

## **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 (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 and alignment to the national Start for Life programme delivered through the family hubs.

### **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 children and young people's clinical lead for the ICB and is the new chair for the BSIL steering group, facilitating a key role in embedding the BSIL priorities withing primary care.
- 6 The BSIL steering group have reviewed and refreshed the multi-agency workplan for 2022-2025 and 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
  - Improve healthy weight.
- 7 Improve perinatal & infant mental health, improving speech language and communication and Reducing unintentional Injuries have been identified as priority areas for 2023 although work continues to be delivered across all key areas of the workplan. Both PNIMH and the work to improve SLC also align to the priorities of the Start for Life programme providing additional resource and ambitions.
- 8 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.
- 9 Due to the current identified priorities for the County Durham BSIL group, the development work of the family hubs is cross cutting with the BSIL workplan with clear reporting into the BSIL group and Start for Life partnership board.
- 10 The peri-natal and infant mental health strategy for County Durham will be developed and shared with our communities and other key stakeholders to ensure we are meeting the needs of families during the peri-natal period (during pregnancy and for two years after the child is born). The strategy is expected to be approved by the health and wellbeing board in May 2024.

### **Recommendation(s)**

- 11 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

- 12 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.
- 13 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.
- 14 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 and these were progress by the BSIL steering group.
- 15 To understand County Durham's position against the 7 BSIL priorities, the BSIL Steering Group reviewed the action plan and priority areas. 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 4 areas of work remain 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

- Healthy weight
- 16 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.
  - 17 As a steering group we have reviewed our approach to BSIL 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.

