-5 are overweight or obese
- 29 An Early Years framework has been developed . A suite of evidence-based interventions have been scoped and "Eat better, Start better" programme has been commissioned to support the early years settings to provide nutritional standards within a childcare setting.
- 30 Co-production of a 0-2 nutritional pathway is being developed with health visiting teams; phases 1-4 are now complete and a report will be made available in the Spring.
- 31 Improving oral health is a priority for PHE. The most recent 5-year-old survey found that almost a quarter of children start school with dental caries, and for those with decay, 3-4 teeth will be affected. Dental caries is largely preventable through sugar reduction and access to fluoride.
- 32 Reviews of clinical effectiveness by NICE and Public Health England found that a targeted supervised tooth brushing programme effectively reduces tooth decay in 5-year olds. For every £1.00 spent; after 5 years will save £3.06 and after 10 years, £3.66
- 33 County Durham has made good progress in addressing oral health in the top 30% wards of deprivation. A supervised toothbrushing scheme

was introduced in 2018 in all childcare settings, and individual support is provided in the home to those who do not access a setting.

- 34 The oral health strategy and action plan is to be refreshed in 2020.

Speech and language development

- 35 The Secretary of State for Education set a clear ambition to halve the proportion of children who do not achieve at least expected levels across all goals in the 'communication and language' and 'literacy' areas of learning at the end of reception year by 2028.
- 36 Good vocabulary at 16-24 months predicts good reading accuracy and comprehension five years later. County Durham's children and young people strategy state that there is a need to improve baby and young children's communication and language skills and that families are encouraged to read to their babies and children every day
- 37 Many of our actions in County Durham are led through Early Years and library activities to improve early language, literacy and communication skills, and a concerted effort is to be strengthened through building on the free childcare offers already available to three and four-year-olds and the most deprived two-year-olds in County Durham.
- 38 A Speech language and communication (SLCN) programme was funded through Public Health England, and an iHV SLCN train the trainer programme for health visitors is being successfully delivered in County Durham. A regional community of practice of communication champions meet to review their action plan and review the cascade of iHV training across the County. A SLCN pathway is in development and an end outcome to this training and delivery plan. This will be aligned to the County Durham Speech and Language Strategy that will be emerging shortly.
- 39 Additionally, the hungry little minds campaign was launched in July 2019 by the Department of Health. This is a three-year campaign that aims to help parents understand that they have a big impact on their child's learning and that reading, playing and chatting with them is a simple thing they can do to help them develop. This campaign is to be utilised as part of a suite of evidence-based interventions in the home learning environment, supported through the Book Trust Bookstart programme. There is a robust action plan in place and will be supported through the emerging speech. Language and communication strategy (pending).

Universal 1-year assessment

- 40 The Healthy Child programme is evidenced based and begins in pregnancy, and both midwives and health visitors have a focus on promoting positive parenting and good parent- child attachments and relationships as well as ensuring healthy development.
- 41 The healthy child programme is the NHS framework for provision in the foundation years
- 42 In County Durham, a 14-18-month contact has been introduced to support the family and to assess the child's physical health, growth and development. There is a particular focus on speech and language development, and for those who are eligible, a broader discussion on the uptake of the two-year childcare offer alongside all other best start life in life key priorities.
- 43 The first 1000 days of a child's life represent a critical phase of heightened vulnerability, but also a window of enormous opportunity.

Support for vulnerable parents

- 44 Parents can be particularly receptive to messaging, advice and support during pregnancy, therefore it is regarded as a "critical window of opportunity" for engagement. Providing tools for parents to connect and begin the bonding process and supporting babies brain development through the exposure to language are significantly important.
- 45 In County Durham, health visitors' use the Neonatal Behaviour Observation (NBO) or Neonatal Behaviour Assessment Scale (NBAS) which are baby communication tools that supports a parent to support their baby, equipping them to have an in depth understanding of new-born behaviour.
- 46 A key role for family centres is to identify and provide additional support to children and families at risk of poor outcomes, aimed at reducing inequalities. Children and families on or above level 3 on the County Durham Level of Need Staircase, including those with special education needs and disability and children of teenagers, are specifically targeted for additional support.
- 47 Movement between all levels of intervention needs to be fluid as needs change over time. Some families only require short term additional support whilst others may need longer term input involving a wide range of partners. A Prevention and Early Intervention working group has commenced with health partners to assess the need for the strengthening of early identification of family's needs during pregnancy and thereafter, with provision at all levels, universal, targeted and

specialist with the aim to continue to develop and improve our approach to early identification and prevention support for vulnerable children, young people and their families

- 48 A child's home environment exerts an important influence over their future health and development. Developing and enhancing the provision of evidence-based interventions to support the home learning environment across all home visits, especially for children in low-income families is a key theme that is built across all the of the priorities within the best start in life action plan.

Unintentional injuries / minor illness

- 49 Public Health England identifies Unintentional Injuries as a major health inequality. There is a persistent social gradient for unintentional injuries and inequalities have widened. There is a strong link between unintentional injury and social deprivation, with children from the most disadvantaged families far more likely to be killed or seriously injured.
- 50 County Durham's hospital admission rate for injuries to under 5's is over 1.5 times higher than England. This highlights the focused action to include unintentional injury prevention for children under five years old as one of the key areas of impact in the strategic priority Every Child to Have the Best Start in Life.
- 51 An unintentional injuries (UII) framework for children 0-19 years of age for County Durham has been developed and supported with a multi-agency action plan for 2017-2020.
- 52 County Durham's children and young people strategy state the need to reduce the number of hospital admissions for unintentional injuries due to that nearly 1500 hospital admissions caused by UII in children 0-14years
- 53 There is a strong link between child injuries and social deprivation – children from the most disadvantaged families are far more likely to be killed or seriously injured due to accidents.
- 54 Through the Healthy Child Programme, Health Visitors lead and support delivery of universal injury prevention work for infants and young children; children centres share this aim and are key partners.
- 55 A 0-5 Integrated Pathway; reducing accident and emergency attendances and non-elective admissions is in place with Harrogate and District NHS Foundation Trust. This includes referrals for vulnerable families to County Durham Fire & Rescue for a 'safe and well visit' for home fire safety assessment and fitting of smoke alarms and home

visits as identified by HV teams following child's attendance at A&E with an unintentional injury.

