

Staffordshire Health and Wellbeing Board – 07 September 2023

Healthy Start in Life

Recommendations

The Board is asked to:

- a. Note the progress being made by partners in Staffordshire regarding Healthy Start in Life.
- b. Support the widening of the focus on children and young people beyond infant mortality to encompass the work we are doing on the wider determinants of health to improve outcomes for Children and Young People.
- c. Endorse the CYP Framework which has been developed by the Programme Board delivering on behalf of the Integrated Care System.
- d. Endorse the Co-Production Promise as a critical way in which we plan to work with CYP&F and consideration of its use across the broader partnership.
- e. Acknowledge the planned work across the partnership and continue to support the development of these programmes of work over the coming year.

Background

1. The Staffordshire Joint Health and Wellbeing Strategy 2022-27 has a priority 'health in early life', which seeks to improve health in pregnancy and infancy with a focus on reducing infant mortality.
2. The Staffordshire outcomes to achieve this priority are:
 - a. to reduce infant mortality.
 - b. to increase breastfeeding.
 - c. to reduce smoking in pregnancy.
3. Whilst we recognise that health in early life is critically important, we are working holistically to achieve this and the focus of the partnerships work has been on a broader age range, narrowing inequalities experienced by people and focussing on ensuring that children are happy and healthy and achieve their full potential.

4. Multiple boards and partnership strategies across Staffordshire have 'improving health in pregnancy and infancy with a focus on reducing infant mortality' as a priority including the Integrated Care System (ICS) Children & Young People's Programme Board and Maternity Transformation Programme Board, the Families Strategic Partnership and the Health and Wellbeing Board. Further information is available in Appendix 1.
5. This report provides an update on activities undertaken across the partnership towards achieving these outcomes.
6. This report provides a brief overview of a range of work that the partnership is undertaking on behalf of Children and Young People and their families which focusses on the wider determinants of health and seeks support from the Health and Wellbeing Board to adopt a broader approach for children and young people as part of this priority.

Children and Young People Programme Board (ICS)

7. The ICS Children and Young People's Programme Board has been established to drive forward health outcomes for children and young people. It has been established to oversee and co-ordinate our local approach to improve the health and wellbeing of our children and young people; the Board includes membership from Senior Strategic Leaders across all partner organisations and is accountable directly to the main Integrated Care System Board.
8. The CYP Programme Board has developed a Strategic Framework for 2023-2028 (Appendix 1) which sets out the vision and priorities to ensure that children in Staffordshire and Stoke-on-Trent will grow up healthy, happy and with their families and friends, are able to look after their own wellbeing, while knowing they will get exceptional care and treatment when they need it.
9. Our shared priorities over the coming years to ensure we achieve our aspirations for children and young people are:
 - a. Best start in life: improve the survival of babies and young children to reduce infant mortality.
 - b. Increase the number of children and young people to achieve and sustain a healthy weight.
 - c. Support children and young people to achieve their potential by enjoying good emotional wellbeing and positive mental health.
 - d. Support children with complex needs with the help they need so that they can fulfil their potential.
 - e. Effectively manage long term conditions to reduce avoidable admissions in relation to asthma, epilepsy, and diabetes.

10. The vision reflects the aims of the Integrated Care Partnership (ICP) Strategy 'Start Well' agenda to give all our children the best start in life and to 'Grow Well', enabling children to thrive into adulthood. The plan is not designed to replace other more detailed plans that may exist operationally. It is a high-level overarching plan to outline system priorities for CYP. There is a clear shared ambition to work with local people, communities and staff to improve the health and wellbeing of our children and young people, using our collective resources much more effectively. We will take a holistic integrated approach to how we deliver services and empower people to make healthy choices.
11. Improving the survival of babies and young children to reduce infant mortality is an outcome for this board.

Reducing Infant Mortality

12. Over several years, infant mortality rates across Staffordshire have remained significantly above the national average. Most recent data (2019-21) ranked Staffordshire as having the 25th highest infant mortality rate in England¹.
13. Whilst there is significant work underway to address varying modifiable factors of infant mortality, the approach has been somewhat fragmented and has lacked clear overall ownership.
14. In terms of existing arrangements, there are approximately 16 strategic and partnership boards (and several working groups) who have infant mortality as some form of priority focus. Although it is encouraging to see reducing infant mortality as a priority across the ICS footprint, without a clear governance structure providing overall accountability and leadership responsibility, there are risks and challenges to achieving this outcome:
 - a. Lack of progress to improve the rates of infant mortality.
 - b. Duplication of effort and resources.
 - c. No clear sense of direction.
 - d. Lack of ownership, responsibility and escalation.
 - e. Potential opportunities could be missed.
 - f. Slow partnership response to identified risk.
 - g. Poor or missed communication.

