

CHILDREN AND EDUCATION SCRUTINY COMMITTEE	AGENDA ITEM No. 6
8 SEPTEMBER 2022	PUBLIC REPORT

Report of:	Jyoti Atri, Director of Public Health	
Cabinet Member(s) responsible:	Councillor Lynne Ayres, portfolio holder for Children's Services, Education, Skills and the University	
Contact Officer(s):	Raj Lakshman - Consultant in Public Health Medicine Helen Freeman – Children's Public Health Commissioning Team Manager	Tel. 07905989337

UPDATE ON BEST START IN LIFE, INFANT FEEDING STRATEGIES AND THE RECOMMISSIONING OF BREASTFEEDING PEER SUPPORT AND HEALTHY SCHOOL SUPPORT SERVICES

RECOMMENDATIONS	
FROM: Consultant in Public Health Medicine	Deadline date: N/A
<p>It is recommended that the Children's and Education Scrutiny Committee approve and agree:</p> <ol style="list-style-type: none"> 1. The progress of the Best Start in Life Programme and how this supports the emerging Family Hubs development 2. To review and endorse the Cambridgeshire and Peterborough Infant Feeding Strategy 3. The plans for extension of the contract for the Peterborough and Fenland Breastfeeding Peer support service 4. The intention to undertake a procurement exercise for the re-commissioning of the Healthy Schools Support Service 	

1. ORIGIN OF REPORT

1.1 This report comes following a request from the Committee for an update on the work of the Children's Public Health Team particularly the Best Start in Life Programme at an Agenda Setting meeting.

2. PURPOSE AND REASON FOR REPORT

2.1 It was requested at an agenda setting meeting for the Committee to be provided with an overview of the key priorities and work of the Children's Public Health Team, specifically an update on the Best Start in Life and activity in relation to infant feeding.

2.2 This report is for the Children and Education Scrutiny Committee to consider under its Terms of Reference No. Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:

- Children's Services including
- a) Social Care of Children;
 - b) Safeguarding; and
 - c) Children's Health.

Education, including

d) Special needs and inclusion.

2.3 This report links to the following Corporate Priorities:

1. That the council services local people rely on can continue to be well planned and effectively delivered.
2. That the council works with its partners and communities to make the best use of its limited resources and avoids unnecessary interventions and duplication.
3. That we effectively deliver quality statutory services to ensure that vulnerable children are protected, and all children have the conditions for the best start in life.

The Children's Public Health Team (0.7 WTE Public Health Consultant supported by 1.9 WTE commissioning team across Peterborough and Cambridgeshire) works collaboratively with system partners to plan for and effectively deliver the services & strategic visions outlined in this report, using key aspects of the commissioning cycle (plan, do, review) and are underpinned by public health best practice, including using a strong evidence base, built around the latest available local and national data and research, and co-production with local families and service users.

The activities outlined in this report are all rooted in system-wide partnership working across Local Authority, Health, Education, and Community & Voluntary sectors which aim to improve provision through increased partnership working to maximise available resources to ensure services and provision are made available to families in the right place, at the right time.

Some specific examples which are referenced in this report include:

- The Place-Based Pilot testing within the Best Start in Life, especially the integrated 2-2.5yr development review between Health Visiting, Child & Family Centres and Early Years settings
- Commitment to align the Best Start in Life programme with the emerging Family Hubs work
- System-wide coproduction of the Cambridgeshire & Peterborough Infant Feeding strategy
- The Healthy Schools Network of partners & future activity outlined in the recommissioning intentions

The statutory functions these link to are:

- Mandated Health Visitor reviews which is a core service within Best Start in Life
- Safeguarding
- Early identification and support for children with SEND

2.4 Whilst this report does not specifically link to the Children in Care Pledge, the activities outlined within this report will adhere to the following promises:

- We will support you to maintain a healthy lifestyle and help to look after your physical and mental health
- We will do everything we can to make you feel cared about, valued, and respected as an individual

