

LEICESTER CITY HEALTH AND WELLBEING BOARD
DATE: 28th April 2022

Subject:	Healthy Start – First 1001 Critical Days of Life
Presented to the Health and Wellbeing Board by:	Sue Welford – Principal Education Officer Mel Thwaites – Head of Women’s and Children’s Transformation, CCG Clare Mills – Public Health Children’s Commissioner
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1 EXECUTIVE SUMMARY:

- 1.1 The first 1001 critical days – from the start of pregnancy to a child’s second birthday is a time of rapid brain development and is recognised as significant for a child’s life long physical, social, emotional and cognitive development.
- 1.2 A healthy start in life is a priority for families in the city and for partners in the Joint Health, Care and Wellbeing Delivery Plan. The Best Start for Life: a vision for the 1001 critical days was published by the government in March 2021, and announcements were made in the Budget 2021 on taking this priority forward through Family Hubs and the Best Start for Life Vision (referred to as Start for Life). On 2nd April 2022 it was announced that Leicester City is one of the 75 LAs that have been pre-selected for access to government funds as part of the roll out of Family Hubs and Start for Life.
- 1.3 This report covers why the First 1001 Critical Days matter; what we know about the First 1001 Critical Days in Leicester and how the wider social determinants of health including poverty impact on outcomes; how we already support families with young children in Leicester; and how we will work with partners in responding to the First 1001 Critical Days through ‘Start for Life’.

2 Why the First 1001 Critical Days Matter

- 2.1 During this time babies’ brains are shaped by their experiences and interactions with parents and other caregivers. Children’s resilience can

be developed by providing supportive adult-child relationships; scaffolding learning so that the child builds a sense of self and agency; supporting the development of skills to use in new situations; using faith and cultural traditions as a foundation for hope and stability.

3 The First 1001 Critical Days in Leicester

- 3.1 The Joint Strategic Needs Assessment for the city identifies significant health challenges for families in the First 1001 Critical Days including high maternal mortality, increased demand for perinatal mental health support, low birth-weight and low immunisation take-up in early childhood. (See [Appendix 1](#) for data). Evidence shows that the wider social determinants of family health inequities, including poverty and social isolation, have been exacerbated through COVID-19 Lockdown which has disproportionately impacted upon women, Black and minority ethnic and deprived communities.

4 How we already support families with young children in Leicester

- 4.1 There is currently a mix of formal and informal support that is vital for families with young children such as universal services available to all families such as Stay and Play sessions, Rhyme Time for babies in libraries. There is targeted and specialist provision for vulnerable families or those with specific needs including children with special educational needs and/or disabilities. For example, Leicester Mamas and the Centre for Fun and Families voluntary and community sector partners have jointly received Starting Well Funding (DHSC) to support vulnerable families from diverse and deprived backgrounds in the First 1001 Critical Days.
- 4.2 The overarching deliverables of the Maternity and Neonatal Transformation Programme are improving experiences during pregnancy including personalised care plans and at birth including skin-to-skin contact with baby, breastfeeding support and assessment of physical and emotional wellbeing,
- 4.3 The multiagency Readiness for School group chaired by the Principal Education Officer coordinates support activity from the first 1001 critical days throughout the early years to school age. It brings together health, education and social care services and wider community support such as schools, early years settings, libraries, Speech and Language Therapy and early years settings. Members of this group contribute to the City Mayor's manifesto on School Readiness and Supporting Early Language through a Speech Language & Communication Pathway for staff/families (including bilingual resources/support), the SLC strategy

and action plan 2021-2025 – supporting children’s voice, agency and wellbeing from the First 1001 Critical Days onwards.

4.4 The wider social determinants of health and the disproportionate impact of COVID 19 on deprived and minority communities are being addressed through

- the Anti-Poverty Strategy
- Black Lives Matter Action Plan and
- Joint Health, Care and Wellbeing Delivery Plan.

The Women Talking, City Listening (leicester.gov.uk) project report is influencing local responses to the diverse experiences of women (and mothers) across the city.

A stakeholder engagement event is planned for Summer 2022 to identify what is working well to support equity and equality in maternity services and areas for co-produced improvements in service delivery to improve outcomes for all families.

5 Responding to the First 1001 Days: *Build Back Better through Start for Life*

5.1 Nationally the Leadsom Review (March 2021) set out a vision for the Best Start in Life. Announcements were made in the Budget (2021) HMT Shared Outcomes Fund and Department for Education’s Build Back Better Fund for local areas to develop ‘Start for Life’ offers as part of service transformation towards Family Hubs, through the development of seamless support for families from the first 1001 critical days to early adulthood.

5.2 The local Start for Life offer will bring together midwifery, public health nursing (health visiting) services, support for mental health and wellbeing, infant feeding and specialist breastfeeding support, safeguarding and SEND support for all families across the city, taken up by need. Targeted and specialist support will help those families experiencing the toughest times and improve health, wellbeing and learning outcomes as we recover from COVID-19.

5.3 The Start for Life offer will develop support that is:

- **Accessible** - with public health messages co-produced with families available through online portals, telephone/text, and face-to-face in Family Hubs and community venues. Information will be relevant and understood by audiences including those with protected characteristics. We work together with members of the community to foster resilience and become ambassadors in their communities. An example of this approach is the use of the Better Care Fund to commission evidence-informed interventions with families who speak more than one language and those on the perinatal mental health pathway to support communication development in early childhood. Outcomes will include

more children who are curious and confident communicators ready to play and learn, and improved family wellbeing.

- **Connected** – through a strategic vision and delivered through an integrated care system. A culturally competent and confident Start for Life workforce will collaborate (avoiding duplication of services), use a strengths-based approach and share and analyse data and evidence to inform practice.
- **Relational** – in recognition that new parents access support and advice primarily from their wider family and friends, community networks and mutual aid groups will also be supported. Peer support e.g. through volunteer-led Breastfeeding Support Groups and Family and Young Champions (including Augmented Reality Avatars) will be strengthened through community development approaches.

5.4 Resourceful and collaborative leadership will support the development of the Start for Life offer including through the Health and Wellbeing Board, Children’s Trust Board, Family Hubs Transformation Board and Readiness for School Steering Group partnership.

