

# Best start in life strategy

## Appendix 'A'

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

# Best Start in Life Strategy

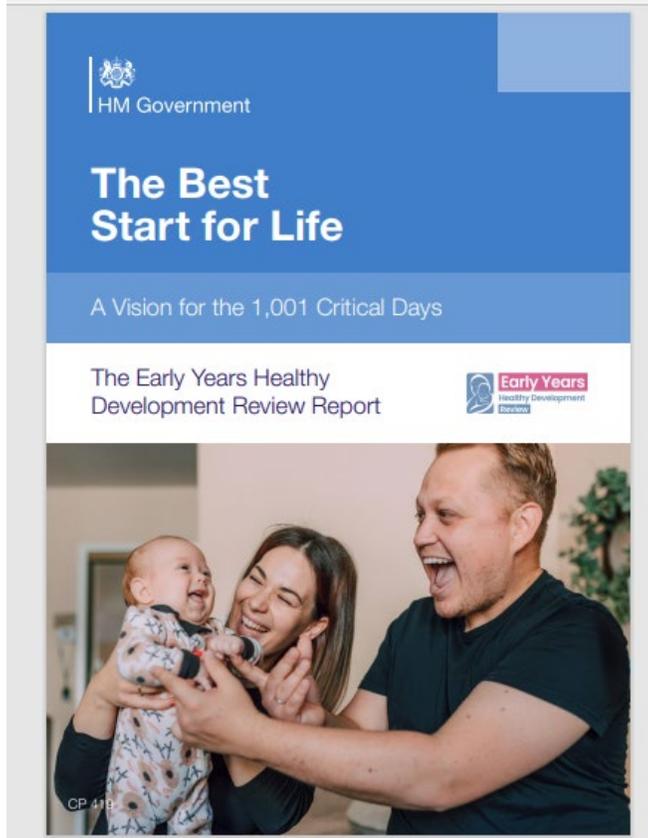
1. Context
2. Profile of Children's Health and Wellbeing
3. Case for School Readiness as a Unifying Purpose
4. Achievements so far
5. Our Strategy (logic model and key drivers)
6. Recommendations

# 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.



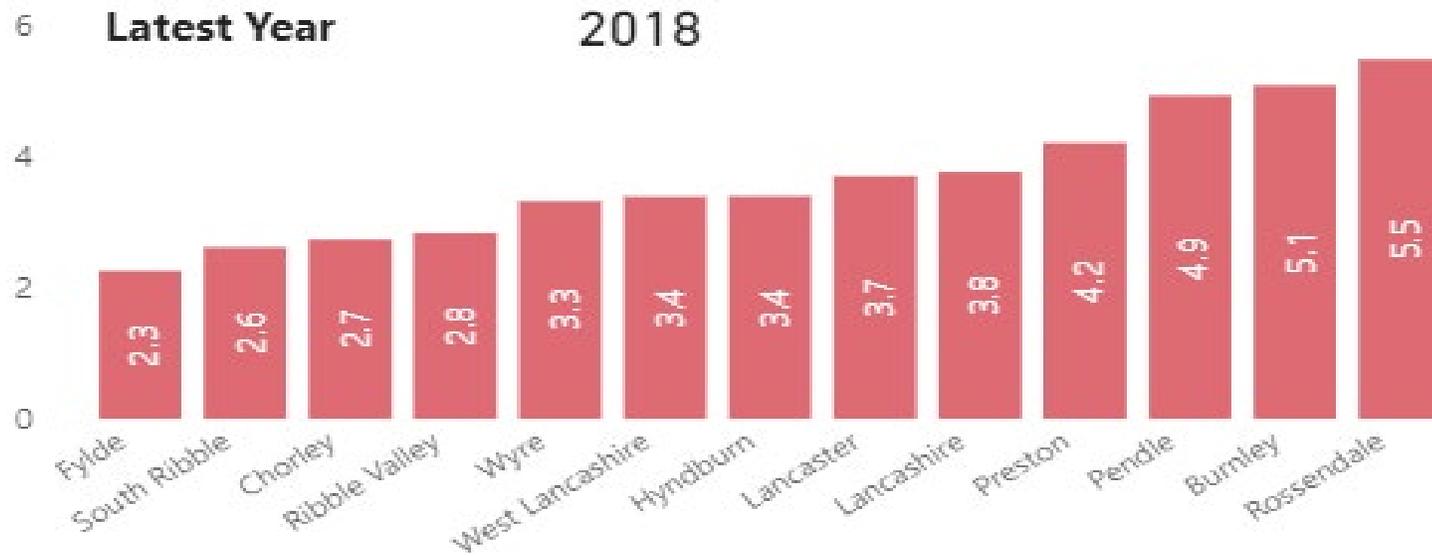
What is the data telling us about children and young people in Lancashire?

