

Report of: Director of Public Health and Director of Children’s Services

Report to: Executive Board

Date: 11th February 2015

Subject: Best Start Programme

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. Ensuring the ‘best start’ for every child in Leeds is one of the four commitments of the Leeds Joint Health and Wellbeing Strategy and aligns closely with the Leeds Children & Young People’s Plan which focuses on those at most risk of a poor start through its priorities to reduce the number of children looked after and to support children to be ready for learning.
2. The Best Start is a priority in the Best Council Plan and contributes to the ambition for Leeds to be the best city for health and wellbeing.
3. Economic analyses show that investment into the early years gives the greatest return, and this shift in investment will impact on key outcomes such as emotional wellbeing, improved behaviour, school readiness and educational attainment, and fulfilment of potential.
4. The Leeds Best Start Plan describes a broad preventative programme from conception to age 2 years which aims to ensure the best start for every baby, with early identification and targeted support for vulnerable families early in the life of the child. This is a progressive universal approach.

5. A detailed implementation plan will be developed during Spring 2015. However, many elements of the programme have already been initiated and this paper describes innovative and exciting work which is already underway in the city.
6. The commissioning responsibility for 0-5 Children's Public Health Services (Health Visiting and Family Nurse Partnership) will transfer to the Council from 1st October 2015. Health Visiting has a key role in delivering the Best Start agenda as part of the integrated Early Start Service adding real value through Children's Centres.

Recommendations

1. The Executive Board is asked to note the Best Start Priority and Plan, and to support the important and exciting programme of work to be developed by the Best Start Strategy Group co-chaired by the Consultant in Public Health (Children and Maternity) and the Chief Officer Children's Services (Partnership Development and Business Support).
2. The Executive Board is asked to note the transfer of commissioning responsibility for 0-5 Services to the Council from 1st October 2015 being led by the Office of the Director of Public Health, and the importance of the integrated Early Start Service (Health Visiting integrated with Children's Centres), to this agenda.
3. The Executive Board is asked to note the evidence that investing in the early years yields the highest return on investment.

1 Purpose of the Report

- 1.1 The report aims to bring the Leeds Best Start Programme to the attention of Executive Board, in order to emphasise the importance of this priority in relation to longer-term outcomes for children, families and future generations in the city, and to highlight the innovative and exciting work which is already being driven forward under this priority, including the essential work done by the integrated Early Start Service (Health Visiting working with Children's Centres).

2 Background information

- 2.1 Leeds City Council, the NHS and 3rd sector health partners have made a strategic commitment to focus on this earliest period in a child's life, from pre-conception to age 2 years, in order to maximise the potential of every child. There is a wealth of evidence which demonstrates that this early period during pregnancy and the first two years is a critical time to influence longer term social, emotional and cognitive outcomes, and to break inter-generational cycles of abuse, neglect and violence. The Best Start programme will incorporate the existing successful infant mortality programme, utilising infant mortality as the key indicator in the Health and Wellbeing Strategy. Analysis shows that economic investment into the early years gives the greatest return, and this shift in investment will impact on key outcomes such as emotional wellbeing into adult life, improved behaviour, school readiness and educational attainment and fulfilment of potential.