5.5 Potential Benefits of the Start for Life offer will include:

- Relevant advice and support is co-produced with families and local communities who are empowered through self-care and mutual aid
- Take-up of universal support increases, particularly by BME and deprived families
- Demand is reduced on specialist services as families access help early or when needs first arise
- Duplication in services is reduced and resources are invested in outreach and early intervention
- Improved family health outcomes include increased levels of mental wellbeing for parents and young children
- Families are increasingly confident to support their young children’s holistic development through warm, playful interactions

6 Next steps for action

6.1 A Start for Life offer, delivery plan and impact framework will be co-produced with families and created in partnership across health, education, social care, and the voluntary/community sector through the Readiness for School Steering Group by Autumn 2022.

6.2 A stakeholder engagement strategy – including a one-day workshop – will be held to shape the Equity and Equality work.

6.3 Following on from a successful online workforce development event held on 10th November 2021 on the importance of the First 1001 Critical

Days, further engagement opportunities will be held in 2022 to encourage understanding and engagement with the *Start for Life* offer.

- 6.4 The development of Family Hubs and the *Start for Life* offer will be taken forward through funds from the Family Hubs and Start for Life programme from the Department for Education and Department for Health and Social Care (announced 2nd April 2022). Key learning exchange and impact frameworks will be developed with local, regional and national partners including the National Centre for Family Hubs, Family Hubs Network, East Midlands Family Hubs Transformation Programme network and regional Early Years Strategic Leads network.

7 RECOMMENDATIONS:

- 7.1 The Health and Wellbeing Board is requested to encourage partnership engagement in the development of the *Start for Life* offer.

8 References

- [Health and Wellbeing Board \(leicester.gov.uk\)](https://leicester.gov.uk/health-and-wellbeing-board/)
- [Children and young people's JSNA \(leicester.gov.uk\)](https://leicester.gov.uk/children-and-young-people/jsna/)
- [The best start for life: a vision for the 1,001 critical days - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/the-best-start-for-life-a-vision-for-the-1001-critical-days)
- [Speech, Language and Communication \(SLC\) Strategy 2021-2025 \(leicester.gov.uk\)](https://leicester.gov.uk/speech-language-and-communication/slc-strategy-2021-2025/)
- [Family Information | Speech, language and communication pathway \(leicester.gov.uk\)](https://leicester.gov.uk/family-information/speech-language-and-communication-pathway/)
- [Welcome \(leicestermaternity.nhs.uk\)](https://leicestermaternity.nhs.uk/)
- [Maternity Archives - Leicester City Clinical Commissioning Group \(leicestercityccg.nhs.uk\)](https://leicestercityccg.nhs.uk/maternity-archives/)
- [STARTING WELL LEICESTER – Home](https://www.startingwellleicester.org/)
- [FIVEXMORE](https://www.fivexmore.org/)
- [Parent-Infant Foundation \(parentinfantfoundation.org.uk\)](https://parentinfantfoundation.org.uk/)
- [InBrief: The Science of Resilience \(harvard.edu\)](https://www.harvard.edu/inbrief/the-science-of-resilience/)
- [Barriers to accessing mental health services for women with perinatal mental illness: systematic review and meta-synthesis of qualitative studies in the UK | BMJ Open](https://www.bmj.com/lookup/doi/10.1136/bmjopen-2020-025444)
- [A systematic review of ethnic minority women's experiences of perinatal mental health conditions and services in Europe \(plos.org\)](https://doi.org/10.1371/journal.pone.0238881)
- [STRICTLY-EMBARGOED-UNTIL-0001-HRS-FRIDAY-27-NOVEMBER-2020-IPSOS-MORI-ROYAL-FOUNDATION-EXECUTIVE-SUMMARY.pdf \(kinstacdn.com\)](https://www.kinstacdn.com/STRICTLY-EMBARGOED-UNTIL-0001-HRS-FRIDAY-27-NOVEMBER-2020-IPSOS-MORI-ROYAL-FOUNDATION-EXECUTIVE-SUMMARY.pdf)
- [Build Back fairer - the COVID-19 Marmot review \(health.org.uk\)](https://www.health.org.uk/news/articles/press-releases/build-back-fairer-the-covid-19-marmot-review)
- [Babies in Lockdown - Parent-Infant Foundation \(parentinfantfoundation.org.uk\)](https://parentinfantfoundation.org.uk/babies-in-lockdown/)

9 Appendix 1

These slides illustrate Deprivation in Leicester City and how this impacts on a child's first 1001 Critical Days

