

North Tyneside Health & Wellbeing Board Report Date: 10 November 2022

Title: Equally Well
Progress update: Best
Start in Life

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Report From: Relevant Partnership Board: North Tyneside Children and Young People Partnership

1. Purpose: Progress Update, Equally Well: Best Start in Life

This item relates to the Best Start in Life theme of the Joint Health and Wellbeing Strategy, "Equally Well: A healthier, fairer future for North Tyneside 2021- 2025".

As outlined in Equally Well this means that every child in North Tyneside will be given the best start in life supported by families, communities, and high-quality integrated services.

2. Recommendation(s):

The Board is recommended to: -

- a) Note the progress in delivering the Best Start in Life by the Children and Young Person's Partnership.
- b) Endorse the approach to develop and deliver Family Hubs in North Tyneside as set out in the separate briefing paper and presentation.

3. Progress update: Best Start in Life

The Children and Young People's Partnership (CYPP) is responsible for the leadership and governance of this theme. The progress against actions in the implementation to achieve the Best Start in Life is set out in **Appendix 1**.

Highlights of progress against the implementation plan and achievements include:

- Northumbria Healthcare NHS Foundation Trust has a Best Start in Life Team and every pregnant smoker in North Tyneside is referred to an Advisor (opt out referral) who works with the woman for her entire pregnancy and into the postnatal period. The goal of the service is to enable a woman to achieve a successful smoking quit, however they provide holistic care for a wide variety of issues during pregnancy, including signposting and referring to wider services to promote a healthier pregnancy. The team offers home visits and clinic appointments from Cedarwood Trust and Howdon Children's Centre to target the areas of greatest need.
- Launched the Baby Breathe Pilot aimed at helping women who have quit smoking during pregnancy to stay smoke-free. Trained colleagues in the 0-19 Children's Public Health service will help to identify women interested in taking part in the research and when signed up, residents will receive BabyBreathe™ support through the antenatal period and beyond, to encourage them to stay smoke-free
- Implemented a new breastfeeding strategy to focus on increasing breastfeeding in our most deprived communities. One of the actions in the strategy included the recruitment of peer supporters and launch of Best Start peer support groups which were established with the support of VODA to enhance early relationships and increase initiation and sustainability of breastfeeding.
- Northumbria Healthcare NHS Foundation Trust developed a specialist breastfeeding clinic to support women with complex feeding issues. The Trust also run a monthly breastfeeding antenatal session, which is attended by circa 60 women, plus partners every month. The Infant Feeding Co-ordinator sees women and babies in the Tongue Tie Clinic to provide assessment and support pre and post procedure.
- Conducted a review of the uptake of the supply of Healthy Start vitamins and the national Healthy Start Scheme, which provides eligible families with food and milk. Access and uptake to vitamins and the healthy start scheme have improved significantly following concerted effort to raise awareness by the 0-19 Children's Public Health team. A notable success was support for a family experiencing severe financial hardship to claim a large back payment from the national Healthy Start scheme.
- The '2 Matters' award has been developed in North Tyneside and is being widely promoted across settings working with our most vulnerable children. The award aims to ensure that wherever 2-year-old children access their funded provision in North Tyneside, they receive the same high quality of care and education, and Practitioners consider the whole family and any identified needs. This approach supports children to be Ready for School.
- Reducing Parental Conflict training has been rolled out to 360 frontline practitioners across North Tyneside to help increase skills and confidence to work with, or refer, parents in conflict to appropriate support. The practitioners are from a variety of settings including schools, young carers, residential, Early Help, 0-19 Children's Public Health service, housing and leisure teams. The training will in turn support children's early emotional and social development and improve their chances to lead fulfilling, happy lives.
- Delivery of an enhanced multi-agency Family Hub offer in North Tyneside is also a current focus to achieving a Best Start in Life. Family hubs should offer non-stigmatising support to families from conception and two, and to

those with children of all ages, which is 0-19 or up to 25 for those with special educational needs and disabilities (SEND), with a great Start for Life offer at their core. For further detail on the work to develop Family Hubs see the attached separate briefing paper, **Appendix 2**.

4. Performance indicators

It is important to understand if our approach and strategic ambition is making a difference to reducing health inequalities.

Appendix 3 gives an overview of the direction of travel indicators for achieving a Best Start in Life. As noted in the strategy major change to reduce health inequalities will not happen overnight, so we will be seeking gradual improvements in these indicators and a reduction in inequalities between different localities across North Tyneside.

4.1. Smoking status at the time of delivery

The Smoking Status at Time of Delivery (SATOD) collection covers information on the number of women smoking and not smoking at time of delivery (child birth).

9.9% of pregnant women smoked at the time of delivery in North Tyneside which is the lowest rate in the North East. The trend data shows a positive reduction since 2010/11 when 17% of women were smoking at the time of child birth in North Tyneside, which also reflects national trends.

Unfortunately, we know that women from our most deprived communities are more likely to smoke at the time of child birth and we are seeking data from our local NHS Trusts to analyse and understand if there is more targeted work that could be carried out to support women to stop smoking.

4.2. Breastfeeding prevalence at 6-8 weeks after birth

North Tyneside's rate of breastfeeding 6-8 weeks after birth is 42.1%, compared with the regional rate of 35.4% and England rate of 47.6%. The trend data shows a small increase in the rates of breastfeeding at 6-8 weeks since 2015/16 when it was 38% in North Tyneside.

