Leeds Best Start Plan

2015-2019

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1. Summary

The Leeds Best Start Plan 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 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.

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

The over-arching indicator for the programme is reduced rate of deaths in babies aged under one year (infant mortality rate).

FINAL VERSION FOR H&WB BOARD 4.2.15

2. Why Best Start?

The aim to give every child the best possible start in life is a top commitment of the Leeds Health and Wellbeing Strategy. This aligns closely with the Leeds Children & Young People's Plan which focuses on those at most risk of a poor start through its priority to reduce the number of children looked after. The Best Start programme will be a broad preventative programme, taking a progressive universal approach to promote a good start for every baby, with early identification and targeted support for vulnerable families early in the life of the child. Local statistics show that the biggest proportion of children coming into care in Leeds is aged under 1 year old, and recent local research shows that the common factors associated with these families are: parental use of drugs and alcohol; domestic violence; maternal depression; maternal learning disabilities; and a parental history of having been in care.

Developments in neuroscience show that the development of the baby's brain occurs most rapidly during pregnancy and the first 2 years of life. During this vital period, connections in the baby's brain can develop at the rate of 1 million connections per second, and new circuits are developed or pruned according the baby's earliest experiences. The baby's relationship with the primary care giver, and early attachment and bonding, are key components of the way the baby's brain is "programmed" and have a profound influence of the development of a child's emotional and social capacity and cognitive growth.

Leeds has made a strategic commitment 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 incorporate the existing successful infant mortality programme, utilising infant mortality as the key indicator for Best Start in the Health and Wellbeing Strategy. Analysis shows that economic investment into the early years gives the greatest return[i], 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. Leeds is a city characterised by a wide gap between the more affluent communities and those with greater deprivation and vulnerability. In order to achieve the best start for every child, the Best Start programme will need to focus on ‘narrowing the gap’ through universal progressive approaches, engagement at local level, and the delivery of early help.

3. **What should we be doing? Using the evidence base**

The Best Start approach in Leeds is underpinned by a range of key national documents including: the Marmot report into health inequalities[ii]; the Graham Allen independent reports into early intervention[iii]; the Frank Field independent report into child poverty; the WAVE report “Conception to 2 years: The Age of Opportunity”[iv]; “The 1001 Critical Days” Cross Party Manifesto[v]; and the recent Chief Medical Officer’s annual report 2012 “Our Children Deserve Better: Prevention Pays”[vi].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.

Positive development during pregnancy is essential for the best start. This incorporates factors including: 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 domestic violence) 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 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[vii].

Reducing infant mortality (deaths of babies aged under one year) has been a priority for Leeds for several years, and significant progress has been achieved especially in narrowing the inequalities gap. The evidence that underpinned the Leeds action plan was drawn from the national plan[viii] 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[ix] also highlights 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.

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

FINAL VERSION FOR H&WB BOARD 4.2.15

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.

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.

The WAVE report "Conception to 2 years: The Age of Opportunity" helpfully describes ways in which resources may be best used to ensure the best start for every child. A proportionate universal approach is recommended alongside full implementation of the Healthy Child Pathway. It is vital to make the best use of Children's Centres, where possible adopting models of integrated delivery with Health. 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. Early intervention by midwives and children's centre teams with health engagement can contribute to reduced levels of low birthweight, reduced risk of poor bonding, reduced neglect and abuse, and higher uptake of preventive health care. 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.

Workforce development is also recommended as a key method for delivery 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.

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

FINAL VERSION FOR H&WB BOARD 4.2.15

WAVE TOP TEN RECOMMENDATIONS

1. Increase breastfeeding and good antenatal nutrition
2. Promote language development
3. Reduce domestic violence and stress in pregnancy
4. Achieve a major reduction in abuse and neglect
5. Set up an effective and comprehensive perinatal mental health service
6. Assess and identify where help is needed
7. Focus on improving attunement
8. Promote secure attachment
9. Ensure good health-led multi-agency work
10. Ensure early years workforce has requisite skills

4. How was the Plan developed?

The Leeds Best Start Plan is a partnership plan, developed by Leeds City Council alongside partners from the Health Service and the third sector. The plan draws on the wide range of evidence and policy available. In particular, a major conference was held in Leeds in October 2013 at which some of the foremost experts in the country came to Leeds and presented to over 250 delegates. The plan has been informed by data analysis including the Joint Strategic Needs Assessment. A World Café event was held for professionals in the statutory and third sector in June 2014 which provided a wealth of information about what is already happening in the city, and about how the priorities should be taken forward. A Best Start Strategy Group, incorporating partners, has overseen development of the plan. A consultation phase took place during Winter 2014-5 to allow discussion and consultation by a range of groups and engagement of parents through guided discussions at antenatal and postnatal groups and Children's Centre Advisory Boards.

