

SUNDERLAND HEALTH AND WELLBEING BOARD

13 December 2019

BEST START IN LIFE PRIORITY UPDATE

Report of the Best Start in Life Working Group

1.0 Purpose of the Report

1.1 To provide the Health and Wellbeing Board with a progress update on the Board's priority of Best Start in Life (BSIL), including:

- the BSIL working group
- draft action plan
- BSIL area profiles
- funding and research opportunities.

2.0 Background

2.1 What happens in pregnancy and early childhood can have a lifelong impact, both physically and emotionally. The Marmot Review¹ identified best start in life as being 'crucial to reducing health inequalities across the life course'. As such families should be supported to have a healthy pregnancy, provide sensitive and responsive care in the first years of life and provide nurturing and supportive environments for children to grow up in².

2.2 Supporting good maternal health and providing positive early experiences is vital to ensuring children are ready to learn, ready for school and have good life chances.

2.3 Positive early experiences are influenced by factors such as sensitive, attuned parenting; effects of socio-economic status and the impact of high-quality early education and care.

2.4 Parents have a significant influence on the early development and learning of a child, and therefore it is important families are supported to provide children with the foundations for good health and develop their readiness to learn and be ready for school.

2.5 Early years services can improve the health outcomes of babies and children, including:

- early cognitive and non-cognitive development
- social development
- children's readiness for school
- later educational outcomes.

¹ The Marmot Review: Fair Society, Healthy Lives (2010)

² The 1001 Critical Days: the importance of the conception to age two period (2014).

- 2.6 In early 2019 Public Health led a programme of sector-led improvement work for BSIL, using a framework which had been developed through the sector-led improvement work sponsored by the regional Directors of Public Health. This culminated in a workshop in May 2019, which brought together a broad range of partners and stakeholders to understand the local context in which they work, identified need, local performance and key issues. Through the workshop and findings of the sector led improvement work key priorities were identified, which have provided a foundation for developing a programme of work under the Health and Wellbeing Board thematic priority of BSIL.

3.0 Key Areas of Progress

- 3.1 The first meeting of the BSIL working group was held in September 2019, where the terms of reference were agreed. A schedule of bi-monthly meetings has been established, each with a thematic focus to provide an opportunity for more in-depth discussion of identified priorities, led by relevant partners. The November meeting focused on the issue of school readiness.
- 3.2 A Joint Strategic Needs Assessment for BSIL has been produced and shared with partners for consultation and final agreement. This will be published in December 2019.
- 3.3 A draft action plan (Appendix One) has been developed, detailing high level actions against 10 key priorities:
- Partners work collaboratively to ensure every child gets the best start in life
 - Make use of data and intelligence to understand local needs
 - Promote healthy pregnancy messages
 - Improve outcomes for perinatal mental health
 - Reduce the prevalence of alcohol consumption in pregnancy
 - Reduce the prevalence of smoking in pregnancy
 - Promote a culture of breastfeeding
 - Promote healthy eating for infants and young children
 - Develop multi-agency approaches to meeting the needs of infants and children whose parents have vulnerabilities
 - Ensure every child is supported in their development to be school-ready.
- 3.4 The draft action plan identifies the importance of ensuring the implementation of the Local Maternity System (LMS) Prevention Plan in Sunderland, which underpins efforts to support healthy pregnancies and best start in life. Whilst work continues to be delivered through the regional approach to delivering the LMS Prevention workstream, oversight through the BSIL working group provides opportunities to ensure the alignment of priorities, local actions and engagement across the system.
- 3.5 Public health has developed BSIL area profiles, providing data to support an understanding of health outcomes for pregnancy and early childhood at a ward and/or locality level. The purpose of the profiles is to ensure that in addition to monitoring progress at a Sunderland level there is an understanding of the health

inequalities which exist at a ward or locality level. This will support partners and services to effectively target provision at geographical areas or specific cohorts of the population, for the purpose of reducing inequalities and accelerating the pace of change.

3.6 The BSIL area profiles will be further refined going forward when ward level data can be accessed for outcomes including smoking in pregnancy, breastfeeding and immunisation. The profiles cover 8 indicators, which are important for supporting the best start in life for all children. These are:

- Smoking in pregnancy
- Breastfeeding continuation
- Childhood obesity (reception year)
- Under 18 teenage conceptions
- Unintentional and deliberate injuries (0-4 years old)
- Dental caries (0-5 years old)
- MMR immunisations
- School readiness.