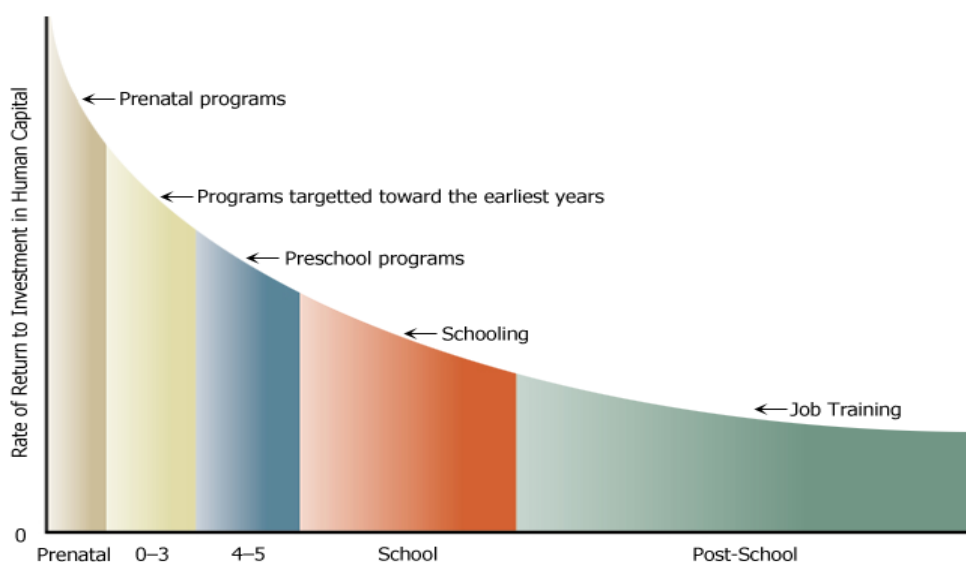
3 Main Issues

3.1 Leeds Best Start Plan (Appendix 1)

3.1.1 The Leeds Best Start Plan describes a broad preventative programme from conception to age 2 years which aims to ensure the best start for every baby, with early identification and targeted support for vulnerable families early in the life of the child. This is a progressive universal approach. In the longer term, this will promote social and emotional capacity and cognitive growth, and will aim to break inter-generational cycles of neglect, abuse and violence.

3.1.2 The Best Start Plan has been developed by the Best Start Strategy Group, which is co-chaired by Public Health and Children's Services, and includes a range of stakeholders from across the Council, NHS and third sector. The Best Start approach in Leeds is underpinned by a range of key national documents which present extensive evidence about the factors that impair optimal health and development in early life and about the types of intervention which can promote better outcomes. Social return on investment studies indicate that investment into the early years yields the highest return on investment (Figure 1). This evidence was presented at a major conference organised by Public Health in Leeds in October 2013 and forms the basis for the Leeds Plan.

Figure 1



Source: Heckman (2008)

3.1.3 As well as being informed by the research evidence, the Leeds Best Start Plan has been developed with wide input from both professionals and parents in the city to ensure that we are directing our efforts towards those priorities and interventions which will have the biggest impact on the long term outcomes for

children, families and future generations in our city. The overall outcomes for the programme will be:

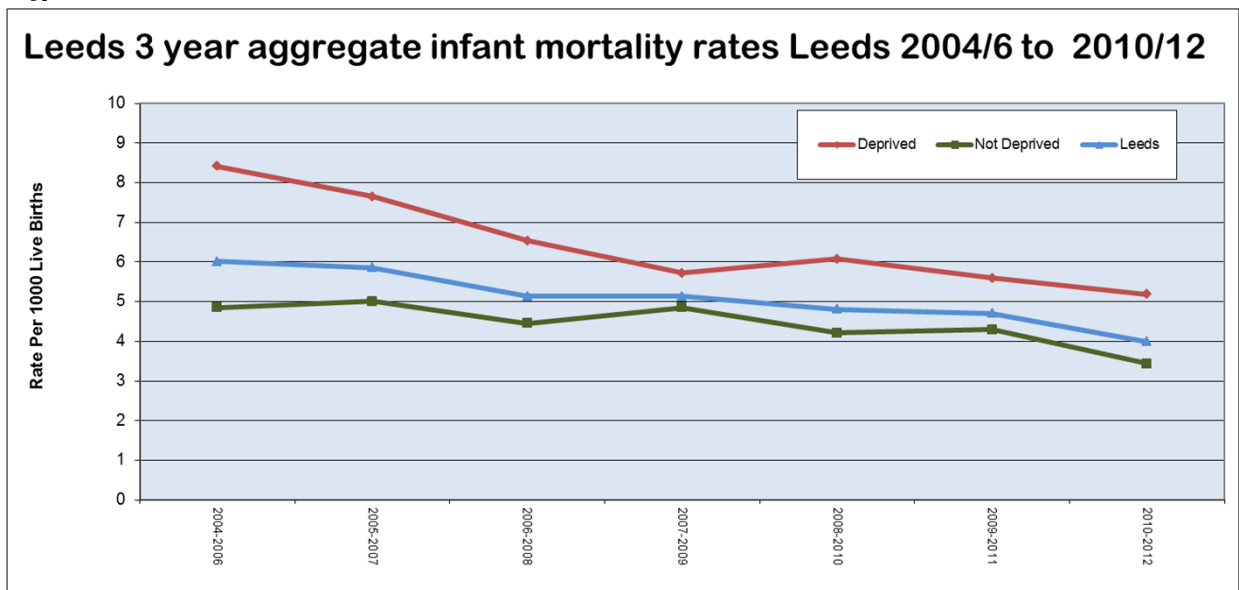
- Healthy mothers and healthy babies at population and individual level
- Parents experiencing stress will be identified early and supported
- Well prepared parents
- Good attachment and bonding
- Development of early language and communication

