

From: Clair Bell, Cabinet Member for Adult Social Care and Public Health

Dr Anjan Ghosh, Director of Public Health

To: Health Reform and Public Health Cabinet Committee, 11 July 2023

Subject: **Update on the Start for Life Programme including Infant feeding**

Classification: Unrestricted

Past Pathway of report: None

Future Pathway of report: None

Electoral Division: All

Summary: This report provides members of the Health Reform and Public Health Cabinet Committee with an update on delivery of the Start for Life Programme in Kent with the inclusion of a detailed summary update on infant feeding in Annex 1

Recommendations: The Health Reform and Public Health Cabinet Committee is asked to:

CONSIDER and **COMMENT** on the Public Health Start for Life activity as part of the Kent Family Hubs Programme.

ENDORSE and **NOTE** the governance for this programme including the Start for Life Programme

NOTE Annex 1 The update on infant feeding which reports that breast feeding prevalence is increasing.

1. Introduction

- 1.1 Start for Life is a component of the family hubs model with a specific focus on the first 1001 days, between conception and the age of two, essential for the healthy development of babies. This focus for support was identified by the Andrea Leadsom Review in 2020 and further articulated in March 2021 with the publication of The Best Start for Life: A Vision for the 1,001 critical days.
- 1.2 This was rapidly followed by an announcement in the April 2022 budget of £300m government funding to include Family Hubs, parent carer panels, parenting programmes, infant-parent mental health support, breastfeeding support, and workforce pilots.
- 1.3 In April 2022 an offer from government to 75 local authorities to benefit from the £300m funding was announced. This included Kent and Medway. Metrics based ranking was used to select the 75 local authorities using indices of multiple deprivation.

- 1.4 On 4 October 2022 the Lead Member for Integrated Children’s Services took an executive decision (Decision number 22/00094) to adopt the principle of Kent becoming a Family Hub Transformation Authority.
- 1.5 In November 2022 the 0–4-year-olds in Kent Health Needs Assessment was published, this has supported Kent County Council as a required element of the family hub submission to the Department for Education (DfE).
- 1.6 On 23 March 2023, a further executive decision was taken under decision number 23/00015 Family Hub Transformation Funding:
 - a) To commence development and co-design of the Family Hub model for Kent in line with Government Family Hub framework for delivery and associated plans.
 - b) To allocate and spend funding allocated via the Family Hub Transformation Authority for 2022/23 financial year.
- 1.7 In July 2023 Kent County Council (KCC) is planning to launch a public consultation to gain a better understanding of how services can be best integrated to meet local needs, through a Kent Family Hub network, bringing services and partners together to provide a single point of access for family support services. This consultation will run until September 2023.

2. Background

- 2.1 The DfE has set out minimum expectations for the services that are funded through the Family Hub and Start for Life Programmes. These include:
 - Parent-infant relationships and perinatal mental health support
 - Infant feeding support
 - Parenting Support
 - Support with early language development and the home learning environment
 - Special Educational Needs and Disability (SEND)
 - Safeguarding
- 2.2 The Start for Life Programme will:
 - Provide support to parents and carers so they are able to nurture their babies and children, improving health and education outcomes for all.
 - Contribute to a reduction in inequalities in health and education outcomes for babies, children, and families by ensuring that support provided is communicated to all parents and carers, including those who are seldom heard and/or most in need of it.
 - Build the evidence base for what works when it comes to improving health and education outcomes for babies, children, and families in different delivery contexts.

- 2.3 There are cross cutting themes across an expected programme of work to transform service provision. These are:
- Enhancing existing provision
 - Maximising access – through family hubs, outreach, and digital delivery
 - Communication and engagement – increasing awareness of and access to support and services.
 - Integration – with agencies working in a more joined up way.
 - Management Information – Needs assessments, monitoring and evaluation, assessing reach, addressing equality and diversity.
 - Engagement with underserved and vulnerable groups
 - The importance of peer support
 - Workforce development
 - Co-design with parents and carers

2.4 KCC secured ‘Trailblazer’ status in February 2023 and as such has agreed with the DfE to deliver a number of initiatives that support high impact areas through an associated delivery plan.

2.5 A Kent webpage is now live at www.kent.gov.uk/startforlife and hard copy resources are available to signpost families who do not have regular internet access.

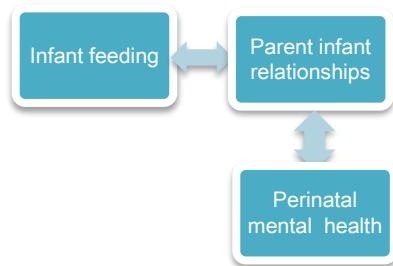
3. Key Areas of Public Health Involvement

3.1 We know that reducing health inequalities and improving health and wellbeing outcomes requires partners to work together within a system approach. Public health has a significant role leading the Start for Life elements as they link with the core business of health visiting and specialist infant feeding support.

