

Supplemental Item for Health Scrutiny Committee

Tuesday 12 March 2024 at 1.30pm
in the Council Chamber Council Offices
Market Street Newbury

Part I

Page No.

- | | | |
|----------|---|--------|
| 6 | Early Years Health Inequalities Purpose: To review Early Years Health Inequalities in West Berkshire to gain an understanding of the current picture, gaps in provision and identify opportunities for improvement. | 1 - 46 |
|----------|---|--------|

Sarah Clarke.

Sarah Clarke

Service Director (Strategy & Governance)

For further information about this item, or to inspect any background documents referred to in Part I reports, please contact Vicky Phoenix on 07500 679060

e-mail: vicky.phoenix1@westberks.gov.uk

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Early Years Inequalities

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| Committee considering report: | Health Scrutiny Committee |
| Date of Committee: | 12 March 2024 |
| Portfolio Member: | Councillor Janine Lewis |
| Report Author: | Zoe Campbell |
| Forward Plan Ref: | n/a |

1 Purpose of the Report

- 1.1 The purpose of the report is to provide information and highlight key issues in relation to early years inequalities in West Berkshire.
- 1.2 To set out agreed responsibilities of the newly formed early years inequalities group.
- 1.3 To recommend further work and research to understand inequalities relating to children and young people in West Berkshire.
- 1.4 To improve outcomes for children and young people in West Berkshire in relation to the indicators in the [Public Health Outcomes Framework](#) and the [Joint Berkshire West Health and Wellbeing Strategy](#).
- 1.5 Build and strengthen partnerships across directorates, the health system, voluntary sector and key partners with a role to play in addressing inequalities in early years.

2 Recommendations

- 2.1 Health Scrutiny Committee review of early years inequalities on 12th March 2024. The Committee will bring together key stakeholders and partners from West Berkshire Council, the health system and voluntary sector to gain an understanding of the current picture, gaps in provision and identify opportunities for improvement.
- 2.2 The purpose of the early years Health Scrutiny Committee is to:
 - Review available data.
 - Review current service provision within the Council and partner organisations.
 - Identify actions and recommendations.
- 2.3 Following the early years Health Scrutiny Committee the requirement will be to;
 - Review actions and recommendations.
 - Map the current provision to show how services connect.

Early Years Inequalities

Identify opportunities to provide joined up support.

Identify gaps in provision.

Map a pathway for children and families to ensure adequate and timely support is provided, with recommendations for improvement as necessary.

3 Implications and Impact Assessment

| Implication | Commentary | | | |
|--|---|----------------|-----------------|-------------------|
| Financial: | | | | |
| Human Resource: | No human resources risk identified at this stage. | | | |
| Legal: | | | | |
| Risk Management: | No significant risk issues have been identified. | | | |
| Property: | | | | |
| Policy: | | | | |
| | Positive | Neutral | Negative | Commentary |
| Equalities Impact: | | | | |
| A Are there any aspects of the proposed decision, including how it is delivered or accessed, that could impact on inequality? | | | | |

Early Years Inequalities

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|--|--|--|--|--|
| B Will the proposed decision have an impact upon the lives of people with protected characteristics, including employees and service users? | | | | |
| Environmental Impact: | | | | |
| Health Impact: | | | | |
| ICT Impact: | | | | |
| Digital Services Impact: | | | | |
| Council Strategy Priorities: | | | | |
| Core Business: | | | | |
| Data Impact: | | | | |
| Consultation and Engagement: | | | | |

4 Executive Summary

- 4.1 The paper details requirements and recommendations related to early years inequalities Health Scrutiny Committee on 12th March 2024.
- 4.2 The paper provides detail and terms of reference of the newly formed Early Years Inequalities Group.

5 Supporting Information

Introduction

- 5.1 According to the latest available [Public Health Outcomes Framework](#) data, in 21/22 65% (1162) children achieved the expected level of development at the end of Reception, similar to the South East and England average. A focus on children not achieving the expected level of development is recommended, ensuring partners are working together to tackle inequalities and improve outcomes for children in early years.

Background

- 5.2 [Best Start for Life](#) sets out a vision for the first 1001 critical days. We know that the first 1001 days are an important period for a baby and help set the foundations for health and wellbeing throughout life.
- 5.3 Collection and analysis of data is important to understand more about children achieving the expected level of development; a key priority in addressing inequalities and ensuring children and young people have equitable opportunity for lifelong emotional and physical wellbeing.

Proposals

- 5.4 Health Scrutiny Committee review of early years inequalities on 12th March 2024. The committee will bring together key stakeholders and partners from West Berkshire Council, the health system and voluntary sector to gain an understanding the current picture, gaps in provision and identify opportunities for improvement.
- 5.5 The purpose of the early years Health Scrutiny Committee is to:
- Review available data.
 - Review current service provision within the Council and partner organisations.
 - Identify actions and recommendations.
- 5.6 Following the early years Health Scrutiny Committee the requirement will be to;
- Review actions and recommendations.
 - Map the current provision to show how services connect.
 - Identify opportunities to provide joined up support.
 - Identify gaps in provision.
 - Map a pathway for children and families to ensure adequate and timely support is provided, with recommendations for improvement as necessary.
- 5.7 Early Years Inequalities Group to increase focus on improving outcomes for children and young people. The group will be accountable to the Health Inequalities Task Force, a subgroup of the Health and Wellbeing Board. The group will:
- Produce information and intelligence in a way that enables key partners and stakeholders to have a shared understanding of health inequalities in early years.
 - Produce a life course map.
 - Undertake a health needs assessment, with a focus on first 1001 critical days.
 - Develop recommendations to reduce inequalities in early years. Insert six Best Start for Life recommendations.
 - Undertake a review of family hubs in West Berkshire.

Early Years Inequalities

Deliver against HWB strategy priority two and three.

Priority 2: Support individuals at high risk of bad health outcomes to live healthy lives

Priority 3: Help families and children in early years

6 Other options considered

- 6.1 Do nothing - not advised due to inequalities in early years for children in West Berkshire, children not achieving the expected level of development at age 5. Doing nothing does not support delivery of Joint Health and Wellbeing Strategy priorities 2 and 3.

Priority 2: Support individuals at high risk of bad health outcomes to live healthy lives

Priority 3: Help families and children in early years

7 Conclusion

- 7.1 Health Scrutiny Committee to note key issues on early years inequalities in West Berkshire.
- 7.2 To note responsibilities of the newly formed early years inequalities group.
- 7.3 Endorse recommendations for further work and research to understand inequalities relating to children and young people in West Berkshire.

8 Appendices

- 8.1 Appendix A – Early Years Inequalities Terms of Reference

Terms of Reference for West Berkshire Early Years Inequalities Group

1 Introduction

1.1 These terms of reference set out the membership, remit, responsibility and reporting arrangements of the Early Years Inequalities Group, a subgroup of the Health Inequalities Task Force for West Berkshire Health and Wellbeing Board.

