



Lancashire Health and Wellbeing Board  
Tuesday, 10 May 2022, 2.00 pm,  
Skelmersdale Library, Southway, Skelmersdale, WN8 6NL

### SUPPLEMENTARY AGENDA

#### Part I (Open to Press and Public)

Agenda Item	Item for	Intended Outcome	Lead	Papers	Time
5. <b>Best Start in Life</b>	Discussion/ Action	To discuss one of the three Board priorities – Best Start in Life, with a focus on effective collaboration to address the issues that improve school readiness, including the importance of speech and language.	Ruksana Sardar-Akram	(Pages 1 - 34)	

L Sales  
Director for Corporate Services

County Hall  
Preston



# Agenda Item 5

**Lancashire Health and Wellbeing Board**  
Meeting to be held on Tuesday, 10 May 2022

**Corporate Priorities:**  
Delivering better services;

## **Best Start in Life** (Appendix 'A' refers)

Contact for further information:  
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### **Executive Summary**

Overall, comparing local indicators with England averages, the health and wellbeing of children in Lancashire is worse than England. Setting the foundations for health and wellbeing during pregnancy and in the early years is crucial to ensure we give every child the best start in life possible. To do this, a collaborative approach is required and plans to target inequalities especially in the first 1001 critical days. Appendix 'A' describes our outline strategy for achieving best start in life for children and families across Lancashire.

### **Recommendations**

The Health and Wellbeing Board is requested to:

- i) Endorse the strategic development of the Best Start in Life Programme
- ii) Commit to the collaborative approach with the emerging Integrated Care System to support cross organisational leadership and delivery responsibilities
- iii) Support the unifying outcome for Best Start in life as school readiness.
- iv) Receive future updates as this programme of work develops further.

### **Background**

Best start in life is one of major evidence-based ways of improving health and reducing health inequalities. This is identified as a priority by the Health and Wellbeing Board and the Children and Young People and Families Partnership Board.

Our national policy is set out in the The Best Start for Life A Vision for the 1001 Critical Days Review Report. The report highlights the challenges in society from lack of school readiness to bullying to poor mental health to addictions and criminality, and further spent in tackling avoidable conditions such as obesity, diabetes, and coronary heart disease. The national report highlights that the building blocks for lifelong emotional and physical health are laid down in the period from conception to the age of two, yet this critical period is not given the focus it deserves.

The national report argues that focussing on prevention, and a strong, supportive policy framework in this area can change society for the better, while saving billions for taxpayers. The evidence presented in this report highlights the inequalities that exist and strengthens

the case for having a focus on giving children the very best start in life to improve outcomes for babies, children, and their families.

### What is the Data Telling us about Our Children's Health in Lancashire?

This child health profile provides a snapshot of child health in Lancashire. It is designed to help us improve the health and wellbeing of children and tackle health inequalities. Overall, comparing local indicators with England averages, the health and wellbeing of children in Lancashire is worse than England. There are however local variations and inequalities within Lancashire where some districts and wards are even worse. The charts below show how children's health and wellbeing compared with the rest of England.

- ➔ No significant change
- ⬆️⬆️ Increasing/decreasing and getting better
- ⬆️⬆️ Increasing/decreasing and getting worse
- Trend cannot be calculated
- 🟡 Not significantly different from the England average
- 🟢 Significantly better than the England average
- 🔴 Significantly worse than the England average
- ⊖ Significance cannot be tested

#### a) Mortality data

Infant mortality is not significantly different to England although there are local variations with inequalities in some areas such as Burnley having higher rates of Infant Mortality. The Lancashire child mortality rate is 13.4 which is worse compared to 10.8 in England.

Indicator	Recent trend	Local no. per year*	Local value	Eng. Av.	Eng. worst	
Infant mortality rate	➔	52	4.2	3.9	7.5	🟡
Child mortality rate (1-17 years)	-	31	13.4	10.8	25.7	🔴

#### b) Wider determinants of health

If we are going to improve health outcomes for children, young people, and their families, it is important we consider inequalities in the wider determinants that impact on health and wellbeing such as poverty, educational attainment, and employment.

Children achieving a good level of development at the end of reception is also worse than England as is the number of children killed and seriously injured on our roads. The number of entrants into the youth justice system however is better than England and is improving.

Indicator	Recent trend	Local no. per year*	Local value	Eng. Av.	Eng. worst	
Children achieving a good level of development at the end of Reception	➔	9.522	69.2	71.8	63.1	🔴
GCSE attainment: average Attainment 8 score	-	-	49.6	50.2	42.9	🔴
GCSE attainment: average Attainment 8 score of children in	-	-	16.6	19.2	10.6	⊖

care						
16-17 year olds not in education, employment, or training (NEET)	-	1,770	6.9	5.5	15.0	●
First time entrants to the youth justice system	↓	205	190.9	238.5	554.3	●
Children in relative low-income families (under 16s)	↑	49,202	22.0	18.4	38.0	●
Households with children homeless or at risk of homelessness	-	1,554	13.0	14.9	31.2	●
Children in care	↑	2,095	83	67	223	●
Children killed and seriously injured (KSI) on England's roads	-	75	33.8	18.0	50.4	●

### c) Health improvement

Improving health is a key public health domain and critical in preventing and reducing ill health and mortality. Almost all areas in Lancashire are worse than the England average. Factors such as low birth weight, under 18 conceptions, smoking and substance use in pregnancy can also contribute to infant mortality. Hence focussing on best start and the 1001 critical days from conception, birth and beyond are crucial.