3.2 Public health has been involved through the process of preparing to be a Family Hub local authority and has supported development of the delivery plans. Initial DfE requirements as part of the Family Hub and Start for Life Programmes included short deadlines for iterative plan submission and a continuously evolving co-design model, in order to jointly shape proposals throughout the transformation period.

3.3 The Start for Life offer will be a combination of an enhanced current offer and some new service delivery. The funding allocated for the Family Hub and Start for Life Programmes is for transformational activity. It is essential that investments into services are sustainable beyond March 2025. Investing in training and development of the children’s partnership workforce will help support sustainability.

- 3.4 The three key aspects within Start for Life are: infant feeding, perinatal mental health and parent-infant relationships. The minimum requirements and the go further elements presented by DfE across these three areas are presented in appendix 1



4. Parent Infant Relationships and Perinatal Mental Health

- 4.1 Parent infant relationships refers to a baby's social emotional and cognitive development and wellbeing. Infancy is a time when a baby's brain and stress response systems develop rapidly and to thrive during this period babies need high quality nurturing relationships with their parents or carers.
- 4.2 The funding will provide the opportunity to develop and embed access to level 1 support on parent infant relationships though improved capability across the children partnership workforce for learning and training. The funding may enable access to level 2 parent infant relationship interventions.
- 4.3 Perinatal Mental Health (PMH) refers to mental health difficulties that emerge antenatally and in the first two years of a baby's life which can be experienced by mums, dads or partners. The scope for this funding is mild to moderate PMH difficulties in the antenatal and first postnatal year.
- 4.4 PMH difficulties are common. Poor mental health can impact a family's ability to bond with their baby, to develop the invaluable attachment and have the capacity to nurture them. Increasing awareness of PMH with expectant parents, families and the wider workforce, additional access to identified support and improved capability across the children partnership workforce from new learning and training will help to reduce stigma surrounding PMH.
- 4.5 We will be co-creating a PMH and Parent Infant Relationships Strategy which will identify actions to further inform our work in Kent.
- 4.6 We have also invested in:
- Increasing our understanding of the requirements and feasibility of an antenatal/postnatal support offer for men, through a pilot programme, to engage parents to-be and postnatal partners in conversations about their mental health and the support that they would like.
 - Improving access for support via the Citizens Advice Bureau money and mental health service to ensure that families experiencing

perinatal mental health and debt have quick access to high quality financial advice and guidance.

- Increasing access to the Live Well Kent 24/7 phone line for those suffering from PMH are able to contact someone whenever they need to, day or night.

5. Infant feeding

5.1 In the context of Start for Life the infant work which is funded and set out in the guidelines refers to the feeding of a baby from birth to the age of two which is critical to a baby's healthy growth and development.

5.2 Many women struggle with breast feeding in the early days following birth as they and their baby learn together. Increasing awareness and knowledge through learning and training to offer early support on breast feeding, encouragement to continue breast feeding and refer to the specialist infant feeding service for re-lactation or other specialist support. We propose to enhance our existing infant feeding support offer to all families.

5.3 We have developed:

- Animated films on responsive bottle feeding for the workforces and breastfeeding in the first days, weeks, and months.
- A process to offer the provision of maternity wear and some associated infant feeding resource to maternal women living in the most deprived wards in Kent.

5.4 In parallel we are undertaking insights activity to better understand barriers to breast feeding in our most deprived communities which will help inform the co-created Infant Feeding Strategy with priority actions for Kent which is being developed.

5.5 We propose to offer all families an information contact before a child is born, and a virtual infant feeding contact in the early days after birth and an offer of weekly contacts until the infant is 12 weeks old.

6. Programme Impact

6.1 The government has set out what we need to measure and the areas they think we should focus on (Appendix 3). However, we have identified additional areas that we will monitor to ensure we are making a difference to the most vulnerable young people, children, and their families.

- 1) An increase in the proportion of infants have a first feed of breast milk and being breastfed in the first weeks and months after birth.
- 2) A reduction in young people not in education, employment, or training.

- 3) A reduction in the number of parents requiring mental health support during pregnancy.
- 4) An improvement in children and young people's emotional wellbeing
- 5) A reduction in the number of children requiring a social worker.
- 6) An increase in the number of Children with special education needs who's educational and health needs are being met.
- 7) An increase in school attendance for children and young people who have school-based anxiety.
- 8) An increase in the number of Dads engaging with support and services.