1.2 Health inequalities are differences in health across the population, and between different groups in society, that are systematic, unfair, and avoidable.¹

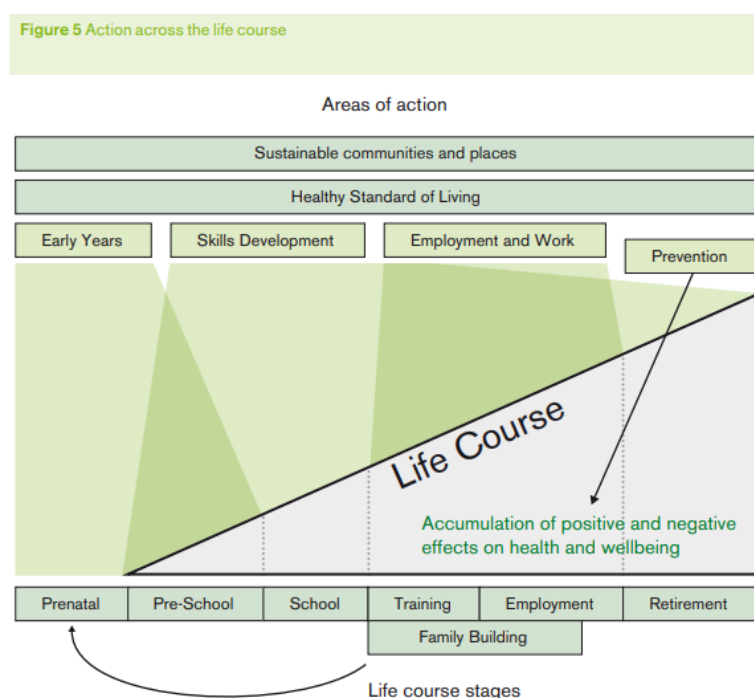
Consideration should be given to Marmot principles on giving every child the best start in life and enabling all children and young people to maximise their capabilities and have control over their lives Fair Society Healthy Lives (The Marmot Review) - IHE (instituteofhealthequity.org). Fair Society Healthy Lives sets out giving every child the best start in life as the highest priority recommendation. Disadvantage starts before birth and accumulates throughout life, as shown in Figure 1. Action to reduce health inequalities must start before birth and be followed through the life of the child. Only then can the close links between early disadvantage and poor outcomes throughout life be broken.

¹ NICE <https://www.nice.org.uk/about/what-we-do/nice-and-health-inequalities>

King's Fund: <https://www.kingsfund.org.uk/publications/what-are-health-inequalities>

NHS: <https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities/>

Figure 1 Action Across the Life Course



2 Establishment and Accountability

- 2.1 The West Berkshire Health and Wellbeing Board is supported by sub-bodies, responsible for delivering or advising on an aspect of the Board’s programme of work or, in some cases, statutory obligations. The Health Inequalities Task Force is one of these sub bodies. The work of the Early Years Inequalities Group reports into the Health Inequalities Task Force with a focus on primary prevention in early years.
- 2.2 The group may receive funding to undertake certain functions and activities in relation to health inequalities in early years and have accountability to the relevant council service, commissioner or grant funder for that funding.

3 Scope of Role – General

- 3.1 The key purpose of the group is to: improve outcomes for children and young people and their families.
- 3.2 The current objectives to achieve this purpose are:
 - 3.2.1 Produce information and intelligence in a way that enables key partners and stakeholders to have a shared understanding of health inequalities in early years.
 - 3.2.2 Produce a life course map.

Early Years Inequalities

- 3.2.3 Undertake a health needs assessment, with a focus on first 1001 critical days.
- 3.2.4 Develop recommendations to reduce inequalities in early years.
- 3.2.5 Undertake a review of family hubs in West Berkshire.
- 3.2.6 Deliver against HWB strategy priority two and three².

Priority 2: Support individuals at high risk of bad health outcomes to live healthy lives
Priority 3: Help families and children in early years

Other responsibilities for the Task force:

- 3.2.7 Contribute to the implementation of a health in all policies approach in West Berkshire Council.

4 Membership

- 4.1 The membership of the task force consists of a core membership with representation from the following Council services and partners:

- Public Health – April Peberdy, Elisabeth Gowens, Gayan Perera, Nerys Probert, Zoe Campbell, Sabrina Kwaa
- Library Services – Felicity Harrison
- Education – Avril Allenby, Michelle Sancho, Kirsty Hanson, Sharon Pearce
- Children and Family Services – Karen Atalla, Stephanie Coomber
- Health – Lisandra Hickey Health Inequalities Health Visitor - Berkshire Healthcare Foundation Trust, Head of Children Commissioning
- Homestart
- Dingleys Promise
- Third sector — mental health, sex workers, Bramlings
- Nursery Schools

5 Chairmanship & Quorum

- 5.1 The group will be chaired by Michelle Sancho - Interim Head of Education Services. The vice chair will be April Peberdy - Interim Service Director for Communities and Wellbeing.

6 Meetings and Decision making

- 6.1 The frequency of the meeting is bi-monthly on a Monday or Tuesday.
- 6.2 The group will be responsible for making recommendations in relation to its responsibilities and actions.

² Health and Wellbeing Strategy [Berkshire West Health and Wellbeing Strategy 2021 2030 Dec 2021.pdf](https://www.westberks.gov.uk)
([westberks.gov.uk](https://www.westberks.gov.uk))

Briefing Note – update on the West Berkshire Health Visiting Service

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|--------------------------|----------------------------------|
| Produced for: | <i>Health Scrutiny Committee</i> |
| Requested by: | April Peberdy |
| Portfolio Member: | Councillor Janine Lewis |
| Service Director: | April Peberdy |
| Date Prepared: | 29 th February 2024 |
| Briefing Author: | Nerys Probert |

1 Purpose of the Briefing

- 1.1 The purpose of this report is to provide an update on the West Berkshire Health Visiting Service.
- 1.2 Local Authorities have an array of statutory duties for children under the terms of the Health and Social Care Act 2012, including the responsibility for providing a 0 – 5 Health Visiting Service.
- 1.3 The health visiting service leads on the delivery of the Healthy Child Programme (HCP) for 0 – 5 yrs. The HCP is a universal prevention, health promotion and early intervention programme available to all families.
- 1.4 The Healthy Child Programme is one aspect of ensuring every child has the “best start in life”¹ and reducing inequalities, but this work requires a whole system, integrated approach as prevention and intervention cut across a range of partners working with children and their families.
- 1.5 No one organisation or professional group provides the complete solution – effective strategic system-wide approaches require organisations to work together².

2 Background

The Healthy Child Programme – Service Model

- 2.1 The Healthy Child programme is delivered across three levels of service: **Universal**, **Targeted** (previously universal plus) & **Specialist** (previously universal partnership plus). Targeted is also used as an umbrella term for the two levels of targeted, i.e targeted and specialist.
- 2.2 Universal services are offered to everyone, ensuring that they receive screening tests, immunisations, and advice, support and referral to targeted or specialist services.

Universal services aim to prevent future problems by identifying those at high risk and putting in place early support at a targeted or specialist level according to need.

- 2.3 Targeted services provide timely and personalised expert advice and support when children, young people and their families need it for specific issues. This might include mental health, long term condition management and breastfeeding. Providers will often work with other agencies to coordinate holistic, wrap-around support for people who need more targeted support.
- 2.4 Specialist services provide specialist practitioner support. Providers will often work with other agencies to coordinate holistic wrap-around support for people with acute or ongoing needs.
- 2.5 In England, the spine of the HCP is a series of regular, planned universal reviews of the health and development of each child. Each review is carried out in dialogue with the parents and family. There is a minimum requirement of five key child development reviews:
- 2.6 **Antenatal health visit at 28 weeks or above (health promoting visit)**

The antenatal visit is the first time that the health visiting service will meet with parents to discuss any concerns or issues that they may have about becoming parents; this is particularly important for first time parents. It is the first time that the health visitor will meet with parents to explain the health visiting service offer and complete the initial holistic family health needs assessment. The health visitor will explore what is going well, as well as any difficulties that the family may be experiencing. This forms the basis for a shared understanding between parents and health visitors about family strengths and needs and mutual decision-making about appropriate goals and actions to improve health outcomes for all children. The assessment will include: emotional support, discuss transition to parenthood and attachment.