Indicator	Recent trend	Local no. per year*	Local value	Eng. Av.	Eng. worst	
Low birth weight of term babies	→	368	3.3	2.9	5.2	●
Obese children (4-5 years)	→	585	10.4	9.9	14.6	●
Obese children (10-11 years)	↑	2,025	20.7	21.0	30.1	●
Children with experience of visually obvious dental decay (5 years)	-	-	30.4	23.4	50.9	●
Hospital admissions for dental caries (0-5 years)	-	533	654.8	286.2	1298.5	○
Under 18s conception rate / 1,000	→	435	23.1	16.7	30.4	●
Teenage mothers	→	100	0.9	0.7	2.3	●
Admission episodes for alcohol-specific conditions - Under 18s	↓	92	36.7	30.7	111.5	●

### d) Prevention of ill health

Although smoking at time of delivery is worse than England, the trend is improving. Baby's breastmilk as first feed is also much better than England. Hospital admissions caused by injuries in children aged 0-14 are however an area of concern although this trend is going down.

Indicator	Recent trend	Local no. per year*	Local value	Eng. Av.	Eng. worst	
Smoking status at time of delivery	↓	1,436	12.8	10.4	23.1	●
Baby's first feed breastmilk	-	9,390	79.2	67.4	43.6	●
Breastfeeding prevalence at 6-8 weeks after birth	-	3,555	-	48.0	-	-
A&E attendances (0-4 years)	→	38,475	573.4	655.3	1917.4	●

Hospital admissions caused by injuries in children (0-14 years)	↓	2,645	124.9	91.2	153.1	●
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## School readiness as our unifying priority for achieving Best Start in Life in Lancashire

School readiness starts pre-birth birth with the support of parents and caregivers when young children acquire the social and emotional skills, knowledge, and attitudes necessary for success in early years of development, school and life. This is highlighted as a key priority within the Early Years Strategy.

- ❑ School readiness at age five has a strong impact on future educational attainment and life chances
- ❑ Children who don't achieve a good level of development aged 5 years struggle with social skills, reading, maths and physical skills which could impact on outcomes later in life which could have been preventable such as poor education, crime, and health.
- ❑ One of the strongest predictors of wellbeing in early years is the mental health and wellbeing of the mother, hence having a focus on best start such as in pregnancy and birth is important – linked to universal and targeted provision.
- ❑ Mental health of mother could have a negative impact on the child's mental health and wellbeing later in life.
- ❑ Failing to invest sufficiently in quality early care and education, short-changes taxpayers because the return on investment is greater than many other economic development options.

Following discussion with members of the strategic group, it was clear that to improve school readiness for children, we needed to consider an integrated approach across systems, so we were targeting conception pregnancy, birth and beyond.

This was particularly important as highlighted in some of the poor outcomes above, for example smoking in pregnancy can impact on child development; having the correct support antenatally and postnatal can identify maternal mental health which may impact on attachment with the child.

**For outline Strategy and Next Steps for Best Start in Lancashire, please refer to Appendix 'A'.**

# Best start in life strategy

## Appendix 'A'

Members of Best Start in Life Board  
10<sup>th</sup> May 2023

Appendix A

# Best Start in Life Strategy

1. Context
2. Profile of Children's Health and Wellbeing
3. Case for School Readiness as a Unifying Purpose
4. Achievements so far
5. Our Strategy (logic model and key drivers)
6. Recommendations

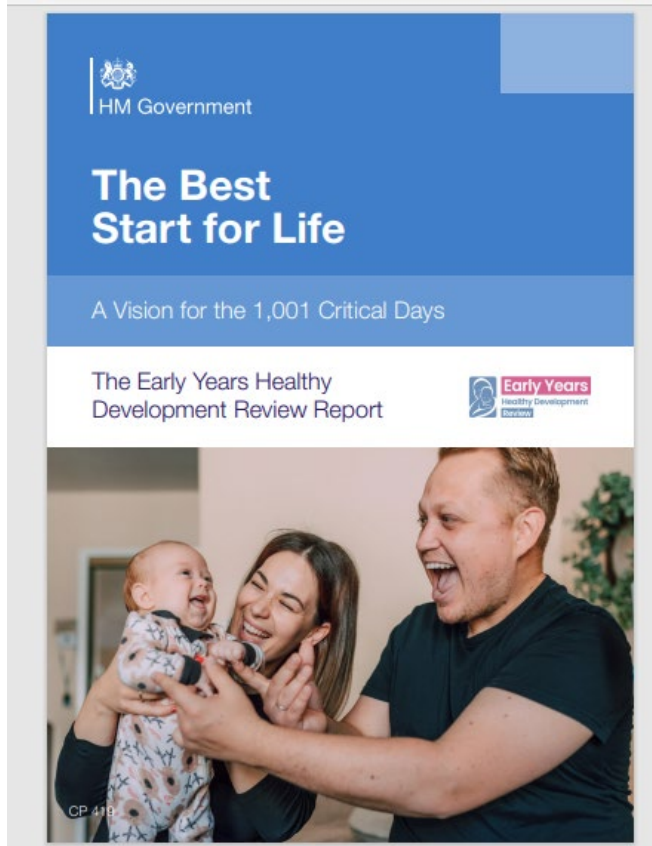


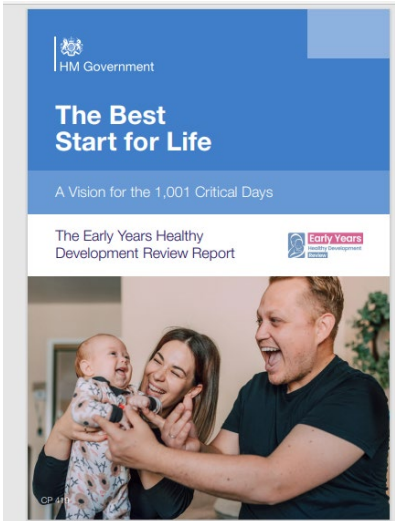
# Why is best start in life important?

The 1,001 days from pregnancy to the age of two set the foundations for an individual's **cognitive, emotional and physical development**.

There is a well established and growing international consensus on the importance of this age range; it is part of the:

- World Health Organisation's Global Strategy for Women's, Children's and Adolescents' Health
- UNICEF Baby Friendly Initiative
- The NHS Long Term Plan
- Public Health England's 2016 guidance on "giving every child the best start in life".





