

SUNDERLAND HEALTH AND WELLBEING BOARD

20 March 2020

BEST START IN LIFE

Report of the Best Start in Life Working Group

1.0 Purpose of the Report

- 1.1 In December 2019 the Best Start in Life (BSIL) Working Group submitted a report to the Health and Wellbeing Board, describing the progress made with establishing and developing the BSIL Working Group, key areas of work delivered to date and the draft action plan.
- 1.2 The BSIL action plan has been finalised and is submitted for approval by the Health and Wellbeing Board.

2.0 Background

- 2.1 The BSIL working group convened in September 2019, building on the momentum achieved from the BSIL workshop held in May 2019.
- 2.2 The BSIL action plan (Appendix One) identifies 10 key priority areas, which were identified through the Joint Strategic Needs Assessment, the BSIL System-Led Assessment and workshop held in May 2019.

3.0 Current Position

- 3.1 The BSIL action plan is monitored regularly, with a highlight report presented at each BSIL working group for discussion and agreement. Identified leads for each action are responsible for submitting progress updates prior to meetings, which are used to produce the highlight reports. The action plan is also RAG rated to support effective oversight of progress, delays and emerging risks to delivery.
- 3.2 The key priority areas identified in the action plan are:
 - 1. Partners work collaboratively to ensure every child gets the best start in life.
 - 2. Make use of data and intelligence to understand local needs.
 - 3. Promote healthy pregnancy messages.
 - 4. Improve Outcomes for Perinatal Mental Health.
 - 5. Reduce the prevalence of alcohol consumption in pregnancy.
 - 6. Reduce the prevalence of smoking in pregnancy.
 - 7. Promote a culture of breastfeeding.
 - 8. Promote healthy eating for infants and young children.
 - 9. Develop multi-agency approaches to meeting the needs of infants and children whose parents have vulnerabilities.
 - 10. Ensure every child is supported in their development to be school-ready.

3.3 The measures for improvement which have been agreed by the BSIL Working Group are:

- **Smoking status at the time of delivery** - in Sunderland 17.5% of women smoke at the time of delivery, compared to 10.6% nationally
- **Breastfeeding continuation** - 25.9% of babies are breastfed at 6-8 weeks compared to 46.2% nationally
- **Childhood obesity** - 24.4% of children in Reception are overweight, compared to 22.6% nationally
- **Teenage pregnancies** – the under 18 conception rate in Sunderland is 25.7 per 1000 of the population in Sunderland compared to 17.5 nationally. In addition, 1.3% of babies are born to teenage mothers compared to 0.6% nationally
- **Hospital admissions due to unintentional and deliberate injuries 0-4 years** – the rate in Sunderland is 204 per 10,000 of the population compared to 123.1 nationally
- **Hospital admissions for dental caries 0-5 years** – 171.8 per 100k of the population compared to 307.5 nationally. In addition, 28.4% of children have filled, missing or decayed teeth and age 5 compared to 23.3% nationally
- **Narrowing the attainment gap for disadvantaged children** - 62.6% of children eligible for FSM achieved GLD in 2018/19 compared to 74.4% of non-FSM children, representing a gap of 12.2 percentage points.

3.4 In addition to the progress updates and highlight reports meetings are used to provide a deep dive into a thematic area, providing an opportunity for more in- depth discussion with a broad range of stakeholders. This facilitates collaborative working, through opportunities to explore priorities in more detail, identify additional actions to be undertaken and understand any new or emerging developments.

3.5 The BSIL working group have reviewed and agreed the action plan submitted to the Health and Wellbeing Board for approval.

4.0 Recommendations

4.1 The Health and Wellbeing Board is recommended to:

- Receive the update report on the priority Best Start in Life
- Approve the Best Start in Life action plan
- Receive an update report annually from the BSIL Working Group, including progress on the key priority areas identified in the action plan.

