

**04 September 2019****Agenda Item: 7****REPORT OF THE DIRECTOR OF PUBLIC HEALTH****APPROVAL OF JSNA CHAPTER – 1001 DAYS, CONCEPTION TO AGE 2****Purpose of the Report**

1. To request the that the Health and Wellbeing Board approve the new 1001 Days: Conception to age 2, Joint Strategic Needs Assessment (JSNA) Chapter.
2. This report contains an executive summary of the chapter. The Board will be approving the full chapter which is available as an appendix to this report and for review [here on Nottinghamshire Insight](#).

**Information**

3. *‘The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being - from obesity, heart disease and mental health, to educational achievement and economic status’*  
- Michael Marmot
4. In particular, the first 1001 days - from conception to the age of 2, are widely recognised as a critical period of development. This is because the earliest experiences, starting in pregnancy, shape a baby’s brain development: during the first two years of life the brain develops a remarkable capacity to absorb information, and adapt to its surroundings, and by 2 years of age the brain will be about 80% of its adult size.
5. Pregnancy is a critical period during which the physical and mental wellbeing of the mother can have lifelong impacts on the child. Maternal stress, diet and alcohol or drug misuse can place a child’s future development at risk.
6. Loving, secure and reliable relationships with parents, together with the quality of the home learning environment, support a child’s emotional wellbeing, brain development, language development, ability to learn, and capacity to develop and maintain good relationships with others.
7. This JSNA chapter explores the factors from conception to the age of 2, ‘the critical 1001 days’ that influence a child’s development, helping us to identify which children will be at greater risk of poorer development, school readiness, and life chances.

8. A child's physical, social, emotional, and brain development from conception to the age of 2 is shaped by these key factors:
  - good maternal mental health
  - parent-infant interaction: sensitive and attuned parents
  - secure attachment
  - healthy pregnancies and the protection and promotion of health in infancy
  - quality of the home learning environment
9. A parent's ability to support their child's health and development can be adversely affected by a range of issues, including:
  - domestic abuse
  - maternal stress
  - level of income
  - teenage parenthood
  - their own adverse childhood experiences
  - having multiple vulnerabilities or complex social needs

### **Unmet needs and service gaps**

10. Unmet needs and service gaps are explored fully in the JSNA chapter. Gaps and opportunities have been identified in relation to a number of key areas:
  - Maternal mental health, parent-infant interaction and attachment: there are opportunities to better identify and support women with mild to moderate mental health needs and those with parent-infant interaction difficulties
  - Healthy pregnancies and the promotion and protection of health in infancy: smoking in pregnancy rates are very high in some areas of the county, and breastfeeding rates low
  - Child development: some families decline 1 and 2 year development reviews, and some children are not achieving 'a good level of development' at 2
  - Families with multiple vulnerabilities: there are opportunities to strengthen pathway so care for these groups, and to improve information sharing

### **Recommendations for consideration by commissioners**

11. A number of recommendations have emerged to strengthen early identification of need and delivery of appropriate interventions in the 1001 days. These will be owned by the Early Years Integrated Commissioning Group until such time as a proposed Best Start Group is established. The proposed Best Start Group will ensure a co-ordinated partnership approach to improve a range of outcomes for young children and their families starting from pregnancy, with a particular focus on targeting families most at risk of poor outcomes.
12. It is recommended that the Best Start Group could oversee the implementation of all recommendations, working in close partnership with the Local Maternity and Neonatal System Board.

Recommendations	Lead organisation (s)				
	Local Authority	Local Maternity and Neonatal System	Provider organisations	Clinical Commissioning Groups	Other partners
<b>System-wide:</b>					
<p>1. Recognising the importance of the first 1001 days in supporting child development, school readiness and the life-long impact on health, wellbeing and prosperity:</p> <ul style="list-style-type: none"> <li>• Prioritise the earlier identification of need and provision of evidence-based support for families in the 1001 days. Ensure interventions currently delivered reflect best available evidence.</li> <li>• Establish a multi-agency, strategic Best Start Group and accompanying strategy to ensure every child in Nottinghamshire has the best possible start in life, beginning in pregnancy and across their early years,</li> </ul>	/				

Recommendations	Lead organisation (s)				
	Local Authority	Local Maternity and Neonatal System	Provider organisations	Clinical Commissioning Groups	Other partners
<p>2. Local Maternity Systems, public health leads, Healthy Family teams, children's centres services should work in close partnership to support health and wellbeing in pregnancy, with a specific focus on:</p> <ul style="list-style-type: none"> <li>• Smoking in pregnancy: to reduce the proportion of women smoking in pregnancy in line with locally agreed trajectories</li> <li>• Breastfeeding: to increase the proportion of women breastfeeding at 6 to 8 weeks</li> <li>• Continuity of care: to increase opportunities for women to receive continuity of carer across maternity services, and to improve communication and handover of care between maternity services and Healthy Family teams</li> <li>• Information sharing and partnership working, including information technology</li> <li>• Maximising opportunities to improve health and wellbeing between pregnancies</li> <li>• Promoting and supporting early access to maternity care</li> </ul>	/	/	/	/	/
3. Review and strengthen pathways of care and partnership working for women with complex social needs or vulnerabilities.	/	/	/		
4. There are inequalities in outcomes across districts, most likely linked to levels of household income, which should be considered when planning and targeting services and interventions.	/			/	