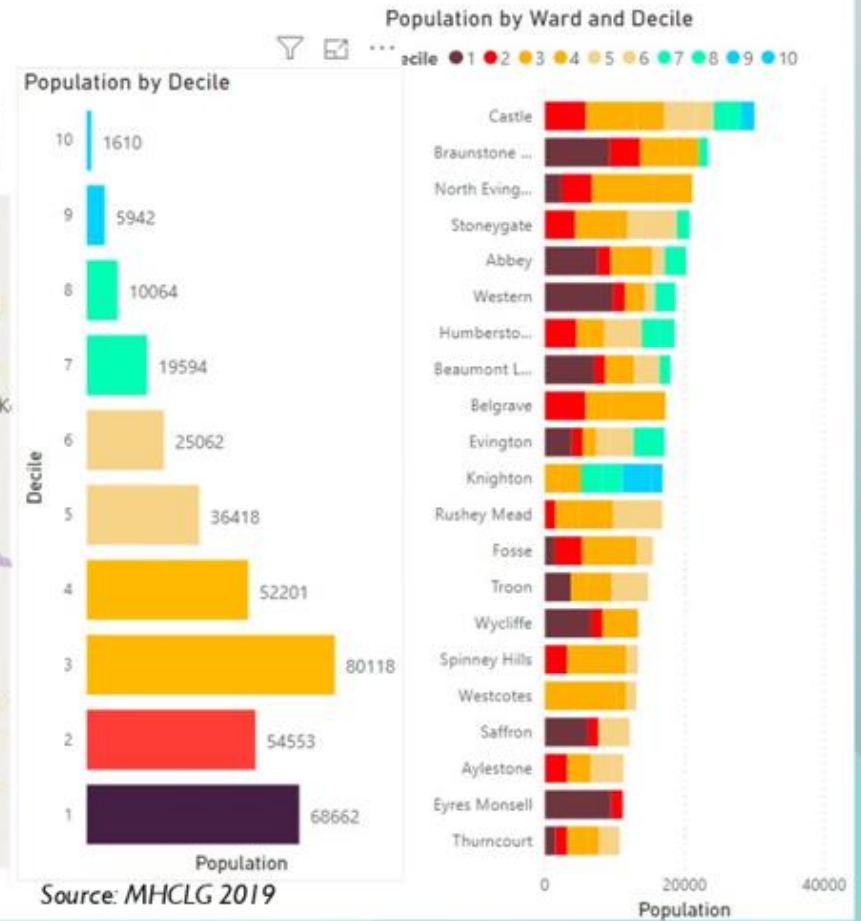
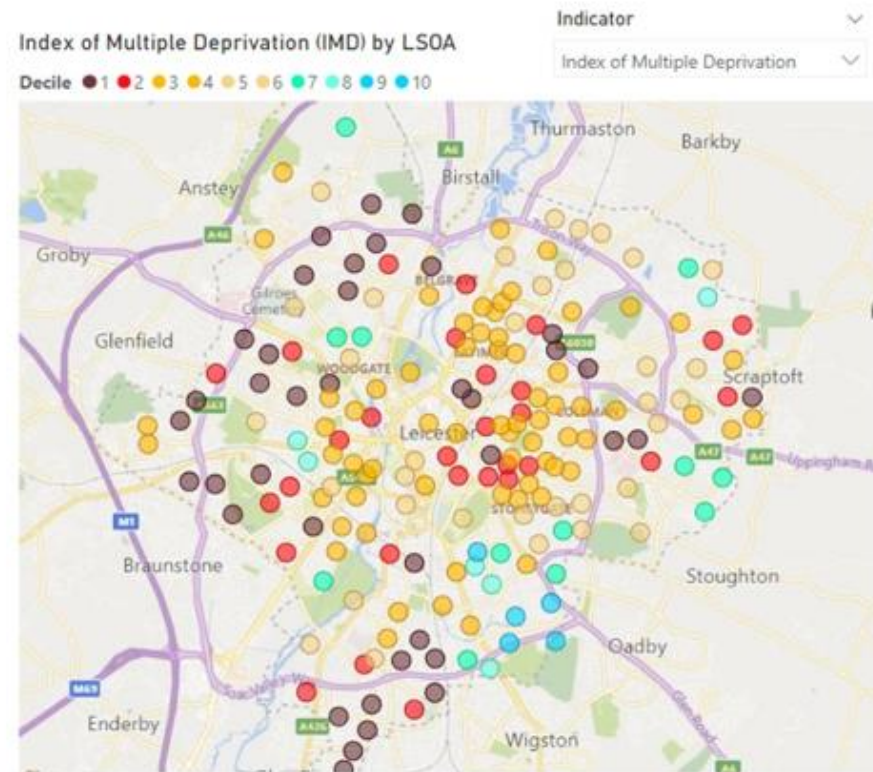
Deprivation impact on First 1001 Critical Days in Leicester City

- Leicester is a deprived city
- 31% children in low income families compared with 19% nationally
- High numbers of homeless, or at risk of homelessness, families requiring protection
- High levels of obesity in early pregnancy
- Areas with high under-18 conception rates
- Over a fifth of under 25 mothers are smokers at the time of delivery
- Breastfeeding prevalence at 6 to 8 weeks varies across the city
- Infant mortality rates are a significant concern - Approx 28 infant deaths (under 12 months) per year in Leicester and 5.9 deaths per 1,000 live births which is significantly higher than England (3.9)
- Low MMR immunisation rates for 2 year olds

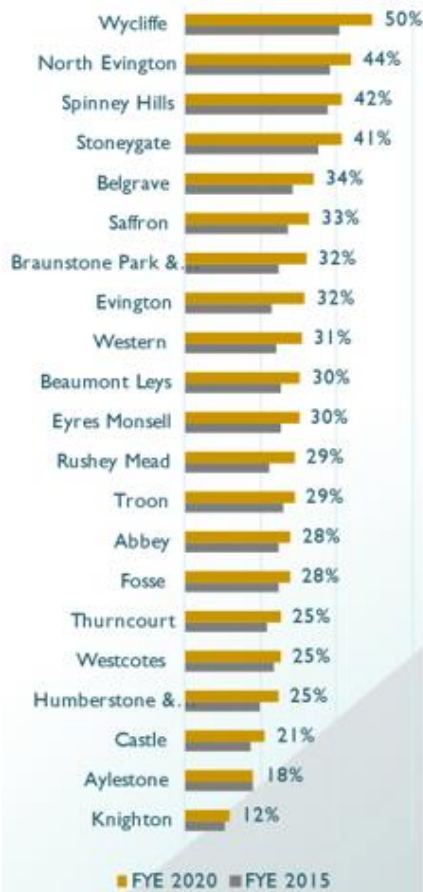
Leicester is a deprived city: Over a third of the population are resident in the most deprived 20% areas. Life expectancy analysis shows that the gap in life expectancy for our most deprived and least deprived residents is 8 years for males and 6 years for females.