3. **TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	NO	If yes, date for Cabinet meeting	N/A
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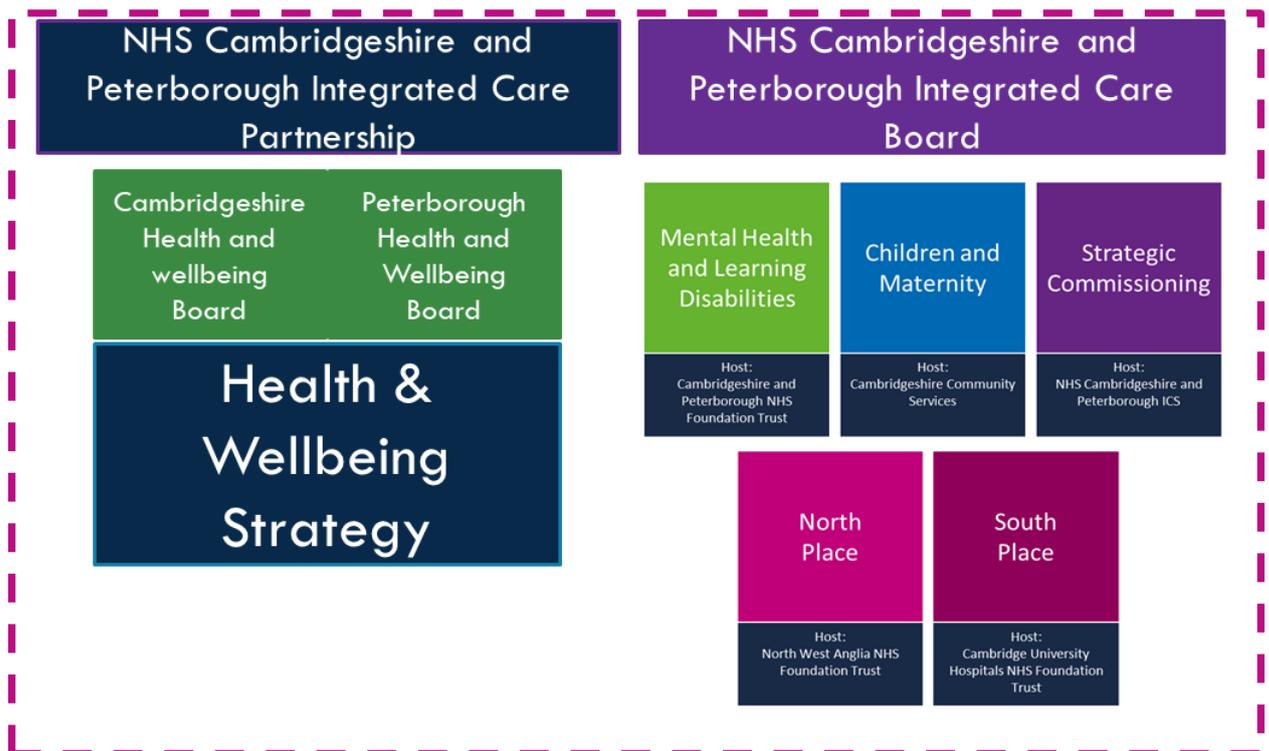
4. BACKGROUND AND KEY ISSUES

4.1 Context

The Best Start in Life strategy (pre-birth to age 5) is one of the five strategies underpinning the work of the [Children and Maternity Collaborative](#) which is one of the five Accountable Business Units of the NHS Cambridgeshire & Peterborough Integrated Care System.

The other four strategies are:

- Strong Families, Strong Communities (5-25 years)
- CYP Mental Health and Emotional Wellbeing (0-25 years)
- SEND Strategy
- All-age Autism Strategy