3.1.4 The over-arching indicator for the programme is a reduced rate of deaths in babies aged under one year (infant mortality rate). It will build on the infant mortality programme which has a strong focus on inequalities, and has successfully narrowed the gap between infant death rates in deprived parts of the city compared to the city as a whole (Figure 2). The Best Start programme will maintain this focus on inequalities through universal contacts and assessments to enable early identification and targeted support for vulnerable families.

3.1.5 When the Leeds Infant Mortality programme began in 2008, the baseline rate for infant deaths was 6 per 1000 live births (2004-6 baseline). This was equivalent to around 60 baby deaths per year. By 2012, (the most recently available data) the single year rate for Leeds was 3.3 per 1000, which was 35 baby deaths. For “deprived Leeds” (population living in SOAs ranked in the most deprived 10% nationally) the rate fell from 8.4 per 1000 to 5.2 per 1000. This has been achieved through the committed efforts of partners across the Council, NHS and 3rd sectors addressing a broad range of factors. The Best Start programme will continue and further develop this work.

3.1.6 It is proposed to develop a statistical dashboard to support monitoring of progress, alongside a detailed implementation plan during Spring 2015. However, a number of innovative and exciting pieces of work have already been initiated under this work programme, and some of these are described in the section 3.5 of this paper.

Figure 2



3.2 What does the evidence say?

- 3.2.1 The Best Start approach in Leeds is underpinned by a range of key national documents including: the Marmot report into health inequalities; the Graham Allen independent reports into early intervention; the Frank Field independent report into child poverty; the WAVE report “Conception to 2 years: The Age of Opportunity; “The 1001 Critical Days” Cross Party Manifesto and the recent Chief Medical Officer’s annual report 2012 “Our Children Deserve Better: Prevention Pays”. These documents present a wealth of evidence about the factors which impair optimal health and development in early life and about the types of intervention which can promote better outcomes. They also refer to social return on investment studies which suggest high rates of return for well designed interventions. The evidence is clear that intervening in the earliest years gives the best return in terms of long terms outcomes for health, development, behaviour and achievement. Delays in intervention until later in life make it more difficult to achieve change and improve outcomes.
- 3.2.2 Positive development during pregnancy is essential for the best start. This incorporates: a well balanced diet; not experiencing stress or anxiety; being in a supportive relationship without domestic violence; not smoking, using alcohol or drugs; not in poor physical or emotional health; not socio-economically disadvantaged; at least 20 years old; and having a supportive birthing assistant. Negative factors during pregnancy include smoking, using drugs or alcohol, and maternal stress (which may result from eg domestic violence, financial pressures) and depression. These negative factors are associated with low birthweight, stillbirths and early deaths, and poorer behavioural and educational outcomes (including foetal alcohol syndrome disorder spectrum). Low birthweight itself is associated with poorer longterm health and educational outcomes. The widely accepted Barker Theory indicates that poor fetal nutrition “programmes” physiological changes which lead to illness in later life such as coronary heart disease, stroke, hypertension and diabetes.
- 3.2.3 Reducing infant mortality (deaths of babies aged under one year) has been a priority for Leeds for several years. The evidence that underpinned the Leeds action plan was drawn from the national plan and included: reducing teenage pregnancies; targeted actions to reduce sudden unexpected deaths in infancy including action to reduce over-crowding; reducing smoking during pregnancy; addressing maternal obesity; addressing child poverty; and increasing breastfeeding rates. Local investigations into the causes of child deaths in Leeds carried out by the Leeds Child Death Overview Panel highlight the importance of smoking in pregnancy and the need to reduce sudden unexpected infant deaths through the promotion of safe sleeping arrangements. It also draws attention to the need to raise awareness of the potential risks of cousin marriage, and how such risks can be managed through better understanding of when there may be risks, and access to genetic counselling and interventions if indicated.
- 3.2.4 Parenting and the parent-child relationship are key aspects of a Best Start. Effective, loving, authoritative parenting builds resilience and prevents behaviour