Index of Multiple Deprivation 2019

This is an aggregate score of the relative deprivation by area



Percentage of children living in relative low income families 2015 and 2020

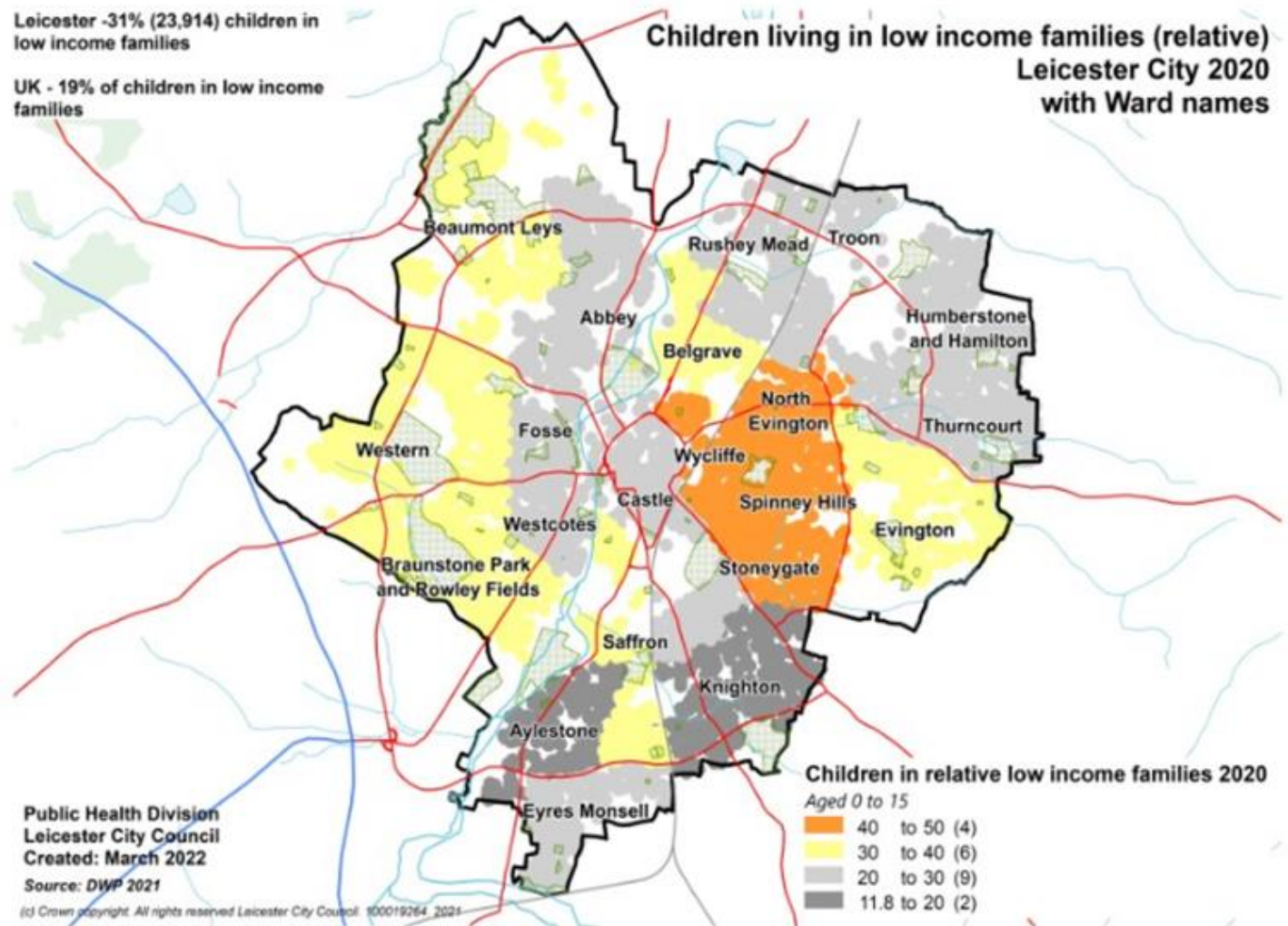


Source: DWP

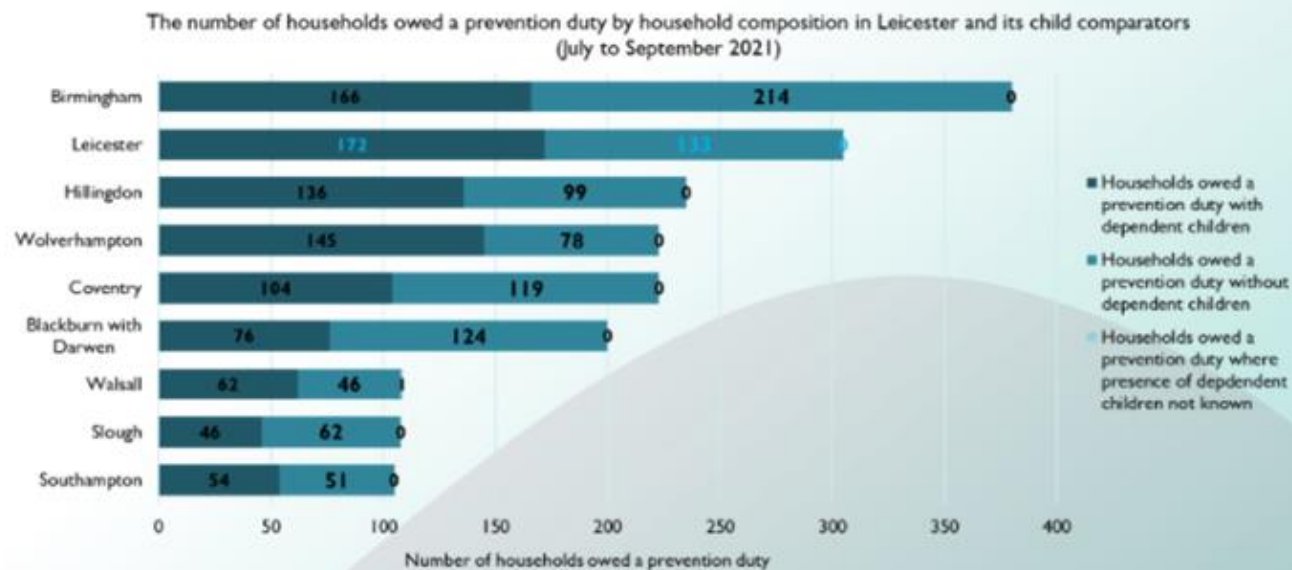
Leicester -31% (23,914) children in low income families

UK - 19% of children in low income families

Children living in low income families (relative) Leicester City 2020 with Ward names



Homelessness with dependent children (July to September 2021): Prevention duties include any activities aimed at preventing a household threatened with homelessness within 56 days from becoming homeless.



- Households owed a prevention duty with dependent children include single parent, couple/two adult and three or more adult households with dependent children.
- Leicester had the 2nd highest number of households owed a prevention duty and the highest number of households owed a prevention duty with dependent children when compared to its child comparators.