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<https://fingertips.phe.org.uk/search/infant%20mortality#page/3/gid/1/pat/15/par/E92000001/ati/502/are/E10000028/iid/92196/age/2/sex/4/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1>

15. To effectively identify and address the causes of infant mortality and to avoid duplication of efforts, system partners need to work together via a co-ordinated, long term, approach.
16. A whole system approach to tackling infant mortality will focus on:
 - a. Reducing the number of pregnant women who smoke during pregnancy.
 - b. Increase the rates of infant feeding and continuation.
 - c. Reduce the number of pre-term births and babies born with low birth weight.
 - d. Provide support with maternal weight (overweight and underweight).
 - e. Improve access to maternity services.
 - f. Improve support for families during the early post-natal period.
17. A business case outlining the current oversight in relation to infant mortality across Staffordshire (and Stoke-on-Trent) was produced in Summer 2022. This paper recommended a Children's ICS Infant Mortality Steering Group be created to assume overall accountability and leadership for this priority area. This recommendation was endorsed by the ICS CYP Programme Board in June 2022, by the Maternity & Neonatal Partnership Board in July 2022 and by the Child Death Overview Panel in October 2022.
18. A working group, the Infant Mortality Steering Group, which will provide direction for the whole system approach to infant mortality, with partners from SCC, Stoke-on-Trent City Council and the Integrated Care Board (ICB).
19. This group is:
 - a. Seeking to identify an appropriate chair and deputy chair to oversee the Steering Group.
 - b. Agreeing the terms of Reference and key membership of the Steering group from across the system.
 - c. Engaging with partners and delivery groups from across Staffordshire (and Stoke-on-Trent).
 - d. Identifying key priorities across the system and developing a delivery plan.
 - e. Developing the structure and reporting mechanism for the boards, working groups and the Steering Group.
 - f. Developing a communications plan.

Reducing smoking in pregnancy

20. SCC previously commissioned a Stop Smoking in Pregnancy Service, which was delivered by Everyone Health. The contract commenced April 2019 and expired on 31 March 2023.

21. A summary of performance of the service, which ended 31 March 2023 is found below:

Service delivery progress – 2022/23 (Year 4)								
Key Performance Indicators	KPI Target	Qtr 1 (22/23)	Qtr 2 (22/23)	Qtr 3 (22/23)	Qtr 4 (22/23)	Year to Date (22/23)	Comments	RAG Rating
SS12: Set a quit date (all Service Users)	320	72	77	58	108	315	n/a	n/a
SS1a & SS1b: 4-week quitter (all Service Users)	>65%	74.0%	64.4%	69.2%	66.1%	68.9%	n/a	
		34/47	27/42	18/25	35/54	115/168		
SS2a & SS2b: 12-week quitters (all Service Users)	>45%	100.0%	100.0%	100.0%	82.6%	95.1%	n/a	
		18/18	25/25	16/16	19/23	78/82		
SS3: Number households where ALL service users have successfully quit smoking at 12 weeks.	n/a	0.0%	0.0%	100.0%	0.0%	20.0%	n/a	n/a
		0/3	0/1	1/1	0/0	1/5		
SS4a & SS4b: Self-reported successful quit at 4 or 12 weeks	<15%	100.0%	100.0%	100.0%	100.0%	100.00%	Service wholly telephone based, no CO verification available.	
		42/42	44/44	24/24	19/19	129/129		
SS11: Number of referrals to the service by district breakdown	Cannock:	26	46	45	47	164	referrals have significantly increased over the year.	n/a
	East Staffs:	37	28	37	35	137		
	Lichfield:	9	11	16	21	57		
	Newcastle:	62	59	65	85	271		
	South Staffs:	9	10	12	19	50		
	Stafford:	39	47	78	77	241		
	Moorlands:	17	11	19	34	81		
	Tamworth:	12	18	28	28	86		
	OOA:	1	1	2	1	5		
TOTAL:	212	231	302	347	1092			
SS13: Number of frontline staff (from external orgs) receiving brief advice and referral training from this service	n/a	26	29	41	28	124	issues with mandatory training cancelled during the year	n/a

22. During 2022-23, 9.1% of women in Staffordshire were smokers at time of delivery, above the national rate of 8.8%, but a reduction from 2021-22. The table below shows 'smoking at time of delivery' across Staffordshire in 2022-23:

2022/23 Smoking at time of delivery by ICB Sub-Location						
Smoking at time of delivery (SATOD) population level data 2022/23						
ICB Sub-Location	2022/23 Totals	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	2022/23 Trend
ICB-04Y (Cannock Chase)	11.3%	11.5%	11.0%	10.6%	12.1%	↓
ICB-05D (East Staffs)	10.5%	9.5%	10.8%	9.0%	12.8%	↑
ICB-05G (North Staffs)	10.5%	12.3%	9.9%	9.2%	11.1%	→
ICB-05Q (South East Staffs and Seisdon)	9.1%	9.6%	9.4%	6.8%	10.6%	↓
ICB-05V (Stafford and Surrounds)	8.1%	7.8%	8.2%	6.8%	9.6%	→
England	8.8%	8.9%	9.1%	8.6%	8.7%	→
NHS Stafford and Stoke-on-Trent ICB	11.3%	11.5%	10.8%	10.0%	11.9%	↑

23. SCC commissioned a new Stop Smoking in Pregnancy Service, which commenced 1 April 2023 and is provided by Everyone Health.

24. This new Stop Smoking in Pregnancy Service offers:

- a. **Help to stop smoking in pregnancy** – 12 weeks of behavioural support, free nicotine replacement therapy.
- b. **Supports smokefree homes** – help is available:
 - i. For those living in Staffordshire (excludes Stoke-on-Trent).
 - ii. For those smoking tobacco products.
 - iii. For those who are pregnant or have had a pregnancy within the last 6 months.
 - iv. For those living with someone who is pregnant, or who has had a pregnancy within the last 6 months.
- c. **Support for professionals** – Everyone Health will deliver training to a range of professionals who work with pregnant women and their household, to support referral pathway training and equip others with knowledge and skills necessary to delivery advice on smoking in pregnancy and make referrals into the service.
- d. **Preventative work** – Everyone Health will work with Staffordshire-based schools and educational establishments to develop staff skills and support the integration of education around preventing tobacco use into the personal, social, health and economic (PHSE) education curriculum.

25. The NHS Long Term Plan (LTP) 2019 aims to support delivery of NHS-funded tobacco dependence treatment services in maternity settings, in line with the NHS LTP Commitments. This includes a commitment to deliver an opt-out smoke-free pregnancy pathway including focussed support and treatment for expectant mothers and their partners.

26. A one-page report was prepared to ask maternity colleagues to support (Strengthening the smoke-free pathway) was taken to the Staffordshire and Stoke-on-Trent Maternity and Neonatal System Partnership Board on 11 July 2022. The key requests were:

- a. for immediate referrals to the SSiP service.
- b. frontline staff to ensure appropriate referrals have been discussed with pregnant women.
- c. CO readings are taken at all antenatal appointments.
- d. Very Brief Advice is provided to partners and household members who smoke and live with a pregnant woman.
- e. Frontline health staff to advise the booking midwife of the outcome of referrals to the SSiP service; and,
- f. Frontline healthcare staff to follow up with women who cannot be contacted by the SSiP service and a 'Risk Perception Intervention'

provided to women who have not engaged with the SSiP service by 12/40 weeks pregnancy.

27. SCC also attend the Staffordshire and Stoke-on-Trent ICS Tobacco Control Steering Group. The first meeting of this new group was 14 June 2023, where the one page 'ask' of maternity colleagues from June 2022 was revisited, as was the groups' ambition for a local e-cigarette position statement. The ICB is communicating with OHID regarding guidance to support this.
28. The NHS LTP 2019 builds on the Saving Babies' Lives Care Bundle v2 (SBLCB) (2020). The SBLCB is designed to tackle stillbirth and early neonatal death and a significant driver to deliver the ambition to reduce the number of stillbirths. A working group, focussed on element 1: reducing smoking in pregnancy of the SBLCB is now co-ordinated by maternity colleagues at the University Hospital of North Midlands NHS Trust, and is currently in its implementation phase.

Safer Sleep

29. The Child Death Overview Panel, 2021/22 annual report stated that there were 67 child deaths reviewed in Staffordshire and SOT, of these 17 were considered to have modifiable factors, with unsafe sleeping environment as one of the most frequent themes. CDOP continues to implement improvement activity against recurring modifiable factors.
30. Safer Sleep is an area which is a common recommendation in Child Deaths.
31. MPFT Health Visitors provide information to parents on Safer Sleep during mandated contacts, during clinics, and via their website and Social Media platforms.
32. The Child Death Overview Panel also produce a Protect your Little Bundle Leaflet which again includes trusted sources of advice & information about safer sleep for infants.
33. This is advertised widely across the partnership to ensure that parents have access to this information, advice and guidance.