2.7 **New baby review; 10 to 14 days following the birth (the new birth visit)**

The first visit made by the health visitor at home after the baby is born, where health visitors will check on the health and wellbeing of the parents and baby, support with feeding and other issues and give important advice on keeping safe, and to promote sensitive parenting. Some examples of issues that parents may wish to discuss include interacting with baby (e.g. songs and music, books); feeding; diet and nutrition; colic; sleep; crying; establishing a routine; safety; car seats; and the immunisation programme. They may also weigh the baby during their visit.

2.8 **6 to 8-week assessment**

A review of the child's development at 6 to 8 Weeks. This visit is crucial for assessing the baby's growth and wellbeing alongside the health of the parent, particularly looking for signs of postnatal depression. It is a key time for discussing key public health messages, including breastfeeding, dental health, healthy start vitamins, immunisations, sensitive parenting and for supporting on specific issues such as sleep. This visit is in addition to the 6 to 8-week medical review, which is often completed by the GP (as part of the primary care offer).

2.9 One-year assessment

This visit focuses on the assessment of the baby's development. It provides an opportunity to discuss with parents how to respond to their baby's needs and to look at safety and health promotion messages linked to next stages of development. It also provides an opportunity to identify where additional support may be needed, including things such as the child's diet, dental health, and safety issues. It offers the opportunity to provide parents with information about attachment and the type of developmental issues that they may now encounter (e.g. clinginess or anxiety about being separated from one particular parent or carer; sleep and other behavioural issues). The assessment will also be used to stimulate awareness around the emergence of speech and language and how parents can provide a rich environment within and beyond the home, for example to share books and limit screen time. Immunisation status will also be reviewed and prompt and support attendance where required. The development of fine and gross motor skills, exploring the trajectory of their emergence and acting with the parents on any concerns. Ideally this review should take place close to the first birthday, though to allow flexibility, the Regulations direct that this should be between 9 and 15 months.

2.10. The 2 to 2½ year review

The universal two-year review provides an opportunity to identify children who are not developing as expected and require additional early intervention. This review is at a key time when specific problems may begin to be evident e.g. behaviour problems, speech and language delays. The review considers the health and development of the child alongside the wider environment of home and family circumstances. It ensures that families are linked in with the right services and support where additional help is needed. It is an opportunity to talk about any issues the parent or carer may have regarding the child's health. This may include their hearing and vision, language development, behaviour, sleeping or toilet training. The ASQ-3TM has been adopted as a public health outcome measure for children aged 2 – 2½ to help monitor child development across England. However, the two-year review is more than a review of the child's developmental progress. The review offers an opportunity for a holistic assessment of family need whilst acknowledging any cultural difference and language barriers, assessing determinants of health that can impact upon the child's progress, physical and emotional health and wellbeing e.g. domestic abuse, mental ill-health, poor parenting, poor relationships, substance misuse.

3 Current Status

Healthy Child Programme – West Berkshire Health Visiting Delivery Model

- 3.1 West Berkshire Council via the Public Health Team, commission Berkshire Healthcare NHS Foundation Trust to deliver the Health Visiting service.
- 3.2 The service is commissioned as part of a wider 0 – 19 (up to 25 SEND) Public Health Nursing Contract, which is commissioned jointly with Wokingham Borough Council and Reading Borough Council.

- 3.3 The contract commissions a skill mixed service. Skill mix teams are a combination of staff and skills within a health visiting team who work together to optimise health outcomes.
- 3.4 They are used within health visiting services to enable health visitors fulfil their main purpose - to create good health through a universal service that addresses the needs of individuals, families and communities.
- 3.5 Health visitors are registered nurses/midwives who have additional training in community public health nursing. They provide a professional public health service based on best evidence of what works for individuals, families, groups and communities; enhancing health and reducing health inequalities through a proactive, universal service for all children 0-5 years and for vulnerable populations targeted according to need.
- 3.6 In West Berkshire the five mandated visits are commissioned in the following way.

3.7 **Antenatal health visit at 28 weeks or above**

All targeted (this refers to both levels of targeted – targeted and specialist) antenatal contacts are carried out face-to-face by a qualified Health Visitor in the parents/carers' home.

Universal antenatal contacts should include the opportunity to meet with a Health Visitor. The antenatal contact is face-to-face, with virtual contact only taking place as a last resort. This contact is via a small group session with other parents/carers, held in a community setting with support from partner services (such as family support workers, midwifery, or breastfeeding supporters, where available).

Antenatal group sessions are held at West Berkshire Community Hospital and Lambourn (on the health bus).

3.8 **New baby review; 10 to 14 days following the birth (the new birth visit)**

Universal and targeted NBVs are undertaken at home by a Health Visitor.

3.9 **6 to 8-week assessment; A review of the child's development at 6 to 8 Week**

The universal contact take place in a local clinic or at home, dependent on client need, by skill mix staff or Health Visitor.

The targeted contact (targeted and specialist) takes places in clinic or at home dependent on client need and risk assessment, by a Health Visitor. Under the leadership of the Health Visitor, the decision will be made as to whether the check can be carried out by Health Visitor/skill mix.

3.11. **One-year assessment and 2 to 2½ year reviews**

Universal reviews undertaken in clinic, by skill mix staff or Health Visitor. Targeted (targeted and specialist) reviews are undertaken at home or clinic dependent on client need and a risk assessment, by a Health Visitor.

- 3.12. The universal 1 to 1 clinic appointments referred to above (**6- 8 week, 1yr and 2-2.5 yrs**) are held at Central Family Hub, St Francis Hall, Beansheaf Community Centre, Theale Village Hall, Burghfield Village Hall, Speen Village Hall, Newbury Town Hall, Hungerford clinic, St Bernadettes Church in Pangbourne and Newbury Cricket Club.
- 3.13. In addition to the 5 mandated visits the Health Visiting Service also offer the following services; 3 and 6 month contacts, Well Baby Clinics and Infant feeding drop in clinic, safeguarding work, ChatHealth.
- 3.13. **3 and 6 month contacts** – This is a digital offer at 3 and 6 month contact for universal families. Targeted families are offered a 3-month face to face contact by a health visitor or if appropriate by another member of the team.
- 3.14. **Well Baby Clinics and Infant Feeding drop-in clinic** – provide facilities for babies to be weighed and measured and for families to have conversations with a Health Visitor or member of the team. *Table 1* below shows the current Well baby Clinics running in West Berkshire.