3.7 An expression of interest has been submitted to participate in the Local Government Association Behavioural Insights Programme, to support work on breastfeeding. If successful the focus of the work would be on increasing the number of women who use the Breastfeeding Friend tool, which is available through the Start4Life programme and provides 24/7 breastfeeding advice through online support.

3.8 There is an opportunity to submit an expression of interest to be a delivery site for This Mum Moves, as part of phase 3 of the project. The initiative aims to support pregnant women and new mothers to stay active by providing healthcare professionals (specifically midwives and health visitors) with training and resources to facilitate the delivery of clear, consistent and confident messages regarding physical activity in pregnancy, as part of routine care. Public health is working with South Tyneside and Sunderland NHS Foundation Trust and Harrogate and District NHS Foundation Trust to take this forward.

4.0 Recommendations

4.1 The Board is recommended to:

- Receive the update report on the priority Best Start in Life
- Ask the Best Start in Life working group to finalise the action plan and bring this to the March meeting of the Board for approval.

DRAFT ACTION PLAN: BEST START IN LIFE WORKING GROUP

Priorities and Actions	Measure	Timescale	Lead Orgs	Lead Officer	RAG	Update
1. Partners work collaboratively to ensure every child gets the best start in life						
1.1 Ensure all relevant partners are represented at the group and are given the opportunity to contribute to shared goal-setting	Engagement of identified stakeholders with working group Action plan agreed, monitored and reported against	On-going	Public Health	LH		
1.2 Refresh findings of System Led Improvement self-assessment tool	Self-assessment tool updated	August 2020	Public Health ALL	JH		
1.3 Support peer review process for Best Start in Life system led improvement	Peer review process supported by all stakeholders	August 2020	Public Health ALL	JH		
2. Make use of data and intelligence to understand local needs						
2.1 Complete the Joint Strategic Needs Assessment (JSNA) for Best Start in Life	Best Start in Life JSNA written in consultation with stakeholders. JSNA published.	December 2019	Public Health ALL	JH		
2.2 Develop Best Start in Life Profiles to enable ward level analysis for agreed health priorities	BSIL Profiles completed in collaboration with partners. BSIL Profiles shared with partners to support prioritisation and local delivery	December 2019	Public Health South Tyneside and City Hospitals NHS Trust	LH		

3. Promote healthy pregnancy messages						
3.1 Healthy pregnancy messages promoted to those of child-bearing age, pregnant women and their families.	<p>Review the availability of resources and identify gaps.</p> <p>Identified resources utilised and new resources sourced to address any gaps.</p> <p>Healthy pregnancy messages promoted widely by key agencies</p>	<p>December 2019</p> <p>By March 2020</p>	<p>Public Health CCG</p> <p>Maternity Service</p> <p>0-19 Public Health Service</p> <p>Primary Care</p> <p>Together for Children</p>	JH		
3.2 Ensure a joined-up approach with key partners to provide support and advice to pregnant women identified as overweight or obese	<p>Implementation of NICE guidance locally.</p>	<p>Review March 2020</p>	<p>CCG Maternity Service</p> <p>Obs & Gynae</p> <p>Primary Care</p>	RM		
3.4 Assess the availability of accessible and suitable physical activities for pregnant and post-natal women	<p>Physical activity opportunities for pregnant and post-natal women reviewed.</p>	<p>June 2020</p>	<p>Public Health</p> <p>Leisure Services</p>	JH		
3.5 Ensure the Local Maternity Systems (LMS) Prevention Plan is implemented in Sunderland to support healthy pregnancies and best start in life.	<p>Implementation of the LMS prevention plan monitored through the LMS STSFT Maternity Prevention Action Plan</p>	<p>Review March 2020</p>	<p>CCG Maternity Service</p> <p>Public Health</p> <p>0-19 Public Health Service</p>	CAG		