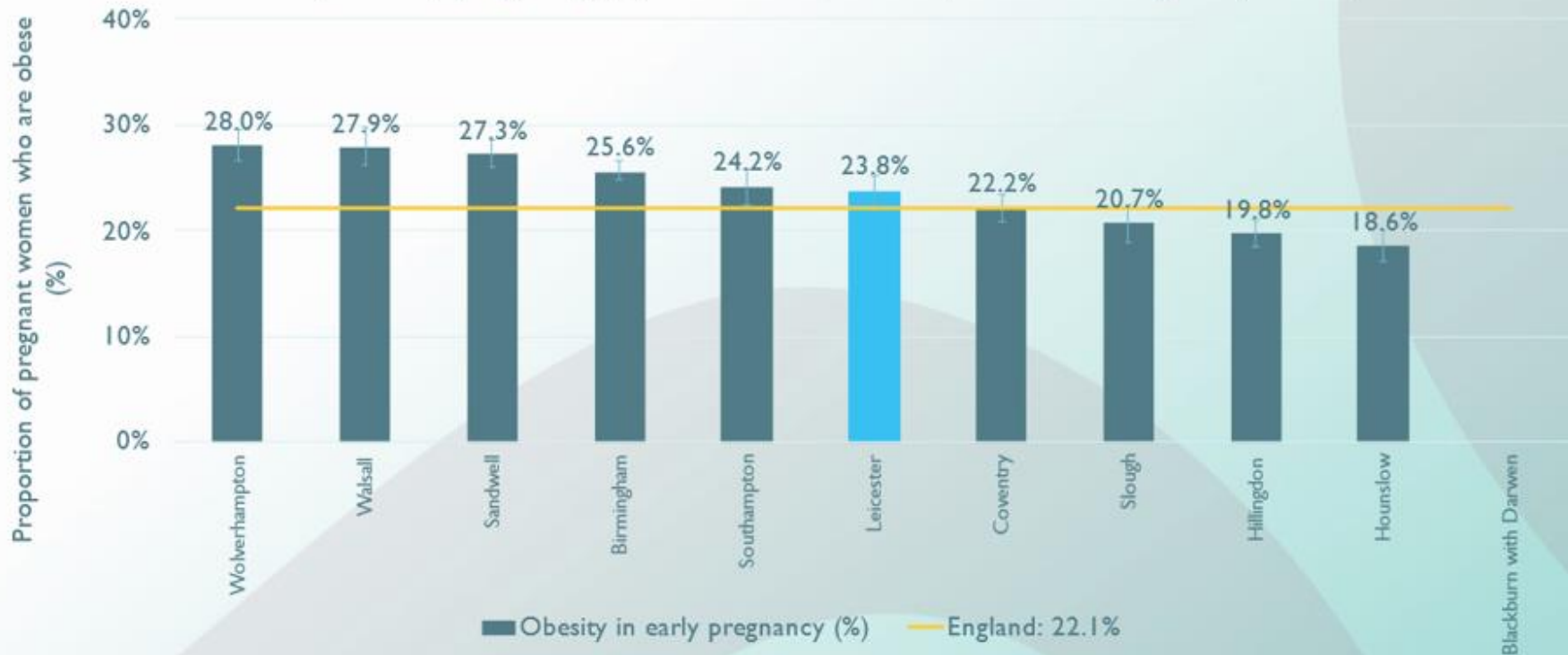
Notes:

- The data for Hounslow and Sandwell was incomplete or no data was received from the local authority.
- The total number of households owed a prevention duty includes estimates for all local authorities where there was no accurate data this quarter but where there had been in the previous quarters. The data from previous quarters was used to derive estimates for inclusion in this total.
- Totals may not equal the sum of components because of rounding.

Source: Statutory homelessness in England: July to September 2021 - GOV.UK (www.gov.uk)

Obesity in early pregnancy: The percentage of pregnant women who were obese (BMI ≥ 30 kg/m²) at the time of booking an appointment with the midwife in Leicester was 23.8% in 2018/19, this is significantly worse than the value for England (22.1%) Leicester had the 6th highest percentage of pregnant women who were obese in early pregnancy when compared to its 10 child comparators.

Obesity in early pregnancy (%) for Leicester, its comparators and England (2018/19)



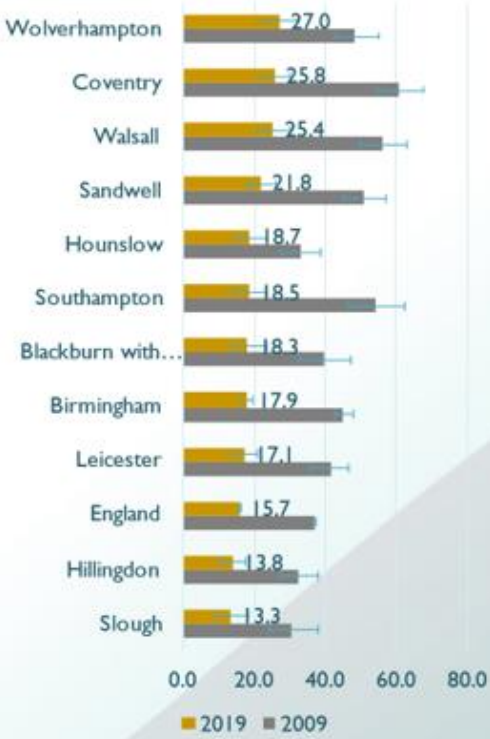
Note: The value for Blackburn with Darwen was suppressed due to incompleteness of source data.

Source: [Child and Maternal Health - Data - OHID \(phe.org.uk\)](https://phe.org.uk/data/child-and-maternal-health)