problems. Harsh, negative, inconsistent discipline, lack of emotional warmth, parental conflict and lack of supervision are linked to anti-social behaviour, substance misuse and crime. Results of the Millenium Cohort Study indicate that poor parenting has double the impact of persistent poverty on a child's Foundation level development. Strong parent-infant attachment is critical. The quality of early attachment and attunement is a key predictor of adult emotional health and resilience, and ultimately impacts on the quality of parenting across generations. It is estimated that around a third of all parent-infant attachments are sub-optimal. Insecure and disorganised attachment is linked with aggression, behaviour problems and mental disorders. Disorganised attachment is more likely when there is maternal depression, maltreatment, domestic violence, and drug and alcohol use. Universal services are well positioned to identify sub-optimal attachment relationships at an early stage and to provide support with the assistance of more specialist infant mental health services.

3.2.5 Language development at age 2 is strongly associated with school readiness. Early communication environment in the home provides the strongest influence on language at age 2, even stronger than social background. This can include factors like: availability of books; number of visits to libraries; being read to by a parent; number of toys; parents teaching a range of activities; and attendance at pre-school.

3.3 What should we be doing?

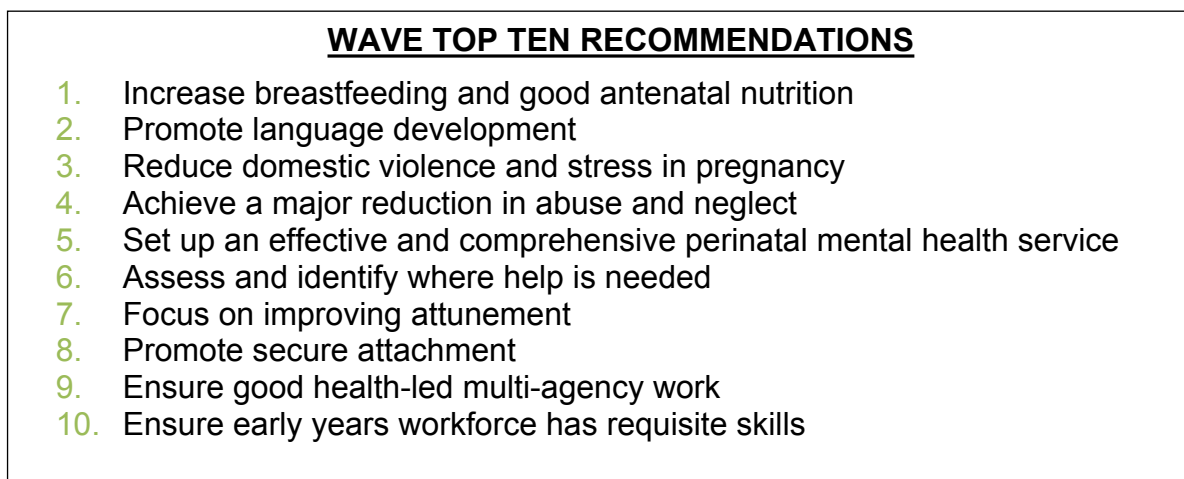
3.3.1 The WAVE report "Conception to 2 years: The Age of Opportunity" helpfully describes ways in which resources may be most effectively used to ensure the best start for every child. A proportionate universal approach is recommended alongside full implementation of the Healthy Child Pathway. Optimal use should be made of the programme of social and emotional assessments including those during pregnancy and those during early childhood. Assessment during early childhood should be used to assess the parent-infant attachment relationship. Parenting classes are also an important element of delivery.

3.3.2 It is vital to make the best use of Children's Centres, adopting models of integrated delivery with Health. Evidence suggests that early intervention by midwives or other health professionals at Children's Centres can lead to a direct reduction in risk of poor outcomes for young children (low birthweight, poor bonding, abuse and neglect). Leeds has already made significant progress on this through the implementation of the integrated Early Start Service which brings together Health Visiting and Children's Centre services, and there is scope for this model to be further consolidated and embedded.

3.3.3 Workforce development is recommended as a key method for delivering the Best Start programme. Health Visitors need to be competent to assess risk and resilience, and being able to assess parent-infant interaction is one of the Health Visitor's most important skills. For early years professionals, four priorities are identified: understanding attachment; supporting effective parenting; understanding the importance of speech and language development; and developing practitioners who are emotionally competent.

