

‘A Great Start in Life’- Best Start Programme Update

Governing Body meeting

Item 15k

2 February 2017

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Is your report for Approval / Consideration / Noting	
Report for Update and Noting.	
Are there any Resource Implications (including Financial, Staffing etc)?	
No resource implications.	
Audit Requirement	
<u>CCG Objectives</u>	
Reducing health inequalities through giving every child and young person the best start in life, preventing the early onset of avoidable disease and premature deaths.	
<u>Equality impact assessment</u>	
This is a joint area of strategic planning across SCC and SCCG. No formal EIA has been completed, however there has been comprehensive consultation with parents/carers/partners and families regarding the development and progress of the strategy.	
Recommendations	
The Governing Body is asked to note progress achieved with implementing Sheffield’s Best Start Strategy.	

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1.0 SUMMARY

This paper describes the progress which has been achieved in implementing the Best Start early years’ strategy and also outlines further delivery and alignment plans in other areas that support the principles and outcomes of Best Start.

2.0 INTRODUCTION

Best Start ‘A Great Start in Life’ which was launched in 2015 is a joint Sheffield City Council and Sheffield Clinical Commissioning Group strategy signed up to and owned by the Sheffield Children & Young People’s Health and Wellbeing Transformation Board (CHWTB). This strategy which provides an overarching framework and vision for improving early years’ services in the city is based on an extensive national and international evidence base which reinforces the long-term social and economic benefits of investment in early childhood.

The Best Start delivery programme has been developed through the work of a committed partnership of lead officers including representatives from SC NHS FT health visiting services, STH midwifery, SCC public health, MAST, learning and skills, CAMHs and the voluntary sector who have worked intensively to agree a clear, strategic vision and implementation plans. To assist with this the Early Intervention Foundation supported Sheffield in using a Theory of Change service improvement approach to identify the outcomes and interventions which will have the greatest impact for vulnerable families. This activity is supported by an extensive evidence base and a drive to improve outcomes through early identification of need and a support offer which is centred on the child and family.

The Children’s Health and Wellbeing Transformation Board has received regular progress reports to track and monitor progress with programme delivery, and impact is measured via an outcomes dashboard which includes a range of health, social and educational indicators.

3.0 PROGRESS TO DATE

Programme work has been structured around three key outcomes to impact on children’s readiness for school and life, including universal and targeted interventions from pregnancy to end of Foundation Stage. Significant progress has been achieved in a range of areas which are identified in the Strategy:

- **Babies and young children are safe and have good health**
 - The infant mortality (IM) strategy delivery plan has contributed to a reduction in Sheffield’s IM rates from 6.0 in 2005-7 to 4.1 in 2013-15.
 - Sheffield’s sudden infant death rate is now 0.27/1,000. This is below the national rate and well below the latest rate for Yorkshire and Humberside

(the national rate for 2014 is 0.3/1000 live births and the Yorkshire and Humberside rate 0.47/1000 live births)

- Full Unicef BFI accreditation for Children's Centres achieved (the first in Yorkshire and Humber to be accredited). Midwifery and Health Visiting Services have also been re-accredited
 - Multi-agency work working to support breastfeeding mothers has helped Sheffield to achieve higher breastfeeding initiation and maintenance rates at 6-8 weeks than the national average (2nd highest core city) at 80.1 and 51.2 respectively in 2015.
 - Maternal smoking rates at time of delivery have reduced from 15.2 to 12.2
 - Over 91% of women are receiving access to antenatal care within 13 weeks through proactive work to promote early access.
 - Sheffield CCG and Sheffield City Council have worked in partnership with providers (STH and SC NHS FT) to expand the Healthy Start Vitamin Programme locally. Sheffield is one of a handful of cities nationally who now offer free healthy start vitamins universally to all pregnant women and to babies/children under 5 who are within identified priority groups.
 - A programme of work is underway to promote oral health in the early years including dental health packs targeted at 2 year FEL children in the 20% most disadvantaged areas. Tooth brushing clubs have been set up in approximately 30 private childcare provisions and the importance of dental health is being extensively promoted through key campaigns and the development of staff skills and knowledge.
- **Parents are resilient and any mental health issues are addressed at the earliest opportunity**
 - An integrated care pathway for perinatal mental health for professionals and a service user-friendly version has been developed. All health visitors and midwives have received perinatal mental health training
 - An early years' peer support volunteering service has been commissioned, including perinatal mental health community based support
 - The 'You and Me Mum' programme (a parenting programme for survivors of DA) is now delivered on a rolling programmes across city. This supports parents to consider the impacts of domestic abuse and aims to develop resilience and parenting capacity.
 - The delivery of Baby Incredible Years evidence based parenting programme has been expanded to reach more parents through children's centres with a further 3 Best Start Intervention workers being trained in October.
 - A Baby Incredible years programme for social care cases is to be co-delivered between MAST and social care in the autumn, aimed at providing targeted support to vulnerable parents where there are child protection concerns.
 - The parenting team and adult mental health workers are piloting a collaborative approach to supporting emotional wellbeing of new mothers within the Baby IY programme.
 - £500,00 Reaching Communities lottery funds has been secured to develop a range of activities designed to reduce isolation
 - Forging Families has developed from our Maternal Services Liaison Committee as a local charity with support from commissioners to develop a range of community campaigns and support for families.