FINAL VERSION FOR H&WB BOARD

5. What will we do next?

We will draw up a detailed implementation plan. This will take account of where we are now, and will build on existing activities across partner agencies. The implementation plan will take account of other related plans and strategies in the city which contribute to the breadth of the agenda. In particular, there will be close links to the ongoing development of a Maternity Strategy for the city led by Leeds South and East Clinical Commissioning Group.

6. How will we measure progress?

Progress will be measured by focusing on the impact that the plan has on parents and young children. These are the outcomes that we want to achieve. A number of indicators have been chosen to support each outcome and these will help us to measure progress. During the first year of the plan we will develop these indicators into

a performance dashboard which we will use on a regular basis to assess progress towards our strategic outcomes.

FINAL VERSION FOR H&WB BOARD 4.2.15

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	1. Promote awareness of importance of first 2 years 2. Improve mother and baby nutrition 3. Deliver high quality maternity and neonatal and child health services 4. Reduce unplanned teenage pregnancies and support teenage parents	1. Proportion low birth weight babies 2. Breastfeeding initiation and maintenance rates 3. Proportion pregnant women with BMI >30 4. Proportion of women booking before 12th completed week of pregnancy 5. Teenage pregnancy rate 6. Rate of immunisation with 3rd DTP
Parents experiencing stress are identified early and supported	5. Further develop integrated health-led services 6. Support parents to reduce use of alcohol, drugs and tobacco 7. Support parents to reduce levels of domestic violence 8. Identify and support mothers experiencing poor perinatal mental health 9. Address child poverty 10. Develop agreed frameworks and pathways for support	7. Health visiting caseload 8. Proportion of children receiving an integrated 2½ year check by Early Start teams 9. Proportion of children receiving Early Start core offer 10. Number of early help assessments initiated by Early Start Service 11. Percentage of women smoking at end of pregnancy 12. Number of parents in treatment with children aged under 2 13. Child poverty rate 14. Maternal mental health placeholder
Well prepared parents	11. Promote high quality education on sex and relationships 12. Provide high quality antenatal and postnatal programmes 13. Provide evidence based parenting programmes for parents of under 2s 14. Promote awareness of specific risks such as safe sleeping, cousin marriage and accidents	15. Number of mothers and number of fathers accessing Preparation for Birth and Beyond 16. Number of mothers and number of fathers accessing Baby Steps
Good attachment and bonding	15. Promote positive infant mental health by supporting responsive parenting 16. Identify parents and babies with attachment difficulties early and offer support	17. Number of babies under two years old taken into care 18. Assessment of early attachment placeholder
Development of early language and communication	17. Raise awareness of parents about importance of early communication and interaction 18. Promote early play and reading opportunities	19. Percentage of children reaching a good level of development at end of Reception 20. 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.*

FINAL VERSION FOR H&WB BOARD 4.2.15

References

[i] J Heckman & D Masterov (2005) Ch 6, *New Wealth for Old Nations: Scotland's Economic Prospects*

[ii] Fair Society Healthy Lives. The Marmot Review. Strategic Review of Health Inequalities in England post-2010. (February 2010)

[iii] Early Intervention: The Next Steps. An Independent Report to Her Majesty's Government. Graham Allen MP. (January 2011)

[iv] Conception to Age 2: The Age of Opportunity. WAVE Trust. (March 2013)

[v] 1001 Critical Days. The Importance of the Conception to Age 2 Periods. A Cross Party Manifesto. Andrea Leadsom MP. Frank Field MP. Paul Burstow MP. Caroline Lucas MP. (September 2013)

[vi] Chief Medical Officer's Annual Report 2012. Prevention Pays: Our Children Deserve Better. (October 2013)

[vii] http://www.thebarkertheory.org/science.php

[viii] Implementation Plan for Reducing Health Inequalities in Infant Mortality: A Good Practice Guide (DH 2007 and National Support Team update 2009)

[ix] http://www.leedslscb.org.uk/LSCB/media/Images/pdfs/CDOP-Annual-Report-2013-14.pdf

FINAL VERSION FOR H&WB BOARD 4.2.15