4. Improve Outcomes for Perinatal Mental Health						
4.1 Increase awareness of mental health conditions in pregnant women and women with a child up to one years old amongst healthcare professionals and others working with families.	Health professionals and services working with families receive information about perinatal mental health, perinatal mental health services and other support available	Review April 2020	Perinatal Mental Health Service IAPT ALL	JR/MS		
4.2 Support families in the earlier identification of those experiencing mental health issues during pregnancy and the postnatal period	Increase in the number of people accessing services for mental health support at an earlier stage of gestation or during postnatal period.	Review progress April 2020	Maternity Service CCG Perinatal Mental Health Service, IAPT 0-19 Public Health Service Primary Care	SF/CAG		
4.3 Ensure healthcare professionals working with pregnant and postnatal women have received high quality and evidence-based training in perinatal mental health	All new staff receive dedicated evidence-based training and receive regular updates at least annually. Ensure the provision of listening visits in response to identified need, in line with best practice guidance.	Review progress April 2020	Maternity Service 0-19 Public Health Service Primary Care Perinatal Mental Health Service, IAPT Together for Children	SF/CAG AC		

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4.4 Monitor the effectiveness of the expansion of perinatal mental health service provision via the Children and Young People's Mental Health and Wellbeing Transformational Plan 2015 – 2020	Numbers of people accessing support from the perinatal mental health service in Sunderland	March 2020	CAMHS strategy group	RM		
5. Reduce the prevalence of alcohol consumption in pregnancy						
5.1 Increase knowledge and understanding of the prevalence of alcohol consumption in Sunderland – ensure more robust recording of levels of alcohol consumption in pregnant women	Recording of alcohol consumption prevalence established through the utilisation of the regional tool	Review progress August 2020	Maternity Service CCG Public Health	SF/CAG		
5.2 Ensure there are clear pathways and robust links between services providing support to pregnant women (including maternity and health visiting services) and the drug and alcohol treatment services	Pathways established and link officers identified	Review progress August 2020	Public Health Maternity Service CCG Substance Misuse Service	LH SF/CAG		
6. Reduce the prevalence of smoking in pregnancy						
6.1 Ensure all pregnant women and those within the household who smoke are referred to specialist stop smoking services in line with NICE guidance and the local enhanced offer	Number of women accessing the Specialist Stop Smoking Service	Review progress March 2020	Maternity Service 0-19 Public Health Service SSSS Public Health CCG Primary Care	SF/CAG		

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6.2 Increase the number of women accessing stop smoking services, setting a quit date and quitting	Number of women setting a quit date Quit rate of pregnant women Smoking at Time of Delivery (SATOD)	Review progress March 2020	Specialist Stop Smoking Service Public Health CCG	GK		
6.3 Implement an incentive scheme to encourage pregnant women to stop smoking and increase quit rates	Number of women setting a quit date Quit rate of pregnant women Number of women accessing incentive scheme and quit rate for those accessing the incentive scheme Smoking at Time of Delivery rates improved	March 2020	CCG Public Health	RM		
6.4 Increase the monitoring of smoking status antenatally and post-natal by piloting the use of CO monitors by health visitors during core visits	Increase the number of women accessing the Specialist Stop Smoking Service during pregnant and during post-natal period	Review progress June 2020	0-19 Public Health Service Public Health	AC		
7. Promote a culture of breastfeeding						
7.1 Key agencies to achieve UNICEF Baby Friendly accreditation, with Maternity Services and Health Visiting Services reaching level 2 as a minimum	Health Visiting Service and Maternity Services achieve UNICEF Baby Friendly accreditation	September 2020	Maternity Service 0-19 Public Health Service CCG	SF/CAG AC		

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	Other organisations who come into contact with pregnant women and families commit to undertaking UNICEF Baby Friendly accreditation		Public Health			
7.2 Ensure seamless and consistent advice and support is provided to women who choose to breastfeed	Health Visiting Service and Maternity Services achieving UNICEF Baby Friendly accreditation Wider health and social workforce access UNICEF training, including GP's, practice nurses, ward nurses, Children's Centre staff	Review progress September 2020	Maternity Services 0-19 Public Health Service CCG Public Health	SF/CAG AC		
7.3 Work with the Local Maternity Systems (LMS) to establish a regional breastfeeding touchpoint pathway	Regional breastfeeding pathway developed and established.	Review progress March 2020	Maternity Services CCG Public Health	CAG		
7.4 Establish and / or promote local breastfeeding friendly places	Breastfeeding friendly venues are promoted through the use of social media and apps	September 2020	0-19 Public Health Service Maternity Service Public Health	AC		
7.5 Identify barriers to breastfeeding for women in Sunderland and establish reasons why women stop breastfeeding using the results the Infant Feeding Research Project	PAR Research completed and findings disseminated	March 2020	Public Health	JH		