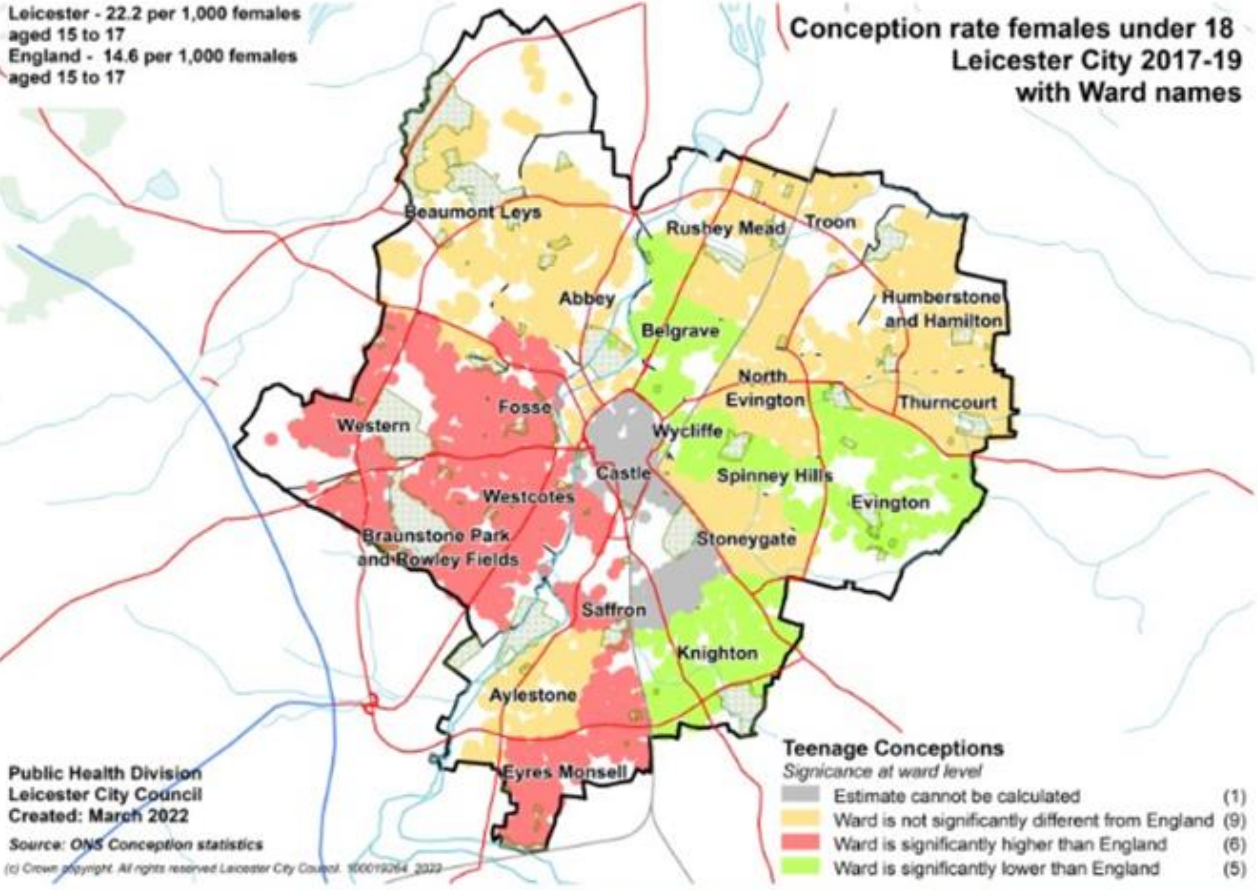
Mothers who are overweight or obese have increased risk of complications during pregnancy and birth and including diabetes, thromboembolism, miscarriage and maternal death. Babies born to obese women have a higher risk of foetal death, stillbirth, congenital abnormality, shoulder dystocia, macrosomia and subsequent obesity.

Under 18 conceptions: The rate of under 18 conceptions (per 1,000 15 to 17 year old females) continues to fall locally and nationally. However, there are areas in the city where the conception rate is significantly higher than the national rate.

Under 18 conceptions (rate per 1,000 15-17 females) 2009 and 2019

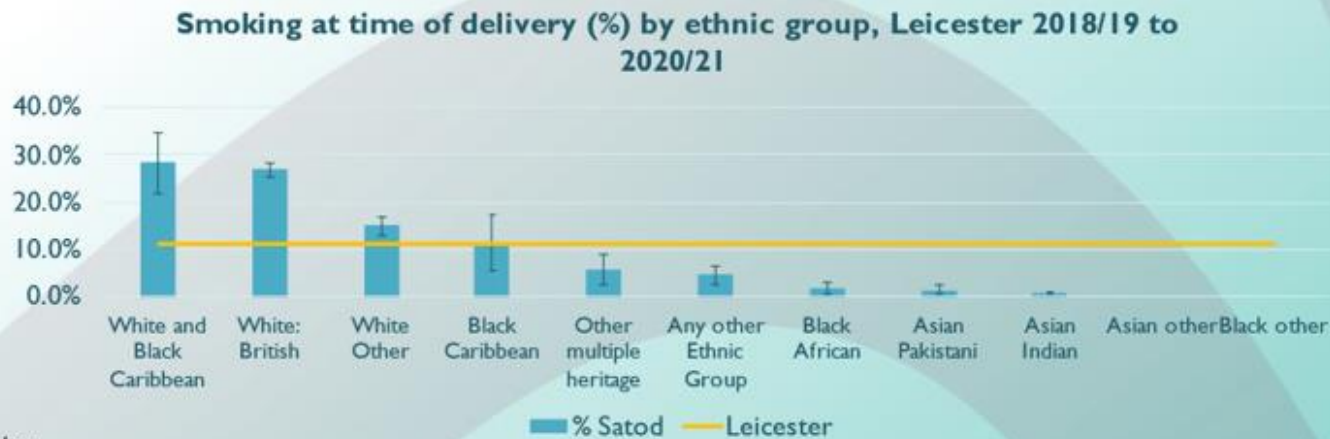
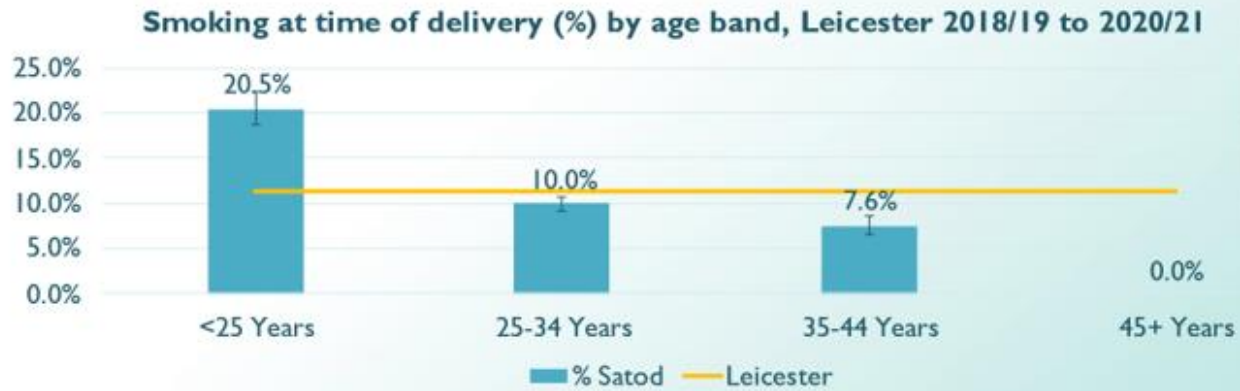


Leicester - 22.2 per 1,000 females aged 15 to 17
 England - 14.6 per 1,000 females aged 15 to 17



Source: ONS Conception data

Smoking at time of delivery: Local data reveals the under 25's and white and some mixed heritage communities report significantly higher rates.