# 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%)**

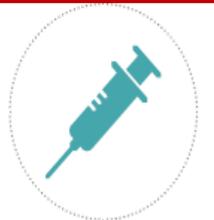
Live births at term with low birth weight are similar to the England rate.



**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).



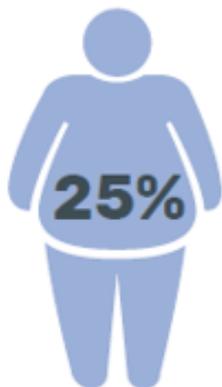
The trend shows no significant change. This is **worse than the England average**

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

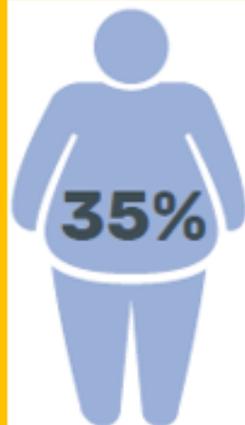


Children born to **teenage mothers** have a **63% higher risk of living in poverty**, and mothers under 20 have a **30% higher risk of poor mental health up to three years after giving birth**

# School Age Health

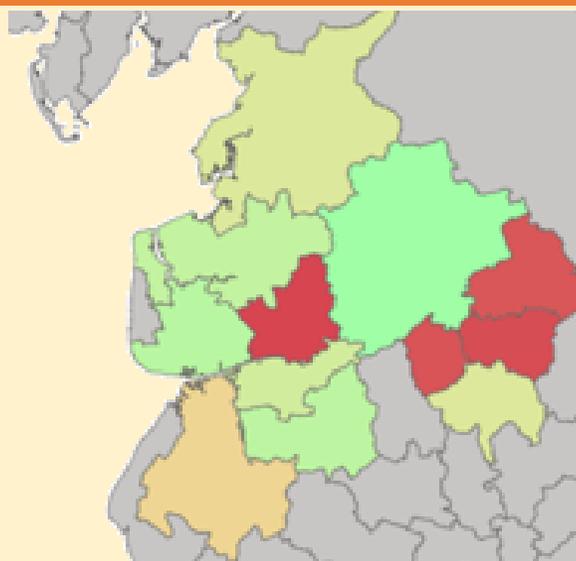


**of reception-**  
aged children are  
overweight or **obese**,  
which is **worse** than  
England (2019/20)



**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

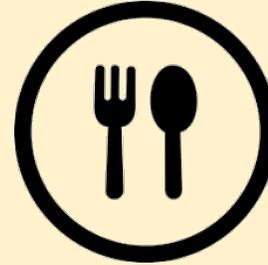
**67** in England.

Trend shows the rate is **increasing** and **getting worse**.



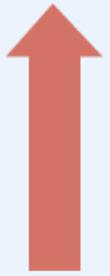
The FSM uptake in Lancashire primary schools was

**13.5%**

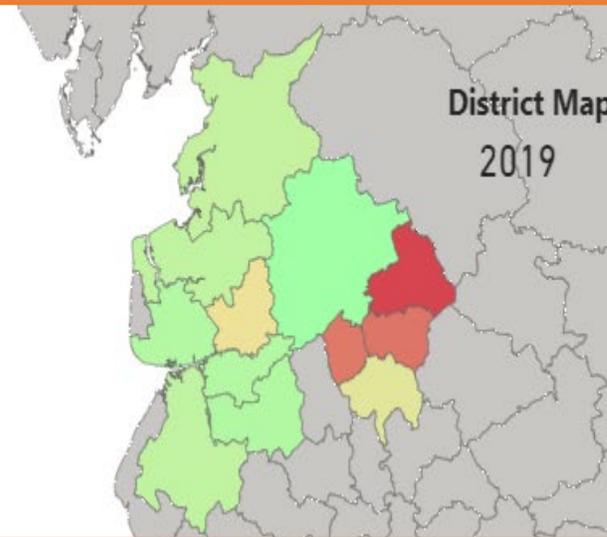


This was below the North West Region uptake (16.2%) but close to the England uptake (13.7%).