- 56 The Home Environmental Assessment Tool (HEAT) improves identification of children at-risk in-home settings. The HEAT tool was revised to reflect the need to identify potential hazards in the home to support the reduction of accidents happening within the home.
- 57 The Home Environmental Assessment Tool (HEAT) and the HEAT analysis and action plan is used by all staff and enables an assessment of the suitability of the home in relation to basic amenities, health and safety issues, supervision etc. The HEAT tool is one of the tools that sits within the Single Assessment Framework for County Durham.
- 58 All practitioners who carry out home visits as part of their practice with families (e.g. Midwives, Health Visitors, School Nurses, Children's services, One Point Service, some VCS organisations, Housing Providers etc) are required to complete this checklist on a home visit with families who are subject to a single assessment.
- 59 Family Support services offer targeted home safety through Early Help services and the Vulnerable Parent Pathway (VPP). Family support services offer referral for safety equipment schemes alongside referral to CDF&R for safe at home visit and smoke alarms
- 60 A training programme (2019-2021) has been commissioned to address the training needs of multi-agency teams to identify the wider impact of home accident prevention to be embedded across core contacts.
- 61 A home safety checklist is available within the training resource tool kit to enhance the home environment assessment for those families who would benefit from a more targeted approach to reducing accidents within the home is being currently scoped.
- 62 Explicitly addressing child safety at core contacts is key to reducing the risks of accidental injury in the home. An additional 3-4 month contact by the health visiting is a key contact that should be considered alongside the offer of additional contacts up to 1 year where safety issues are identified as necessary. Particular focus to those identified by HV teams following child's attendance at A&E with an unintentional injury is built within the current offer.
- 63 Good practice models are currently being explored to continue improving service delivery to reduce the incidence in relation to ages and stages of child development.

Conclusion

- 64 There is strong evidence on the importance of the first 1001 days of life, recognising the lasting impact this has on health outcomes and life chances. It is an important period for brain development, impacting a child's social and emotional resilience in later life, and for ensuring children start school ready to learn. The transition to parenthood is a key opportunity to provide good information and support to adults on the importance of the child's first months and early years.
- 65 By building our understanding of what works, we can help ensure that investment in services is evidenced based and has a stronger impact on child outcomes. For example;
- (a) The healthy child programme 0-5 years, led by health visitors with coordinated support from other professionals, provides an excellent framework for many of the interventions that help children and their families during the first 1000 days and through to starting school. Modernisation of the Programme, with an initial focus on the first 1000 days and early years, will improve the range of childhood outcomes including early development and school readiness.
 - (b) Prevention is a focus throughout the Long-Term Plan. Together, through the maternity transformation, as well as the Children & Young People's transformation programme, we will contribute to improving outcomes and reducing inequalities.
 - (c) The BSIL approach presents an exciting opportunity to test the case for prevention and early intervention. The challenge is that it is not a discrete programme but a diverse set of activities that may not be easily brought together.
 - (d) It is welcomed that a group of cross-party MPs in the House of Commons Health and Social Care Committee is calling for an "early years revolution" to improve support and services for children in England in the first 1000 days of life. In a new report, the MPs recommend that the Government produces a long-term strategy for the first 1000 days of life, setting demanding goals to reduce adverse childhood experiences, improve school readiness and reduce infant mortality and child poverty.
 - (e) The Committee also wants all local authorities to develop plans - with the local NHS, communities and the voluntary sector - to implement this strategy, bringing improved support for children, parents and families in their area.

- (f) The report also calls for the Government's Healthy Child Programme to be expanded to focus on the health of the whole family, begin before conception, deliver a greater continuity of care for children, parents and families during this period and extend visits beyond age 2½ years. Under the current programme, all families are entitled to five visits from health visiting services up to age 2½ years. The Committee recommends that an extra visit should be introduced at age 3-3½ years to check children are on course to achieve the level of development deemed necessary to start school

Background papers

- County Durham Children & Young People's strategy 2019-2022
- 1001 critical days

Other useful documents

- BSIL action plan (Draft refresh 2019-2022)
- BSIL Profile (Draft)

Author(s)

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Appendix 1: Implications

Legal Implications

NA

Finance

NA

Consultation

NA

Equality and Diversity / Public Sector Equality Duty

All engagement with all aspects of the programme complies with equalities legislation. An increased emphasis on diversity is implicit in the BSIL framework and action plans

Climate Change

Breastfeeding is important for the planet; it is the ultimate sustainable food source

Breastfeeding helps alleviate many of the health inequalities that we see in our communities and in society today. Breastfeeding is something that all families can benefit from, whatever their income, education, background or place in society

Human Rights

NA

Crime and Disorder

NA

Staffing

NA

Accommodation

NA

Risk

As the 'Best Start in Life' programme is dependent on a wide range of agencies, including local authorities and stakeholders such as schools, partnerships and project boards, there is a risk from variable commitment and investment of time/resources. Governance is in place to mitigate this risk as far as possible.

Procurement

Ull commission