## The best start for life national review identified six actions

### *Ensuring families have access to the services they need*

- 1. Seamless support for families:** a coherent joined up Start for Life offer available to all families.
- 2. A welcoming hub for families:** Family Hubs as a place for families to access Start for Life services.
- 3. The information families need when they need it:** designing digital, virtual and telephone offers around the needs of the family.

### *Ensuring the Start for Life system is working together to give families the support they need*

- 4. An empowered Start for Life workforce:** developing a modern skilled workforce to meet the changing needs of families.
- 5. Continually improving the Start for Life offer:** improving data, evaluation, outcomes and proportionate inspection.
- 6. Leadership for change:** ensuring local and national accountability and building the economic case.



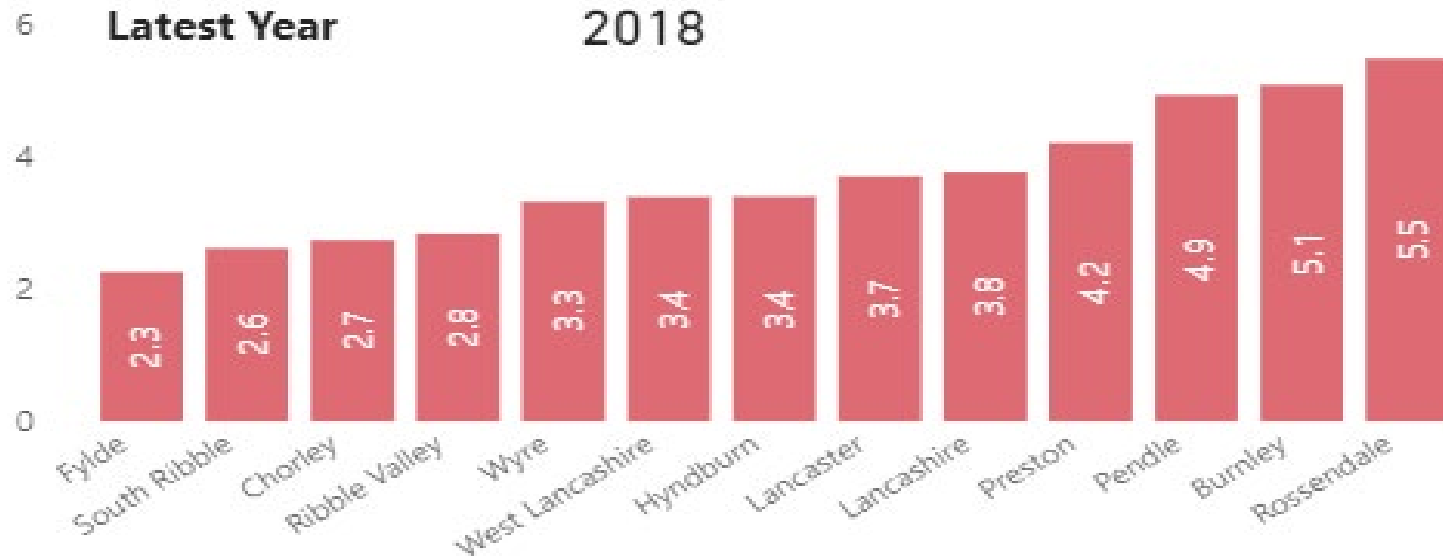
What is the data telling us about children and young people in Lancashire?

# Why is best start in life important for Lancashire?



- Inequalities exist with many child indicators in Lancashire **worse than England**
- Some children have **poorer health outcomes** than others
- Inequalities** exist at district level and in our most deprived areas
- Addressing **wider determinants such as** child poverty, educational attainment, school readiness is key
- School readiness** in Lancashire is below England, girls have shown a decrease in latest data.

# Pregnancy and Infancy



## Infant mortality

**46** infants dying each year before the age of one - this is similar to **England** (2018-20)

**31** deaths each year for those aged 1-17 years

which is **worse than England** (2017-19).

**368 (3.27%)**

Live births at term with low birth weight are similar to the England rate.



**79.2%** of baby's first feed was breastmilk in Lancashire, well above the **England average** of **67.4%**

By age two,

**89.4%**



of children have had one dose of the measles, mumps and rubella vaccination (2020/21). This is **worse** than the **90.3%** England average.

# Pregnancy and infancy

# 12.1%



of women **smoke while pregnant**. This is worse than England (**9.6%**), but the trend is showing an **improving** picture (2020/21).

## The teenage pregnancy rate (under-18)

# 387

girls becoming pregnant in a year (2019).



The trend shows no significant change. This is **worse than the England average**

For districts, smoking at the time of delivery was highest in Pendle at **14.7%** of mothers.



Children born to **teenage mothers** have a **63% higher risk of living in poverty**, and mothers under 20 have a **30% higher risk of poor mental health up to three years after giving birth**



# School Age Health

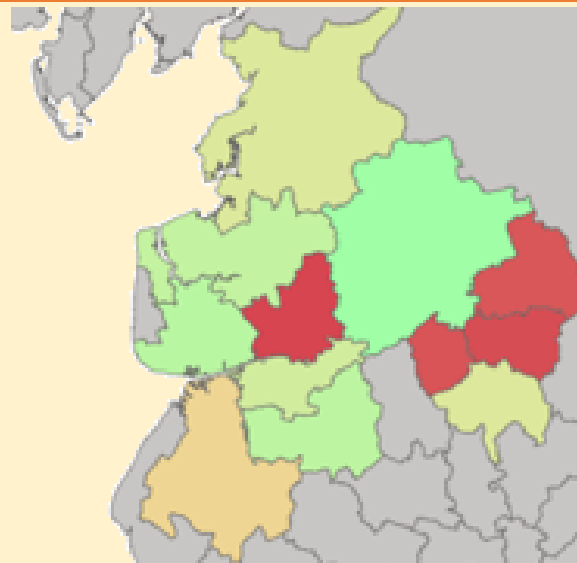


**of reception-**  
aged children are  
overweight or **obese**,  
which is **worse** than  
England (2019/20)



of **year six children**,  
are overweight or  
obese (2019/20).  
This rate is similar  
to England but  
**increasing** and  
getting **worse**

At district level, in **Pendle**,  
**Preston**, **Burnley** and  
**Hyndburn** around **40%** of  
five-year olds had visually  
obvious dental decay  
(2018/19).