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

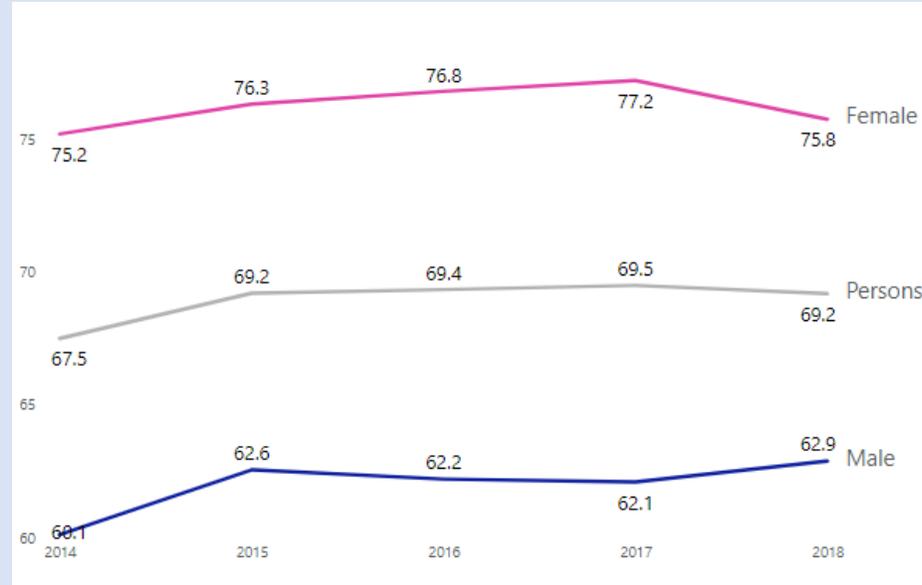
# School Readiness



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> |

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**.

Why  
choose  
school  
readiness?

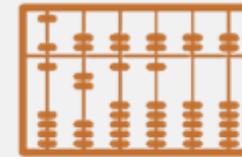
Children who don't achieve a good level of development aged 5 years struggle with:



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)