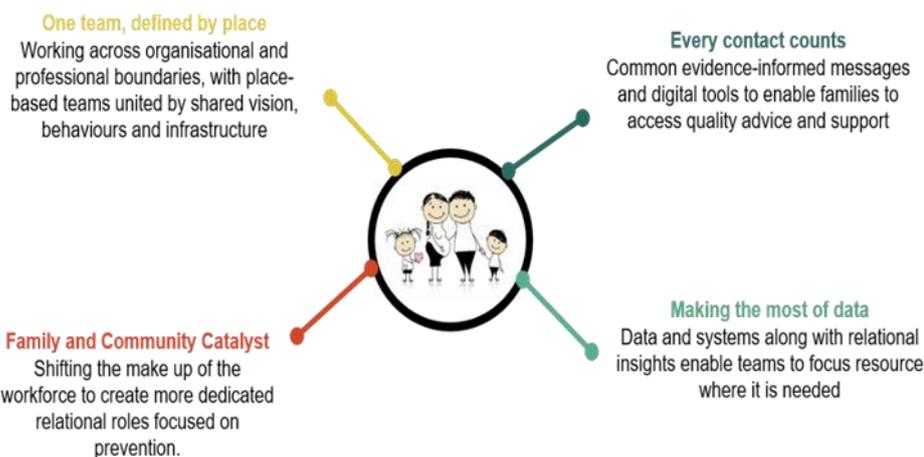


4.2 Best Start in Life

[Best Start in Life](#) is a 5-year strategy (2019-2024) which aims to improve life chances of children (pre- birth to 5 years) by addressing inequalities, narrowing the gap in attainment, and improving outcomes for all children, including disadvantaged children and families. It is a multi-agency strategy drawing together Health, Early Years & Education, Early Help, Child and Family Centres and our voluntary and third sector partners.

The Best Start in Life strategy focusses on three key outcomes which represent our ambition for integrating health, social care and education across Cambridgeshire and Peterborough: Children lead healthy lives; Children are safe from harm; Children are confident and resilient with an aptitude and enthusiasm for learning.

Children lead healthy lives		Children are safe from harm		Children are confident, resilient, and with an aptitude for learning		HEADLINE OUTCOMES
Attachment	Parents support healthy development	Parent Stress and Mental Health	Play is valued	Social Supports		INTERMEDIATE OUTCOMES (if we focus on these areas we think it will have the biggest impact on the headline outcomes)
Family and Community Connections		One Team defined by Place	Making the most of data	Every contact counts		AREAS OF FOCUS (Ways of working as we implement Best Start)



Update - Summer 2022

Throughout the period of the pandemic, work continued across the Best Start in Life partnership to pilot new ways of integrated working in four areas - Wisbech, Cambridge City and two in Peterborough (Honeyhill and Central & Thistlemoor). The aims of the pilots were to co-design and test changes with system partners and local families and each pilot was unique in terms of aims, vision and anticipated outcomes.

Workstream: *One Team Place Based*

Priority 1: *Early adopter pilots and evaluation of learning*

Cambridge City	Central & Thistlemoor	Honeyhill	Wisbech
BSiL Multi-agency panel Meetings	Community Engagement	Speech, Language and communication development recipe cards for families	Communications
BSiL 2-2.5 year pilot across Health Visiting, Child & Family Centres and Early Years Settings	Key messages for families and service users	Summer transitions programme pilot	Smoking in pregnancy
	Staff support materials/workforce development	Practitioner training toolkit	Dental health & oral hygiene
		Speech & Language Therapy (SALT) drop-in sessions for professionals	Pathway to Parenting Antenatal programme

In spring this year colleagues from the Project, Design and Delivery (PDD) Service carried out a three-month evaluation on behalf of the Best Start Programme Board looking at these place-based pilots to assess the impacts of the pilot project on partners, services and service users.

The programme board and local steering groups have been considering the evaluation and feeding this learning into identifying the next priorities for the programme. These priorities have been chosen to fulfil the below criteria:

- Improves the service offer and outcomes for families
- Helps to further develop integrated place-based teams
- Identifies opportunities for teams in areas outside the current pilot geographies to develop integrated services
- Develops improved system infrastructure to support integrated service delivery

In addition, the priorities for the next phase of the programme have been informed by the national guidance regarding Family Hubs and the local feasibility study to ensure alignment.

