

Nottinghamshire Health Scrutiny Committee
Nottinghamshire Healthy Families Programme | Briefing | March 2023

1. Overview

“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 wellbeing - from obesity, heart disease and mental health, to educational achievement and economic status”

Michael Marmot, 2010, Fair society, healthy lives

The ambition to give every child the best start in life is a key local and system priority, because we know that a good start shapes lifelong health, wellbeing and prosperity. The responsibility to deliver this ambition is spread across a number of organisations across the Integrated Care System. Two Nottinghamshire joint strategic needs assessments completed in 2019: *1001 Days (from conception to age 2)* and *Early Years and School Readiness* highlight how pregnancy and the early years represent a phase of increased vulnerability, yet also offer a short window of significant opportunity to improve outcomes. Nottinghamshire’s Best Start Strategy (2021-2025) sets out key steps towards a vision for every child in Nottinghamshire to have a good start in life. This ambition to give every child in Nottinghamshire to have a good start in life is also a priority in the Nottinghamshire Health and Wellbeing Strategy (2022-2026) and supports the delivery of several ambitions in the Council’s Nottinghamshire Plan (2021-2031) and Nottingham and Nottinghamshire’s draft Integrated Care Strategy (2023-2027).

The Government’s Healthy Child Programme is the national evidence based universal programme for children aged 0 to 19 and is at the heart of the Nottinghamshire’s Healthy Families Programme (HFP). The Nottinghamshire HFP is an early intervention and prevention public health service, supporting Nottinghamshire families to provide their children with the best start in life. The Nottinghamshire HFP offers every family with a child between the ages of 0 and 19 years a programme of health and development reviews as well as information and guidance to support child development, parenting, and healthy choices, to ensure that children and families achieve optimum health and wellbeing.

The service is universal in reach and personalised in response: support is offered to all families, which enables those with additional needs to be identified. Most family’s needs will be met by the universal offer, with targeted and evidence-based support offered to those who need it, as early as possible.

It is recognised in the national literature and evidence that the pandemic and its associated restrictions have had a significant impact on the early experiences and development of new babies and young children. The lockdown measures introduced to reduce the spread of Covid-19 resulted in a rapid change in circumstances for many new parents and their children across Nottinghamshire.

This paper aims to update the Health Scrutiny Committee on a summary of the Nottinghamshire HFP service, the current HFP workforce and the latest evidence of the impact of the Covid pandemic on Nottinghamshire’s babies and young children.

2. Summary of the Nottinghamshire Healthy Families Programme

Statutory responsibilities and commissioning arrangements

Ensuring that children in Nottinghamshire have a good start in life is a complex ambition delivered through a range of organisations across the Integrated Care System (ICS). Appendix Item one summarises the roles and responsibilities of the various organisations for children aged 0-5years. This paper will concentrate on the specific role of the Nottinghamshire HFP in supporting this ambition.

Local Authorities have a statutory responsibility, under the Health and Social Care Act of 2012, to ensure that the Healthy Child Programme and National Child Measurement Programme are provided to the local population of children, young people and families. More specifically, five universal health visitor reviews, from late pregnancy to age 2 to 2.5-years, are mandated for delivery.

The commissioning responsibility for health visiting services transferred to the Council in October 2015 when a procurement process was undertaken to recommission health visiting, public health school nursing, the Family Nurse Partnership, and the National Child Measurement Programme as an integrated service for children and families aged 0 to 19.

The contract for the service known locally as the Healthy Families Programme (HFP) started on 1st April 2017 and is delivered by Nottinghamshire Healthcare NHS Foundation Trust (NHFT). The contract was awarded for an initial three-year period with the option to extend for a further four years. The four-year extension has now been enacted, with the current contract due to end in 2024.

Supporting children aged 0 to 5

This HFP contract brings together care provided by health visitors, school nurses, the Family Nurse Partnership Programme (for first time teenage mums) and the National Childhood Measurement Programme into an integrated service known locally as the Nottinghamshire HFP.