**30.4%**

of five-year-olds having  
visually obvious **dental  
decay** (2018/19). This  
is **worse** than **23.4%**  
England average



# Poverty and LAC

## Children Looked after

The numbers of Children Looked after is significantly higher than the England average



**83 per 10,000**

in Lancashire compared to

**67** in England.

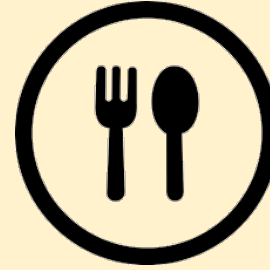
Trend shows the rate is

**increasing** and **getting worse.**



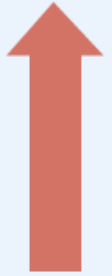
The FSM uptake in Lancashire primary schools was

**13.5%**

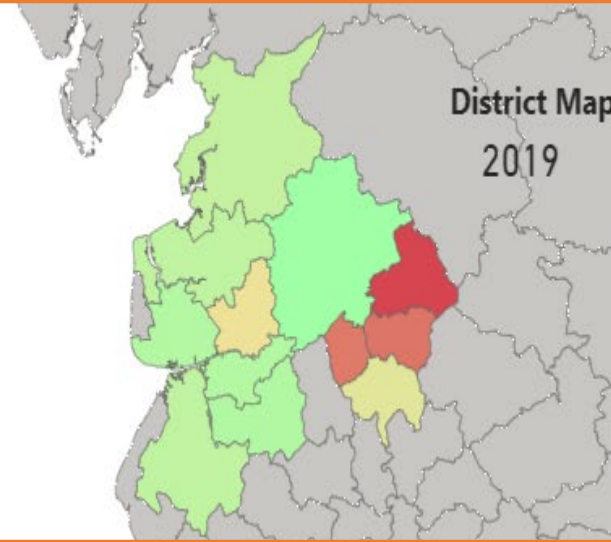


This was below the North West Region uptake (16.2%) but close to the England uptake (13.7%).

Children in absolute low-income families (under 16s) - remains significantly worse than the England average. The trend shows it **increasing** and **getting worse.**



6 Lancashire districts have higher % children in absolute low-income families than England. Highest districts in East of Lancashire.



those in workless families are almost **twice** as likely **not to reach expected levels** at all stages of education



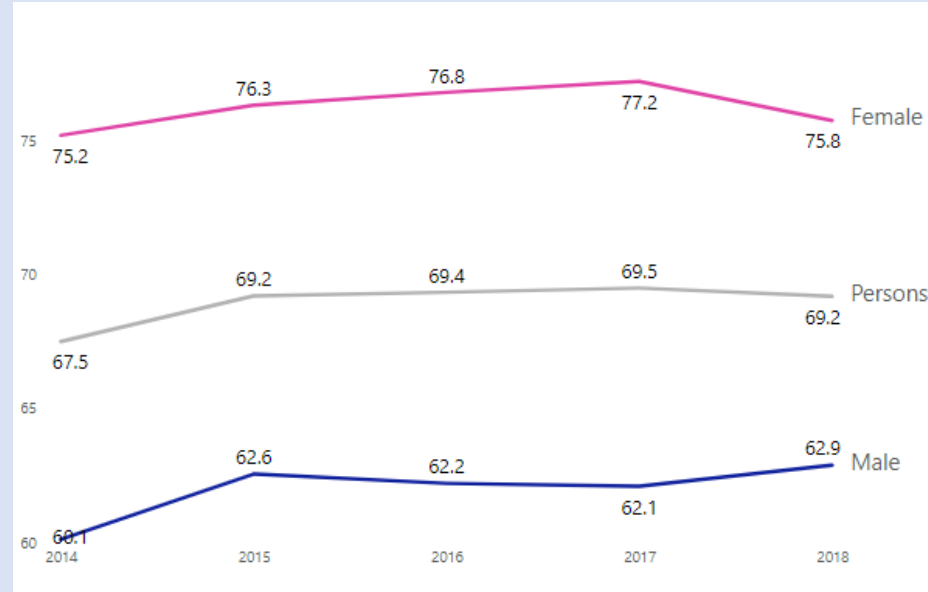
# School Readiness



Children achieving a good level of development at the end of reception is significantly **worse** than the England average. Lancashire is **69.2%** compared to **71.8%** in England in 2018/19,

children who had **poor language skills at age five** were about **six times less likely** to reach the expected standard in English and about **11 times less likely** to reach the expected standard in maths at **age 11**

Although **girls** in Lancashire still have a higher % of school readiness at the end of reception, their value has fallen to **75.8%** in 2018/19. This is below the England value for girls of **78.4%**



Lancashire **boys** readiness is constantly lower than girls, but has increased in latest period to **62.9%**

## School readiness



The percentage of children with free school meal status achieving a good level of development at the end of reception for Lancashire is **52.3%** and worse than the **56.5%** England average.



Why choose school readiness as a unifying priority outcome for Best start...?



District	Autumn Term 2021		
	Eligible Population (DfE)	No. of children	% take up
Burnley	551	470	85.3
Chorley	318	288	90.6
Fylde	193	151	78.2
Hyndburn	500	382	76.4
Lancaster	436	414	95.0
Pendle	471	368	78.1
Preston	657	529	80.5
Ribble Valley	85	69	81.2
Rossendale	270	210	77.8
South Ribble	279	251	90.0
West Lancashire	376	328	87.2
Wyre	296	232	78.4
Unknown	3	15	500.0
<b>Total</b>	<b>4435</b>	<b>3707</b>	<b>83.6</b>

Why choose school readiness?