3.3.4 The WAVE report makes ten top recommendations for taking forward the Best Start agenda. These are shown in the box below (Figure 3). These recommendations have been incorporated into the Leeds strategic action plan. Promoting awareness about the importance of the 1001 critical days (conception to age 2) will be an essential pre-requisite to driving this programme forward and successfully implementing the local plan.

Figure 3



3.4 Leeds Early Start Service

3.4.1 Leeds is a national leader in this area, being one of the first places in the country to establish an integrated Early Start Service. This innovative model of service brings together the Health Visiting service with the Children's Centres to ensure that every baby and parent receives the universal elements of the Healthy Child Pathway, and that those needing additional support are identified early and receive appropriate advice and support. This is a progressive universal approach. This was a major project which involved agreeing what the universal and targeted pathways should look like, what services would be provided and what competencies are required to deliver each task. This has been implemented so that Children's Centre staff and Health Visitors now work together as a single integrated Early Start Service – although they are still managed by two separate organisations (LCC and an NHS trust).

3.4.2 Responsibility for commissioning the Health Visiting Service and Family Nurse Partnership service (together referred to as 0-5 Children's Public Health Services) transfers to Leeds City Council Public Health from NHS England on 1st October 2015. The value of the Health Visiting contract is approximately £9m and reflects the commitment to invest into additional HV posts over recent years. By April 2015, Leeds will have achieved the target staffing level of 166.4 WTE Health Visitors.

3.4.3 The transfer of commissioning of 0-5 Children's Public Health Services to Local Authorities on 1st October 2015 will be an excellent opportunity to consolidate and drive forward even closer working. The Health Visiting Service will come across onto our local integrated Service Specification, and work will be driven forward to

implement shared pathways – so every member of staff knows what their role is in responding to particular issues. These are called the Leeds “Family Offer” pathways and they have already been established for many issues including: parental substance use; domestic violence; tobacco; economic wellbeing; maternal mood; and several others.

3.5 What work is already underway under the Best Start Programme? Some Examples

3.5.1 Healthy Mothers, Healthy Babies

- i. A new **Maternity Strategy** is being developed alongside the Best Start Plan, led by Leeds South and East CCG together with partners across all sectors, and co-produced with women. The synergy between these two strategies is an excellent example of partnership working across the city and of the commitment across all sectors to this vital agenda. The Maternity Strategy will include a particular emphasis on perinatal mental health, which is one of the top risk factors for poor attachment and bonding, and for young babies being taken into care in the city. Significant investment is being made into Midwifery by the NHS with over 30 new midwife posts being recruited to ensure that Leeds has appropriate ratios of midwives.
- ii. Another important innovation in Leeds is **Caseloading Midwifery**, a model of local service which was introduced a few years ago under the Infant Mortality programme specifically into two areas of the city (Chapeltown and Beeston Hill) with very high deprivation and higher levels of infant deaths. It is a model which ensures continuity of care and greater accessibility in the local area for vulnerable women.
- iii. Leeds has a vibrant **Family Nurse Partnership** service. This strongly evidence based intervention provides structured (‘manualised’ and licensed) 1 to 1 nurse support to first-time teenage mothers during pregnancy and for the first 2 years of the child’s life. Research from the US shows that FNP consistently improves pregnancy outcomes, reduces abuse and neglect, improves school readiness, reduces youth crime and improves employment of mothers. Current investment into this service is around £700k and it meets around 20% of potential need in the city. The commissioning responsibility for it will transfer to LCC on 1st October 2015.
- iv. Improving both maternal and baby nutrition will be an important plank of the Best Start programme. There is more work to do, but some aspects of the work are already underway. A **Pathway for Obesity in Pregnancy** has been put in place by the hospital for women with very high Body Mass Index to provide them with specialist care and advice. The next stage will be to extend this offer into the community so that we can support these women and their families with weight management advice through Children’s Centres after their baby is born or between pregnancies. The **HENRY Programme** (Health Exercise and Nutrition for the Really Young) is now a well established programme that has equipped over a 1000 frontline Early Start practitioners with the motivation and skills to provide both

1to1 and group based support to families to enable them to develop their parenting skills and raise their children to be a healthy weight.

