

20 September 2021

Agenda Item: 8

REPORT OF DIRECTOR OF PUBLIC HEALTH

INVESTING INTO THE HEALTHY FAMILIES PROGRAMME

Purpose of the Report

1. To seek approval to invest £97,673 of forecasted uncommitted Public Health reserves in a service aimed to increase capacity and expertise to support the parent-infant relationship in the first 1001 days of life. The service will form part of the existing contract between the council, and Nottinghamshire Healthcare NHS Foundation Trust for the delivery of the Healthy Families programme.

Information

2. The context for the following proposal is the availability of uncommitted Public Health reserves, and the opportunity to act quickly to invest a small part of this to improve outcomes for children and families over the long term and to avoid pressures on other corporate budgets.
3. Work will continue to take place to develop a further set of proposals to invest the remaining reserves, subject to the ability of the council to carry forward the Contain Outbreak Management Fund beyond March 2022.
4. This specific proposal is being presented to committee at this time due to the time critical nature of working with families in the first 1001 days of life that may have been disproportionately affected by the isolation and lack of peer/family support resulting from the Covid-19 pandemic restrictions.

Proposal

5. Committee is invited to review a proposal to invest £97,673 Public Health reserves in a service aimed to increase capacity and expertise to support the parent-infant relationship in the first 1001 days of life. This will form part of the existing contract with Nottinghamshire Healthcare NHS Foundation Trust for the delivery of the Healthy Families Programme.
6. The locally named 'Healthy Families Programme' (HFP) is the delivery mechanism by which the council meets the statutory requirement to ensure provision of the Healthy Child Programme, as set out in The Health and Social Care Act 2012.
7. This proposal represents a small in-contract expansion of services within the HFP to meet identified need following the pandemic. It would build capacity in the HFP to support the

parent-infant relationship by establishing a small satellite team consisting of 1 full-time equivalent (FTE) Family Nurse and 1 FTE specialist Health Visitor.

8. The small team would work to:
 - a. deliver targeted support to parents (these parents would be identified by the health visitor using the new tool described in paragraph 22) and;
 - b. scope the need for targeted evidence-based interventions in relation to parent-infant relationship via a proof of concept approach.
9. The caseload and remit of these colleagues would be robustly managed to ensure they are not overwhelmed and have capacity to deliver scoping work alongside intervention. It is envisaged that interventions are delivered at a targeted, rather than specialist, level reflecting an early intervention approach: early in the life-course, and non-specialist. Interventions could be further targeted based on deprivation and/or vulnerability.
10. A key element of the proposal is to scope recurrent resource requirements in relation to the parent-infant relationship, which may then form part of a future proposal.

Strategy and alignment

11. 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.¹
12. Giving children the best start in life is a fundamental part of improving health and reducing inequalities. The earliest years of a child's life have a significant impact on their long-term development and their life chances.
13. The first 1001 days - from conception to the age of 2 - are a critical period of development. Giving a child the 'best start' begins before birth, with good pre-conception and maternity care. Pregnancy and the early years offer a unique opportunity to shape the lives of our children: if a child receives appropriate support during their early years, they have a real chance of maximising their potential.
14. All children and young people need to be safe and secure so that they can achieve their full potential. **Therefore, providing support to those who need it most, to ensure that children remain safe and healthy, and can enjoy a happy and prosperous life** has been integral to the Council Plan.
15. Locally, the aim to give every child a good start in life is a key priority in the **Nottinghamshire Joint Health and Wellbeing Strategy**, and two recently published local [Joint Strategic Needs Assessments](#): '1001 days: from conception to 2' and 'Early Years and School Readiness' summarise the evidence base for investment in the early years.