School readiness starts at birth with the support of parents and caregivers, when young children acquire the **social and emotional skills**, knowledge and attitudes necessary for success in school and life School readiness at **age five has a strong impact on future educational attainment and life chances**

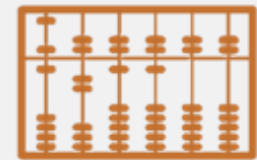
Children who don't achieve a good level of development aged 5 years struggle with:



Social skills



Reading



Maths



Physical skills

which impacts on outcomes in childhood and later life:



Educational outcomes



Crime



Health



Death

# Why invest in school readiness?

Failing to invest sufficiently in quality early care and education short changes taxpayers because the return on investment is greater than many other economic development options



Every **£1** invested in quality early care and education **saves** taxpayers up to **£13** in future costs



For every **£1** spent on early years education, **£7** has to be spent to have the same impact in adolescence



The benefits associated with the introduction of the literacy hour in the UK outstrip the costs by a ratio of between **27:1** and **70:1**



Targeted parenting programmes to prevent conduct disorders pay back **£8** over six years for every **£1** invested with savings to the NHS, education and criminal justice system

# Parenting programmes and school readiness

Parenting has a **bigger influence** on a child's life chances in the early years than education, wealth or class

**Effective, warm, authoritative parenting** gives children confidence, stimulates brain development and the capacity to learn



**2 in 5 children**

miss out on 'good' parenting

Supporting parents with parenting programmes has a **positive impact** on both parents' and children's wellbeing and mental health and is an **important** part of prevention and early intervention

## Impact of parenting support programmes on school readiness

### Benefits of the Family Nurse Partnership include better:



- language development
- vocabulary and mental processing
- emotional development
- attention and behaviour

### Benefits of early family training/parenting support include improved:



- numeracy skills
- vocabulary
- letter identification
- emergent writing skills
- parent-child interaction

## Actions to improve parenting support programmes include



**Understand** parent's needs and how to engage them



**Intervene early** to maximise impact and reduce longer-term costs



**Increase the accessibility** of programmes



Ensure **better integration** and **co-ordination** of parenting support services



**Improve the quality** and build the **evidence base** for support services



# Maternal mental health and school readiness

One of the **strongest** predictors of wellbeing in early years is the mental health and wellbeing of the mother or caregiver



**1 in 10 women**

will suffer from a perinatal mental illness, that's about 13,400 new mothers in London

**5x**

Children of mothers with mental ill-health are **five times** more likely to have mental health problems themselves

## Impact of maternal depression on school readiness

Behaviour problems

Impaired parent child attachment

Emotional problems

Conduct disorders

Language development delay

Learning difficulties

## Actions to reduce maternal depression include



Development of a shared vision and plan



Effective screening and referral to services



Family strengthening and support



Increased public awareness

Lancashire follows the North west coast guidance and shared pathways to ensure best practice.

Mandated screening for mental health is offered at mandated contacts using recommended tools assessments as per NICE guidance. There are referral pathways in place for 0-19 to refer to mental health and the new reproductive trauma service

Staff trained in Neonatal Behaviour Observation(NBO) which helps parents to pick up on babies cues and what they need so they are able to respond.

virtual group offer HCRG care group website, joint working and planning with partner agencies such as specialist midwifery, mental health the mother and baby unit(MBU) Chorley hospital

# Our Approach to Best Start in Life Strategy so far



## The Early Years of Life

*A Strategy to ensure children, young people and their families are safe, healthy and achieve their full potential in Lancashire*

March 2020 - 2023

[www.lancashire.gov.uk](http://www.lancashire.gov.uk)



Health and Wellbeing Board

Lancashire Infant Mortality Report by  
Director of Public Health

January 2020

[www.lancashire.gov.uk](http://www.lancashire.gov.uk)