**Lancashire**  
County  
Council



Health and Wellbeing Board

Lancashire Infant Mortality Report by  
Director of Public Health

January 2020

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

**Lancashire**  
County  
Council



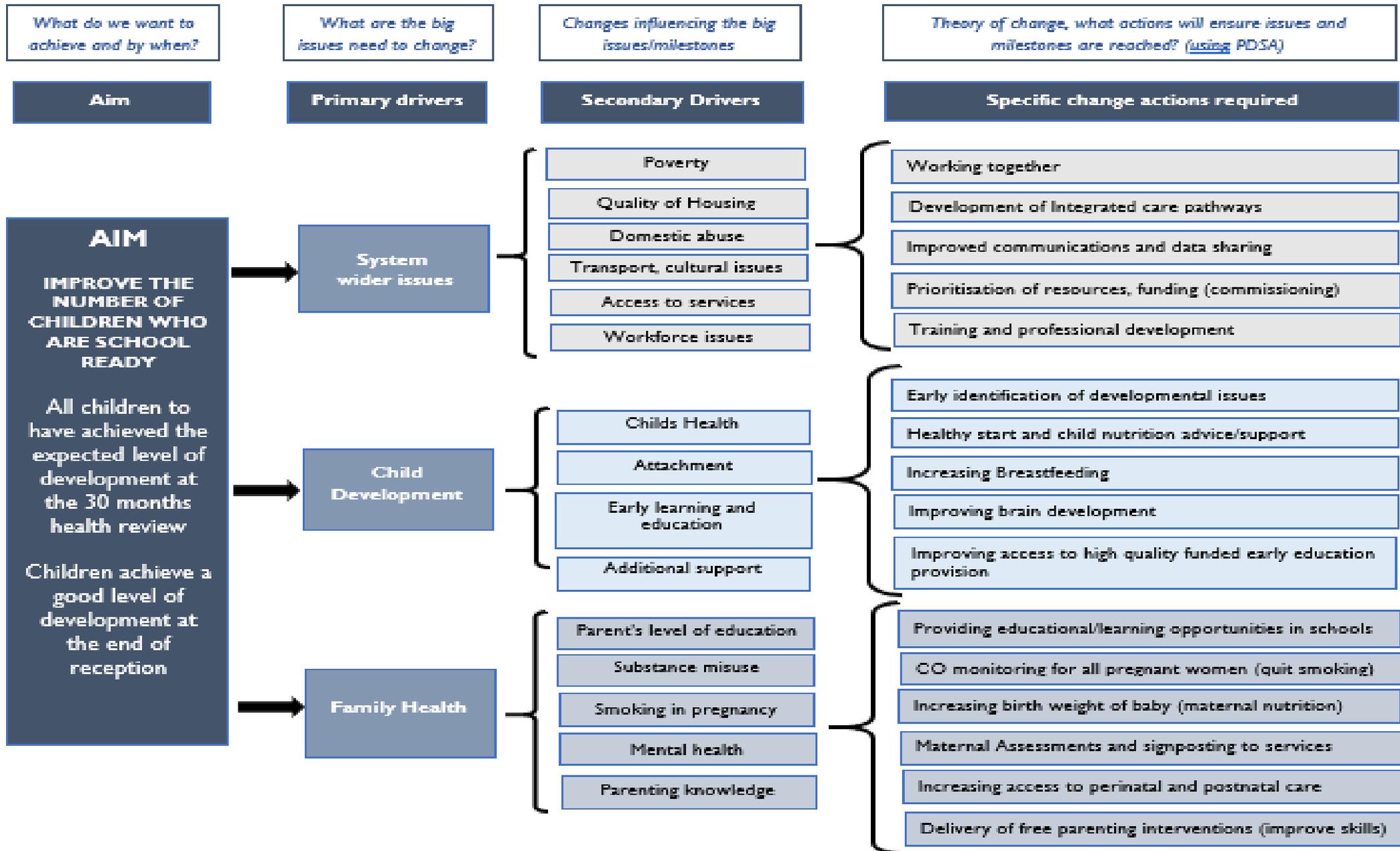
Early Years Strategy

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

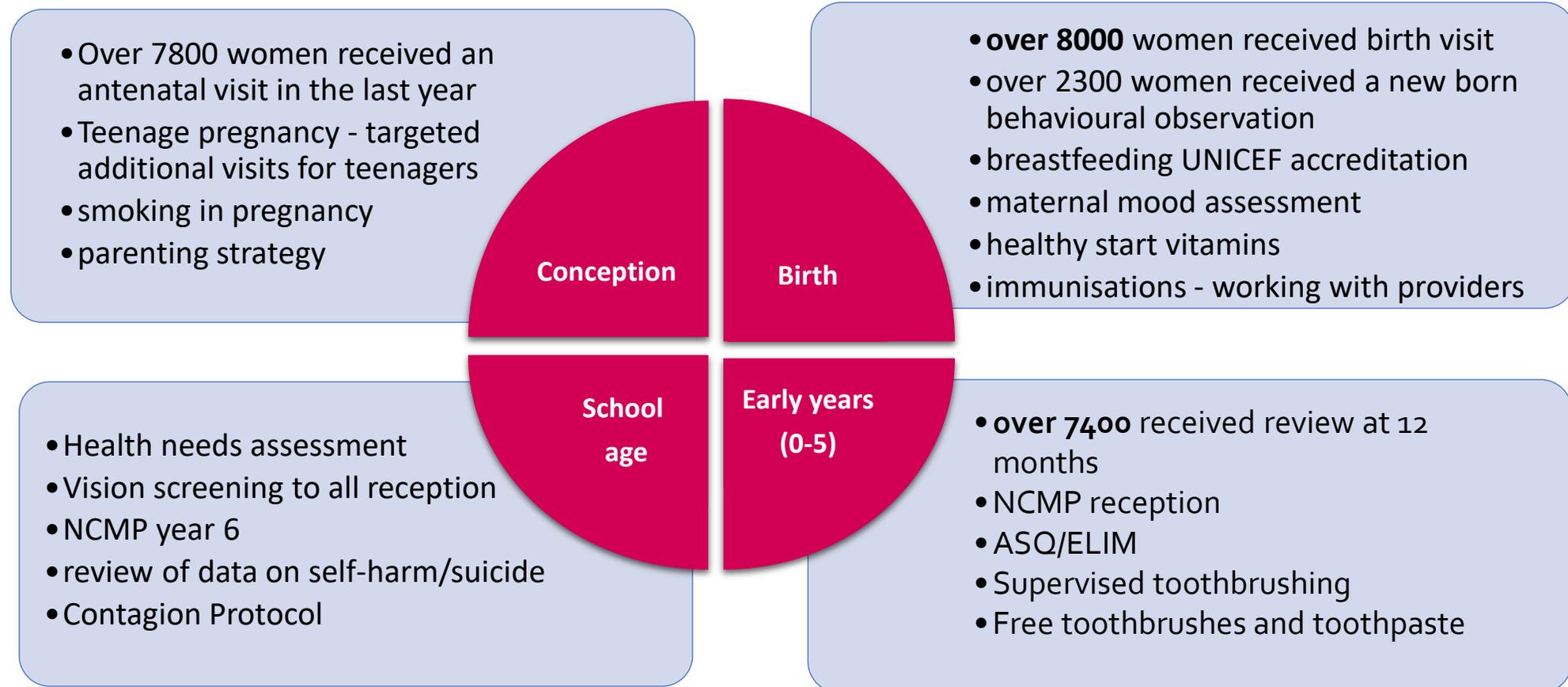
## What have we Achieved?