While North Tyneside's current overall rate is the second best in the region when the rates for different localities in North Tyneside are analysed there are stark inequalities. The South West locality has the lowest rate of breastfeeding at 6-8 weeks with 36%, compared with the Coast locality rate of 64%

4.3. Good level of development at 2 to 2 ½ years of age

The indicators for children achieving their milestones at 2 to 2 ½ years of age show that 91% of North Tyneside's children are meeting them. This is a higher percentage than the North East, 88% and England, 83%. However, when we consider the different localities in North Tyneside it is children from our most deprived areas who are not achieving a good level of development; only 74% of children from the Central locality are meeting the milestones, compared with 95% of the children living in the Coastal locality.

4.4 School Readiness

The indicators for children being ready for school show that 72% of North Tyneside's children achieve the knowledge, skills and behaviours that enable children to participate and succeed in school by the end of reception, which is similar to the North East and England figures.

Again, when the data is analysed for those children who are eligible for free school meals and therefore living in more economically deprived families, it shows that only 54% of these children in North Tyneside are ready for school.

4.5 National Child Measurement Programme – end of reception

The National Child Measurement Programme (NCMP) is a nationally mandated public health programme that provides high quality Body Mass Indicator (BMI) data on all children in state-supported schools in England in reception (age 4-5 years) and Year 6 (age 10-11 years) and is part of the government's approach to tackling child obesity.

The overall NCMP data across North Tyneside for children having excess weight at the end of reception (26%) is slightly higher than the England figures (24%). In addition, there are areas within North Tyneside that have significantly higher rates of excess weight including 40% of children in Riverside ward having excess weight at the end of reception.

The trend in NCMP data is also concerning as it shows an increase in North Tyneside children with excess weight since the COVID-19 pandemic, which is also reflected nationally. This is an issue that the North Tyneside Healthy Weight Alliance is aware of and is considering in their plans.

4.6. Cost of living considerations

All the indicators above demonstrate there are unacceptable inequalities across North Tyneside meaning some children do not experience the Best Start in Life.

It is also important to note that the current cost of living rises will impact on a large cohort of people across North Tyneside. The cumulative impact of rising costs is likely to push more families into poverty which will have lasting impacts for our younger generation. Growing up in poverty can affect every area of a child's development and future life chances.

These challenges reinforce the need for concerted effort to ensure every child no matter where they live in North Tyneside has the same opportunities for experiencing the Best Start in Life.

5. Community engagement

4.1 Response to Healthwatch findings

The Children and Young People's Partnership will be meeting on 19 December 2022 and will fully consider the Healthwatch findings that are pertinent to achieving the Best Start in Life.

4.2. Family Hub Consultation

Initial consultation with families has been carried out with local families to help shape the further development of the Family Hub model. It is essential our approach to Family Hubs focuses on how to identify, reach and support our most vulnerable families and communities, including those who do not usually engage.

Our VCSE will be a critical conduit for supporting further consultation, disseminating information and promoting the Family Hubs to our local families using their networks and associations.

Community consultation will be continual process and is essential to ensure that Family Hubs improve outcomes most effectively for babies, children and families in North Tyneside.

6. Appendices:

Appendix 1 – Implementation plan: Best Start in Life progress report

Appendix 2 – Family Hub Briefing

Appendix 3 – Performance indicators

7. Contact officers:

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Lesley Davies, Senior Manager, Prevention Early Help, 0191 643 6462

Kirsty McLanders, Public Health Manager, 0191 643 4364

Rachel Nicholson, Senior Public Health Manager, 0191 643 8073

9. Background information:

The following background documents have been used in the compilation of this report to the Health and Wellbeing Board:

[A Family Hub and Start for Life Programme Guide](#)

COMPLIANCE WITH PRINCIPLES OF DECISION MAKING

10 Finance and other resources

Any financial implications arising from the delivery of the implementation plan to delivery Equally Well, North Tyneside's Health and Well Being Strategy will be met from existing budgets.

11 Legal

The Authority is required to prepare a joint Health and Wellbeing Strategy for the Borough through the Health and Wellbeing Board, under section 116A of the Local Government and Public Involvement in Health Act 2007.

Delivering the Joint Health and Wellbeing Strategy supports the Board's duty under Section 195 of the Health & Social Care Act 2012 to encourage partners to work closely together and in an integrated manner for the purpose of advancing the health and wellbeing of the people in the area.

13 Human rights

There are no human rights implications directly arising from this report.

14 Equalities and diversity

In undertaking the development of the Joint Health and Well Being Strategy and implementation plan, the aim has been to secure compliance with responsibilities under the Equality Act 2010 and the Public Sector Equality Duty under that Act.

An Equality Impact Assessment was carried out on the engagement approach. The aim was to remove or minimise any disadvantage for people wishing to take part in the engagement activity. Direct contact was made with specific groups representing people with protected characteristics under the Equality Act 2010 to encourage participation and provide engagement in a manner that will meet their needs

15 Risk management

Relevant risks have been identified regarding this report, they are currently held on the Authority's corporate, strategic risk registers, they are being reviewed and managed as part of the Authority's normal risk management process.

16 Crime and disorder

There are no crime and disorder implications directly arising from this report.