The table below outlines planned priorities for the programme from Autumn 2022:

Pilot (and description)	Priorities from Autumn 2022
<p>Integrated approach to 2.5 year development checks Across Cambridge City and Peterborough, piloting a shared approach to delivering these checks with Child and Family Centre and Early Years staff, led by the Health Visiting team.</p>	<ul style="list-style-type: none"> • Expand the pilot into a third area to give more information of how this works in a more rural area. Operation leads to agree an area within Huntingdonshire for this. • Expand programme across more CCC Early Years settings in Cambridge City • Train additional staff to build on the resilience of the new offer • Complete evaluation work with local families and feed learning into the service delivery • Investigate the appropriateness of SystmOne (NHS IT system) access for wider partnership workforce
<p>Smoking in Pregnancy Wisbech based pilot looking at whole system approaches to reducing maternal smoking.</p>	<ul style="list-style-type: none"> • Roll out workforce training into other areas of high smoking in pregnancy rates • Finalise and launch the co-produced smoking in pregnancy campaign • Develop a business case for further geographical roll out of CO monitoring within the Health Visiting team. • Work with integrated neighbourhoods' managers across Fenland and Peterborough, and Public Health colleagues to identify future opportunities.
<p>Speech and Language support Honeyhill based pilot looking at an integrated approach to supporting early speech and language development</p>	<ul style="list-style-type: none"> • Explore the possibility of rolling out professional drop-in sessions in a new area (potentially South Cambridgeshire) • Complete all materials developed by the steering group (with support from comms colleagues) and launch campaign across the Peterborough area. • Evaluation of materials in Peterborough to inform potential roll out across Cambridgeshire.
<p>Best Start Panel meetings Cambridge City based pilot bringing together front-line workers from across different organisations to jointly plan support for families with identified needs.</p>	<ul style="list-style-type: none"> • Although these meetings have helped to build stronger working relationships between local practitioners, other communication methods have started to be utilised now improved relationships are in place. • Learning from this pilot to feed into the development of multiagency decision-making forums being developed by Early Help colleagues.

<p>Pathway to Parenting Wisbech based pilot trialling an integrated approach to antenatal education, both face to face and virtually delivered.</p>	<ul style="list-style-type: none"> • Complete detailed evaluation of this programme to inform roll out into other areas. • Work with local maternity leads and the integrated neighbourhood team in East Cambs to look at developing the programme in this area.
<p>Childhood Immunisations Central and Thistlemoor based pilot looking at how the system could better support immunisation uptake</p>	<ul style="list-style-type: none"> • Share the training resource produced across other teams and in other geographies. • Feed learning into wider conversations led by Public Health and the ICS looking at Childhood immunisations scheduled for the Autumn.
<p>Family Support Flyer Wisbech based pilot looking at helping families to access self-help information and support on common issues</p>	<ul style="list-style-type: none"> • Data from analytics has shown that families have been accessing information on a number of issues from being signposted from the interactive flyer. • The co-production of the flyer has provided valuable information about how families want information to be presented and important topics to be looked at • These flyers with embed weblinks and QR codes are in essence a 'low tech' test version of a future digital platform for families. Discussions to be scheduled in the autumn term about opportunities to take forward a more ambitious digital platform for families alongside the family hubs agenda.
<p>Wider System Change</p>	
<p>Integrated Approach Additional learning identified to help to move forward with a more integrated team approach</p>	<ul style="list-style-type: none"> • Look for opportunities for integrated staff meetings/clinical leadership & supervision/decision making • Discussion took place on how we socialise an integrated approach with our frontline workforce, particularly those in areas outside of current Best Start pilots
<p>Estates and Co-location As families and staff have been returning to more face-to-face activities, the question about how we can most effectively use our estates to facilitate an improved service offer for families has been raised via the pilots.</p>	<ul style="list-style-type: none"> • We will look to prioritise this work in terms of where there are opportunities that arise in our current estates. • Agreed to set up an initial meeting to kickstart the conversation on co-location and how we utilise our buildings, especially in terms of one-team integration and in line with the emerging work on Family Hubs.
<p>Data Sharing Having effective mechanisms to be able to share data across the partnership is an area that is repeatedly brought up from the pilot areas</p>	<ul style="list-style-type: none"> • Continue with the data sharing task group to understand where the potential blockages are in the system and opportunities to address these. • Consider the work on Shared Care records that is being led by the ICS and how this might support the needs of Best Start partners.
<p>Workforce Training Having shared training on underpinning approaches across children's workforce</p>	<ul style="list-style-type: none"> • Continue the roll out of 5 to thrive training across the workforce and develop the use of local champions to embed this approach. • Roll out Solihull training across organisations for identified job roles.