Source: UHL SATOD data

Smoking in pregnancy: smoking rates in early pregnancy are higher (18%) than nationally (13%), smoking status at time of delivery (10.4%) is similar to nationally

About 69% of babies in Leicester 2020/21 continued to be breastfed at 6-8 weeks.

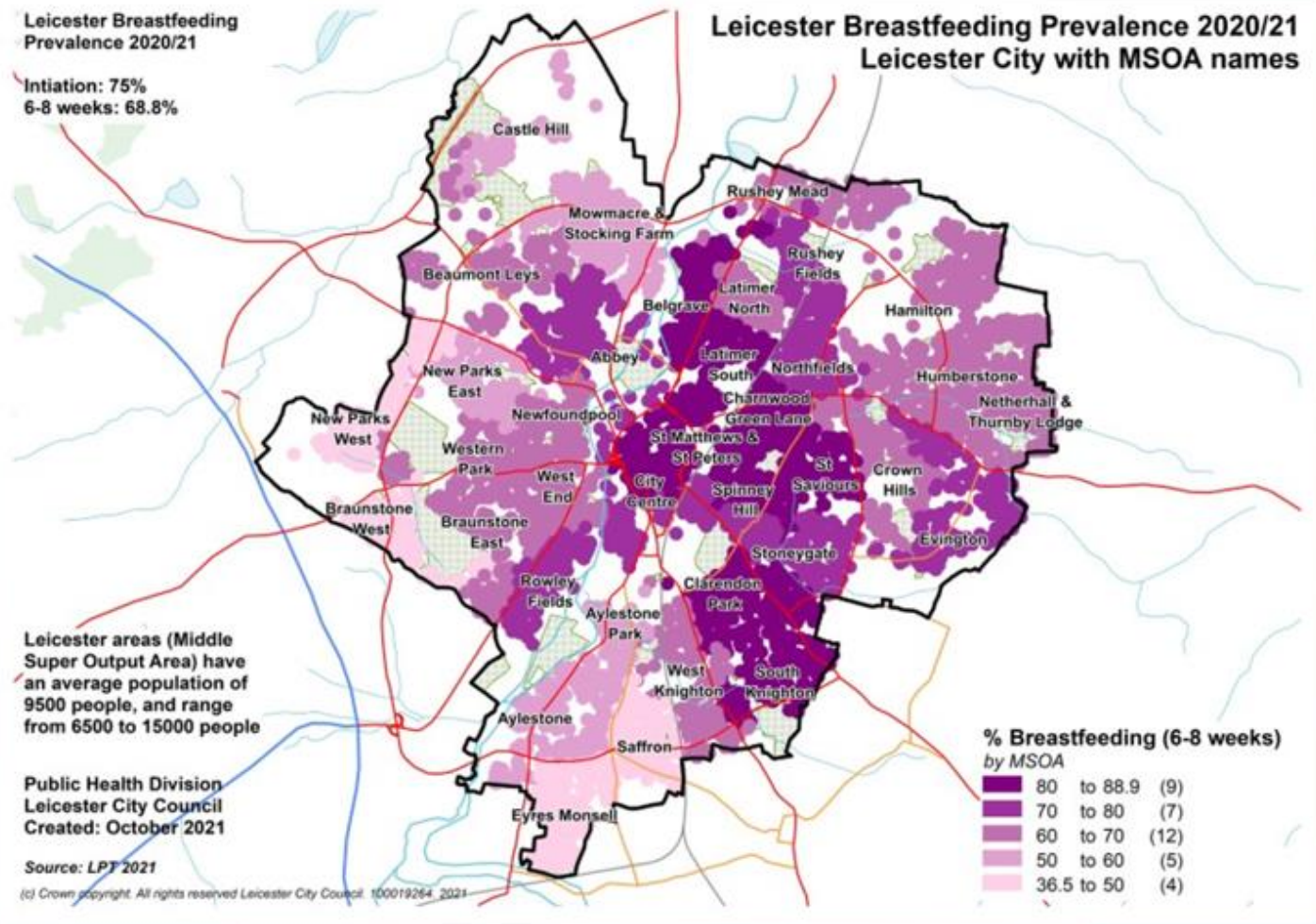
Breastfeeding is higher in the centre and east of the city.

The west and parts of the south report much lower breastfeeding.

Continued breastfeeding at 6-8 weeks post-birth is consistent with the initiation period and directly proportional to a mother's age.

There are also clear differences in breastfeeding by ethnicity with White British reporting the lower rate.

