

Title of report: Progress on the Best Start in Life action plan

Meeting: Health and Wellbeing Board

Meeting date: 17 March 2025

Report by: Best Start in Life Public Health Lead

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards)

Purpose

To provide an update on the progress of the implementation plan for the Health and Wellbeing Board's strategic priority of giving our children the 'Best Start in Life' focusing on 0-5 years.

Recommendation(s)

That:

- a) **The board considers the report and appendices and notes the progress and challenges to date on the Best Start in Life (BSiL) priority.**

Alternative options

1. The board could choose not to adopt and acknowledge the progress and challenges to date.

Key considerations

2. The report highlights the progress and challenges in the delivery of the BSiL implementation plan.
3. Strategic leads from internal and partner organisations across the system are responsible for leading on specific areas in the plan and report quarterly to the BSiL/Early Years Partnership Board on progress to date against action.

4. The Outcomes Dashboard (attached as Appendix 2) has been developed with the proposed outcome trajectories for the next few years identified. The majority of outcomes identified have been taken from the Public Health Outcomes Framework and Child Health Profile which allows for regional and national comparisons using Red, Amber, Green (RAG) ratings.
5. Based on the most recent Child Health Profile produced by the Office for Health Inequalities and Disparities (OHID), Herefordshire is showing a red RAG rating against outcome indicators within the plan relating to: Dental decay in 5 year olds; MMR Vaccination at 5 years; DTaP & IPV booster vaccinations at 5 years; vaccination coverage of children in care; and premature births (less than 37 weeks). The plan has been in place for a year and so it is too soon to demonstrate impact against these indicators although some progress has been made, for example in relation to increased uptake of the DTaP booster and children in care vaccinations. Actions relating to these indicators will remain as priorities for 2025/26.
6. Amber indicators (Herefordshire's performance is not significantly different from the England average) relate to: mother's smoking status at time of delivery; overweight children including obesity at reception and year 6; children achieving a good level of development at age 2.5 years; Free School Meals children reaching a good level of development at the end of reception year. Actions relating to these priorities should remain priorities.
7. Green areas within the plan to highlight, since the launch of the Health and Wellbeing Board Strategy: the development with partners to bring two new NHS dentists to Herefordshire; the launch of the Healthy Schools programme with over 45 schools signed up; improved integration of the 0-19 years Public Health Nursing Service with Primary Care Networks; maintaining a child/family focus to oral health with 45 schools signed up to the supervised toothbrushing scheme and a commitment to expand the programme further; SEND champions have been implemented within the 0-5 service and represented in each PCN area and the midwifery service have completed the first tranche of the roll out of the "challenging conversations" training to midwives.
8. Whilst the outcomes dashboard provides reliable and robust data, it isn't always that helpful for informing swift decision-making and not everything is measured in the same way. Some data can seem not relevant as it is quite old. Some data is reported every 3 years or on a rolling basis, so there is a time lag or interpretation issues. Trajectories can be difficult to predict due to policy or national guidance changes. However, the data is county specific and therefore accurately reflects the position in Herefordshire at a given point in time.
9. After consultation with partners, we propose including additional information to the Outcomes Dashboard which will provide more recent or real time data, on which we can act more swiftly, whilst recognising that this data may include people who aren't Herefordshire residents but who have accessed services here. Proposed dashboard changes include using local service data (real time); using access and uptake data, including additional data points not currently required to be reported on nationally (eg breastfeeding at 5 days); using relevant local service evaluation data; and capturing case studies and feedback.
10. The progress so far has offered up several opportunities for doing things differently and more effectively across the system. These include: sharing and acting on information more quickly eg linking with local maternity and neonatal system data and putting in place a programme with health visitors and the healthy lifestyle trainer service to reduce infant mortality; ;securing funding for an infant feeding adviser who has led training for midwifery and health visiting teams; agreement to changing the outcomes dashboard to allow for more dynamic, real time and effective reporting, feedback and action.
11. As we go into year two of the implementation plan, we are mindful of the need to review, revise and develop new actions , as appropriate, or scale up actions for greater impact, for example,

the supervised toothbrushing programme to improve children's dental health to continue to push the work forward and work closely with others to incorporate or reflect their plans and aspirations.

12. The second version of the children and young people's 'quality of life' survey has been completed and the information gathered from this survey will be used to inform future actions within the plan. An update on the results of this survey will be available shortly and it would be helpful to bring an overview of findings to the next appropriate meeting of this board. An adapted version of the survey is being developed for special schools – this survey will take place during the Autumn term 2025.

Community impact

13. The actions identified in the BSiL implementation plan are intended to improve outcomes for children aged 0-5 years. The plan also supports the NHS Children and Young People's transformation work and ambitions for children and young people outlined in the Council plan.
14. Data from the new additional oral health and healthy weaning health check at 4-6 months and school readiness check at 3-4 years is being collected and reviewed to assess impact on the outcomes of 0-5 year olds, in terms of good level of development.

Environmental impact

15. There are no general implications for the environment arising from this report, however the plan includes support to increase physical activity through the healthy schools programme including through active travel which may have a positive environmental benefit.

Equality duty

16. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to –

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
17. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.
 18. The principles of equality and the reversal of health inequalities are key strands of the plan. The Herefordshire Joint Local Health and Wellbeing Strategy 2023 – 2033 was endorsed by the board in April 2023 ([link to the agenda item](#)), with the related Equality Impact Assessment (EIA) Form provided as a background paper ([link to the EIA](#)).

19. To be effective in delivering good population outcomes and helping those most in need, the plan calls for intervention by working together at system, place, and community levels to tackle issues reflecting whole system priorities as well as specific concerns at the right scale.

Resource implications

20. There are currently no resource implications associated with this report. However, the resource implications of any recommendations made by the Health and Wellbeing Board will need to be considered by the responsible party in response to those recommendations or subsequent decisions.

Legal implications

21. In accordance with Health and Social Care Act 2012, health and wellbeing boards are responsible for encouraging integrated working between health and social care commissioners, including partnership arrangements such as pooled budgets, lead commissioning and integrated provision.
22. The functions of the Health and Wellbeing Board are set out in paragraph 3.5.25 of the constitution.

Risk management

23. There are no risk implications identified emerging from the recommendations in this report. Delivery of these plans requires system-wide agreement and collaborative working across all partner agencies.

Consultees

24. Consultation on the monitoring and review of targets and progress submissions are delivered quarterly to the BSiL/Early Years Partnership Board from the strategic leads for each area within the plan.

Appendices

Appendix 1 – Best Start in Life implementation plan

Appendix 2 – Best Start in Life outcomes dashboard (summarised, RAG rated version)

Background papers

None identified.

Glossary of terms, abbreviations and acronyms used in this report:

BSiL	Best Start in Life
MMR	Measles, mumps and rubella
PCN	Primary Care Network
PH	Public Health
RAG	Red, amber, green ratings
SEND	Special educational needs and disabilities