Table 1: Schedule for current well baby clinics

| Day | Time | Location |
|-----------------------------------|-------------|---|
| 2nd and 4th Tuesday of each month | 9.30am-12pm | Theale Village Hall, Englefield Road, Theale, Reading RG7 5AS |
| Every Thursday | 9.30am-12pm | Central Family Hub, Park Lane, Thatcham RG18 3PG |
| 4th Friday of each month | 9.30am-12pm | Lambourn Leisure Centre, Close End, RG17 8NJ |

- 3.15. From Wednesday 3rd April 2024 there will be a baby wellbeing clinic running every Wednesday from Newbury Cricket Club, Northcroft Lane, between 1.30 – 3.30.
- 3.16. In terms of clinics, information is on BHFT'S website - is the best up to date information [Health visiting clinics | Children Young People and Families Online Resource \(berkshirehealthcare.nhs.uk\)](https://www.berkshirehealthcare.nhs.uk/health-visiting-clinics-children-young-people-and-families-online-resource)
- 3.17. **An Infant feeding drop-in clinic** is held weekly on a Friday at Central Family Hub from 13.30-3pm.
- 3.18. **Safeguarding work** - Health Visitors hold universal, targeted and specialist caseloads. Additional support is offered via additional visits to Children in Care, Vulnerable Children and children who have a Child Protection plan. Any health issue identified requires the Health Visitor to attend safeguarding meetings, which consist of strategy meeting, child protection meeting and other safeguarding meetings. The HV role at these meeting includes preparing and presenting relevant reports, usually consisting of a health assessment of the child. The provider continues to report that safeguarding caseloads have remained high over the last year, which contributes to the increased numbers of meetings HVs have been asked to attend. The increased time taken to manage the higher numbers of children on CP or CIN plans naturally impacts on other universal/primary prevention aspects of the service offer.

3.19. **ChatHealth** is a confidential texting service for parents and carers of babies and children 0-5. It is a means of direct access for advice and support regarding child health and development. ChatHealth continues to be extensively accessed by parents and carers from across the Health Visiting services managed by Berkshire Healthcare. There has been an increase in the number of messages received and feedback continues to be rated exceptionally positively, with over 95% conversations rated as 5/5. The feedback gained from parents and carer the services has supported demonstrates not only the success of the service, the need for the service within our communities but also highlights the care, compassion and knowledge of the health visiting service staff who run the service and reply to worried parents, putting their minds at ease or providing strategies for support. The ChatHealth team continues to grow with more team members gaining licences to be able to support this busy but successful service.

4 Implications and Impact – Performance Data

- 4.1 West Berkshire Council commission the collection of data in line with nationally mandated KPI's and targets for the Health Visiting Service, additional data is also collected but is not publicly available.
- 4.2 The most up to date publicly available data is from 2022/23 are summarised in table 1 and in the table 2 in the appendix.
- 4.3 Antenatal contact data is not publicly available but there is an ongoing issue with notifications from midwifery which has yet to be resolved.
- 4.4 As you can see the service did not meet the targets for the 12 month review and 2 – 2.5 year review within these timeframes in 2022/23. This was due to a combination of staffing issues and the service was still catching up from when the reviews were stopped during the first wave of covid. These reviews were still undertaken but outside the timeframe for reporting.
- 4.5 These issues have now been resolved and both visits are meeting the targets for 2023/24.
- 4.6 This national benchmarking data shows the performance of the West Berkshire service in comparison, to other Local authorities was above average in the South East and Nationally for all apart from the 12 and 2 – 2.5 year reviews in 2022/23. However, it is important to note that such indicators can mask health inequalities and do not provide insight into quality components of care and have limited ability to demonstrate service effectiveness for key public health priorities.
- 4.7 Although the staffing issues have been resolved in West Berkshire, it is important to note the national shortage in health visiting. This does impact on the service from time to time as it is very difficult to recruit to posts when staff leave the service.

5 Next Steps

- 5.1 Seek resolution for the antenatal notifications from midwifery.
- 5.2 Continue to contract monitor the service and work in partnership with BHFT to address issues of increasing pressures on the service because of safeguarding caseloads remained high.

6 Conclusion

- 6.1 The Health Visiting service is a universal prevention and early intervention service. The HCP is an evidence-based framework for the delivery of this public health services to children and families. Health visitors play a key role in identifying needs, promoting and improving health, preventing illness and reducing inequalities – helping children to thrive. At a time of increasing need and complexity, the profession is needed now more than ever.
- 6.2 The foundations for future 'health' are laid in the earliest years of life. Health Visiting doesn't just have benefits for babies, children, young people and families, long-term investments in these key services can benefit children's lives both now and into the future.

References

1. Public Health England (2019) PHE Strategy 2020-25.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/830105/PHE_Strategy__2020-25__Executive_Summary.pdf
2. Public Health England (2017) Reducing health inequalities: system, scale and sustainability.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731682/Reducing_health_inequalities_system_scale_and_sustainability.pdf

Appendix:

Table 1: Health visiting and child development related indicators from Public Health outcome framework for year 2022/23

Data source: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>.

| | | | | | | | | | |
|---|---------|---|-------|-------|-------|--------|-------|--|-------|
| Proportion of New Birth Visits (NBVs) completed within 14 days | 2022/23 | → | 1,336 | 92.7% | 82.6% | 79.9%* | 13.3% | | 99.0% |
| Proportion of infants receiving a 6 to 8 week review | 2022/23 | ↓ | 1,241 | 83.5% | 84.2% | 79.6%* | 4.9% | | 98.5% |
| Proportion of children receiving a 12-month review | 2022/23 | ↓ | 1,184 | 76.9% | 84.3% | 82.6%* | 22.9% | | 99.0% |
| Proportion of children who received a 2 to 2½ year review | 2022/23 | ↓ | 1,007 | 61.7% | 76.3% | 73.6%* | 5.3% | | 98.0% |
| Proportion of children aged 2 to 2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review | 2022/23 | → | 967 | 96.0% | 94.7% | 92.5%* | 43.7% | | 100% |
| Child development: percentage of children achieving a good level of development at 2 to 2 and a half years | 2022/23 | ↓ | 852 | 88.1% | 79.8% | 79.2%* | 4.1% | | 94.4% |
| Child development: percentage of children achieving the expected level in communication skills at 2 to 2 and a half years | 2022/23 | → | 891 | 92.1% | 88.9% | 85.3%* | 12.0% | | 95.9% |
| Child development: percentage of children achieving the expected level in gross motor skills at 2 to 2½ years | 2022/23 | → | 931 | 96.3% | 93.0% | 92.8%* | 13.3% | | 98.8% |
| Child development: percentage of children achieving the expected level in fine motor skills at 2 to 2½ years | 2022/23 | ↓ | 938 | 97.0% | 90.7% | 92.6%* | 13.8% | | 99.1% |
| Child development: percentage of children achieving the expected level in problem solving skills at 2 to 2½ years | 2022/23 | ↓ | 924 | 95.6% | 93.1% | 91.8%* | 11.3% | | 98.3% |
| Child development: percentage of children achieving the expected level in personal social skills at 2 to 2 and a half years | 2022/23 | ↓ | 894 | 92.5% | 90.6% | 90.3%* | 13.7% | | 97.2% |

Accessed on 4th March 2024

Table 2: Health visitor service delivery metrics, 2022 to 2023, England, regions, and upper-tier local authorities (Data source, UKHSA, Published on 7 November 2023)