- v. There is extensive evidence about the benefits of breastfeeding, which enhances bonding and attunement, promotes brain development, provides optimal nutrition and reduces later obesity, and reduces the risk infant death and a range of both maternal and baby illnesses. Both LTHT and LCH health visiting service achieved **Baby Friendly** accreditation in 2014. This is an evidence based programme to support facilities to achieve best practice standards in supporting pregnant women to make informed decisions about feeding their baby, with effective continued support after the birth. Leeds has an active **Breastfeeding Peer Support** programme with over 70 peer supporters working in groups, clinics and with breastfeeding mums on a one to one basis. More peer supporters will be trained in March 2015. A **Leeds City Council Breastfeeding Policy** is currently under consultation, with a view to launch in early 2015. It will be applicable to staff, customers and visitors to all Leeds City Council premises and facilities. This will underpin future breastfeeding work in Leeds and supports the **Leeds is Breastfeeding Friendly** project which aims to support women to feel comfortable to breastfeed anywhere in Leeds. A re-launch of Leeds is Breastfeeding Friendly is planned in March 2015 when a free **Breastfeeding App** will also be launched. This will have all the relevant information about breastfeeding and where to get help and support in Leeds.

3.5.2 Early Identification and Support for Parents Experiencing Stress

- i. The use of drugs and alcohol during pregnancy can have a profound effect both on the developing baby and on the family. Local research in Leeds shows that substance misuse is a factor in 45% of families where a child is taken into care. Leeds is using the opportunity presented by a major **re-procurement of drug and alcohol services** to ensure that adult substance misuse services take account of the needs of parents and families (ref: next agenda item). Our new specification identifies parents with young children and parents with previous children who have been taken into care as priority groups. The service will assess the impact of drug and alcohol misuse by parents on their children and be able to offer information about harm reduction to minimise the impact of the drug or alcohol use using a 'whole family approach'.
- ii. Leeds is championing **restorative approaches** to working with families. The **Family Group Conference** approach facilitates families to help themselves to implement solutions to tackle domestic violence, mental health, substance misuse and other challenges. The FGC approach enables Children's Services to work with more families early in the life of the problem and, in this way, to avoid formal care proceedings, and allow children to remain safely at home or within their extended family network. It has already had a profound impact on "turning the curve" of children coming into care in Leeds. The ambition of the Children's Services Directorate is to offer a FGC in all cases where statutory intervention is being considered.
- iii. Similarly, across our universal Health services (Health Visiting and School Nursing) Public Health is championing the development and roll-out of the **Helping**

Hand approach. This tool, based on the Family Partnership Model, has been devised to support practitioners to work in a 'strengths and solutions' focused way, building on what a family is already doing well and through being future focussed encouraging the family to be optimistic and able to identify their own action plan to support behaviour change. Key to this restorative approach is the belief that the family is best place to identify the solutions to the issues they face.

- iv. A **Pre-Birth Assessment** pilot is being introduced in an area of the city with higher rates of young children coming in to care. It is intended to provide children and their families with the right support at the right time, to address both the child and adult needs in order to increase the potential opportunity of children to remain successfully with their parents. This pilot is seeking to improve joint working practice across children's and adult services to ensure good access to services when they are needed. Another key area is **Post-Removal Support**. A high proportion of babies taken into care are born to parents who have had previous children taken into care. There is a compelling case for working with these parents between pregnancies and very early in any new pregnancy, to provide intensive support in order to help them to potentially provide safe care for their children. This work is at an early stage.
- v. There is close synergy between the **Families First** programme and our Best Start ambitions for families with young children in the most complex circumstances. Leeds is one of 51 "Early Starters" taking forward the expansion of the Troubled Families (Families First) initiative. To date, the programme has successfully 'turned around over 1600 families in Leeds. Over the 5 year life of this expanded programme, it will work with over 7000 families, including families of much younger children than it has to date.

3.5.3 Well Prepared Parents

- i. Public Health has rolled out the delivery of **Preparation for Birth and Beyond**. Children's Centres across the city are now offering all first time parents the opportunity to attend a 7 session group where parents can consider together how having a baby will impact on their relationship and their lives. The programme highlights the importance of, and how to develop, positive parent infant relationships, and includes a session on birth and practical support around caring for the baby. Public Health is working closely with partners to establish a dedicated **Baby Steps** team here in Leeds who will provide more intensive support to 200 targeted families per annum across the city. Baby Steps is a group based perinatal programme that has been designed to meet the needs of parents who are at higher risk of poor emotional wellbeing during the transition to parenthood, and who are more likely to struggle to provide sensitive and appropriate care for their baby.
- ii. The **Incredible Babies** parenting programme is designed to provide parents and carers of babies 0 to 12 months with the understanding and skills to promote the social, emotional, physical and language development of their babies. Delivered in Children's Centres, it encourages the development of positive and nurturing parenting styles and supportive parenting networks.