- **Brain development in the early years is optimised by secure attachment and quality relationships**
 - 2 year old joint child development checks, including midwifery and health visiting are being progressed. Further work is focused on this through the redesign of the 0-19 Healthy Child programme.
 - Multi-disciplinary early years' Best Start teams are delivering a range of evidence based universal and targeted programmes for families with very young children to promote attunement, attachment and bonding across the city. The work also enables earlier identification and response to need.
 - The whole midwifery workforce has had training in Infant Mental Health and an introduction to the 'Solihull Approach' which promotes emotional health and wellbeing in children and families
 - All Health Visitors have been trained in the Antenatal Promotional Guide and this has been delivered to all first time parents at the antenatal visit to support early infant development and early parenting
 - 80% of Health Visitors have been trained in the Solihull Approach

- **Children are ready for school and life**
 - Take up of two, three and four year old Free Early Learning has continued to increase
 - A Charter for Quality in the Early Years has been agreed
 - 77% of under 5s are currently registered with a local Children's Centre which is above the target for 2016 of 76%
 - 57% Of under 5s reached by local Children's Centre (March 2016)
 - 82.4% of PVI providers rated good or better by Ofsted (May 2015)
 - 81.7% of Child minders rated good or better by Ofsted (May 2015)
 - 69% of children achieved the Good level of Development (GLD) at the end of Reception stage - an improvement of 4% rounded up from 2015
 - The disadvantage gap in GLD now stands at 31.8% - an improvement of 4% on the previous year

4.0 BEST START DELIVERY UPDATE

4.1 The delivery plans for implementing the Best Start strategy have recently been reviewed to identify:

- Areas which are now business as usual for the relevant partners, for example: children's centres' re-design

- Elements which fit with the Children and Young People's Health and Wellbeing Transformation Board's service re-design plans. These citywide priorities for service redesign and transformation cut across early years and support the delivery of Best Start priorities. Programme work incorporates the 0-19 Healthy Child Programme re-design (the integration of Health Visiting and School Nursing Services), Integrated Practice: focusing on locality based working and emerging community hubs through which services will be delivered. Redesign of services to support children with complex health needs, and the transformation of emotional wellbeing and mental health services (including perinatal mental health).

- Areas of re-design or transformation which still need to be addressed to reach the outcomes and indicators set within the Best Start Strategy.

The Best Start Strategy has provided a clear focus and direction for the work, and will continue to do so. However, the importance of maintaining and building on this momentum is clear as significant challenges remain, particularly in addressing the needs of the most vulnerable, high-risk children and families. A comprehensive, evidence based parenting programme offer for parents of 0-3 years olds will be a specific focus to complement services and support developed around the family.

With the publication of Better Births following the National Maternity Review, developing and improving pathways of care for maternity services will also need to be progressed over the next 5 years. It is therefore proposed that the transformational elements of the maternity re-design as part of delivering Better Births is also supported through of the Best Start work stream and delivery plan refresh. This will ensure alignment and enable connections with the Community Health programme work stream and developing work on integrated practice, specifically community hubs.

4.2 The Children's Health and Wellbeing Transformation Board now has four key work stream areas that can be reported back to the Health & Wellbeing Board to demonstrate progress, activity and impact. These now include:

- A Great Start in Life (Best Start & Maternity Review)
- Emotional Wellbeing and Mental Health Transformation (Future in Mind)
- Children and Young People with Complex Health Needs (Including SEND)
- Community Health work programme focusing on:
 1. Redesign of Sexual Health Services (Adults and Young People)
 2. 0-19 Healthy Child Programme (integration of Health Visiting and School Nursing)
 3. Integrated Delivery/Locality working
 4. Urgent Care

4.3 Children's Centres: The CCG governing body is also asked to note that the Best Start refresh will link closely with the potential redesign of children's centres that is being considered by SCC Cabinet in the near future. We will look at the improvements to Children's Centres that reflect new guidance and what we know works for families. This will embed children's services into a locality model and extend the role of Children's centres to Family centres embracing a prevention approach that is whole family. The proposals will consult on a developmental approach to hubs that identify excellent practice and share this across localities, ensuring that early years good practice is embedded into all our local service provision. The Children Centre approach will be a model through which the Best Start Strategy is continued to be delivered.

5.0 RECOMMENDATIONS

The Governing Body is asked to note progress achieved with implementing Sheffield's Best Start Strategy.

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