Increasing breastfeeding

34. Staffordshire and Stoke-on-Trent Infant Feeding Leadership Group was created in 2021 with the aim to provide a co-ordinated whole system approach to increase the percentage of mothers' breastfeeding (babies being provided with breastmilk) in order to realise the health benefits of breastfeeding / breastmilk to both mother and baby.

35. Historically breastfeeding rates across Staffordshire (& Stoke-on-Trent) have been low and remain below the national average. Improving breastfeeding rates has been a priority for several years. Better Births highlighted the importance of breastfeeding and support. This is supported through the Local Maternity and Neonatal System Partnership Board (LMNSPB) where breastfeeding is a priority area.
36. The leadership group began by identifying themes and developed an action plan; the themes identified were:
 - a. Understand the current infant feeding support across Staffordshire (and Stoke-on-Trent) and any gaps
 - b. Education
 - c. Breastfeeding pathway and development
 - d. Communication, engagement, and awareness
 - e. Data and quality monitoring of actions and service provision
37. To understand how to support new parents feed their babies in the future and to understand feeding experiences pre Covid pandemic, during the pandemic and up to the present day, a survey was coproduced by the group including Maternity & Neonatal Voices Partnership champions. This was launched in September 2022 for three months.
38. **752** responses were received for the survey with 326 additional comments provided. The analysis of the survey showed specific themes that the leadership group can focus on to improve breastfeeding and infant feeding experiences – these were:
 - a. **Increase knowledge and confidence to breastfeed**: breastfeeding information and communication required during pregnancy via antenatal sessions, face to face and by the midwife. Also increase breastfeeding knowledge in education for children and young people.
 - b. **Support to breastfeed** – essential after birth in hospital and when in the community – groups, health and peer support led. When experiencing feeding issues, it is essential parents, friends, family members and staff know how to access support.
 - c. **Tongue Tie service** – lack of any commissioned services in Staffordshire (and Stoke-on-Trent) causing many parents to stop breastfeeding and pay to access private services out of area.
 - d. **Covid pandemic** had a huge negative impact for many parents' breastfeeding journey – lack of support.
39. The Midlands Partnership NHS Foundation Trust (MPFT) Families Health and Wellbeing (0-19) Service developed and implemented staff training for faltering growth care plans (those babies losing or not gaining weight). The outcomes include a reduction in the number on faltering

growth care plans required and parents being supported to continue to breastfeed where possible.

40. A podcast for breastfeeding parents returning to work has been created and published due to feedback obtained. Monitoring of breastfeeding drop off rates across Staffordshire are continuously monitored, Burton was identified as higher than the England average and the Infant Feeding Leadership Group members with 0-19 service staff implemented interventions to improve knowledge of how to access support (stickers in the red book and staff promoting the 0-19 service Hub number and other local support). The outcome has been that drop off rates for breastfeeding have now improved in Burton.
41. MPFT also offer support re Infant Feeding via 1-to-1 support at mandated contacts such as the new birth visit undertaken within the home, at clinics, via the Hub, by offering a number of breastfeeding groups, and via useful support and videos on their website and Social Media platforms. All Health visitors and additional staff who provide 1-2-1 infant feeding advice and support have successfully completed a UNICEF Baby Friendly recognised breastfeeding management course, followed by a review of practical skills.
42. Colleagues at UHNM have requested data from Child Health to understand readmission data of babies that are coded as being admitted due to feeding / jaundice / weight loss (percentages per reason was not provided). Further analysis is required but initial findings show readmissions are mostly at days 3-5 and readmissions past 10 days is minimal. Further work with maternity colleagues will be undertaken to understand readmissions, to determine if any were preventable and to identify next steps.

Fetal Alcohol Spectrum Disorder

43. A Staffordshire and Stoke-on-Trent Fetal Alcohol Spectrum Disorder (FASD) working group has recently been established due to lack of awareness of the lifelong neurodevelopmental condition. FASD results when prenatal alcohol exposure affects the developing brain and body of the fetus. FASD is preventable. The aim of the working group is to raise awareness and educate staff working in healthcare, social care, and education via training sessions.
44. A campaign is planned to be launched in September 2023 to coincide with international FASD day called #Drymester. The campaign is to encourage parents to-be to go alcohol free during pregnancy to prevent new cases of FASD. This will also be a central resource for FASD information.

