

7 October 2022

Best Start in Life Update

Report of Amanda Healy, Director of Public Health

Electoral division(s) affected:

Countywide

Purpose of the Report

- 1 The purpose of this report is to provide Children's and Young Peoples Overview and Scrutiny Committee (CYP OSC) with an update of the progress made in addressing the Best Start In Life (BSIL) priorities 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 work plan.

Executive summary

- 3 The early years represent a key opportunity for families, policymakers, and the economy. However, we know that measurable gaps in outcomes between disadvantaged and vulnerable children and their better off peers can emerge early, before children are two years of age, and are difficult and costly to close once open.
- 4 The importance of the first 1001 critical days and ensuring every child has the best start in life is a key national priority and has been a local priority for County Durham since the Marmot review in 2010. 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 The NE Directors of Public Health supported the development of a system led improvement process that focused on the best start in life (BSIL) for children from conception to 2 years.

- 6 As a direct consequence of the Covid-19 pandemic response and staff changes, a temporary reprioritisation of strategic development work had resulted in a pause in the group from Spring 2020.
- 7 The BSIL steering group reconvened in September 2021 and reviewed the priorities identified from the previous self-assessment work. The BSIL steering group agreed to continue to prioritise the following key areas:
 - Improve perinatal & infant mental health (PNIMH)
 - Improving speech language and communication (SLC)
 - Reducing unintentional Injuries (UUI)
 - Increasing breastfeeding rates (BF)
 - Reduce tobacco dependency in pregnancy (TDiP)
 - Supporting vulnerable families
- 8 The steering group has developed a multi-agency work plan to oversee and drive the delivery of these key areas of work.
- 9 Improve perinatal & infant mental health, improving speech language and communication and Reducing unintentional Injuries have been identified as priority areas for 2022 although work continues to be delivered across all key areas of the workplan
- 10 A government review into improving health and development outcomes for babies in England, titled the 'Early Years Healthy Development Review', was to create a vision for 'brilliance' in the 1,001 critical days from conception to age two. This Vision sets out an ambitious programme of work with the development of family hubs to transform how we support families, setting babies up to maximise their potential for lifelong emotional and physical wellbeing.
- 11 Due to the current identified priorities for the County Durham BSIL group, the development work of the family hubs will be cross cutting with the BSIL workplan with clear reporting into the BSIL group and CYPF PB.

Recommendation(s)

- 12 Children and Young People's Overview and Scrutiny committee are asked to:

- a) Note the content of the report and comment accordingly.
- 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

- 13 The science of early brain development tells us that the construction of the basic architecture of the brain begins before birth and that more than a million new neural connections are formed every second in the first year of a baby's life. This is the peak period of brain development. The 1,001 critical days set the foundations for an individual's cognitive, emotional, and physical development.
- 14 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
- 15 A self-assessment process with key stakeholders was undertaken to identify how County Durham is performing on a system level for BSIL. The findings from the self-assessment were analysed to identify the local BSIL priorities in 2017 and these were progress by the BSIL steering group.
- 16 To understand County Durham's position against the 6 BSIL priorities, the BSIL Steering Group reviewed the action plan and priority areas in September 2021. Due to the potential negative impact from Covid-19 social restriction, it was agreed to have an enhanced focus on three specific priorities. These included:
 - Speech and Language Development
 - Un-intentional Injuries in the 0-2 year old group.
 - Peri-natal Mental Health

The other 3 areas of work would still continue to be delivered through commissioned programmes of work and monitored within the BSIL workplan. This includes:

- Increasing breastfeeding rates
- Reduce tobacco dependency in pregnancy
- Supporting vulnerable families

- 17 As a direct consequence of the Covid-19 pandemic and staff changes, a temporary reprioritisation of strategic development work has resulted in a pause in the group meeting to develop the revised work programme or undertake any planned peer review.
- 18 Since March 2020, the landscape has changed significantly due to Covid, with impacts on the population health and wellbeing. There are some specific ways in which the pandemic may affect childhood vulnerability but, more generally, the underlying wider community and social conditions which existed before COVID-19 are likely to remain or even worsen.
- 19 As the steering group reconvenes and we review our approach to BSIL, we need to consider a public health informed approach to improving outcomes for vulnerable children (as identified in PHE ‘No Child Left Behind’) and that by focussing our attention on vulnerability in childhood not only brings immediate benefits for children’s health and outlook but can also reduce inequalities throughout life. Only by considering the complexity of risk and protective factors together can we design services and systems which give every child the best start in life, in this generation and those to come.