In addition, the Programme Board leads will be working closely with colleagues in Children’s Services during the Autumn term to understand how the Family Hubs agenda can build on the work started by the Best Start in Life programme and any changes to governance structures or workplans that might be needed as a result of that.

4.3 Infant Feeding Strategy

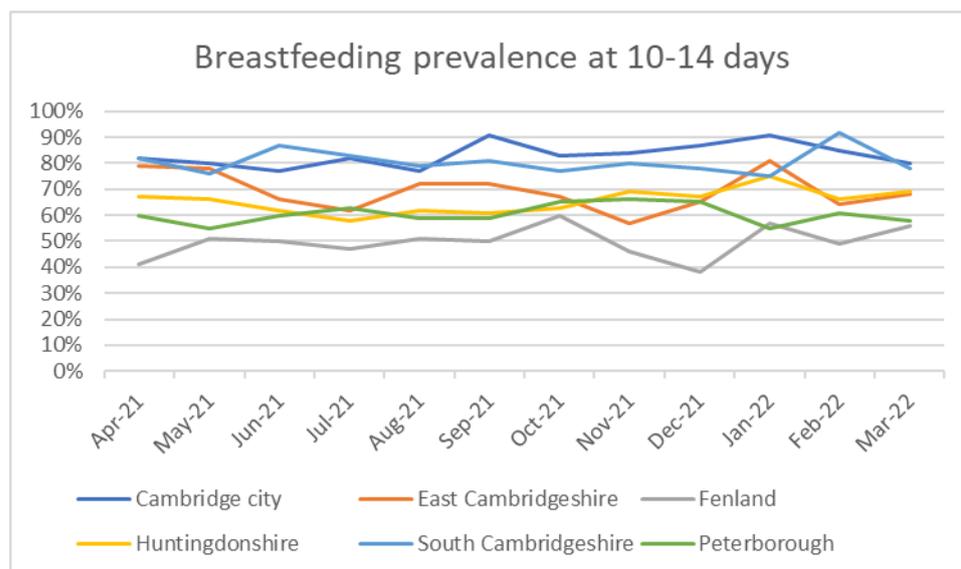
Cambridgeshire & Peterborough NHS and the Local Authority are co-producing a 5-year Infant Feeding systemwide strategy with health and community partners, informed by service user voices. The Strategy sets out a vision of how we intend to improve support to families across all stages of the feeding journey, from the birth of their child to age two.

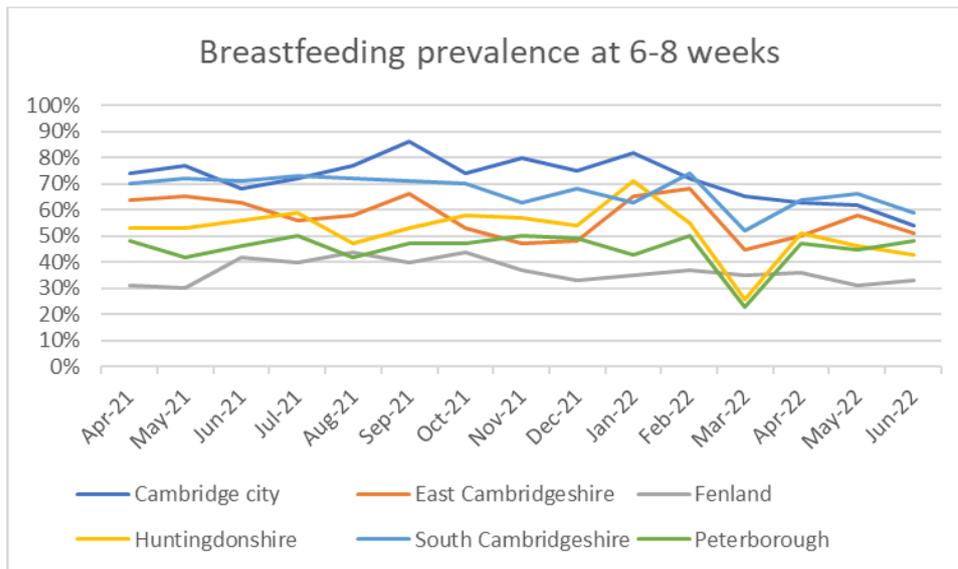
Infant feeding is a critical factor in the crucial early years that impacts on a baby’s healthy growth and development across the life course. We want to ensure that all babies living in Cambridgeshire and Peterborough have the best start in life, and we are aiming to create a community that enables parents to make informed choices about infant feeding in a way that optimises nutrition and helps develop close, loving relationships with their baby.