- ❑ 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

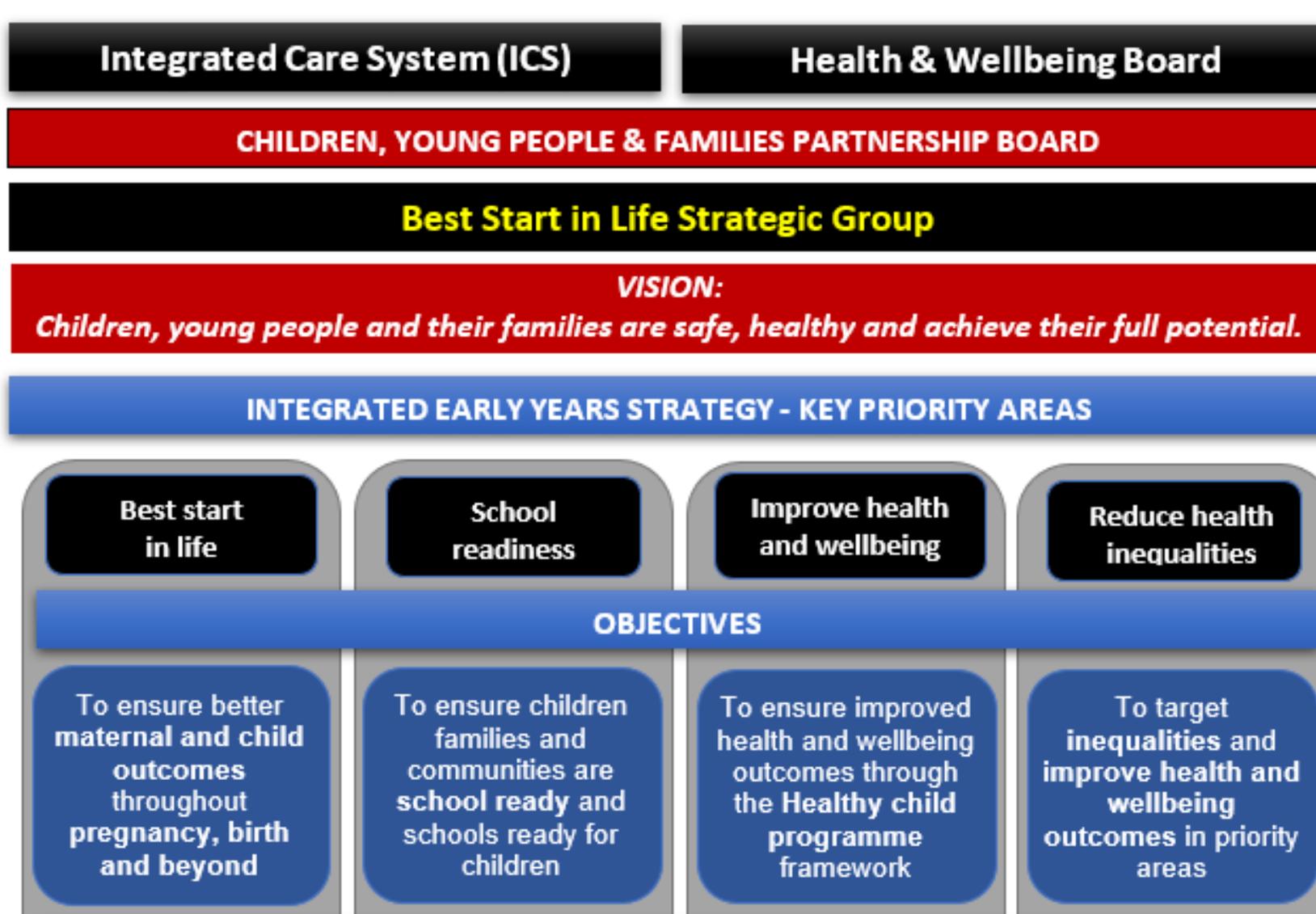
# Healthy Child Programme

- ❑ **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**