¹ Michael Marmot, 2010, Fair Society, Healthy Lives

16. As a result of both the national and local prioritisation of giving every child the best start in life, Nottinghamshire's **Best Start Strategy 2021-2025** has been developed, setting out a comprehensive vision for every child in Nottinghamshire.
17. Supporting an improved parent/infant relationship is a theme running through all policy documents. Having at least one secure, responsive relationship with a consistent parent or caregiver is a vital ingredient in a baby's healthy brain development and lays the foundation for lifelong emotional wellbeing. Strong, secure relationships are protective and can help children to cope with other adversities in their lives. Persistent difficulties in early relationships can have pervasive effects on many aspects of child development, with long term costs to individuals, families, communities, and society.
18. There is a recognition that the parent-infant relationship is vital in maintaining good infant mental health. The term infant mental health describes the emotional well-being of babies and children in the earliest years of life, and refers to how well babies experience, regulate and express emotions. Infant mental health is dependent on the quality of the relationship between a baby and their parent/carers, and reflects whether children have the secure, responsive relationships they need to thrive.
19. It has been identified nationally that at least 15% of babies in the general population need additional parent-infant relationship interventions which are beyond the scope of universal services.²

Current Position

Universal:

20. Maternity services and Healthy Family Teams identify and support women with maternal mental health needs. Maternal mental health, attachment and the parent-infant relationship are intrinsically linked.
21. Health visitors in Healthy Family Teams (HFT's) lead care for all women from birth to the age of 5. They are experts in child development and family health and work in partnership with parents to support and maximise healthy early child development, identifying where families require additional support.
22. In 2021-22, following training, HFT's will begin to deliver the evidence based Brazelton newborn observation (NBO) tool. This relationship-building tool will be delivered universally to equip parents with the knowledge and skills to read, recognise and respond to baby's signs and signals, strengthening the early parent-infant relationship.

Targeted:

23. The Family Nurse Partnership Programme (FNP) is a structured programme delivered to first time teenage parents by Family Nurses who are highly skilled in parent-infant interaction and the parent-infant relationship.

² <https://parentinfantfoundation.org.uk/foundation-toolkit/chapter-2/>

24. Children's centre services offer a range of targeted work for 0-5's to improve child development and school readiness, as well as parenting support, however they do not have an offer focused on the parent-infant relationship.

Specialist:

25. The perinatal psychiatry service works with pregnant and postnatal women with severe mental illness. This includes some work in relation to the parent-infant relationship, however the focus is treating women's mental illness. A new maternal mental health service launching in late 2021 will work with women who have experienced trauma relating to pregnancy / birth / fertility.

26. Specialist Child and Adolescent Mental Health services work with children aged 5 and above, there is no provision for under 5's.

Impact

27. Parents who are tuned-in and able to respond to their baby's needs sensitively in an appropriate and timely way, support a baby's early development:

- Parents' responses shape how babies experience their emotions and how they learn to regulate and express these emotions. If someone responds sensitively to a baby when they cry, for example, the baby learns that they matter, that they can rely on their parents to help them when they are upset, and how difficult emotions can be brought under control.
- When babies receive appropriate comfort and care, they can feel safe and begin to explore the world around them, to play and learn.
- When parents provide positive, playful interactions, and when they engage in play and activities such as singing and reading to their baby, this provides stimulation that helps a child to learn and develop.

28. Work with babies in the first 1001 days is different from work with older children and requires a specific set of competencies: practitioners must have a deep understanding of child development and the ability to read a baby's pre-verbal cues. They need the ability to work with parents and babies, and to focus on their relationships. This is skilled work that requires specialist expertise. It is also true preventative work: acting early to prevent potential harm to babies' emotional wellbeing and later mental health.

29. Whilst there is a continuum of support for families in relation to early child development, and a focus on maternal mental health, which in turn influences the parent-infant relationship there is no dedicated capacity aimed at supporting the parent-infant relationship.

30. The Parent-Infant Foundation's Rare Jewels [report](#) summarises specific evidence in relation to the parent-infant relationship. The report also recommends that local areas develop parent-infant relationship teams: specialist multidisciplinary teams with expertise in supporting and strengthening the relationships between babies and their parents, often delivering a range of interventions from universal training and awareness raising, targeted support, and specialist therapeutic interventions.

31. In recent years there has been increased understanding of the impact, across the entire life course, of interventions aimed at improving health and wellbeing of the very young.³ There is a clear economic case for investing in the early years of children's lives. Investing in quality early care and education has a greater return on investment than many other options. For every £1 invested in quality early care and education, taxpayers save up to £13 in future costs (UNICEF and WHO).
32. In summary, (and notwithstanding the fact that effective services are only one part of what is required to shift outcomes at a population level) there is evidence from a range of studies that interventions like these deliver a good return on investment.
33. Assurance that investment of the Public Health grant in Nottinghamshire County is properly directed to the needs of people and circumstances locally follows from our close attendance to the recommendations of the Joint Strategic Needs Assessment as identified in paragraph 15, and to the rigour with which it sets out unmet need and the evidence of what works to address it.
34. Assurance that investment of the grant secures the intended service outcomes rests on evidence-based commissioning, including proactive contract management and evaluation.