The strategy has outlined 7 priority areas:

1. A strong, whole-family antenatal offer
2. Easy access to information, support and services
3. Dedicated support throughout the early days
4. Ongoing support across the feeding journey, including introduction to solid food
5. A well-trained workforce
6. Inclusive communities
7. Reduce health inequalities

Whilst the strategy will be inclusive to all feeding methods, it will also seek to address the health disparities spanning our geographies in respect of breastfeeding prevalence rates, which are significantly worse in the north of the county compared to the south, as highlighted below.





Data extracted from Provider dashboard

The Cambridgeshire & Peterborough Infant Feeding Network will co-ordinate the delivery of the 7 key priorities identified in this strategy. An action log will be maintained to ensure timely delivery against identified key actions which are required to support delivery of the priorities. Progress reports will be made to the Cambridgeshire and Peterborough Local Maternity and Neonatal Board and actions will feed into the strategic developments within the Best Start in Life and Family Hubs.

A draft of the full strategy is here [V3 DRAFT infant feeding strategy.pdf](#)

4.4 Breastfeeding peer support contract

This contract is currently commissioned to provide breastfeeding peer support services across Peterborough and Fenland and is provided by the National Childbirth Trust (NCT), who have delivered such services in Peterborough since 2015 and Fenland since 2020.

The current service was commissioned in 2020 for an initial term of 24 months, however built into the contract was the ability to extend this for a further 12-month period, which was granted, meaning existing contractual arrangements cease on the 31st March 2023. The contract is held by Peterborough City Council as the Lead Commissioner; however, Cambridgeshire County Council contribute towards the contract which is supported by a Partnering & Delegation agreement. The contract value is £52,000 per annum; £25,650 PCC and £26,350 CCC.

Breastfeeding Peer Support Schemes are recommended by the World Health Organisation and NICE guidance as effective mechanisms for supporting initiation and duration of Breastfeeding as part of a coordinated approach across health and community settings.

In April 2022, Peterborough City Council was named as one of 75 Local Authorities eligible for a share of £301.75m funding allocated in the Autumn budget across Family Hubs and Start for Life programmes. Within this £50m has been identified nationally for breastfeeding support. As the current contract is jointly commissioned across the two local authorities this is likely to impact on future commissioning decisions.

We are currently working with colleagues across Children’s Services to understand the national guidance released at the beginning of August and the opportunities that brings. As a result, it is believed that a 6-month extension to existing provision is required in order to allow sufficient time to explore and plan in line with the emerging development of Family Hubs. It is highly likely that this work will mean a new service specification is required and procurement exercise undertaken, which would not be possible within the current timescales of the remaining contract.

We ask that the committee endorses the decision to directly award a new contract to the existing Provider to enable the continuation of existing provision for a 6-month period, from 1st April to 1st October 2023. This will be under the same terms and conditions as current provision, for the value of £26,000 (£12,825 PCC, £13,175 CCC) and will be funded from identified Public Health reserves.

4.5 **Healthy Schools Support Service**

Cambridgeshire County Council and Peterborough City Council have commissioned Everyone Health to deliver a Healthy Schools Support Service since September 2018 at an annual value of £227,000 across the two Local Authorities. From 1st September 2022, the contract will enter its final year, until 31st August 2023.

