

Report of: Leeds Best Start Strategy Group

Report to: The Leeds Health and Wellbeing Board

Date: 4 February 2015

Subject: Best Start Plan on a Page

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?	<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 top commitments of the Leeds Health and Wellbeing Strategy. The Leeds Best Start Plan, developed in partnership and with parent engagement, describes a broad preventative programme from conception to age 2 years which aims to ensure a good start for *every* baby, with early identification and targeted support for vulnerable families early in the life of the child. This approach will address health inequalities. 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.
2. 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. The over-arching indicator for the programme is reduced rate of deaths in babies aged under one year (infant mortality rate).

Recommendations

The Health and Wellbeing Board is asked to:

- Consider the content of the Plan and note the process of discussion and engagement that has taken place.
- Endorse the strategic Plan and to support the development of a detailed implementation plan.
- Consider how the Board would like to monitor progress on implementation.

1 Purpose of this report

- 1.1 To present the Best Start Plan to the Health and Wellbeing Board for discussion about the proposed priorities and indicators, and to seek endorsement for the Plan and support for the further development of a detailed implementation plan.

2 Background information

- 2.1 Leeds has made a strategic commitment in the Health and Wellbeing Strategy to focus onto this earliest period in a child's life, from pre-conception to age 2 years, in order to maximise the potential of every child. This will be achieved through universal early assessment to identify vulnerable families and provide targeted support early in the life of the child. This is a "progressive universal" approach and is a sensitive means of identifying and addressing health inequalities. The Best Start programme will incorporate the existing successful infant mortality programme, utilising infant mortality as the key indicator in the Joint 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, improved behaviour, school readiness and educational attainment and fulfilment of potential.

3 Main issues

- 3.1 The Best Start Plan has been developed by the Best Start Strategy Group, which is 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 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. It draws particularly on the WAVE 'Top Ten' recommendations and the evidence-based infant mortality programme. The evidence was presented at a major conference held in Leeds in October 2013. The Best Start Plan on a Page has been developed with professional input via the Strategy Group and a World Café event held in July 2014.

3.2 The Plan has been circulated widely during the past 3 months and discussed with a range of partners, across the Council, the NHS and the Third Sector (see para 4.1.1). It was presented to the Children's Trust Board on 14.11.2014 where it was strongly welcomed. Arrangements are being made to discuss the Plan with both Health Scrutiny and Children's Scrutiny Boards.

3.3 A process of user engagement has been undertaken between October 2014 and January 2015 through guided discussion of key themes with parents in a range of settings. A variety of settings have been selected to promote and enable parents from diverse backgrounds to take part in the engagement, and Children's Centre Boards have also been engaged (para 4.1.2).

3.4 The process of discussion and engagement has yielded widespread support for the Plan, and specific strategic suggestions have been incorporated. However, most feedback will be used to shape the implementation plan which will be developed during Spring 2015. Key themes emerging from the public engagement include:

- Parents would like a variety of opportunities to develop social networks and parenting skills during the antenatal period. These opportunities need to be promoted and made accessible through as many services and agencies as possible. 45% of first time parents said they did not feel prepared for parenthood whilst second and third time parents said they needed education about how to parent an infant and older child together.
- A high proportion of parents (50%) said they felt stressed and anxious in pregnancy and the first few months of being a parent. They want services to be quick and proactive in assessing and treating mental ill health.
- Parents to be and new parents would like more targeted and ongoing health education and support to improve their health, for example diet, exercise, smoking, alcohol. This support could come from family members, community groups and health professionals.
- Learning to play with an infant and young child can be difficult. Parents need guidance about how to interact with their child at different stages of their development. This might include games to play and places to go.
- Parents feel that antenatal preparation promoting understanding about breastfeeding and attachment could improve their experience.

4 Health and Wellbeing Board Governance

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 and boards for consultation. It went to Children's Trust Board in November 2014 where it was strongly welcomed. Arrangements are being made for it to be discussed by both Health and Children's Scrutiny Boards. Across clinical commissioning groups (CCGs), it has been circulated to Directors of Nursing and Commissioning and GP leads, and is being discussed in various CCG meetings. It has been considered by the Head of Public Health Commissioning at NHS England. In Leeds Teaching Hospitals NHS Trust (LTHT), it has been shared with the Women's Clinical Service Unit Management Team where it was welcomed as a positive step in terms, highlighting how effective multi-disciplinary partnership working can improve outcomes and support delivery of safe maternity care. The plan was also highlighted with the LTHT Senior Management team. The Plan has been distributed for comments across the 3rd sector network. Within the Council, the Plan has also been circulated or discussed at various leadership teams, including Children's Services, Public Health and Environment & Housing.

4.2 A process of user engagement is being undertaken between October 2014 and February 2015 through guided discussion of key themes with parents in a range of settings. A variety of settings have been selected:

- Yums (a support group for young mums/mums to be in South Leeds)
- Choto Moni and Bankside Children's Centre
- Middleton and Horsforth Baby Cafes
- Gypsy and Traveller midwifery outreach
- Incredible Years Parenting Support
- Bankside and Choto Moni Children's Centre

The settings have been selected to provide access to a diversity of parents who use services in Leeds. For example settings have been selected which support younger parents and parents who are refugees and asylum seekers. Parents from a range of BME backgrounds have taken part. Parents who attend settings in disadvantaged areas of Leeds and more prosperous parts of the city were included in the engagement. In addition to the settings approach, three Children's Centres Advisory Boards have taken part in the consultation. The boards have parental representation as well as a range of Health and Early Years professionals. The boards are: Horsforth Children's Centre Advisory Board;

Aireborough Children's Centre Advisory Board; Chapeltown and Shepherds Lane Children's Centre Advisory Board.

4.3 Equality and Diversity / Cohesion and Integration

4.3.1 The Plan 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.

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.

4.5 Legal Implications, Access to Information and Call In

4.5.1 None.

4.6 Risk Management

4.6.1 None.

5 Conclusions

5.1 The Best Start Plan on a Page is an evidence based approach to optimise the outcomes for every baby. It has been widely supported at consultation by a wide range of professionals and user groups.

6 Recommendations

6.1 The Health and Wellbeing Board is asked to:

- Consider the content of the Plan and note the process of discussion and engagement that has taken place.
- Endorse the strategic Plan and to support the development of a detailed implementation plan.
- Consider how the Board would like to monitor progress on implementation.