Financial context

35. The Public Health Division is funded through a ring-fenced grant, provided annually as an allocation from the Department of Health and Social Care. In 2021/22, the grant received was £41.980m.
36. In discussion with the Section 151 Officer, a planning assumption has been agreed that the Public Health grant will increase by 1% annually within the period of the Council's Medium-Term Financial Strategy. This would represent a modest reversal of the year on year reductions to the grant in excess of £1m per year which have been applied between 2015/16 and 2018/19.
37. Where the Public Health grant is not spent in-year (due, for example, to slippage in spend or contract under-performance), the unspent monies accrue to Public Health General Reserves.
38. The ring-fenced allocation of Public Health grant is subject to national conditions specified by the Department of Health and Social Care. The conditions apply to the use of the grant including any unused sums which accrue to reserves.
39. Amongst other things the conditions specify that the grant must be for "eligible expenditure" (which it specifies) or for functions which "have a significant effect on Public Health", that the local authority must have regard to the need to reduce inequalities between the people in its area, and that the Public Health benefit to be derived from the use of the fund provides value for money.
40. In discharging its duties and plans, the Public Health Division is expected to make its own arrangements to address risk and is not expected to draw on the Council's other reserves.

³https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/771732/BSIL_ROI_report_01.19.pdf

The Public Health General Reserves provide the resource with which to do this, and £300k is currently held for this contingency.

41. Current forecasts show that £5.6m of uncommitted Public Health reserves will accumulate by March 2022. Committee agreed to hold a significant proportion of these reserves in the event that the Contain Outbreak Management Fund cannot be carried forward beyond March 2022 to fund the COVID-19 Response Service. Subject to further government announcements on this, additional proposals will be brought to committee for investment of Public Health reserves.
42. The proposal has been screened and prioritised against routine considerations relating to Public Health impact, equity, affordability, value for money, and the conditions of the Public Health grant.

Statutory and Policy Implications

43. 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

44. This proposal will cost £97,673 to employ 1 FTE Specialist Health Visitor for a period of 18 months within the Healthy Families Programme contract. A second member of staff will be re-distributed from within the existing contract for 18 months, at no additional cost, to create a small team of 2 FTE with specialist local knowledge and skills in the parent-infant relationship.

RECOMMENDATION/S

That Members:

- 1) Approve the proposal to invest £97,673 of forecasted uncommitted Public Health reserves in a service aimed to increase capacity and expertise to support the parent-infant relationship in the first 1001 days of life. The service will form part of the existing contract between the council, and Nottinghamshire Healthcare NHS Foundation Trust for the delivery of the Healthy Families programme.

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Constitutional Comments (AK 18.08.2021)

45. This report falls within the remit of Adult Social Care and Public Health Committee under its terms of reference

Financial Comments (DG 16.08.2021)

46. The cost of £97,673 for a specialist health visitor will be taken from the current uncommitted Public Health reserves, and this will reduce the balance left for additional calls on this uncommitted reserves money, including the Contain Outbreak Management Fund etc.

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.

47. There are a range of national policy drivers highlighting the importance of the early parent infant relationship for a baby's healthy social, emotional, and cognitive development. These include:

- The Best Start for Life: a vision of the critical 1001 days (2021)
- PHE's Best Start in Life and Beyond (2021)
- First 1000 days of life, Health Select Committee (2019)
- Healthy Child Programme (2009), including PHE's rapid review to update evidence (2015) and the Early Intervention Foundation's What Works to enhance the effectiveness of the Healthy Child Programme (2018)
- 1001 Critical Days: the importance of the conception to age 2 period, All Party Parliamentary Group Cross Party Manifesto (2015)
- NHS Long Term Plan (2019) which includes commitments to increase specialist psychiatric provision and psychological support for women before, during and after pregnancy.
- Future in Mind (2015), which highlights the importance of maternal mental health and attachment in relation to prevention and early intervention to support children and young people's mental health

Electoral Division(s) and Member(s) Affected

- All