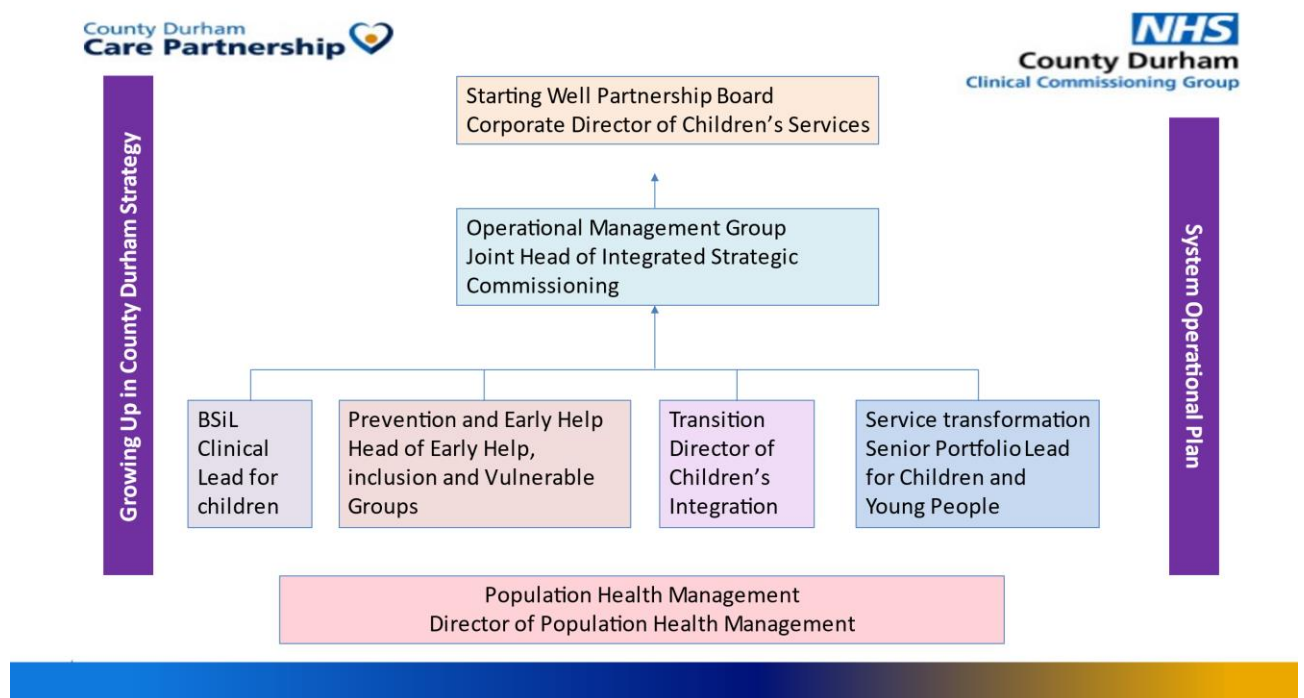
## **Health Impact Assessment**

- 18 To help inform the BSIL work programme a Health Impact Assessment (HIA) was undertaken with a focused 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.
- 19 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.
- 20 The COVID-19 pandemic raised specific considerations for childhood vulnerability. While the symptoms from the virus are generally mild and death very rare among children, some were more clinically vulnerable because of underlying health conditions or were more vulnerable due to the effect the pandemic had on access to health services and social care.
- 21 Some children and families may 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 recommendations from the HIA were reviewed by the BSIL steering group and embedded into the refreshed workplan to help meet the family’s needs at a local community level.

## Governance Arrangements

- 23 The BSIL Steering group will be accountable to the Starting Well Partnership Board (SW PB) via the operational management group who oversee and govern the work of the BSIL group and approve the annual workplan. Updates will be provided twice a year on progress including risks and issues.



## Family Hubs

- 24 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.
- 25 Family Hubs are a single gateway for family support services, and they 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.

- 26 County Durham is one of 15 Local Authorities (trailblazers) leading the way in delivering the Family Hubs and Start for Life Programme focusing on perinatal mental health, parent support and Infant feeding support. These are also key priorities for the BSIL steering group and facilitate the delivery of programme implementation.

## **BSIL Workplan Update**

### **Speech Language and Communication**

- 27 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)
- 28 This will enable a proper assessment of the home learning environment; any concerns are identified, and support is provided where needed to assist families to help their child reach their full potential. It also to help promote the importance of SLC with parents and carers.
- 29 Bookstart resources are being made available in all 15 Family Hub libraries for families to access and available to distribute in programmes and groups both in Family Hubs and the Outreach service. 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. A senior librarian Co Durham, HDFT Service Manager, Family Hub Manager and Community Health Resilience Practitioner have formed a working group to coordinate and implement the Book Trust plan.
- 30 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.

- 31 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**

- 32 The most recent UII data for 0-4yrs identifies that County Durham remains higher than the England average. We do not currently have trend data due to technical change (this is the move to the 2021 population denominator). Further work is being undertaken by NHS colleagues to understand the hospital rate for UII and there may be some variation in recording practices between NHS FTs.
- 33 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.
- 34 A new training provider has been commissioned to deliver the revised multi-agency training plan based on local information. 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.
- 35 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**

- 36 The physical and mental health of the mother, and the family environment during pregnancy, infancy and childhood is of fundamental importance to mental health along with a parent's ability to bond with and care for their baby.
- 37 Many women experience changes in their mental health during pregnancy and during the year after the birth and women who already have mental health problems may find that their symptoms worsen during the perinatal period. Others may experience poor mental health for the first time during this period.
- 38 The NHS estimate that one in four women experience mental health problems in pregnancy and during the 24 months after giving birth. County Durham has an average of 4,500 births per year.

- 39 Perinatal Mental Health and parent-child relationships is one of the Family hub / Start for life programme priorities with identified 'minimum' and 'go further' expectations. The expectation is that there will be:

A multidisciplinary perinatal mental health and parent–infant relationship strategy with clear referral pathways for families. This ensures a coherent and joined-up approach between services for babies and their families.

- 40 The BSIL steering group are working with partners to develop a County Durham Perinatal Infant Mental Health Strategy 2024-2029 to ensure a joined-up approach for all families around the care and support needed during pregnancy and following birth to enable, infant mental health and the mental health of mothers and fathers to flourish.
- 41 The draft strategy will go out to public consultation in early 2024 for six weeks. This consultation will be supported by a robust communication and engagement plan to ensure we hear the voice of our communities and other key stakeholders.
- 42 Service developments are already in progress and following mapping, low-moderate PIMH support was commissioned to fill identified gaps. A leaflet detailing PIMH support in County Durham has now been co-produced with Parent Carer Panel and following further work will be given to all pregnant families and made available in places that families go across the County. Information also available via DCC website and "Growing Healthy" app will be updated.
- 43 Professionals/clinicians regularly updated via regular communications including, Headlines, The Bump, Early Years Newsletter and attendance at team meetings. A Family Hubs newsletter is being developed.
- 44 PNIMH training is being systematically rolled out to all Family Hubs workforce, along with Paternal Perinatal Mental Health training. To ensure workforce can identify a PIMH need and either know how to support directly or how to get required support for individual/family as appropriate.