Health Impact Assessment

- 20 There are some specific ways in which the pandemic may affect childhood vulnerability but, more generally, the underlying wider community and social conditions which existed before COVID-19 are likely to remain or even worsen.
- 21 The COVID-19 pandemic raises specific considerations for childhood vulnerability. While the symptoms from the virus are generally mild and death very rare among children, there is a group who may be more clinically vulnerable because of underlying health conditions or the effect the pandemic has had on access to health services and social care. Some children and families may also be more vulnerable where there is a statutory entitlement for care and support. Other children may not be known to services but have felt the economic and social effects of the pandemic within their family. The impact on their education, time with family and to their emotional health and wellbeing also needs recognising.
- 22 The ‘No Child Left Behind’ document produced by Public Health England in autumn 2020, looked to understand and quantify vulnerability by exploring the evidence of increased risk, impact and protective factors that children have been exposed to during the first wave of the COVID-19 pandemic. At a local level, new narrative reports on improving health outcomes for vulnerable children and young people

present data for each local authority to support commissioning and prioritisation of services.

- 23 To help inform the BSIL work programme a Health Impact Assessment (HIA) is being undertaken with a focus upon the potential impact of the national document ‘No Child Left Behind’ in County Durham. This aims to inform future service planning that meets identified need and reduces health inequalities for children, young people and families locally. This is anticipated to be complete in November 2022.

Governance Arrangements

- 24 The BSIL Steering group will be accountable to the Children Young People and Family Partnership Board (CYPF PB) who will also oversee and govern the work of the BSIL group and approve the annual workplan. Updates will be provided twice a year on progress to the CYPF Partnership Board including risks and issues.

Family Hubs

- 25 The Government has committed to championing Family Hubs. They are a way of joining up locally to improve access to services, the connections between families, professionals, services providers, and putting relationships at the heart of family help. Hub buildings are supported by virtual offers, with services for families with children of all ages. How services are delivered varies from place to place, but these principles are key to the Family Hub model.
- 26 A single gateway for family support services, such as Family Hubs, could improve join-up between organisations, offer a whole family approach with relationships at the heart of family help, manage statutory pressures more effectively, reduce waiting times for early help interventions and ensure that families are offered support at the first time of asking.
- 27 15 Local Authorities (trailblazers) will lead the way in delivering the programme’s expectation in year one 2022/2023. County Durham has submitted a trailblazer application. The outcome of this application will be known in October.
- 28 These trailblazers will become national leaders for the Family Hubs and Start for Life Programme focusing on perinatal mental health, parent support and Infant feeding support. These are key priorities for the BSIL steering group and facilitate the delivery of programme implementation.