Schools and early year settings have a vital role in promoting pupils' physical, emotional and mental health and wellbeing. They are able to support children, young people, their families and carers to become aware of the importance of adopting healthy behaviours.

There is evidence that the adoption of a whole-school approach where the ethos, culture and environment promotes the health, wellbeing and safety of all in the school community enables schools to contribute to efforts that address health risks. This includes such issues as building resilience in children and young people, unhealthy weight, physical inactivity, tobacco use, poor emotional well-being and adverse childhood experiences.

Moreover there is clear evidence that there is an association between children's health and wellbeing and educational attainment, acknowledging that when children are healthy and happy at school, they can also achieve more.

The current service has 4 key components:

- A universal [website](#), containing information, lesson materials & resources, a parent hub and links to local offers
- Delivery of targeted interventions on nutrition (FoodSmart) and smoking & vaping cessation/prevention (KickAsh) to schools identified as most at need of this support
- A Healthy Schools Accreditation Scheme, recognising the steps and initiatives schools are taking to address the health, wellbeing and resilience of their school communities
- Developing and working with a local network of partners to enhance and streamline the support offer available to schools on key topic areas including nutrition, physical activity, emotional health & wellbeing, risk taking behaviours & personal safety and support the quality assurance of these

The impacts of Covid-19 on the Education sector are still being worked through but early insights suggest these are significant and will persist for a number of years. This emphasises a need to continue a commitment to supporting schools to embed whole school approaches to health and wellbeing and promote the development of key skills to instil resilience in children, young people and their school communities.

This report seeks to make members aware of the intention to recommission this service from the 1st September 2023. Officers are commencing a procurement exercise from September 2022 and will use insights gathered through consultations with stakeholders and market research to shape a new specification. This will be added to the forward plan and subsequently taken to relevant committees as a standalone item in due course.

5. **CONSULTATION**

- 5.1 **Best Start in Life:** considerable engagement with families took place across the county as part of the strategy develop in 2018, including dedicated resource to conduct a 'rapid research sprint' to gather insights from local families across a range of communities. Coproduction and consultation with families also formed part of a number of the pilot initiatives.

Infant Feeding Strategy: The Peterborough and Hinchingsbrooke Maternity Voices Partnership and Rosie Maternity Voices Partnership jointly conducted an Infant Feeding Survey in Spring 2022, which yielded responses from over 300 responses from local families who had given birth in the last two years. Findings from this informed the strategy development, which has also been coproduced with a range of stakeholders spanning maternity, health visiting, and the community and voluntary sector.

Breastfeeding Peer Support Service: Relevant coproduction and consultation activities with both families and key stakeholders will form part of any future commissioning and procurement activities once the details of the Family hub funding in Peterborough is clear.

Health Schools Support Service: Relevant coproduction and consultation activities with both families and key stakeholders will form part of the procurement to recommission this service and is expected to take place between September and December 2022.

6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 That the Committee note the progress of these workstreams and approve the recommendations outlined at the beginning of this report.

7. REASON FOR THE RECOMMENDATION

- 7.1 To provide members with oversight of the various children's public health workstreams as requested by committee at the Agenda Planning meeting.

8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 N/A - for information purposes

9. IMPLICATIONS

Financial Implications

- 9.1 None at this stage.

Legal Implications

- 9.2 None at this stage.

Equalities Implications

- 9.3 All programmes and activities outlined in the body of this report relate to reducing inequalities and improving outcomes for all children and families.

Rural Implications

- 9.4 Officers and programme leads are committed to ensuring equity of provision across rural and urban areas to ensure that provision is tailored to our diverse communities.

Carbon Impact Assessment

- 9.5 N/A as report is for information purposes – CIA will be completed for each project as required.

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 10.1 [8.-Annex-A-BSiL-Strategy-FINAL-26_7_19.pdf \(cambridgeshireinsight.org.uk\)](https://cambridgeshireinsight.org.uk/8.-Annex-A-BSiL-Strategy-FINAL-26_7_19.pdf)

11. APPENDICES

11.1 Appendix 1 – Cambridgeshire and Peterborough Infant Feeding Strategy V3 Draft

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