Early Years Strategy

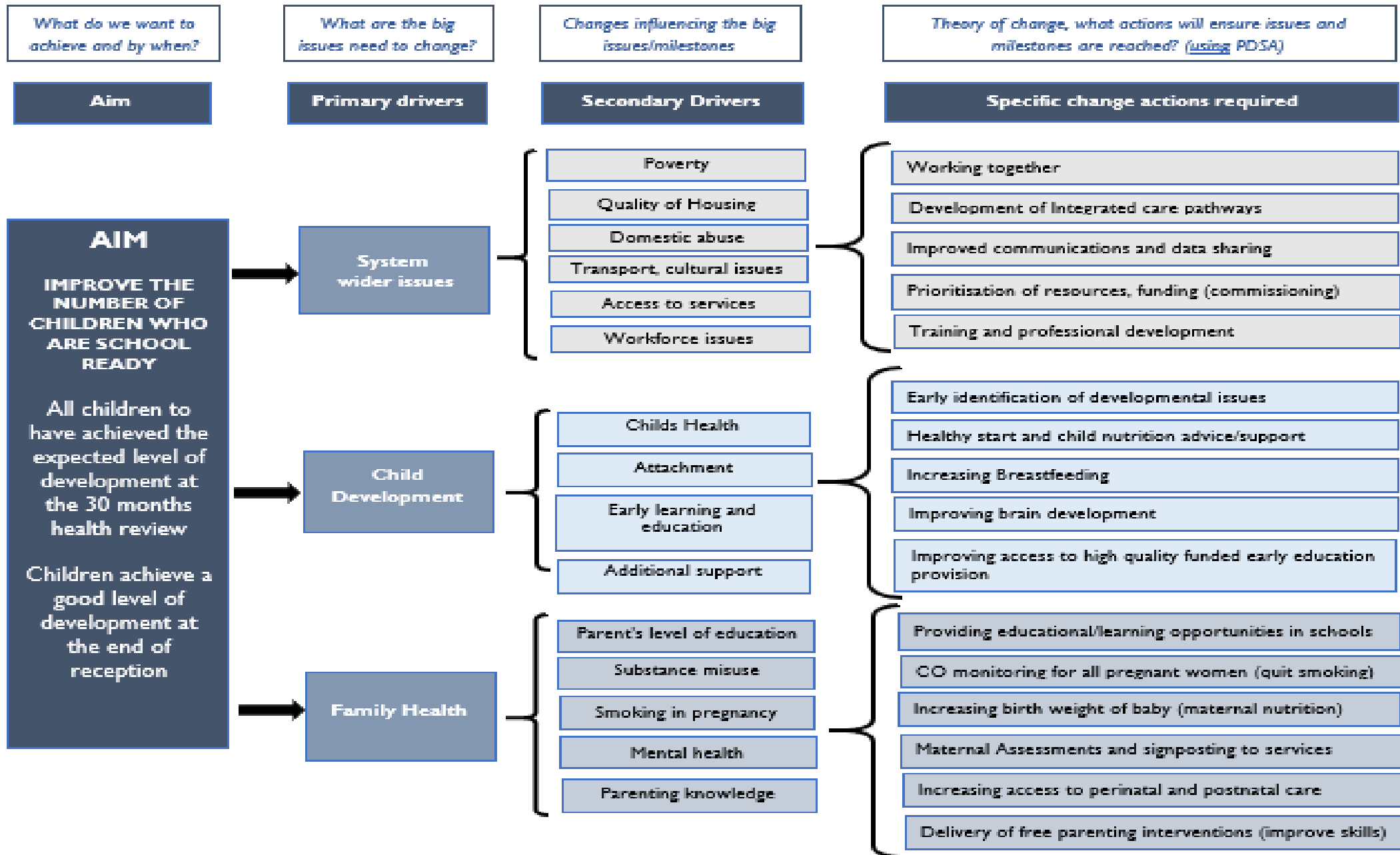
Infant mortality action  
plan

Lancashire Children and  
young peoples Outcomes  
Framework

Agreed and approved  
previously at H&WB and  
CYP&F Board



# Our Best Start in Life Strategy (Outline)





Progress made so far

# Early Years Access and Quality

## What are we doing?

- ❑ Clear support for a transition pathway into school – focussed on bringing schools and settings and wider partners together
- ❑ A systems approach from conception including a link with midwifery services especially for vulnerable families could support the uptake of 2yr funding especially for those open to you
- ❑ Support the Local Authority have put in to the Early Years sector

## Why is it important?

- ❑ Research studies demonstrates that sufficient, high quality, accessible, flexible and affordable childcare are all dynamic factors enabling a child to thrive, supports the impact on children's outcomes and the development of lifelong learners.
- ❑ Moreover; the 2 year old offer has had a significant impact on children from disadvantaged backgrounds by improving the wellbeing of young children, reducing inequalities and child poverty.
- ❑ Additionally, it also reveals a positive impact on the local economy and can support regeneration and employment

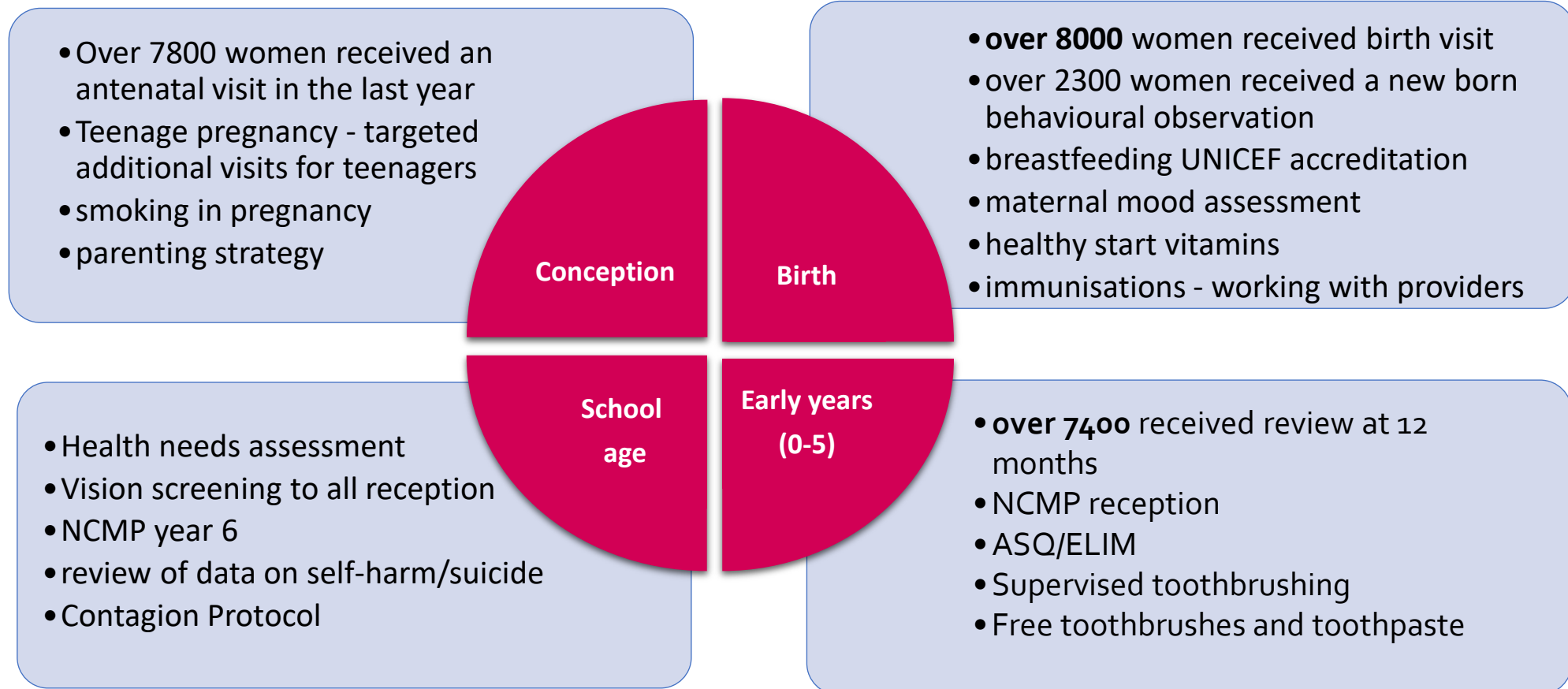
## What have we Achieved?