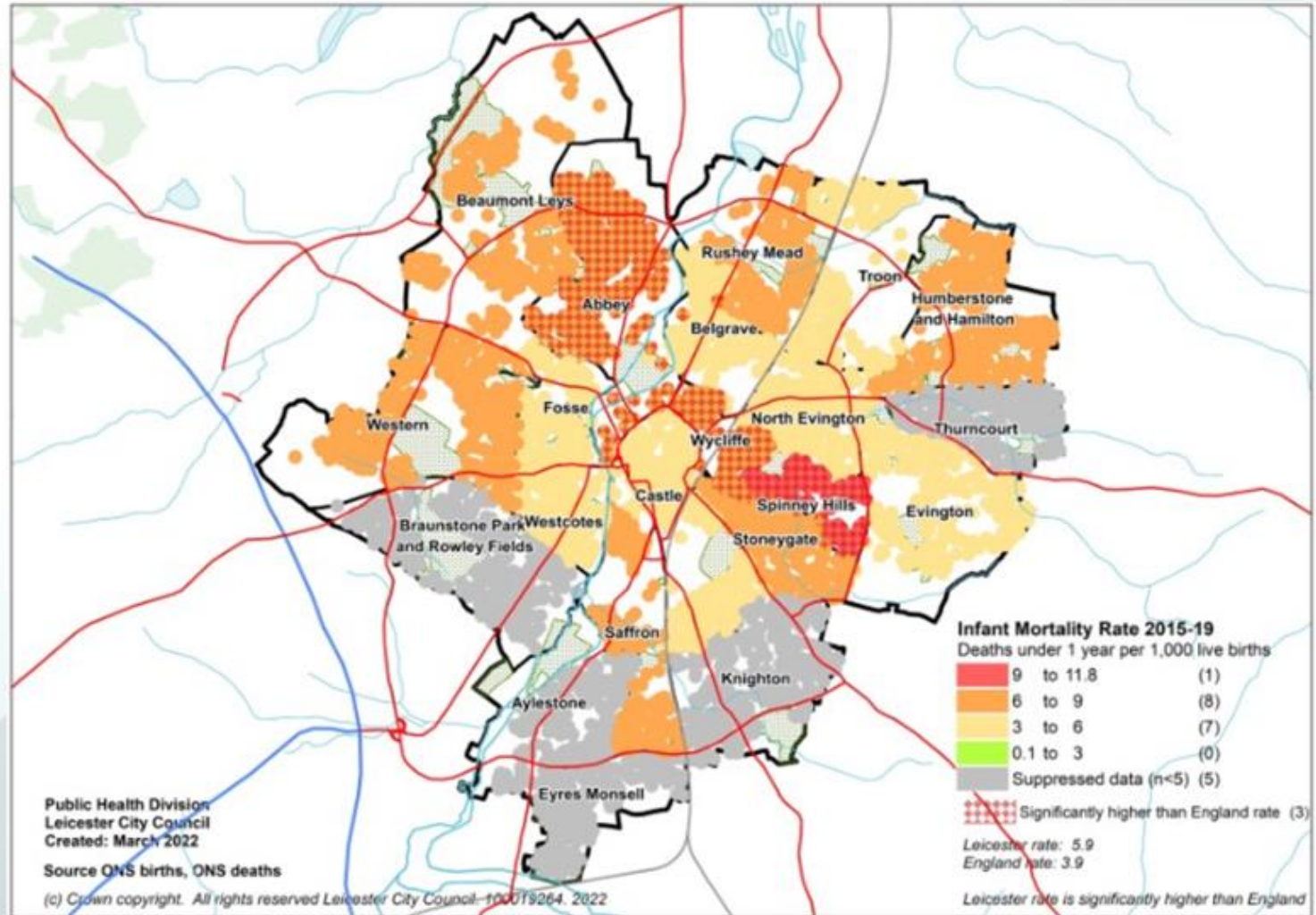
Source: LPT Health visitor data



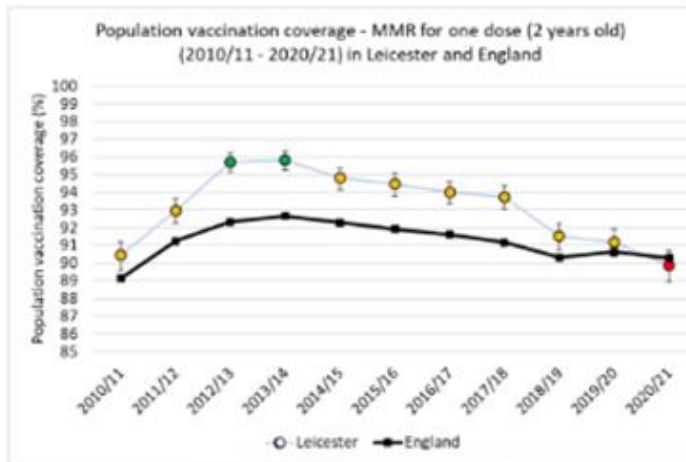
Infant Mortality Rate (IMR) by wards, 2015-2019

- Approx 28 infant deaths (under 12 months) per year in Leicester
- IMR in Leicester (5.9 deaths per 1,000 live births) is significantly higher than England (3.9)
- 3 wards have a significantly higher rate than England (Abbey, Wycliffe, Spinney Hills)
- Data suppressed for 5 wards where number of deaths <5

Source: ONS Mortality data



Population vaccination coverage (%)– MMR for one dose (2 years old)– Recent Trend



Please Note: The scale on this graph starts at 85% to show the variation in the population vaccination coverage more clearly.

Recent trend: ⬇ Decreasing & getting worse
 Benchmarking against goal: <90% 90% to 95% ≥95%

Period	Leicester				East Midlands	England
	Count	Value	95% Lower CI	95% Upper CI		
2010/11	4,554	90.4%	89.6%	91.2%	90.6%*	89.1%*
2011/12	4,703	93.0%	92.2%	93.6%	92.9%*	91.2%*
2012/13	4,997	95.7%	95.1%	96.2%	94.1%*	92.3%*
2013/14	5,034	95.8%	95.2%	96.3%	94.9%*	92.7%*
2014/15	4,894	94.8%*	94.1%	95.4%	94.3%	92.3%
2015/16	4,757	94.5%	93.8%	95.1%	94.1%	91.9%
2016/17	4,836	94.0%	93.3%	94.6%	93.6%	91.6%
2017/18	4,617	93.7%	93.0%	94.4%	93.1%	91.2%
2018/19	4,685	91.5%	90.7%	92.3%	92.0%	90.3%
2019/20	4,511	91.2%	90.4%	91.9%	92.3%	90.6%
2020/21	4,112	89.8%	88.9%	90.7%	92.4%	90.3%

Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Office for Health Improvement and Disparities (OHID). Available from NHS Digital

- The population vaccination coverage for the MMR dose one vaccination (2 years old) in Leicester was significantly worse than the benchmark goal of 95% in 2020/21, before 2020/21 Leicester had performed similarly to the benchmark goal of 95% since 2014/15.
- Over the last five time periods, Leicester's performance for this indicator has been decreasing and getting worse.

Source: [Child and Maternal Health - Data - OHID \(phe.org.uk\)](https://phe.org.uk)