In the early years, the Nottinghamshire HFP delivers:

- Antenatal contact, in pregnancy
- New baby review: health, wellbeing, and development, delivered in the home
- 6 to 8-week review: health, wellbeing, and development, delivered in a community venue or the home, dependent on assessed need
- 1-year health and development review: comprehensive assessment of a child's health, social, emotional, behavioural and language development, delivered in a community venue for universal families, and in the home for targeted and safeguarding families
- 2 to 2.5-year health and development review: comprehensive assessment of a child's health, social, emotional, behavioural and language development, integrated with early years settings wherever required, delivered in a community venue for universal families, and in the home for targeted and safeguarding families
- The Family Nurse Partnership, an evidenced-based intensive home visiting programme for vulnerable first-time teenage parents, throughout pregnancy and until their child is aged 2,
- Support for children's early development:
 - Improving emotional and social wellbeing through strong parent-child attachment, positive parenting and supportive family relationships

- Promoting early speech and language development
 - Detecting and acting early to address development delay or health concerns
 - Enhancing health and wellbeing
 - Promoting creative and imaginative play
 - Detecting and acting early to reduce the adverse impact of psychosocial issues such as parenting capacity, disruptive family relationships, domestic violence, mental health issues and substance misuse
- A focus on maternal mental health, including programmes of support
 - Extra support and contacts for families with identified needs, including a targeted review at age 3 to support school entry
 - Safeguarding: assessment of risk to children, comprehensive assessment of health need prior to each safeguarding conference, attendance at safeguarding conferences, and support for the development and implementation of safeguarding plans
 - Annual health assessment of Looked After Children (LAC), focused on public health and wellbeing, and contribution to LAC reviews.

The following sections describe these key elements of the Nottinghamshire HFP service and its important interactions with other ICS services across the child's life course to ensure they achieve optimum health and wellbeing.

Mandated Reviews

Nursing and Midwifery Council (NMC) registered specialist public health practitioners (health visitors) lead care for families aged 0 to 5. The Government's Healthy Child Programme 0-19 includes a mandate for the delivery of 5 universal health visitor reviews. Regulations underpinning the mandate identify that the review should be carried out by a health visitor or, with delegated responsibility, a suitably qualified health professional (with guidance from, and supervised by, the health visitor).¹

In pregnancy

Whilst maternity services (obstetricians and midwives at the three acute Hospital Trusts in Nottinghamshire) lead care in pregnancy and the immediate postnatal period, Healthy Family teams offer an antenatal review to all women. This is a holistic assessment of the expectant parent's needs, assessing mental health and wellbeing, supporting the transition to parenthood and promoting health. Where women have complex health or social factors affecting their pregnancy, or potential safeguarding needs, information about care is shared between maternity services and HFT's during pregnancy. For further detail relating to the interface between maternity services and the HFP, see Appendix One, Item two.

Best practice is that midwifery liaison meetings between HFT's and maternity services take place to share information about women's support needs and care with a focus on safeguarding and complex social needs, and this is supported by electronic information sharing. This can be challenging at times due to the different information storage systems used historically by each Trust, and workforce capacity issues across maternity and the HFP workforce. Regular practice liaison meetings between HFT's and GP's extend information sharing about the needs of vulnerable families to primary care services, thus enabling primary care to work together with HFT's and midwives to support parents and safeguard children.

¹ Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) and Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment) Regulations 2015

First time mothers and those with targeted or safeguarding needs will be offered a face-to-face antenatal review by a specialist public health practitioner (health visitor). Second- or third-time parents without additional support needs would be offered a telephone review with a healthy child assistant in the first instance, however all women are able to see a specialist public health practitioner (health visitor) if they wish to, or if concerns are identified. This approach has increased uptake of the antenatal review over the past few years.

HFT's work to build resilience and put in place early support strategies to enhance women's emotional health and wellbeing as part of the universal offer of support. Mild to moderate post-natal depression has a significant impact on a mother, her baby and her wider family, with the potential to affect attachment, child development and longer-term outcomes such as school-readiness. HFT's assess and support maternal mental health beginning in pregnancy, and where additional needs are identified appropriate support is arranged.

Birth and 6-to-8 week reviews

After the baby is born, maternity services lead care for the first few days, which may be up to 30 days if clinically indicated. The service delivered by maternity services in the immediate post-natal period, commissioned by the ICB, is outside of the NCC commissioned HFP.