(Data source:

https://assets.publishing.service.gov.uk/media/6536995226b9b1000daf1dd8/health-visitor-service-delivery-metrics-2022-to-2023_annual.ods)

| Area | England | South East | Reading | West Berkshire |
|---|---------|------------|---------|----------------|
| Face-to-face antenatal contacts (number) | 152,238 | 29,910 | 197 | 135 |
| Infants turning 30 days (number) | 532,277 | 80,086 | 2,025 | 1,441 |
| New Birth Visits within 14 days (number) | 425,310 | 66,159 | 1,478 | 1,336 |
| New Birth Visits within 14 days (percentage) | 79.9% | 82.6% | 73.0% | 92.7% |
| New Birth Visits within 14 days, lower 95% confidence interval (percentage) | 79.8% | 82.3% | 71.0% | 91.3% |
| New Birth Visits within 14 days, upper 95% confidence interval (percentage) | 80.0% | 82.9% | 74.9% | 93.9% |
| New Birth Visits after 14 days (number) | 94,656 | 12,491 | 475 | 80 |
| New Birth Visits after 14 days (percentage) | 17.8% | 15.6% | 23.5% | 5.6% |
| New Birth Visits within and after 14 days (number) | 519,966 | 78,650 | 1,953 | 1,416 |

| | | | | |
|--|---------|--------|-------|--------------|
| Percentage of New Birth Visits within and after 14 days (percentage) | 97.7% | 98.2% | 96.4% | 98.3% |
| Infants due a 6 to 8 week review (number) | 530,344 | 80,479 | 2,056 | 1,486 |
| 6 to 8 week reviews (number) | 421,976 | 67,743 | 1,501 | 1,241 |
| 6 to 8 week reviews (percentage) | 79.6% | 84.2% | 73.0% | 83.5% |
| Children turning 12 months (number) | 560,882 | 85,999 | 1,989 | 1,493 |
| 12 month reviews by 12 months (number) | 397,805 | 64,161 | 1,428 | 843 |
| 12 month reviews by 12 months (percentage) | 70.9% | 74.6% | 71.8% | 56.5% |
| Children turning 15 months (number) | 550,222 | 86,785 | 2,032 | 1,539 |
| 12 month reviews by 15 months (number) | 454,442 | 73,171 | 1,680 | 1,184 |
| 12 month reviews by 15 months (percentage) | 82.6% | 84.3% | 82.7% | 76.9% |
| Children aged 2½ years (number) | 570,854 | 86,499 | 2,086 | 1,631 |
| 2 to 2½ year reviews (number) | 420,057 | 66,008 | 1,399 | 1,007 |
| 2 to 2½ year reviews (percentage) | 73.6% | 76.3% | 67.1% | 61.7% |
| 2 to 2½ year reviews (number) | 435,667 | 69,784 | 1,399 | 1,007 |
| 2 to 2½ year reviews using ASQ-3 (number) | 403,054 | 66,061 | 1,370 | 967 |
| 2 to 2½ year reviews using ASQ-3 (percentage) | 92.5% | 94.7% | 97.9% | 96.0% |

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Early Years Inequalities- ICB Commissioned Health Services in West Berkshire

Sally Murray Head of Children's Commissioning
February 2024

Context

- West Berkshire Early Years Inequalities Group chaired by Interim Head of Education Services and attended by health partners. This forms part of the Multiagency Subgroup of Health Inequalities Task force for the Health and Wellbeing Board
 - Focus on
 - prevention in early years
 - factors in school readiness
 - Currently considering Early Years Intelligence such as school readiness data and family hubs.
- Demand for services increased in the years pre pandemic. Pandemic has exacerbated the situation. 21% increase in demand for SLT in less than 2 years.
- Berkshire Healthcare therapies- service delivery shift to more needs led early advice, prevention and intervention- in line with Ordinarily Available concept
- ICB therapies review 2023.
- Therapy services due to be recommissioned by the ICB in 2024.

Meeting speech, language and communication needs-commissioned services in West Berkshire (1)

| Commissioner | Acceptance Criteria | Service Delivery | Service Description |
|---|--|--|---|
| <p>ICB (Royal Berkshire Hospital RBH commission Berkshire Healthcare SLT to provide the early years and Neonatal service within RBH CYP therapy team)</p> | <p>Children under 5 experiencing communication difficulties in conjunction with complex special needs.</p> <p>CYP up to 19, in full time education, under a community Paediatrician with feeding difficulties</p> <p>CYP up to 19, with an Acquired Brain Injury affecting communication/ feeding, and are transitioning from acute/ rehab to local community SLT services.</p> <p>In-patient service to those on acute paediatric wards and Special Care Baby Unit at RBFT</p> <p>Video fluoroscopy Clinics</p> | <p>Dingley Child Development Centre</p> <p>Homes</p> <p>Early Years settings</p> <p>Schools</p> <p>Royal Berkshire Hospital</p> | <p>Assessment as a single or integrated discipline. Assess CYP with eating, drinking/ swallowing difficulties.</p> <p>Provide specialist advice & strategies on management of any feeding/swallowing difficulties to minimize risk to client's health & safety</p> <p>Participate in multi-disciplinary assessment for Alternative & Augmentative Communication systems (AAC),and facilitate their introduction.</p> <p>Facilitate referral to a tertiary specialist centres where appropriate.</p> <p>Jointly run Paediatric Video fluoroscopy Clinics with Radiology colleagues to support clinical assessment of feeding difficulties in infants, children & young people</p> <p>Provide support & advice to SLT colleagues regarding clients with complex needs</p> |
| <p>ICB Children and Young People's Integrated Therapies (CYPIT)</p> | <p>Children who are registered with a GP in West Berkshire, attending a range of early years settings, Children's Centres, children's homes, mainstream and resource base schools and special schools, 2 in West Berkshire</p> <p>Children and young people with difficulties with speech, language, communication, and/or, daily living have been identified; as a result of a developmental condition or unknown factors</p> | <p>Clinics, nurseries, children centres, school, home, a respite facility or at a community hospital locations depending on the needs and circumstances of the service user.</p> | <p>0-19 years-Wokingham, Reading and West Berkshire.</p> <p>Advice and strategies for the family/carer, nursery, or school</p> <p>Training for the family/carer, nursery or school</p> <p>Group or paired interventions, delivered by therapists and/ or assistants</p> <p>Individual support, delivered in a range of settings, delivered by therapists and / or assistants</p> <p>Contribute to EHCPs and relevant processes.</p> <p>Provision for those children with a SALT requirement in section G of their EHCP.</p> |

Meeting speech, language and communication needs-commissioned services in West Berkshire (2)

| | | | |
|------------------------------|---|---|--|
| LA Commissioned Services | School age children with an EHCP with SLT listed as an education need under section F, issued by West Berks LA and attend settings in Appendix B. | CYPIT Schools (appendix B) Homes Clinical Settings | Assessment and intervention requiring specialist SLT support in section F in the form of: Direct therapy, education/ training and other activities |
| West Berks LA | Every Child a Talker Identified children in EY Settings with social communication difficulties | CYPIT Education Settings | Delivering joint training sessions for EY settings Delivering joint training sessions for families Providing coaching sessions after the training for families and setting staff Creating virtual support for developing social communication |
| University of Reading Clinic | Children aged 17 months to 18 th birthday. Open referral system. Any postcode Don't take complex needs, eating/drinking/swallowing difficulties | At University of Reading Clinic | Offer assessment, differential diagnosis (appropriate to SLT scope of practice), treatment and onwards referrals. Face to face and virtual clinics. Nursery/school staff can join by Teams or in person with consent |

Meeting speech, language and communication needs in the Early Years (1)

- Needs led
- Open access
- Advice line- speak to a SLT
- 177 waiting at start of January 2024.
- Currently no one waiting
- Families may be given strategies, directed to early language development workshops or offered an appointment depending on needs.