3.5.4 Good Attachment and Bonding

- i. Promoting good attachment and bonding is a core component of Best Start. It is critical to emotional and social functioning, and to longer term outcomes for the child, including behaviour, educational attainment, future mental health and even criminal activity. Therefore **Babies, Brains and Bonding** training is being rolled out very widely (eg Children's Centre staff, health visitors, foster carers, social workers) so they can promote good attachment, attunement and bonding *for every mother and every baby*, and identify those mums and babies where the relationship is not going well, and offer prompt and effective support. The training is being delivered by the new **Infant Mental Health Service**, jointly funded by the NHS, Local Authority Public Health and Children's Services. We are growing this service gradually in a climate of economic constraint because of the critical importance of promoting good infant mental health. The aim ultimately is for Health Visitors to assess every mother-baby relationship, to support those with difficulties using consultation from the Infant Mental Health Service, and to refer the most complex cases for direct intervention. This will be the basis for the **Infant Mental Health Family Offer Pathway**.

4 **Corporate Considerations**

4.1 **Consultation and Engagement**

- 4.1.1 The Plan has been developed by the Best Start Strategy Group drawing on a World Café event in July 2014 which engaged a wide range of professionals from across the statutory and third sectors. The Plan has been taken to a range of committees, boards and leadership teams within the Council, NHS and 3rd Sector for consultation. Engagement work has been done with parents via guided thematic discussions at antenatal and postnatal groups in the city and in Children's Centres Advisory Board sessions to gather parents' views on whether these are the right priorities. The feedback from these consultation activities has been strongly supportive. Specific suggestions have been incorporated into the Plan, whilst more detailed comments will be fed into the development of a more detailed implementation plan.

4.2 **Equality and Diversity / Cohesion and Integration**

- 4.2.1 The Best Start programme aims to ensure the best start for every baby through proportionate universalism. This is a universal approach within which assessment allows early identification and targeted support for vulnerable families taking account of any special characteristics which may contribute to vulnerability. This theme underpins the entire plan. In addition, specific strands of the plan will address specific populations eg child poverty; teenage parents; parents using drugs, alcohol and tobacco; parents experiencing domestic violence; mothers experiencing poor mental health. Some workstreams will take particular account of services sensitive to special characteristics eg provision of high quality antenatal and postnatal programmes will take account of needs of BME groups and disabled groups drawing on a review of service provision for families with complex lives. An equality impact assessment will be undertaken on the more detailed implementation plan to be developed.

4.3 Council policies and City Priorities

- 4.3.1 Ensuring the 'best start' for every child in Leeds is one of the four commitments of the Leeds Joint Health and Wellbeing Strategy and aligns closely with the Leeds Children & Young People's Plan which focuses on those at most risk of a poor start through its priorities to reduce the number of children looked after and to support children to be ready for learning. Ensuring the Best Start in life is a priority in the Best Council Plan under the objective to build a Child Friendly City.

4.4 Resources and value for money

- 4.4.1 The evidence indicates that investment into the early years yields the highest social return on investment, with cost savings for social care services, health services, education, benefits and the criminal justice system downstream.

4.5 Legal Implications, Access to Information and Call In

- 4.5.1 As the information in this report is for noting, and there is no decision to be made, it is not eligible for call-in. The Best Start Plan is due for discussion at a joint workshop of Children's Scrutiny and Health Scrutiny on 29th January 2015.

4.6 Risk Management

- 4.6.1 The Best Start priority is predicated on sustained investment into the early years, in order to maintain universal proportionate delivery of services and to achieve both medium and longer term outcomes such as: reduced abuse and neglect; fewer children taken into care; improved school readiness; improved social, emotional and cognitive performance and achievement; reduced youth crime. This means investment into services such as Children's Centres, Health Visiting and Family Nurse Partnership, Infant Mental Health Service and programmes commissioned from a range of providers including 3rd sector which support elements of the programme. Many of these services deliver both early prevention during the critical first 2 years of life, and "early help" services to support families with complex lives. Failure to support and further develop the Best Start work programme and maintain investment into services will impact on poorer outcomes for children and families in Leeds, continued cycles of abuse, neglect and violence, rising costs for children taken into care and a risk of widening the gap in health inequality in the city.