BSIL Workplan priorities Update

Speech Language and Communication

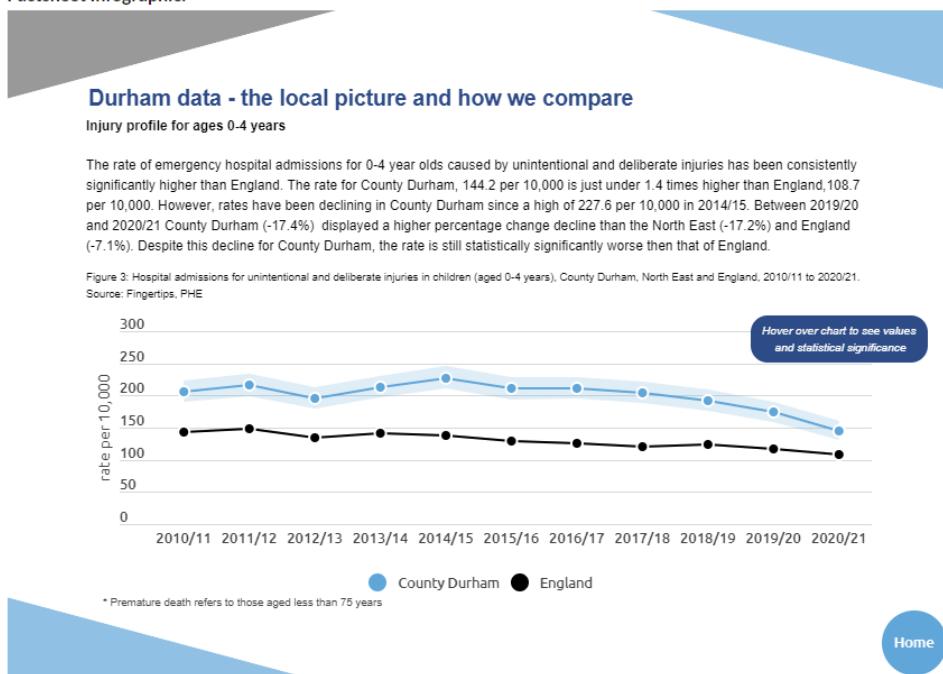
- 29 Improving Speech and Language and Communication (SLC) through the provision of evidence-based assessment, early intervention and therapies and the development of integrated pathways. This includes an additional SLC Screening health visitor contact at 14-18 months delivered by the health visiting team within the 0-25 Family Health Service (FHS). This service is provided by Harrogate & District NHS Foundation Trust (HDFT)
- 30 This will be fully implemented by February 2023 with all children receiving a 14 - 18 month review in their own home. This will enable a proper assessment of the home learning environment; any concerns are identified, and support is provided where needed in order to assist families to help their child reach their full potential. It also to help promote the importance of SLC with parents and carers.
- 31 Proposed development of 'Bookstart Corner', an intervention for those children identified with an early SLC need. This is a targeted programme run by Book Trust which offers free resources and training to support families who need additional help to share books, stories and rhymes with their children aged 12 - 30 months.
- 32 Health Visitors, band 5 Staff Nurses and Family Health Practitioners have been trained in Early Language and Identification Measure (ELIM). This is a tool that is used at the 2.5 year review. Research shows that ELIM can identify 94% of toddlers with early language needs to ensure early intervention and timely referral to speech and language therapy if required. The Family Health Practitioners are now being trained by Speech and Language Therapy (North Tees and Hartlepool NHS Trust) in specific guidance for interventions following ELIM.
- 33 Implement effective early help interventions linked to home learning environment work through family hubs to ensure children and parents have access to effective support in the community. Family Hub and Start for Life Sign Up document submitted 31st August and includes a high level plan to improve the home learning environment. Actions and timelines are dependent on trailblazer acceptance.
- 34 SLC pathways are currently being reviewed to ensure support is available for all children on entry to early years settings and reception. This includes ensuring early years settings are equipped with appropriate training opportunities and resources to provide universal and targeted support to children aged 0-5 within the quality first teaching and ordinarily available provision.

Unintentional Injuries

- 35 Ongoing multiagency training on the reduction of unintentional injuries continues to be delivered to frontline staff working with children and families to reduce injuries for children. This is a jointly commissioned training programme between public health, early years education and children's One Point services that has been delivering since 2018.
- 36 Postcode and attendance data from the past 3 years delivery has been mapped and analysed to identify locations across County Durham where there has been a low uptake of training. We are working with the training provider to ensure targeted training for those areas with low uptake and professional groups who haven't accessed the training.
- 37 HDFT launched the Accidental Poisoning Campaign across County Durham with RoSPA in September 2021 and have provided 1000 safety fridge magnets and safety checklists to families with supporting advice.
- 38 Figure 1 below shows the rate of hospital admissions for 0-4 years olds caused by unintentional and deliberate injuries. This has been consistently significantly higher than England with the rate for County Durham being 144.2 per 10,000 which is almost 1.4 times higher than the England rare of 108.7 per 10,000. However, rates are declining in County Durham since a high of 227.6 per 10,000 in 2014/15 the rates remain statistically significantly worse than England.

Data source [County Durham insights](#)

Factsheet Infographic:



- 39 Although there has been a significant reduction in the rate of emergency hospital admissions for 0-4 caused by unintentional and deliberate injuries, the BSIL steering group has mainlined UII as a priority as it remains higher than the England average.
- 40 There are additional plans to embed UII training into current integrated pathways (e.g., enhanced parent support programme, Young Parents programme Birth Intervention).