Concerned about a child's communication skills?



Berkshire Healthcare
NHS Foundation Trust

How can I help my child learn more words?

How can I help them listen to me?

How can I help them play with me?

Am I doing this right?



Call our Enquiries Line to get advice from a Speech and Language Therapist:

0118 904 3700

Lines are open Tuesdays and Thursdays 9am - 3.30pm.

Available for parents/carers of children aged 0-5 years with a Berkshire GP.

Meeting speech, language and communication needs in the Early Years (2)

Early language development workshops

Monthly online workshops covering early language development. Also, in person in the Health Bus

Designed for parents and carers and those working within early years settings.

- Communication Foundations
- Communication Building Blocks
- Scaffolding Communication
- Autism and Speech Sounds workshops currently being developed

Next live Health Bus session in West Berkshire- June 2024.

- 9 out of 10 people said they would recommend this workshop to a friend, family member or colleague
- 94% rated their knowledge after the workshop as good or excellent
- 93% rated their confidence after the workshop as either somewhat or extremely confident.



Berkshire Healthcare
Children, Young People and
Families services

The Health Bus is coming!

Early Language Workshops

On **1st November**, the Early Years Speech & Language Therapy Team will be visiting sites across Berkshire on the Health Bus. Our Speech & Language Therapists will be available for any questions between **1pm and 3pm** and will also be delivering workshops live between **1:30pm and 2:30pm**.



Please scan the QR code below for more information:



Newbury Library

The Wharf
Newbury
RG14 5AU

1st November, 1- 3pm



cypf.berkshirehealthcare.nhs.uk

Meeting speech, language and communication needs in the Early Years (3)

- Early Years Surgeries.
- Forum for all Early Years settings. Training, advice.
- Currently working on a targeted training offer for settings that will be available in the Autumn.
- Early Years Information Pack. Every early years setting in Berkshire should have access to this pack which contains further advice and strategies on a range of topics. Live link – materials kept updated
- Online resource available to all [Communication and hearing | Children Young People and Families Online Resource \(berkshirehealthcare.nhs.uk\)](https://www.berkshirehealthcare.nhs.uk/communication-and-hearing-children-young-people-and-families-online-resource)

The screenshot shows the Berkshire Healthcare website. The header includes the NHS logo, 'Berkshire Healthcare Children, Young People and Families services', and a navigation menu with 'Berkshire Healthcare website', 'Get involved', 'News', 'Work for us', and 'Blog'. Social media icons for LinkedIn, Facebook, YouTube, and Twitter are also present. Below the header, a secondary navigation menu lists 'Mental & Emotional Health', 'Health & Development' (which is highlighted), 'ADHD & Autism', 'Our services', 'Referrals', and 'Contact us'. The main content area is titled 'Communication and hearing' and contains a paragraph: 'Our team run online workshops on early language development. They are designed for parents and carers and those working within early years settings. We have three training sessions available on different topics to equip you with everyday strategies to support your child, aged up to five. Find out more information and how to register here.' Below this text is a grid of 18 topic boxes:

| | | | |
|-----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|
| Auditory processing | Babbling and baby talk | Basic communication strategies | Deafness and hearing loss |
| English as an additional language | Expressive language | Grammar | Listening and attention at school |
| Sequencing and narrative skills | Social communication (pragmatics) | Speech sounds | Stammering |
| Steps to talking | Toddler talk | Typical speech sound development | Unclear speech |
| Understanding language | Vocabulary | | |

Occupational Therapy provision

| Commissioner | Acceptance Criteria | Service Delivery | Service Description |
|-------------------------------------|--|--|--|
| ICB (Berkshire Healthcare contract) | Children who are registered with a GP in West Berkshire, attending a range of early years settings, Children's Centres, children's homes, mainstream and resource base schools and special schools (2 in West Berkshire) Children and young people with difficulties, communication, motor skills, mobility, movement and/or, daily living have been identified; as a result of a developmental condition or unknown factor | CYPIT into clinics, nurseries, children centres, school, home, respite facility or at community hospital locations depending on the needs and circumstances of the service user | West Berkshire-Occupational therapy service –school-age children (initial assessment towards EHCP) Provision for those children with an OT requirement in section G of their EHCP. |
| Local Authority | School-aged CYP with a therapy need in section F of their EHCP issued by Wokingham, Reading, or West Berks as an educational need and attend educational settings | CYPIT Schools (appendix B) Homes and clinical Settings during holidays | Occupational therapy is commissioned to provide treatment management to CYP with a Plan requiring specialist occupational support (section F) |
| ICB (RBH Dingley Contract) | Children aged from birth to end of year 11 and for children aged under 19 years with pre-existing Special Educational Needs and under the care of a paediatrician from registered healthcare professionals Families, children and young people who are registered with a Berkshire West GP or ordinarily resident in the Berkshire West area | Dingley Child Development Centre, West Berkshire Community Hospital Local special schools and mainstream schools Domiciliary visits/ other settings as required | Preschool children School-aged children who do not have an OT provision on their EHCP Children with neurodevelopmental problems Children with developmental coordination disorder Children with complex needs and /or long-term conditions |

Meeting OT and sensory needs in the Early Years

Children's Occupational Therapists support

- Motor skills (fine and gross motor)
- Everyday living skills: e.g. Feeding, dressing, scissor skills, pencil skills
- Posture/seating needs: provision of equipment not provided
- Access to learning environment e.g. physical disabilities
- Impact of sensory processing difficulties on the above deficits

Support available

- Training and advice for families and settings
- Early Years sensory processing workshops
- Sensory processing videos available on YouTube
- Online toolkit

[Independence and school readiness | Children Young People and Families Online Resource \(berkshirehealthcare.nhs.uk\)](https://www.berkshirehealthcare.nhs.uk/children-young-people-and-families-services/sensory-processing-online-workshops)

The screenshot shows the NHS Berkshire Healthcare website. The header includes the NHS logo, 'Berkshire Healthcare Children, Young People and Families services', and navigation links like 'Get involved', 'News', 'Work for us', and 'Blog'. There are also social media icons for LinkedIn, Facebook, YouTube, and Twitter, along with a search icon. The main navigation bar includes 'Mental & Emotional Health', 'Health & Development', 'ADHD & Autism', 'Our services' (which is highlighted), 'Referrals', and 'Contact us'. The page title is 'Sensory processing online workshops'. Below the title, there are five bullet points asking questions about child behavior. A paragraph states that the Occupational Therapy team is pleased to introduce these workshops. Another paragraph explains that the sessions are designed for parents, carers, and those working with children and young people. A final paragraph asks users to see below for more information and how to register. There is a section for 'Early Years sensory processing workshop' with a brief description. At the bottom, there is a table with two rows of workshop dates and times, and links to sign up.

| Date | Time | How to register |
|----------------------|-----------|--|
| Friday 12 April 2024 | 9-10.30am | Sign up here (opens in new window) |
| Friday 12 April 2024 | 1.30-3pm | Sign up here (opens in new window) |