Healthy Start in Life – Beyond Infant Mortality

Hungry Little Minds

45. Launched in September 2020, Hungry Little Minds Staffordshire and Stoke-on-Trent is a joint campaign developed by SCC and Stoke City Council, working in partnership with early years health practitioners, educators and care professionals. The campaign underpins the three priorities outlined above by the Early Years Advisory Board and was set out to build on the work of the national DfE Hungry Little Minds Campaign, to influence parents at a local level, right from the start, from birth. By encouraging parents to take key actions to support their child's development at home the campaign aims to increase the number of children reaching a good level of development by the time they start school.
46. At any point from the day their baby is born until their second birthday parents can subscribe, they then get an age specific email every fortnight until their child is two years old.
47. The emails bring together the local health, social and education offers, containing video showing activities to do at home, invitations to groups and reminders when health checks are due. High engagement rates have been achieved by personalising each email with baby's name, age and tailored content, depending on their geographical location.
48. To sign up for the programme families can be encouraged to access <https://www.staffordshire.gov.uk/Hungry-Little-Minds/Hungry-Little-Minds.aspx>
49. Staffordshire has been recognised and awarded for this programme as delivering good engagement with families as early as possible to improve speech, language and communication skills.

Staffordshire Family Hubs

50. The Government's 2019 Manifesto pledged to champion Family Hubs across England. In December 2020 the Minister for Children, Vicky Ford, outlined plans to create a National Centre of Excellence for Family Hubs, funded by the Department for Education (DfE). [The Best Start for Life Review](#): A Vision for the 1,001 Critical Days outlined a programme of work to ensure the best support during those crucial first 1001 days, this supports babies to maximise their potential for lifelong emotional and physical wellbeing.
51. In Staffordshire partners have made a commitment to change the way we currently deliver services for families locally, despite not being one of

the 75 local authorities who became trailblazers and secured additional funding. Staffordshire are now starting the journey to develop a Family Hub Model of delivery to support families with children 0-19 (25 with SEND) as part of this commitment.

52. Children, young people and their families and communities already benefit from a range of services, provision and activities offered across partners. It can be confusing and difficult to navigate, not knowing who to contact or what support is available to access.
53. This can result in spending too long getting to the right help and support to meet their needs. Staffordshire Family Hubs will deliver against the Early Help Strategy to provide the right help at the right time in the right place. Providing families with the integrated support they need to care for their children from conception, throughout the early years and into the start of adulthood. Enabling parents/carers to establish a firm foundation for their children to enable them to meet their full potential in life.
54. Work has commenced on the development of the partnership Staffordshire Early Help Delivery Plan, bringing together the national requirements for the [Supporting Families Programme \(BRFC\)](#) and [Family Hubs](#) to deliver these under the banner of Early Help. The six priority pillars are:
 - a. Access
 - b. Family Voice and Experience
 - c. Leadership and Governance
 - d. Data and Delivering Outcomes
 - e. Community
 - f. Workforce Development

First 1001 Days Pathway

55. The period from conception to age two is globally recognised as critical for building strong societies. The 1,001 days from pregnancy to the age of two set the foundations for an individual's cognitive, emotional and physical development. Investing in the first 1001 critical days will give children the very best Start for Life.
56. Part of the Family Hub offer in Staffordshire is to develop a first 1001-day pathway that outlines how we plan to support children and families at every stage of these 1001 days.
57. This aim of the pathway is to bring together the wide range of support available to families through professionals and within the community to

enable them to access the right help at the right time in the right place. This pathway will then be published online for all to access.

58. We ask for partners to continue to engage in the development of the pathway and ensure that this is promoted across Staffordshire to ensure that families access timely help and support.

Co-Production Promise

59. Co-Production is a word that is often used across many aspects of our work, particularly when working with children and young people with SEND.
60. Whilst this is a technique that can be used, we recognise it is one in a range of tools that may be used when working with people.
61. We are required to coproduce with children, young people, and families, yet there was a lack of agreement about what this meant for us in Staffordshire.
62. As part of the development of the accelerated programme plan (APP) we suggested that we develop a Coproduction Promise. This would give us a common understanding of how we work together to share responsibility for providing support, sharing their power by working with those receiving that support at every step, so that the help provided is as good as it can be and makes life better.
63. Staffordshire Council for Voluntary Youth Services (SCVYS) were asked to lead on the development of this promise and whilst this started as a piece of work on behalf of SEND, feedback from children, young people and families and stakeholders who work across the system have recognised the value of this work as something that could be used across the system. As such children's services will adopt this more broadly.
64. The Co-production promise has been developed and attached Appendix 2.
65. The HWBB are asked to consider the use of this promise, the toolkit which has been developed to support professionals and also to pledge their support when it is launched in September as we hope that an adoption of this more broadly will improve the experience of people who live in Staffordshire.

List of Background Documents/Appendices:

- Appendix 1 – CYP Framework
- Appendix 2 – Co-Production Promise

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