- ❑ Across Lancashire in the Autumn term 96.8% of 2YO's attended good or outstanding settings
- ❑ Across Lancashire in the Autumn term 95.1% of 3&4YO's attended good or outstanding settings

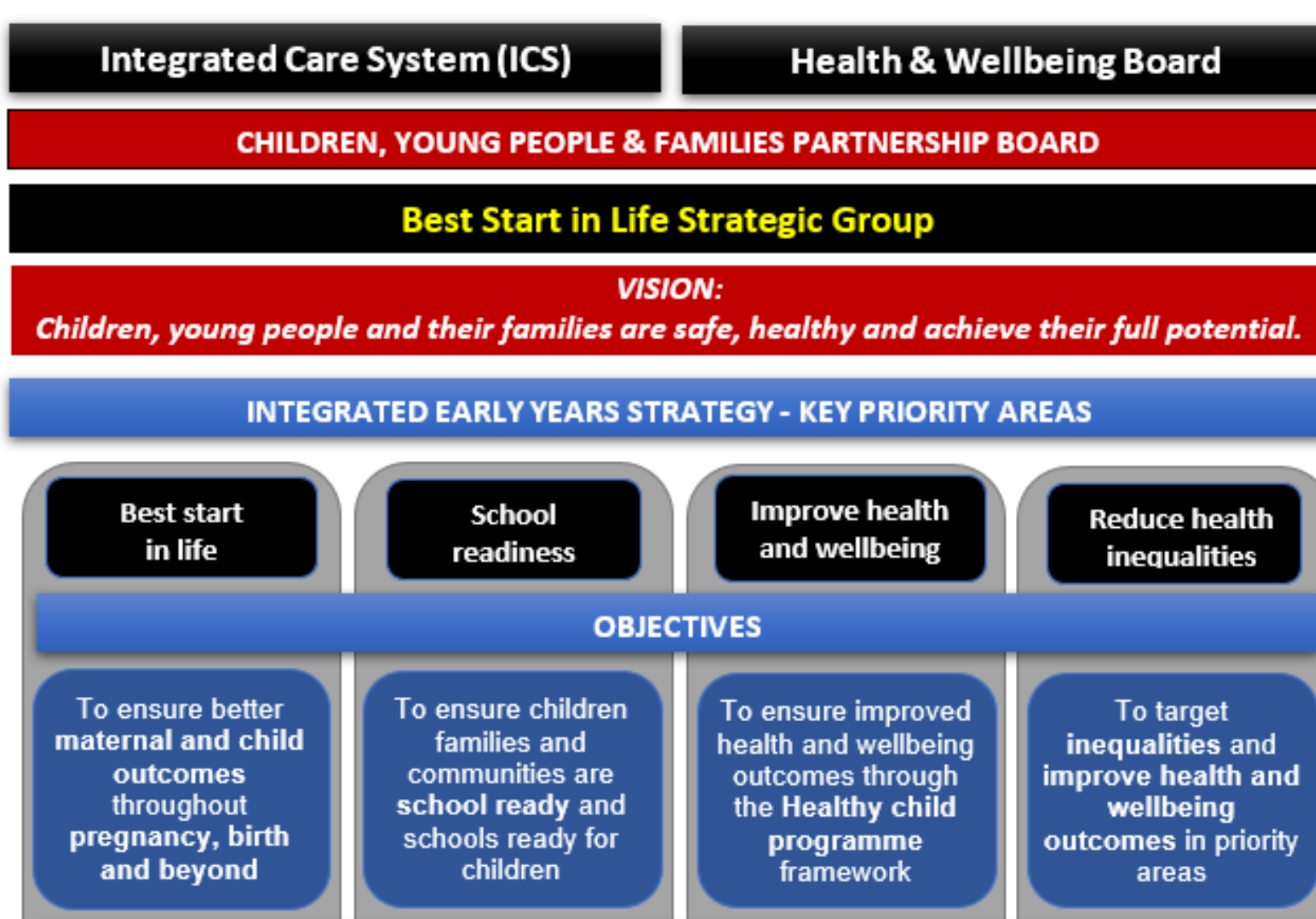
# Healthy Child Programme

- ❑ **The Maternal Early Childhood Sustained Home Visiting service (MESCH)** Intensive health visiting programme with structured additional visits when additional need is identified. All staff will be trained in this by the end of June. Staff who are trained are in the process of enrolling families onto the programme.
- ❑ **Empowering parents empowering communities (EPEC) parenting programme** whereby our staff are trained and then train volunteers within the communities who can then in turn deliver the parenting groups to other parents within their community. Piloted in Burnley evaluated well, plan in place to roll this out across the Lancashire footprint.
- ❑ **Our specialised parenting team** work across Lancashire offering both parenting groups eg parent know how, surviving teenagers incredible years and also individual interventions.
- ❑ **Our two specialist perinatal and infant mental health, health visitors.** Support staff, deliver training and work with ore complex families in relation to perinatal mental health and infant mental health.

# Summary of activities being delivered



# How do we collaborate and provide governance?



**Governance** has been agreed as part of the strategic vision for children and young people.

**Best Start in Life** Strategic group established

Priority areas for Best start have been identified, including **infant mortality**, **school readiness**, and a focus on **reducing inequality** and **improving health outcomes**.