Physiotherapy provision

| Commissioner | Acceptance Criteria | Service Delivery | Service Description |
|---|--|---|--|
| ICB (CYPIT Contract) | Children who are registered with a GP in West Berkshire, attending a range of early years settings, Children's Centres, children's homes, mainstream and resource base schools and special schools: 2 in West Berkshire Children and young people with difficulties, motor skills, mobility, movement and/or, daily living have been identified; as a result of a developmental condition or unknown factors | Clinics, nurseries, children centres, school, home, a respite facility or at a community hospital locations depending on the needs and circumstances of the service user. | CYP living in West Berkshire 0-19 years old Contribute to EHCPs and relevant processes. Provision for those children with a physiotherapy requirement in section G of their EHCP. |
| LA Commissioned Services (CYPIT Contract) | School-aged CYP with a therapy need in section F of their EHCP issued by Wokingham, Reading, or West Berks as an educational need and attend educational settings | CYPIT Schools Homes and Clinical Settings during Holidays | Assessment and intervention to CYP who present with a non-acute condition affecting their physical development and/or function with a Plan requiring specialist physiotherapy support (section F) |
| ICB (Royal Berkshire Hospital Dingley Contract) | Children aged from birth to end of year 11 and for children aged under 19 years with pre-existing Special Educational Needs and under the care of a paediatrician. Families, children and young people who are registered with a Berkshire West GP or ordinarily resident in the Berkshire West area | Dingley Child Development Centre, Local special schools and mainstream schools Domiciliary visits/ other settings as required | Inpatient therapy Outpatient Services for children with neurodevelopmental, orthopaedic, rheumatological and respiratory problems Outpatient Ponseti clinic with Orthopaedic Surgeon from Oxford |



Supporting emotional health and wellbeing needs in the Early Years

- Health Visiting team
- GP
- Perinatal Mental Health Team- maternal mental health during pregnancy up to one year after the child is born
- Health Bus
- SHaRON online forums
 - perinatal
 - dads
 - parents and carers
- Autism Berkshire working with Parenting Special Children.



Supporting general health and development in the Early Years

- GP
- Health Visitor
- Referral to Paediatricians/ Dingley Child Development Centre. The Dingley Child Development Centre brings together a team of specialists who assess and treat children and young people who need help to overcome a developmental issue or a complex illness.
- Notifying LA of Special Educational Needs and Disabilities

ANY
QUESTIONS?



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Early years and school readiness in West Berkshire

West Berkshire Health Scrutiny Board

12th March 2024

School readiness starts at birth with the support of parents and caregivers, when young children acquire the social and emotional skills, knowledge and attitudes necessary for success in school and life.

School readiness at age five has a strong impact on future educational attainment and life chances

Children who don't achieve a good level of development at aged 5 years struggle with:



Social skills



Reading



Maths



Physical skills

which impacts on outcomes in childhood a later life:



Educational outcomes



Crime



Health



Death

Why invest in school readiness?

Failing to invest sufficiently in quality early care and education short changes taxpayers because the return on investment is greater than many other economic development options.



Every **£1** invested in quality early care and education **saves** taxpayers up to **£13** in future costs



For every **£1** spent on early years education, **£7** has to be spent to have the same impact in adolescence



The benefits associated with the introduction of the literacy hour in the UK outstrip the costs by a ratio of between **27:1** and **70:1**



Targeted parenting programmes to prevent conduct disorders pay back **£8** over six years for every **£1** invested with savings to the NHS, education and criminal justice

Why invest in school readiness?

Early years interventions have been shown to have a higher rate of return per investment than later interventions. The costs of delivery per child are outweighed by the benefits to the individual, taxpayers and others through improved educational outcomes, reduced healthcare costs, reduced crime and increased taxes paid due to increased earnings as adults



| Intervention | Cost | Benefit | Benefit to cost ratio |
|---------------------------|---------|---------|-----------------------|
| Curiosity corner | £78 | £5,466 | 70.08 |
| Family nurse partnership | £7,562 | £14,694 | 1.94 |
| Early childhood education | £6,141 | £11,525 | 1.88 |
| Perry preschool programme | £13,393 | £21,598 | 1.61 |

0-1 years

Low birth weight of term babies 2022*

| | |
|----------------------|------|
| West Berkshire | 1.6% |
| South East Region | 2.4% |
| England | 2.8% |



Smoking status at time of delivery 2022/23*

| | |
|----------------------|------|
| West Berkshire | 5.6% |
| South East Region | 8.1% |
| England | 8.8% |



Baby's first feed breastmilk 2021/22*

| | |
|----------------------|-------|
| West Berkshire | 75.5% |
| South East Region | 74.4% |
| England | 71.7% |



Early years

Proportion of children receiving a 12-month review % proportion 2022/23*

| | |
|----------------------|-------|
| West Berkshire | 76.9% |
| South East Region | 84.3% |
| England | 82.6% |



A&E attendances Crude rate per 1,000 2021/22*

| | |
|----------------------|---------|
| West Berkshire | 880.4 |
| South East Region | 963.8 |
| England | 1,094.5 |



Newborn Hearing Screening: % Coverage 2022/23*

| | |
|----------------------|-------|
| West Berkshire | 87.9% |
| South East Region | 98.6% |
| England | 98.5% |



Immunisations

Dtap IPV Hib (1 year old) 2022/23*

| | |
|----------------------|-------|
| West Berkshire | 95.3% |
| South East Region | 93.5% |
| England | 91.8% |



Hib and Men C booster 2 years old 2022/23*

| | |
|----------------------|-------|
| West Berkshire | 94.0% |
| South East Region | 90.4% |
| England | 88.7% |



MMR for two doses 5 years old 2022/23*

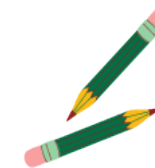
| | |
|----------------------|-------|
| West Berkshire | 93.0% |
| South East Region | 87.3% |
| England | 84.5% |



School Readiness

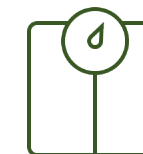
Primary school pupils with a primary need of emotional, social or mental health 2022/23 *

| | |
|---------------------------------------|------|
| Eligible for free school meals | 6.4% |
| Not eligible for free school meals | 1.9% |



Reception prevalence of obesity 2 years old 2022/23*

| | |
|----------------------|------|
| West Berkshire | 6.8% |
| South East Region | 8.0% |
| England | 9.2% |



Percentage of physically active children 2022/23*

| | |
|----------------------|-------|
| West Berkshire | 31.8% |
| South East Region | 47.2% |
| England | 47.0% |





Indicators of school readiness in West Berkshire

**Ready families + Ready children + Ready communities + Ready services
= Children ready for school success**

Ready families

Households with dependent children owed a duty under the Homelessness Reduction Act per 1,000 2021/22



14.4%



11%

Ready children

% Uptake of free school meals amongst Nursery and Primary School Age Pupils Jan 2023



80%



78%

Ready communities

% children in absolute low-income families (under 16s)



15.3%



7.7%

Ready services

Proportion of children receiving a 2-2.5 year review 2022/23



73.6%



61.7%

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Percentage of children with free school meal status achieving a good level of development at the end of reception



49.1%



35.2%

Percentage of children with free school meal status achieving the expected level in the phonics screening check in Year 1



62.0%



53.6%

Flu vaccination coverage of 2 - 3 year olds 2022



43.7%



61.7%

Flu vaccination coverage of primary school aged children 2022



56.3%



74.9%

Source: Department for Education – Early years foundation stage profile results 2021/22