Maternity services are responsible for ensuring that:

- a new-born infant physical examination takes place within 72 hours of birth that screens eyes, heart, hips and testes².
- blood spot screens are taken in the first few days of birth³
- a new-born hearing screen also takes place within 3 months of birth, delivered by the hospital trusts.⁴

Breastfeeding support is delivered by both maternity services and HFT's from birth, and these services work together to ensure women can access the care they need to establish and maintain breastfeeding.

After birth, the Healthy Families Programme responsibilities commence when the specialist public health practitioners (health visitors) deliver a new-born review in the home at 10-to-14 days assessing and monitoring baby's growth and health, including advice and support on baby's development, the promotion of sensitive parenting, adjusting to life as a new parent, screening, vaccination, feeding and safe sleep, amongst other areas. At 6-to-8 weeks the review is usually delivered in a community venue by the specialist public health practitioner (health visitor). Neither the birth visit nor the 6-to-8 development review are delegated to another health professional, and are always completed by the health visitor.

At around 6-to-8 weeks women and babies are also seen by their GP for a physical examination of baby and assessment of women's physical and emotional needs. Care and support for new babies is therefore a shared approach delivered across maternity services, health visiting services (Nottinghamshire HFP) and primary care.

1 and 2-to-2.5 years

HFT's undertake a comprehensive assessment of a child's health, social, emotional, behavioural and language development at one year of age, and again at 2-to-2.5 years of age

² [Newborn and infant physical examination: clinical guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

³ [Newborn blood spot test - NHS \(www.nhs.uk\)](https://www.nhs.uk)

⁴ [Newborn hearing screening - NHS \(www.nhs.uk\)](https://www.nhs.uk)

using the evidence-based ages and stages questionnaire (ASQ 3) to assess communication, gross motor skills, fine motor skills, problem solving and personal-social skills, and the ages and stages: social-emotional (ASQ:SE) to assess social and emotional development. These questionnaires are a developmental screening tool completed by parents and reviewed in conjunction with professionals to highlight strengths and concerns in relation to a child's development. They are evidence-based and assessed as valid, reliable and accurate due largely to their parent-centric approach and ease-of-use.⁵

Where a child is not meeting developmental milestones, an appropriate intervention will be delivered, for example for speech, language and communication needs, social and emotional development, or motor skills. HFTs refer for targeted or specialist care wherever further support is needed for example children's centre services, parenting support or assessment by hospital paediatric teams.

One-year reviews may be delivered by an assistant public health practitioner or specialist public health practitioner (health visitor) depending on assessed need. It is a commissioning aspiration that all one-year reviews will be delivered by the specialist public health practitioner (health visitor), which includes them conducting a maternal mental health assessment. Currently this is achieved at 70% of the one-year reviews.

At 2-to-2.5 years universal reviews are delivered by assistant public health practitioners or healthy child assistants, who are specialists in early childhood development. Vulnerable and safeguarding families are considered to be targeted families and receive care from the specialist public health practitioners (health visitors).

The development review at 2-to-2.5 is delivered in partnership with early years settings who also assess a child's development via the early year's foundation stage framework. This is known as the integrated review. Information about assessment is shared between HFT's, early years settings and parents, and where either party identifies concerns, discussion takes place about a child's developmental needs and practitioners work in partnership to ensure appropriate interventions are put in place and the child's progress reviewed.

Whilst there are processes in place to ensure all families access their child development reviews, the HFP work hard to prioritise and reach vulnerable families in need of additional support.

District level service offer

The service specification for the HFP identifies a core offer for children, young people and their parents/carers across the county as a whole. The core offer is universal in reach and targeted in response to identified need. The demographics of the county, and the differing population needs across the districts means that the service does not always look identical to families. For example, the Family Nurse Partnership programme, offered to first time teenage mothers and their babies has a greater presence in districts with a higher teenage pregnancy rate. Similarly, some roles within HFT's are adapted to meet the needs of the locality, such as the presence of a specialist practitioner who has a focus on the Gypsy Roma Traveller community in Newark.

⁵ [ASQ-3 - Ages and Stages](#)

3. Healthy Families workforce: capacity and skill

The Nottinghamshire HFP is delivered by 20 local Healthy Family Teams (HFT's) that provide children, young people and families with care from before birth to their late teens. HFT's work in geographical areas relating to local communities and incorporate families of schools.