Peri-natal Mental Health

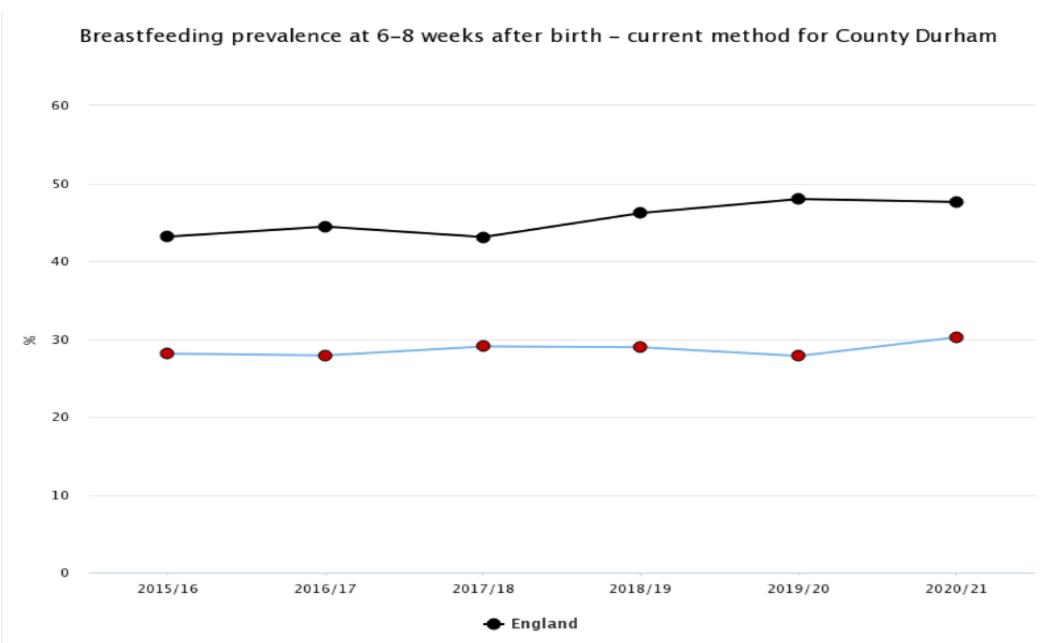
- 41 The physical and mental health of the mother, and the family environment during pregnancy, infancy and childhood is of fundamental importance to mental health. A parent's ability to bond with and care for their baby, their parenting style and the development of a positive relationship can predict a number of physical, social, emotional and cognitive outcomes through to adulthood
- 42 Perinatal mental health problems affect between 10 to 20% of women during pregnancy and the first year after having a baby.
- 43 HDFT are focussing on ensuring their workforce is up to date with training and expanding the number of train the trainers in Emotional Wellbeing Visits to expedite this training across teams. In partnership with the One Point service HDFT have purchased a licence to support all County Durham families accessing the Solihull Programmes online. Q2 data 2022 indicates most popular programmes are Pregnancy, Labour and Birth, and understanding your child. Accessing parenting programmes in this way has provide more flexibility for families, and increased capacity across our services to provide face to face targeted parenting programmes and support to families with higher need and vulnerability.
- 44 HDFT have worked with partners to deliver a Maternal Mental Health (MMH) Event at Wharton Park, Durham, on 4th May 2022 as part of Maternal Mental Health week. This was good networking for organisations supporting MMH, along with support for families, with really useful feedback from families, particularly around more privacy to talk to representatives from organisations at the event, which will influence future events.
- 45 Universal assessment of parent-infant relationships and PNMH is carried out as part of the healthy child programme supports the identification of parents requiring additional PNIMH support at the earliest opportunity.

- 46 A multi-agency, HV lead Enhanced Parenting Support Pathway provides increased support to vulnerable parents, including an additional visiting schedule, use of evidence-based interventions focusing on PNMH and infant parent relationships.
- 47 PNMH is a priority area that has been identified within the development of the Family hubs. The BSIL steering group will work closely with partners to develop a Perinatal Infant Mental Health Strategy based on local data, intelligence and lived experience of families.
- 48 NHS colleagues are currently reviewing their offer and access to support to ensure pregnant and new mums and partners receive early help and timely and appropriate mental health support. This is likely to be concluded in early 2023.