PP = percentage point difference; SEN = special educational needs; EHC = Education, health and care plan



Ready families + Ready children + Ready communities + Ready services = Children ready for school success

Children in Care
Crude rate per 10,000
2022



70



48

Children in Care Immunisation
2022



85%



73%

% children in relative low-income
families (under 16s)
2021/22



19.9%



11%

Percentage of children achieving a good
level of development at the end of
Reception



65.2%



64.8%

Reception: Prevalence of obesity
(including severe obesity)
2022/23



9.2%



6.8%

Percentage of 5 year olds with
experience of visually obvious dental
decay 2021/22



23.7%



16.9%

Average travel time in minutes to a town
centre via walking or public transport
2019



20mins



28mins

MMR for two doses (5 year olds)
2022/23



84.5%



93.0%

Source: Department for Education – Early years foundation stage profile results 2021/22

PP = percentage point difference; SEN = special educational needs; EHC = Education, health and care plan



- Good maternal mental health
- Learning activities, including speaking to your baby and reading with your child
- Enhancing physical activity
- Parenting support programmes
- High-quality early education



One of the **strongest** predictors of wellbeing in the early year is the mental health and wellbeing of the mother or caregiver



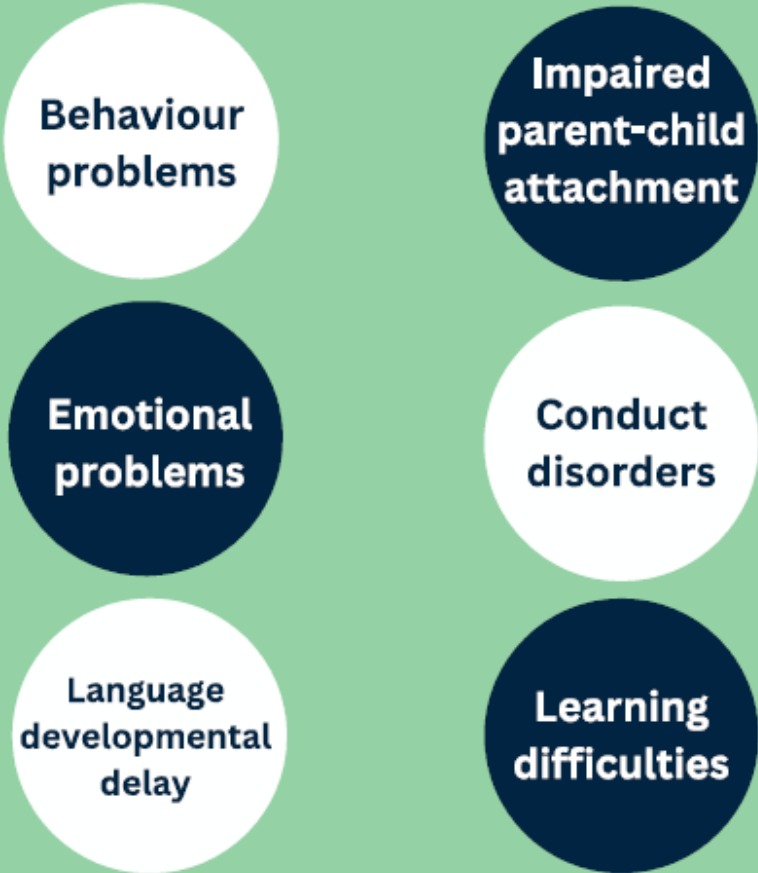
3 in 10 women

will have a perinatal mental illness during or after pregnancy

5x

Children of mothers with mental health are five times more likely to have mental health problems themselves

Impact of maternal depression on school readiness:



Actions to reduce maternal depression include:



A child's communication environment is a **more dominant predictor** of early language than their social background

High income



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Low income



Language proficiency is a **key predictor** of school success

61%

of low income children have no books at home

1 in 4

children leave Primary School without reading well

this rises to

2 in 5

poorer children leave Primary School without reading well

£23 billion

If all children were reading well by age 11, GDP in England in 2020 could be an extra £23 billion

Actions to improve a child's communication include:

1. Research

Social marketing to identify current practices and potential cultural barriers

2. Develop

A strategic plan, including development and dissemination of resources

3. Implement

Dissemination of information to reach the community using existing structures

4. Evaluate

This should include short-term process measures and agreed long-term outcomes

Physical activity for young children is an **important** component of early brain development and learning

Movement skills such as eye skills and manipulative skills help children access curricular activities with **enjoyment and success**. Communication skills **depend** on well developed physical skills



1 in 10 children

aged 2-4 meet CMO guidelines of being physically active daily for **at least 180 minutes (3 hours)**, spread throughout the day

Benefits of physical activity include:



Helps develop co-ordination and movement skills



Promotes healthy weight



Strengthens developing muscles and bones



Helps children develop social skills

Actions to promote physical activity include:



Plan and develop

Develop initiatives which target adults who interact with children in the early years



Work with parents and carers

Provide information on the importance of physical activity and what counts as physical activity



Work with early years settings

Integrate physical activity into the daily routine when planning activities



Parenting has a **bigger influence** on a child's life chances in the early years than education, wealth, or class

Effective, warm, authoritative parenting gives children confidence, stimulates brain development and the capacity to learn



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4 in 10 children miss out on 'good' parenting

Supporting parents with parenting programmes has a **positive impact** on both parents' and children's wellbeing and mental health and is an **important** part of prevention and early intervention

Impact of parenting support programmes on school readiness

Benefits of the **Family Nurse Partnership** include **better**:



- language development
- vocabulary and mental processing
- emotional development
- attention and behaviour

Benefits of **early family training/parenting support** include **improved**:



- numeracy skills
- vocabulary
- letter identification
- emergent writing skills
- parent-child interaction

Actions to improve parenting support programmes include:



Understand parent's needs and how to engage them



Intervene early to maximise impact and reduce long-term costs



Increase the accessibility of programmes



Ensure **better integration and co-ordination** of parenting support services



Improve the quality and build the **evidence base** for support services

Source: Social Mobility and Child Poverty Commission (2014) State of the Nation 2014: Social mobility and child poverty in Great Britain; Department of Education, Department of Health (2011) Families in the foundation years evidence pack; Department of Education and Skills (2004) What works in parenting support? A review of the international evidence; Health Equity Evidence Review 1 (2014) Good quality parenting programmes and the home to school transition

By the age of five the brain forms as many as

700

neural connections per second

High-quality early years education **significantly improves** child health and educational outcomes, particularly for disadvantaged children

2x

The average **economic benefit** of early education programmes for low income 3 and 4 year-olds is nearly **2.5 times** the investment

20-50%

If all low income children received high-quality early education the gap in achievement could be closed by as much as **20-50%**

Impact of high-quality early education



Improved school readiness



Improved future academic success



Improved future productivity



Higher employment levels



Less involvement in crime

Actions to improve high-quality early education include:

Systems development:

- Continued and increasing investment
- Integrated services
- Workforce training

Structural development:

- Favourable staff to child ratios
- encouragement of parents to support and engage more actively
- Focus on cognitive and non-cognitive aspects of learning

Process development:

- Adoption of more responsive and nurturing staff: child relationships
- Work towards and equal balance of child and adult initiated activity