Best Start In Life Working Group (September 2019 – December 2020)

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	By 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	By 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.	By 31 st 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	By 31 st 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>Consult with pregnant women and those with young families in relation to knowledge and access to key healthy pregnancy messages.</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>By March 2020</p> <p>By September 2020</p> <p>By September 2020</p> <p>By September 2020</p>	<p>Public Health CCG Maternity Service 0-19 Public Health Service Primary Care 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	Implementation of NICE guidance locally.	Review March 2020	<p>CCG Maternity Service Obs &Gynae Primary Care</p>	RM		
3.3 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>Work with local leisure services to develop accessible and suitable physical activities for pregnant and post-natal women</p>	<p>By June 2020</p> <p>Review September 2020</p>	<p>Public Health Leisure Services</p>	JH		

APPENDIX ONE

	Support the mobilisation of the This Mum Moves pilot across Sunderland 2020/2021	Review September 2020				
3.4 Ensure the Local Maternity Systems Prevention Plan is implemented in Sunderland to support healthy pregnancies and best start in life.	Implementation of the LMS prevention plan monitored through the LMS STSFT Maternity Prevention Action Plan	Review March 2020	CCG Maternity Service Public Health 0-19 Public Health Service	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		

APPENDIX ONE

4.3 Ensure healthcare professionals working with pregnant and postnatal women have received high quality and evidence-based training in perinatal mental health	<p>All new staff receive dedicated evidence-based training and receive regular updates at least annually.</p> <p>Ensure the provision of listening visits in response to identified need, in line with best practice guidance.</p>	Review progress April 2020	Maternity Service 0-19 Public Health Service Primary Care Perinatal Mental Health Service, IAPT Together for Children	SF/CAG AC		
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	31 st 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	Pathways established and link officers identified	Review progress August 2020	Public Health Maternity Service	LH SF/CAG		

maternity and health visiting services) and the drug and alcohol treatment services			CCG Substance Misuse Service			
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		
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	Sunderland 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	Develop a model of delivery for an incentive scheme Number of women setting a quit date Quit rate of pregnant women	By March 2020	CCG Public Health	RM		

APPENDIX ONE

	<p>Number of women accessing incentive scheme and quit rate for those accessing the incentive scheme</p> <p>Smoking at Time of Delivery rates improved</p> <p>Incentive scheme implemented</p>	By September 2020				
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	<p>Health Visiting Service and Maternity Services achieve UNICEF Baby Friendly accreditation</p> <p>Other organisations who come into contact with pregnant women and families commit to undertaking UNICEF Baby Friendly accreditation</p>	By September 2020	Maternity Service 0-19 Public Health Service CCG Public Health	SF/CAG AC		
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	Review progress September 2020	Maternity Services 0-19 Public	SF/CAG AC		

APPENDIX ONE

	Wider health and social workforce access UNICEF training, including GP's, practice nurses, ward nurses, Children's Centre staff		Health Service CCG Public Health			
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	By 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	By 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	CAG/ AC		

APPENDIX ONE

			Together for Children			
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	By 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	By 31 st 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	By 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		
8.6 Promote key messages for good oral health in infants and young children, targeting the areas of most need	All 0-19 public health practitioners received training to ensure the provision of consistent evidence-	Review progress September 2020	0-19 Public Health Service	AC		

APPENDIX ONE

	<p>based oral health support and advice</p> <p>Utilisation of national campaigns to raise awareness of oral health messages.</p>		Together for Children			
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>	By 31 st 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.	By 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	Agencies successfully identify need following effective 2 year integrated review process to enable additional support to be provided and SEND identified Clear arrangements are in place to ensure a smooth transition from early years settings into school for young children with SEND	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	All health visitors accessed 'reducing the word gap' training. Agree further cascading of training to other key early years practitioners	By 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
JH	Joanne Hunt
SF	Sheila Ford
CAG	Clare Adams-Graham
AC	AnnMarie Cook
JR/MS	Jan Rigby/Maxine Shepherd

MR	Marie Roberts
SC	Sue Cutting
RM	Rachel McDonald
CK	Catharine Kershaw
GK	Gillian Kelly