## **Breastfeeding**

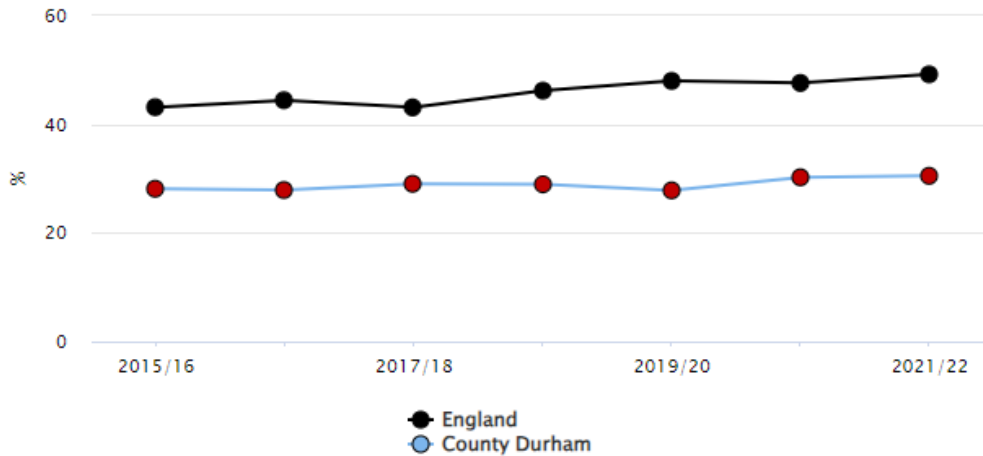
- 45 Breastfeeding is a major contributor to public health. It has an important role in the prevention of illness and reducing health inequalities. If sustained for the first six months of life, breastfeeding can make a major contribution to an infant's health, wellbeing and development and is also associated with better health outcomes for the mother.



- 46 Breastfeeding rates for county Durham have remained almost unchanged over recent years despite continued promotion and high quality support for breastfeeding mothers. 2021/22 figures England 49.2% compared to County Durham at 30.5%.

Figure 1

Breastfeeding Prevalence at 6-8 weeks after Birth – Current method



Data source – OHID Public Health data – fingertips

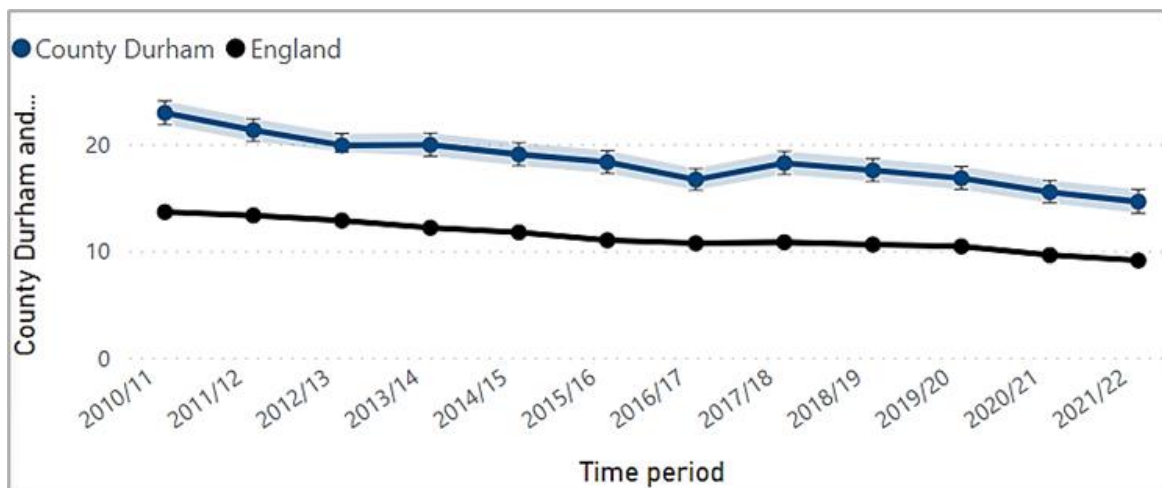
- 47 Local insight work has been undertaken to better understand barriers to breastfeeding initiation and continuation in County Durham. This is a detailed piece of work to better understand the decision-making journey on infant feeding and what influences these decisions. The analysis of this qualitative and quantitative insights work will shape a more meaningful and informed programme of education and promotion.
- 48 HDFT Paid Peer Supporters are working with local businesses to expand the breastfeeding friendly business accreditation scheme to show their support for breastfeeding mothers.
- 49 There is active promotion and call to action across the wider partnership system through a focused breastfeeding comms plan. This includes increased social media presence and community engagement activities and events to support and promote breastfeeding.
- 50 Face to face breastfeeding support groups have been re-established across the County, with additional targeted support in areas where rates continue to be lower than other localities.