# Role of the Best start in life strategic group

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- ❑ Provide strategic **leadership and support**
- ❑ **Reduce inequalities** to support Children, young people and their families to stay healthy
- ❑ **Improve health and wellbeing outcomes** for babies, children and young people
- ❑ **Use a system approach** regardless of organisational boundaries, maximising resources and putting children, young people and families first
- ❑ **Inform commissioning** and delivery of services
- ❑ Identify and mitigate **key risks and issues**
- ❑ **Use data and intelligence to identify place-based priorities**
- ❑ **Develop integrated plans**
- ❑ **Ensure effective engagement – Listening to Lancashire**
- ❑ **Links to family hubs**



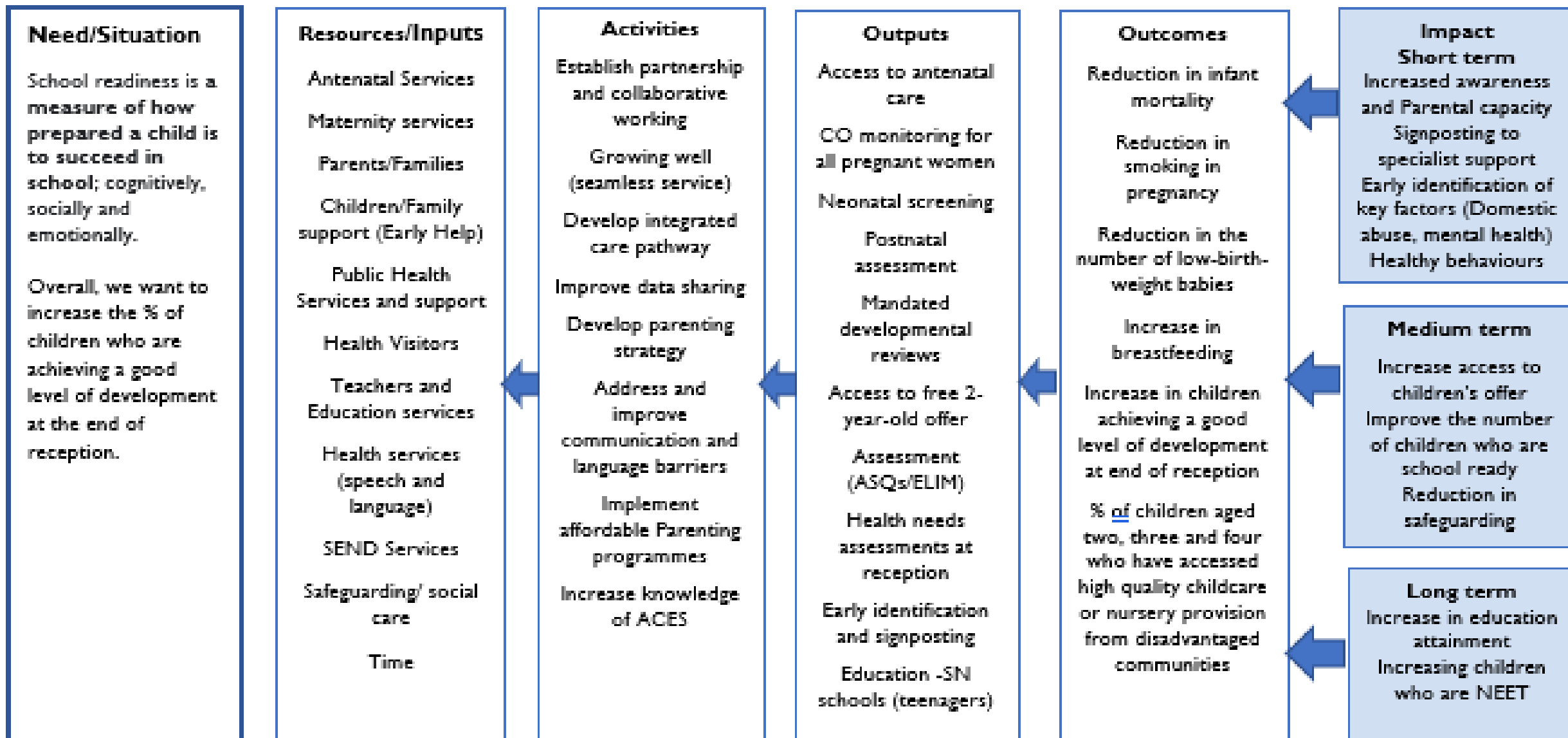


# Best start in life – update and next steps

- Best start in life Strategic group established (including governance)
- Logic model developed – integrating services with emphasis on 1001 critical days
- Key drivers identified in partnership with key stakeholders (systems approach, child and family centred)
- Strategic operational group established (chaired by HCRG)
- Data and intelligence at lower level geography (including linking in with ICS priorities – Core20plus)
- Outcomes Framework developed
- Consider what good looks like, setting local targets
- Reviewing performance and identifying priority areas
- Delivery of Infant mortality action plan and Early Years Strategy
- Listening to Lancashire – engagement (inform JSNA, priority areas) – questionnaires and surveys
- Updating Parenting Strategy and action plan
- Mapping current parenting programmes and take up of 2 year education offer
- Linking to family hub model/approach
- Improving access to community assets - 50 things to do in Lancashire
- Review commissioning of Speech and Language service
- Develop clear pathways for maternal/family mental health

## Best Start in life – How Are We Measuring Success?

Outcomes focussed, integrated and collaborative approach from conception, pregnancy, birth, early years and beyond



# Recommendations

- Endorse the strategic development of the Best Start in Life Programme
- Commit to the collaborative approach with the emerging Integrated Care System to support cross organisational leadership and delivery responsibilities
- Support the unifying outcome for Best Start in life as school readiness.
- Receive future updates as this programme of work develops further.