Breastfeeding

- 49 Breastfeeding is a major contributor to public health. It has an important role in the prevention of illness and reducing health inequalities. If sustained for the first six months of life, breastfeeding can make a major contribution to an infant's health, wellbeing and development and is also associated with better health outcomes for the mother.
- 50 Breastfeeding rates for county Durham have remained almost unchanged over recent years despite continued promotion and high quality support for breastfeeding mothers.

Data source – OHID Public Health data - fingertips



- 51 There are plans to undertake local insight work to better understand barriers to breastfeeding initiation and continuation in County Durham.

This will be a detailed piece of work to better understand the decision making journey on infant feeding and what influences these decisions. This work is anticipated to include young people, adults of all ages to include parents and grandparents. The finding of this insights work will help share a more meaningful and informed programme of education and promotion.

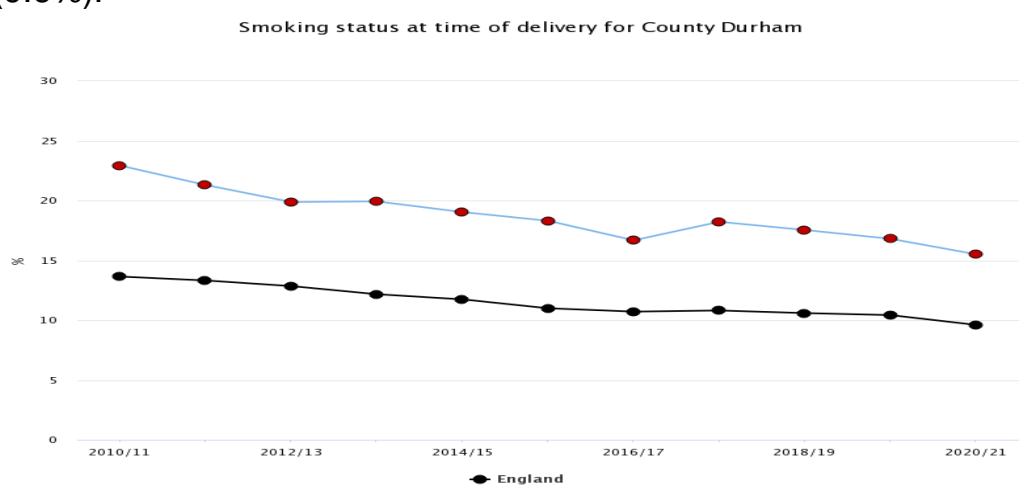
- 52 HDFT Paid Peer Supporters are working with local businesses to expand the breastfeeding friendly business accreditation scheme to show their support for breastfeeding mothers.
- 53 There is active promotion and call to action across the wider partnership system though a focused breastfeeding comms plan. This includes increased social media presence and community engagement activities and events to support and promote breastfeeding.
- 54 Face to face breastfeeding support groups have been re-established across the County, with additional targeted support in the East of Durham where rates continue to be lower than other localities.
- 55 The 0-25 Family Health Service was assessed for Unicef Gold Re-Accreditation in August 2022 and are awaiting the feedback report and recommendations from Unicef.

Healthy Weight

- 56 To reduce childhood obesity in Reception and year 6 children through the delivery of a whole system approach and implementation of the HENRY programme. Heath Education and Nutrition in the Really Young (HENRY) is an evidenced based intervention, using face to face sessions, for families with young children to support healthy eating and healthy weight. Deliver is currently a mixed model of face to face and virtual, parental/ carer engagement has been a challenge despite initial commitment from families, there are no themes to this it is individual family circumstances and priorities.
- 57 Additional focused work is taking place to actively promote the uptake of healthy start vouchers for those families who are eligible. This is being led by the healthy start subgroup and promoted through the children's poverty steering group.
- 58 Due to poor availability and uptake of healthy start vitamins, public health are working with colleagues in HDFT and DCC One Point to increase access and uptake of healthy start vitamins and also to promote the health benefits during pregnancy and in the early years. This will initially be aligned to the family centres / family hubs.