## Tobacco Dependency in Pregnancy (TDiP)

- 51 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.
- 52 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.
- 53 Whilst rates of smoking at time of delivery (SATOD) are slowly improving, there is still a great deal of work to do. In 2021/22 the North East region had the highest % of SATOD in the UK (12.6%, compared to England's average 9.1%). County Durham has the highest % of SATOD in the North East, with 14.6% of those giving birth known to be smokers at the time of delivering their baby (around one in seven women). Nationally, County Durham is ranked eighth out of 152 local authorities for SATOD (where one is the worst).

Figure 2

### Smoking at Time of Delivery (SATOD)



2021/22

**14.6**

County Durham %

2021/22

**12.6**

North East %

2021/22

**9.1**

England %

**Table 2. Benchmarking of North East Neighbours 2021-2022**

Area	Recent Trend	Count	Value
England	↓	49,534	9.1
North East region	↓	3,004	12.6
County Durham	↓	568	14.6
Sunderland	↓	360	14.0
Stockton-on-Tees	↓	248	14.0
Redcar and Cleveland	↓	170	14.0
Middlesbrough	↓	230	14.0
Hartlepool	→	124	14.0
Darlington	→	139	14.0
South Tyneside	↓	173	12.1
Gateshead	↓	226	11.8
Newcastle upon Tyne	↓	340	11.7
Northumberland	↓	257	10.1
North Tyneside	↓	170	8.3

- 54 In partnership with the County Durham Tobacco Control Alliance, the TDiP Steering Group continues to work collaboratively to drive towards the regional goal of reducing smoking at time of delivery to 5% or less by 2025 and a local ambition that all pregnant women and mothers will not smoke. This is critical to our drive to ensure children have the best start in life.
- 55 Following a stakeholder analysis and prioritisation exercise, the membership of the Group has been refreshed and includes representation from a wide range of partners.
- 56 A new specialist Midwifery Matron for Health Inequalities has been recruited within the local provider trust (CDDFT), funded by the Family Hubs Transformation Programme. This new post has joined the TDiP Steering Group as Co-Chair alongside DCC Public Health, providing clinical midwifery expertise and strengthening the strategic leadership in the Group, working together to drive forward the aims and objectives of the TDiP Action Plan. The matron reports directly to the Head of Midwifery and maternity service’s SMT.
- 57 The multi-agency steering group is 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.
- 58 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**

- 59 Additional targeted support is provided to vulnerable families through a variety of multi-agency pathways including The Enhanced Parent Support Pathway (EPSP)
- 60 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.
- 61 Health Visitors and midwives identify and offer to both parents the pathway in the antenatal period. The programme was extended to also include 10 weeks post-natal period to ensure we include those with perinatal mental health concerns. 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.
- 62 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.
- 63 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.
- 64 Additional funding from the household support fund has been secured to provide safe sleeping and home safety equipment to vulnerable families. This funding can be applied for by any professional and is being managed by children's early help services.

## **Healthy Weight**

- 65 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.
- 66 Production of the maternal healthy weight resource 'Nourishing baby and parent in pregnancy' will upstream a healthy weight focus on both the child and parent. This has been produced in collaboration between

NENC, Public Health, Best Start In Life steering groups and HDFT colleagues.

- 67 Additional focused work is taking place to actively promote the uptake of healthy start vouchers for those families who are eligible. County Durham currently has one of the highest uptake rates with 80% of eligible families claiming.
- 68 New data from NHS Business Services Authority (NHSBSA) platform provides ward-level data on child health insights. This includes newly available ward-level uptake figures for the Healthy Start scheme and will be extremely valuable in further increasing our take-up rates.
- 69 Due to poor uptake of healthy start vitamins, Public Health is working with colleagues in HDFT and the family hubs to increase access and uptake of healthy start vitamins through all of the 15 family hubs.

## **Conclusion**

- 70 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.
- 71 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.

## **Background papers**

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

Contact: Michelle Baldwin, Public Health Strategic Manager – Starting Well

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## **Appendix 1: Implications**

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### **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