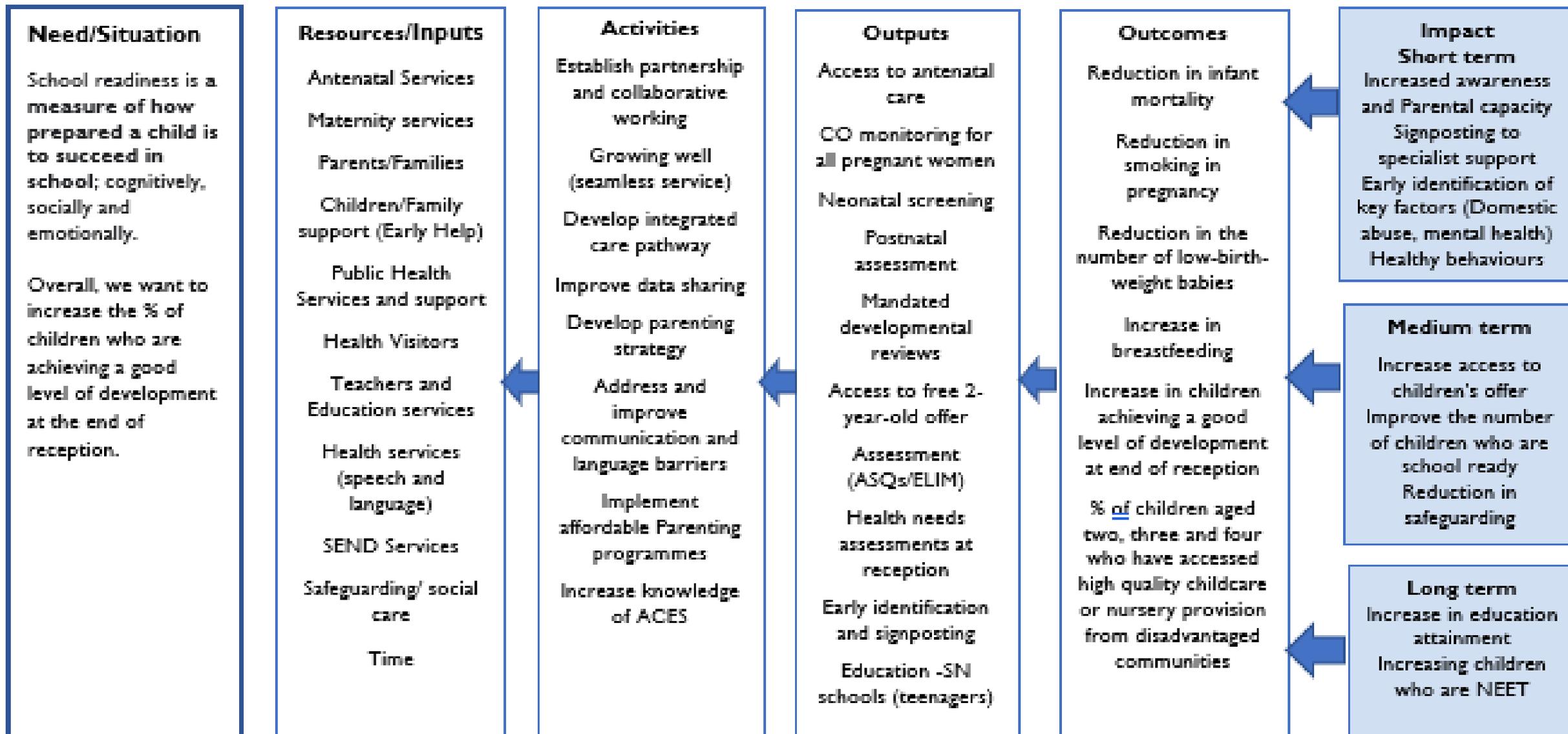


# Best start in life – update and next steps

- 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.