Tobacco Dependency in Pregnancy (TDiP)

- 59 Smoking during pregnancy poses a significant health risk to both mother and unborn child and is one of the few modifiable risk factors in pregnancy. It can cause a range of serious health problems, including lower birth weight, pre-term birth, placental complications, and perinatal mortality.
- 60 A key priority in County Durham is to enable every child to have the best start in life by reducing smoking in pregnancy. A core deliverable of this strategic priority is to support women to achieve a smoke-free pregnancy through whole system change, tackling tobacco dependency in pregnancy as an addiction, not a lifestyle choice.
- 61 Levels of smoking at the time of delivery (SATOD) in County Durham are significantly higher in County Durham (15.5%) than for England (9.6%).



- 62 The TDiP subgroup has reviewed and the action plan for 2022-25 has been updated with an ambitious target of reducing smoking at the time of delivery (SATOD) to less than 5% by 2025.

The TDiP Action Plan sets out the intention and aspiration towards the following aims:

1. Develop and improve intelligence, surveillance and performance monitoring in relation to tobacco dependency in pregnancy
2. Building Stop Smoking Services (SSS) and strengthening local action
3. Ensure service capacity for the delivery of stop smoking interventions by frontline staff

4. Develop infrastructure, skills and capacity

- 63 The multi-agency steering group will be responsible for implementing and monitoring the revised action plan and will report to the Tobacco Alliance and the BSIL steering group on a quarterly basis.
- 64 The 0-25 FHS has been involved in the development of the Northeast England TDIP and Postnatal Pathway, which is now being rolled out across the region. Staff have been trained by ABL (the Stop Smoking Service Provider in County Durham) in CO monitoring and are currently embedding CO monitoring into the healthy child programme contacts. This has resulted in an increase in referrals to the specialist stop smoking service in the last 6 months.

Support for Vulnerable Families

- 65 Additional targeted support is provided to vulnerable families through a variety of multi-agency pathways including The Enhanced Parent Support Pathway (EPSP)
- 66 The EPSP recognises that some families require additional support and offers a seamless support pathway from the antenatal period until the child is 2 ½ years old.
- 67 Health Visitors and midwives identify and offer parents the pathway in the antenatal period. Parents are offered regular visits from the antenatal period through to the child is 2 ½ years. These visits focus on the health and development of the baby and young child, understanding and communicating with the infant and young child, accident prevention as well as family health and well-being.
- 68 The EPSP is offered to both parents as research shows that dad's involvement is equally as important to a child, as mum's involvement.
- 69 In early 2022 work to review the Enhanced Parenting Support Pathway (EPSP) with the aim of developing a performance and quality framework that will better demonstrate its effectiveness was commenced.
- 70 A range of activity has taken place including the facilitation of a multi-agency workshop that looked at what was working well, what partners were worried about and what next steps should be. Feedback included:
- An extension to the current referral process, this would enable partners to identify families suitable for the EPSP beyond the antenatal period up to 10 weeks postnatally
 - Agree a core set of simple outcome's/measures at key pathway touch points

- Explore improvements in the way that data is collated and shared in order to better understand the population and vulnerabilities

71 Workshop feedback has been analysed and is being utilised to form the basis of a multi-agency performance framework. Work is underway with relevant information governance leads across Durham County Council (DCC) and Harrogate District foundation Trust (HDFT) to ensure that all information is shared and stored appropriately. It is anticipated that this framework will be operational no longer than December 2022.

Conclusion

- 72 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.
- 73 The BSIL steering group will continue to work with the family hub and start for life multi-agency implementation group to drive the joint programme deliverables. Governance for the family hubs will be provided through the Prevention and Early Help Partnership reporting up to the Children, Young People and Families Partnership.

Background papers

- [Family Hubs & Start for Life Programme guide](#)

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Appendix 1: Implications

Legal Implications

Not applicable

Finance

Current delivery is within existing resources, although additional family hubs funding will support the delivery of additional programmes of work.

Consultation

Not applicable

Equality and Diversity / Public Sector Equality Duty

Not applicable

Human Rights

Not applicable

Climate Change

Not applicable

Crime and Disorder

Not applicable

Staffing

Not applicable – partnership delivery

Accommodation

Not applicable

Risk

Not applicable

Procurement

Not applicable