Workforce modelling took place to align the capacity and skill of each team to the needs of the local population. This modelling is based on a combination of factors including the Governments Income Deprivation Affecting Children Index (IDACI), strategic needs assessment, safeguarding demand, as well as local intelligence based on NHFT's experience of delivering services. Underpinning the workforce model is the principle that all children, young people and families will receive the support they need, when they need it, regardless of where they live in Nottinghamshire.

Skill mix and establishment

Each multidisciplinary HFT has a combination of Nursing and Midwifery Council (NMC) qualified specialist public health practitioners (health visitors and school nurses), assistant public health practitioners, healthy child assistants and other support workers, with a wide range of knowledge and skill. HFT's are further strengthened by professional service leads and practice teachers who have specific leadership, supervision, and training remits. Members of the HFT work together to assess public health needs and provide appropriate support to the children, young people and families in their local area.

In the Family Nurse Partnership Programme, specially trained family nurses work intensively with young parents throughout pregnancy up to a child's second birthday.

In addition to the members of the HFT detailed above, there are various county-wide roles within the HFP. These include:

- Specialist and assistant public health practitioners manning the Healthy Families advice line and the confidential text messaging services for children, young people, parents and carers
- Paediatric liaison specialist practitioners, who work closely with each Hospital Trust and the Mother and Baby Unit (the specialist inpatient unit for some women with severe mental health problems during pregnancy or after the birth of their baby)
- A clinical continence team
- A Special Educational Needs and Disabilities Co-ordinator
- The service's senior management and those working in roles such as data, performance, contract management and specialist safeguarding, amongst others.

Colleagues across the Nottinghamshire HFP use their specialist knowledge, skills and strengths-based approaches to provide evidence-based interventions (as identified in Section 3), deliver motivational interviewing, assess child development, promote health, wellbeing and development, support health protection, (for example by reviewing and promoting vaccination and immunisation) and safeguard children.

Detail of the current establishment can be found in Appendix One, Item three, Table 1.

Capacity pressures

There are national shortages of health visitors and school nurses, in common with the situation for many other health, social care, and early years professionals. Whilst the workforce of the Nottinghamshire HFP has largely been protected from this issue to date, challenges in

recruiting health visitors when colleagues leave is now becoming an area of concern for Nottinghamshire as well. Health visitors are moving into other roles, largely due to promotions and career progression. Monthly turnover across the Nottinghamshire HFP is relatively stable at between 0.29% and 1.79% for the 12 months to December 2022, with a 6% vacancy rate. These capacity pressures are particularly affecting the districts of Bassetlaw, Ashfield, Gedling and Broxtowe but with pro-active management of sickness and recruitment, this is now easing, particularly in Bassetlaw and Gedling.

Commissioners have worked closely with NHFT to agree a service continuity and recovery plan that sets out how HFT's will best meet the needs of the population where teams are experiencing recruitment challenges. This includes deploying the HFT workforce across other teams and districts and the safe delegation of relevant activities to the skill mix team. Within the service continuity plan the delivery of mandated reviews and the support for targeted and safeguarding families are prioritised.

On some occasions workforce capacity challenges can have an impact on the service offer available to universal families, such as slightly longer waiting times for level one interventions, for example: 'listening visits' undertaken by the service when low level mental health concerns have been identified. This is mitigated by the ability to flex the workforce in a way that enables support to be drawn from areas with more workforce capacity, without having a detrimental effect on the area providing the support. At such times, the service offer for vulnerable and safeguarding families again, remains a priority.

4. Understanding the impact of the Covid-19 pandemic

The lockdown measures introduced to reduce the spread of Covid-19 resulted in a rapid change in circumstances for many new parents and their children. It is recognised in national literature and evidence that the pandemic and its associated restrictions have had a significant impact on the early experiences and development of new babies and young children. This section details the operational response, current performance and further analysis that has been completed to understand the impact of the pandemic on Nottinghamshire babies and young children.

Care delivered throughout the pandemic

Throughout the Covid-19 pandemic HFT's continued to deliver all universal and targeted elements of the service using a blended approach of face-to-face contacts, telephone and digital platforms to support all children, young people and their families.