6.2 Effective evaluation of the Start for Life Programme in Kent will be crucial and will include:

- Family survey [digital] to measure outcomes from service users.
- Digital survey for the workforce to measure impact of training on practice and identify additional need.

6.3 The evaluation process will also include commissioning an academic organisation to examine progress and outcomes and interventions. The intention is for the evaluation planning to begin in July 2023.

7. Governance

7.1 There is clear governance oversight for family hubs. The development towards a family hubs application to DfE has been through a family hub steering group, since late 2021 to the Kent strategic transformation board. The member lead is the cabinet member for Children's, Young People and Education with key decisions having been presented to the Children's, Young People and Education Cabinet Committee.

7.2 A Family Hub Board including membership from external partners was set up in June 2023, and is chaired by the Director of Integrated Children's Services and co-chaired by the Director of Public Health. In addition, a multi-agency Start for Life Board chaired by the Director of Public Health (and co-chaired by the Director of Integrated Children's Services) has also been established which reports to the Integrated Care System through the Kent and Medway CYP Programme Board and links across to the Inequality Prevention & Population Health Committee (IPPH). These two internal boards (Family Hubs and Start for Life) are interlinked.

- 7.3 Public Health officers are active members on both these internal boards and play a key integral role in the evolving working groups which feed up to these boards. (See appendix 2 for the high-level governance process).
- 7.4 For the Start for Life programme, in terms of key decisions and formal KCC governance, the lead member is the Cabinet Member for Adult Social Care and Public Health. This is because of the core public health content of this programme, and KCC Public Health Department being responsible for its delivery. Furthermore, it is proposed that the Start for Life Programme reports to the Health Reform and Public Health Cabinet Committee and that key decisions and recommendations come to the committee and key decisions are taken by the Cabinet Member for Adult Social Care and Public Health.

8. Funding

- 8.1 To support the delivery of the Family Hub Transformation Programme, KCC will receive a one-off grant from the DfE of up to £11 m over the next three-years. Approximately £3m of this grant has been received to date with a further £5m expected in 2023 and £3m in 2024.
- 8.2 The grant is to support system transformation through work-force development and supporting development of new services.
- 8.3 The DfE has also set out their priorities for how the local authority should spend the grant in achieving the outcomes of the Family Hub and Start for Life Programmes. The Start for Life elements are set out below.

Funding Strand	£'m
Perinatal Mental Health and Parent-Infant Relationships	£3.2m
Infant Feeding Support	£1.3m

8.4 This and all other activity is outlined in an agreed submitted delivery plan to DfE which will be reviewed and resubmitted in August 2023. In order to keep our programme delivery on track we now need to progress key workstreams further in order to: meet delivery targets, improve outcomes for families and access ongoing allocated funding from the DfE.

9. Challenges/Impact/implications

- 9.1 The most significant challenge is moving the programme at the pace to meet the reporting requirement of DfE to reflect and demonstrate impact of delivery of activities.
- 9.2 The council has entered into a Memorandum of Understanding (MoU) with the DfE which creates obligations to meet specific deadlines and timescales set by the DfE or risk losing further funding or funding claw back.

- 9.3 Access to the associated funding of up to £11m, depending on the type and level of transformation activity eventually progressed, is conditional on compliance with the terms of the MoU and demonstration of progress toward an effective Family Hub Model.
- 8.4 The council will then enter into a number of contractual arrangements to support delivery in line with Spending the Council's Money and Public Contract Regulations 2015.
- 9.5 KCC remains responsible for sustaining the costs of the new service offer through council resources.
- 9.6 There is no increased capacity in the Public Health Team so there is challenge in terms of resource, flexibility to respond and impact on other programmes of work. We have recruited to two new posts who will be responsible for supporting the activity and progress of the Start for Life activity. It is expected that these posts will start in August and September.
- 9.7 In addition, we will be recruiting two 18-month fixed term KR 11 commissioners for this programme.

10. Opportunities

- 10.1 To embed collaborative working and to enable families to have an improved offer support to support their early parent programme.

11. Conclusions

- 1) Kent has received significant funding for the development and transformation of Start for Life programme, specifically 4.5 million.
- 2) A number of key activities have been delivered to support this programme.

12. Recommendation(s)

12.1 Recommendations: The Health Reform and Public Health Cabinet Committee is asked to:

CONSIDER and **COMMENT** on the Public Health Start for Life activity as part of the Kent Family Hubs Programme.

ENDORSE and **NOTE** the governance for this programme including the Start for Life Programme.

NOTE Annex 1 The update on infant feeding which reports that breast feeding prevalence is increasing.

13. Background Documents

[The Best Start for Life: Early Years Healthy Development Review Report](#)

<https://www.gov.uk/government/collections/family-hubs-and-start-for-life-programme>

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