8. Promote healthy eating for infants and young children						
8.1 Ensure all families that are eligible for the Healthy Start Programme are encouraged to apply and utilise the benefits of the programme	Increase take up of Healthy Start Programme in Sunderland	Review March 2020	Maternity Service 0-19 Public Health Service Together for Children	CAG/ AC		
8.2 Undertake a pilot to provide the initial supply of Healthy Start Vitamins by the 0-19 service, using FNP clients initially	Increase take up Healthy Start Vitamins in Sunderland	August 2020	Public Health FNP 0-19 Public Health Service	JH		
8.3 Increase the promotion of Healthy Start Vitamins via the registrars and food banks	Increase take up Healthy Start Vitamins in Sunderland	December 2019	Public Health	JH		
8.4 Undertake an audit of weaning advice given and courses currently available in Sunderland	Audit completed and recommendations for action agreed	September 2020	Together for Children Public Health 0-19 Public Health Service	CK		
8.5 Consider targeted approaches to promote healthy eating and physical activity e.g. cooking skills, linking with community cafes, projects with early years settings	Potential projects agreed.	Review March 2020	CCG Public Health Together for Children 0-19 Public Health Service	RM		

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8.6 Promote key messages for good oral health in infants and young children, targeting the areas of most need	<p>All 0-19 public health practitioners received training to ensure the provision of consistent evidence-based oral health support and advice</p> <p>Utilisation of national campaigns to raise awareness of oral health messages.</p>	Review progress September 2020	0-19 Public Health Service Together for Children	AC		
9. Develop multi-agency approaches to meeting the needs of infants and children whose parents have vulnerabilities						
9.1 Utilise the regional approach and findings from the ACE's audit tool to support a local approach to Trauma Informed Practice	<p>Completion of audit tool</p> <p>Share local response to findings of audit tool</p>	December 2019	Public Health ALL	LH		
9.2 Promote attachment and positive parenting using the Solihull Approach during key contacts with pregnant women and families.	<p>Key health professionals and child and family practitioners access Antenatal Solihull Approach training</p> <p>Evidence of Solihull Approach methodology being used during key appointments and visits by health visitors</p>	Review progress June 2020	0-19 Public Health Service Maternity Services Together for Children CCG	AC		
9.3 Implementation of the North East Reducing Parental Conflict Programme to support families where parental conflict is having a detrimental effect on a child's development	Successful implementation of the North East Reducing Parental Conflict Programme	Review August 2020	Together for Children CCG	MR		

10. Ensure every child is supported in their development to be school-ready						
10.1 Establish an effective integrated developmental review process at 2 years old between Health Visiting and Early Years settings	Process developed and agreed.	August 2020	0-19 Public Health Service School Improvement Team, Together for Children	AC/SC		
10.2 Ensure an effective multi-agency approach is in place to identify potential health and developmental issues which may impact on a child's school readiness	<p>Agencies successfully identify need following effective 2 year integrated review process to enable additional support to be provided and SEND identified</p> <p>Clear arrangements are in place to ensure a smooth transition from early years settings into school for young children with SEND</p>	Review August 2020	0-19 Public Health Service SEND Team	SC		
10.3 0-19 Public Health Service to access and cascade 'Reducing the word gap' speech and language and communication training for all health visitors and other relevant early years practitioners	<p>All health visitors accessed 'reducing the word gap' training.</p> <p>Agree further cascading of training to other key early years practitioners</p>	March 2020	0-19 Public Health Service	AC		
10.4 Increase the take up of early education places for disadvantaged two-year olds	Take up to meet North East average	Review March 2020	Together for Children	MR		

References

LH	Lorraine Hughes	MR	Marie Roberts
JH	Joanne Hunt	SC	Sue Cutting
SF	Sheila Ford	RM	Rachel McDonald
CAG	Clare Adams-Graham	CK	Catharine Kershaw
AC	AnnMarie Cook	GK	Gillian Kelly
JR/MS	Jan Rigby/Maxine Shepherd		