In March 2020 NHS England and Improvement issued guidance⁶ for all community health services regarding the prioritisation of services during the Covid-19 pandemic. Health visiting services, commissioned by Local Authorities, were required to cease all services except for:

- Visits and support for vulnerable families
- Safeguarding work
- New birth visits
- Follow up of high-risk mothers, babies and families (targeted support)
- Antenatal visits (however virtual delivery was recommended)
- Phone and text advice– digital signposting
- Blood spot screening

⁶ [COVID-19 prioritisation within community health services with annex 19 March 2020 \(2\).pdf](#)

The guidance stated that digital technology should be used to provide advice and support by default, wherever possible.

The Nottinghamshire HFP adapted their model of delivery in response to the Covid-19 restrictions and embraced new and innovative ways of working. At all stages of the pandemic HFT's worked hard to ensure that the most vulnerable families received face to face support and that new parents were visited at home. At this time the new birth visit consisted of a blended approach with 45 minutes delivered by telephone, supported by a short home visit in order for baby's growth and weight to be checked (in line with Covid restrictions).

For universal families (those without significant additional needs), the 6-8 week, 1 year, and 2-2.5 year reviews were delivered by telephone, in line with the national guidance to reduce the transmission of Covid-19 in the community. Wherever there was a clinical need for a mother / baby / child to be seen face-to- face, they were seen either in the home or a community clinic. For detail relating to the service offer and changes to this across the pandemic period, see Figure 1 in Appendix One, Item four.

Throughout the pandemic, the most vulnerable, safeguarding families were prioritised, and continued to receive their care face-to-face in the home. Families are assessed as universal, targeted, or safeguarding via a comprehensive health assessment including the use of previous medical records such as GP records and hospital notes, and detail of previous of current contact with other agencies and services. A recent snapshot of the Nottinghamshire HFP caseload, by complexity, can be found in Table 2 of Appendix One, Item three.

During this time, families were encouraged by members of the Healthy Family Team and via NHFT social media posts to contact the Nottinghamshire HFP telephone advice line for information, advice and support about their family's health, wellbeing and development. Across 2020-21 there were 15,820 calls handled by the HFP telephone advice line. Children, young people, parents and carers could also access advice from their HFT through their text messaging services: Parentline, for parents and carers of 0-19's and ChatHealth, for young people ages 11-19. These alternative methods for seeking support have remained in place post-pandemic.

A total of 34 clinical and non-clinical staff who had experience of immunisation were re-deployed at key points between November 2021 and February 2022 to support delivery of the Covid vaccination programme for children and young people to ensure that children and young people eligible for the vaccination were able to access it as quickly as possible. Aside from this, the Nottinghamshire HFP workforce was not re-deployed to support other services across the Covid-19 pandemic, in contrast to many other services.

Commissioners worked closely with NHFT to restore and establish business as usual, i.e. face to face delivery, across 2021. Some HFP activity is routinely delivered in community settings for families who are assessed as having universal need. Restoring face to face support in these settings was adversely affected by the availability of community venues across much of 2021.

Current performance

It is acknowledged that the COVID-19 pandemic affected all our families, communities and services including the Nottinghamshire HFP. During April 2020 to March 2021 mandated reviews and support for targeted and safeguarding families were prioritised to services were delivered to those at greatest need. Performance regarding the delivery of the mandated reviews (excluding the ante-natal contact) is reported nationally, and Nottinghamshire can

therefore be compared to both the national average and to children’s services statistical neighbours⁷, see Table 1 below. This data captures reviews delivered within the timescales outlined.

Table 1: Health and development reviews compared 2021-22

2021-22	Nottinghamshire	England	Statistical (similar) neighbours
Proportion of new birth reviews completed within 14 days	95.3%	82.6%	85.0%
Proportion of infant receiving a 6-8 week review, within 8 weeks	89.8%	81.5%	86.9%
Proportion of children receiving a 12 month review	92.6%	81.9%	89.2%
Proportion of children who received a 2-2.5 year review	85.3%	74.0%	80.3%

Source: *Fingertips, Public Health Outcomes Framework*

Table 1 shows that in 2021-22, the overall proportion of reviews delivered in Nottinghamshire exceeded both the national average and the average of Nottinghamshire’s children’s services in statistically similar neighbours. In addition, local data suggests that the trend in the proportion of reviews delivered in Nottinghamshire is increasing and getting better. Please see graphs 1 to 4 in Appendix One, Item five for detail; these summarise the Nottinghamshire trend over five years compared to national and children’s services statistical neighbours.

