**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:
Ruksana Sardar-Akram, Consultant in Public Health, Lancashire County Council
Email: ruksana.sardar-akram@lancashire.gov.uk

**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. on 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 highlight 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.


## 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 | 🔴 |

**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'.**