Recommendations	Lead organisation (s)				
	Local Authority	Local Maternity and Neonatal System	Provider organisations	Clinical Commissioning Groups	Other partners
5. Continue to recognise the skill and expertise of the early year's workforce and further invest in evidence-based training to support a wide range of professionals to recognise the importance of the 1001 days and to work to engage and support families collaboratively, building relationships based on trust.	/		/		
<b>Health promotion:</b>					
6. Ensure women are accessing maternity care early, ideally by 10 weeks, but usually by 12 weeks and 6 days.		/	/	/	
7. Radically improve the uptake of Healthy Start vitamins by pregnant women and infants from the age of 4 weeks.	/	/	/		
8. Develop pathways of care between maternity services, Healthy Family teams, children's entre services and the new integrated wellbeing service in relation to weight management, smoking cessation and alcohol use in pregnancy and infancy.	/	/	/	/	
9. Continue efforts to improve breastfeeding prevalence, focused on areas of the county with the lowest rates.	/	/	/		
10. Increase the awareness and uptake of vaccinations in pregnancy and early childhood.	/	/			/
<b>Maternal, mental health, attachment and parent-infant interaction:</b>					
11. Improve uptake of the antenatal review by better understanding the barriers to this.	/		/		

Recommendations	Lead organisation (s)				
	Local Authority	Local Maternity and Neonatal System	Provider organisations	Clinical Commissioning Groups	Other partners
12. Ensure the actions identified to strengthen the pathway of care for women with perinatal mental health needs are implemented, including the implementation of a new assessment tool in maternity services, improved referral pathways to psychological therapy services and a rolling training programme.		/	/	/	
13. Develop clear and consistent universal messages about the importance of sensitive, attuned and face-to-face interactions from birth onwards	/				
14. Identify opportunities to assess parent-infant interaction in the first few weeks and consider how interventions to support this could be delivered. Please note: this recommendation may have significant resource implications, for further exploration.	/		/		
15. Support clinicians working in neo-natal units to identify maternal mental health needs.		/			
<b>Child development:</b>					
16. Support parents to develop good home learning environments from birth, targeted at at-risk groups such as families with low incomes / those living in areas of multiple deprivation. Consider developing clear and consistent universal messages about the importance of home learning, from birth.	/		/		/
17. Replicate the robust pathways from the 2 year review to sources of appropriate support e.g. children's centre programmes, for the antenatal, new birth, 6 to 8 week and 1 year reviews, and identify any gaps in appropriate support.	/		/		
18. Review, and wherever possible, implement the recommendations from Public Health England's pathway for children aged 0-5 with speech, language and communication needs, once published.	/				

## **Other Options Considered**

13. Not applicable.

## **Reason/s for Recommendation/s**

14. The aim to give every child a good start in life is a key priority in the Nottinghamshire Health and Wellbeing Strategy. It is now recognised that the period from a child's conception to the age of 2 has an important impact on his or her long-term development. The chapter has been written to reflect best available evidence and emerging national direction, and the recommendations will shape local priorities and action to give every child the best start in life.

## **Statutory and Policy Implications**

15. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

## **Financial Implications**

16. There are none arising from this report although the findings and recommendations will inform local commissioning decisions.

## **RECOMMENDATION/S**

- 1) That the Health and Wellbeing Board approves the new 1001 Days Joint Strategic Needs Assessment (JSNA) Chapter.

## **Jonathan Gribbin**

Director of Public Health

## **For any enquiries about this report please contact:**

Kerrie Adams  
Senior Public Health Commissioning Manager  
T: 0115 9772198  
E: [kerrie.adams@nottsc.gov.uk](mailto:kerrie.adams@nottsc.gov.uk)

Helena Cripps  
Public Health Commissioning Manager  
T: 0115 9772159  
E: [helena.cripps@nottsc.gov.uk](mailto:helena.cripps@nottsc.gov.uk)

## **Constitutional Comments (LW 24/07/2019)**

17. Health and Wellbeing Board is the appropriate body to consider the content of the report

## **Financial Comments (DG 24/07/19)**

18. There are no specific financial implications arising from this report.

## **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

- [Nottinghamshire Health and Wellbeing Board: Joint Health and Wellbeing Strategy 2018-2022](#)

**Electoral Division(s) and Member(s) Affected**

- 'All'

See also items in the Chair's Report:

30. Government response to the Health and Social Care Select Committee report on 'First 1000 days of life'
31. Foods and drinks aimed at infants and young children: evidence and opportunities for action
35. Early intervention