Face to face contact for those born in lockdown

A question has arisen about the number of children born during lockdown who may never have had a face-to-face contact to date, with a member of the Healthy Families workforce since they were born.

Further detail regarding the reviews delivered to babies born in lockdown can be found in Tables 3 to 11 of Appendix One, Item four. This data provides a breakdown of the number and proportion of reviews delivered, and the way in which they were delivered, across districts. The data also illustrates how the service offer moved back towards ‘business as usual’ i.e., all families being offered face to face support, from late 2020-21 onwards and provides a summary of the current picture up to 31st December 2022.

Audit of births May 2020

To further assess the impact of the pandemic on babies born in the pandemic a representative sample of case notes were audited by NHFT in February 2023. The manual audit was focused on babies and families born at the height of the first lockdown, using 1st to 31st of May 2020 as the month for examination. This date range was chosen because it represents a time where the country was in full lockdown with maximum restrictions in place and a period when the Nottinghamshire HFP had implemented an adapted service offer in line with national requirements. All babies born in May 2020 will now be older than 2.5 years and so an audit of their on-going care can be completed.

Results of this audit identified that during the month of May 2020, 648 babies were born across Nottinghamshire, and 554 (85.5%) of those babies were seen face-to-face in the home. The

⁷ [Local authority interactive tool \(LAIT\) - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

service offer at that time was to complete the majority of the birth review over the telephone, keeping the face-to-face (f2f) element to a minimum in order to prevent Covid-19 transmission as per the national guidance.

The case notes of the 94 (14.5%) babies who were identified as not receiving a face-to-face visit following the birth were examined. Of these:

- 48 (7.4%) families received the birth f2f contact outside of the 10-14 day timescales due to continued care being delivered by the midwife and/or they declined the f2f element when initially offered at 10-14 days
- 39 (6%) families declined a f2f contact at the birth review due to concerns relating to Covid-19 transmission, or because they were still receiving f2f care from the midwife and wished to minimise external contact for their baby. All received the 6-8 week telephone contact, and subsequent telephone and f2f blended offer at the 1 year review
- Families of 3 (0.5%) babies did not engage with the service until the 6-8 week review was due, at which point the service completed the 6-8 week review by telephone with a f2f visit to monitor growth and weight.
- 4 (0.6%) babies did not receive a f2f or telephone contact because they were inpatients on the neonatal unit and not discharged until they were beyond 6-8 weeks of age. They were seen following discharge.

The audit results demonstrated that by the age of 2-2.5, of the 94 children identified as not receiving the initial face-to-face visit after birth, 90 (95.7%) have received a face-to-face review, 3 (3.2%) transferred out of area before this review was due, and 1 (1.1%) family declined any face-to-face contact with the service (a full record review of this case identified that there were no safeguarding concerns or additional vulnerabilities). A further breakdown of the 90 children highlights that 82 had been seen face-to-face at or before their 1-year review, and the remaining 8 were all seen face-to-face by 2-2.5 years.

Covid Impact Assessment 2023

To understand the impact of the Covid pandemic on the health and wellbeing of the population the Nottinghamshire Health and Wellbeing Board has supported development of a Nottinghamshire Covid Impact Assessment (CIA). The aim of the CIA is to assess the impact of the covid-19 pandemic to inform public health and partner strategies, plans and commissioning. The methodology for the CIA involved analysis of local, regional, and national data and a literature review of current academic research from early 2020 to October 2022. A phased approach to this work has been undertaken with eight areas:

- a) Direct impact of covid -19
- b) Domestic abuse
- c) Mental health and wellbeing
- d) Behavioural risk factors
- e) Life Expectancy and Healthy Life Expectancy
- f) Pregnancy and childbirth (including Early Years)
- g) Social determinants of health
- h) Healthy and Sustainable Places (including air quality and food insecurity)

As part of the CIA, a dedicated assessment on the impact of Covid in pregnancy and the early years is currently being completed. To date this assessment identifies an adverse impact on children's speech, language, and communication needs, as well as social and emotional development. A summary report will be presented to the Health and Wellbeing Board (HWBB) in May 2023. Once complete, HWBB partners will support implementation of the key findings

and recommendations through delivery of the Best Start Strategy and future commissioning of pregnancy and early years services across the system.