5 Conclusions

- 5.1 This paper summarises the rationale for the Best Start programme in Leeds including the profound longer term benefits to the city which will accrue from this programme. It presents the Best Start Plan on a Page, and describes innovative work which is already being taken forward in the city as part of the programme. It refers to the forthcoming transfer of commissioning responsibilities for 0-5 Children's Public Health Services to Leeds City Council from 1st October 2015, and the importance of using this opportunity to build on the integrated Early Start Service (Children's Centres and Health Visiting). Sustained investment and continued support to develop and implement the programme is essential in order to achieve key outcomes such as: reduced abuse and neglect; fewer children

taken into care; improved school readiness; improved social, emotional and cognitive performance and achievement; better mental health; reduced youth crime.

6 Recommendations

1. The Executive Board is asked to note the Best Start Priority and Plan, and to support the important and exciting programme of work to be developed by the Best Start Strategy Group co-chaired by the Consultant in Public Health (Children and Maternity) and the Chief Officer Children's Services (Partnership Development and Business Support).
2. The Executive Board is asked to note the transfer of commissioning responsibility for 0-5 Children's Public Health Services to the Council from 1st October 2015 being led by the Office of the Director of Public Health, and the importance of the integrated Early Start Service (Health Visiting integrated with Children's Centres), to this agenda.
3. The Executive Board is asked to note the evidence that investing in the early years yields the highest return on investment.

7 Background documents^[1]

7.1 None.

^[1] The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

APPENDIX 1

Leeds Best Start Plan 2015-2019: A Preventative Programme from Conception to Age 2

Vision: Every baby in Leeds will get the best start in life.

Principles:

- All babies will be nurtured and all care givers will feel confident to give sensitive responsive care
- Well prepared parents will make choices with their baby in mind
- Families who are most vulnerable will be identified early and well supported by a highly skilled and well trained workforce
- Inter-generational cycles of neglect, abuse and violence will be broken

Indicator: Reduce the rate of deaths in babies aged under one year

Outcomes	Priorities	Indicators
Healthy mothers, healthy babies – at a population and individual level	<ol style="list-style-type: none"> Promote awareness of importance of first 2 years Improve mother and baby nutrition Deliver high quality maternity and neonatal and child health services Reduce unplanned teenage pregnancies and support teenage parents 	<ol style="list-style-type: none"> Proportion low birth weight babies Breastfeeding initiation and maintenance rates Proportion pregnant women with BMI >30 Proportion of women booking before 12th completed week of pregnancy Teenage pregnancy rate Rate of immunisation with 3rd DTP
Parents experiencing stress are identified early and supported	<ol style="list-style-type: none"> Further develop integrated health-led services Support parents to reduce use of alcohol, drugs and tobacco Support parents to reduce levels of domestic violence Identify and support mothers experiencing poor perinatal mental health Address child poverty Develop agreed frameworks and pathways for support 	<ol style="list-style-type: none"> Health visiting caseload Proportion of children receiving an integrated 2½ year check by Early Start teams Proportion of children receiving Early Start core offer Number of early help assessments initiated by Early Start Service Percentage of women smoking at end of pregnancy Number of parents in treatment with children aged under 2 Child poverty rate Maternal mental health placeholder
Well prepared parents	<ol style="list-style-type: none"> Promote high quality education on sex and relationships Provide high quality antenatal and postnatal programmes Provide evidence based parenting programmes for parents of under 2s Promote awareness of specific risks such as safe sleeping, cousin marriage and accidents 	<ol style="list-style-type: none"> Number of mothers and number of fathers accessing Preparation for Birth and Beyond Number of mothers and number of fathers accessing Baby Steps
Good attachment and bonding	<ol style="list-style-type: none"> Promote positive infant mental health by supporting responsive parenting Identify parents and babies with attachment difficulties early and offer support 	<ol style="list-style-type: none"> Number of babies under two years old taken into care Assessment of early attachment placeholder
Development of early language and communication	<ol style="list-style-type: none"> Raise awareness of parents about importance of early communication and interaction Promote early play and reading opportunities 	<ol style="list-style-type: none"> Percentage of children reaching a good level of development at end of Reception Percentage of children in lowest % achievement band for LA

Note: A number of city-wide cross cutting strategies will contribute to the Best Start priority and the new Maternity Strategy will be a component of the Best Start programme.

