

## Appendix 1

### The First 1001 Days of a Child's Life: from Conception to 2 years Implementation Plan

#### 1. Background: why are the early years so crucial?

The first 1001 days (from conception to age 2) of a child's life is widely recognised as a crucial period; evidence shows that what happens during this time will impact on physical and emotional health all the way through to adulthood.

Supporting good maternal health in pregnancy is important for the safe delivery and good birth weight of babies, to give them the best start in life. The prevention of adverse health factors in pregnancy is vital, as premature and small babies are more likely to have poorer outcomes that can impact throughout life.

#### Encouraging a healthy pregnancy



Public Health England, 2016

A child's early health, wellbeing and development will be shaped by a number of factors, including a healthy lifestyle and environment, and full vaccination against childhood diseases. Vaccination is recognised as one of the most effective public health interventions and coverage of >95% protects the whole community, and not just those vaccinated, by reducing the likelihood of infectious diseases being able to spread.

Good parental mental health, particularly during the perinatal period (pregnancy to the first year following a birth), is a fundamentally important factor. Perinatal problems affect up to 20% of women and their families and if left untreated, can have long-standing effects on the infant's health at birth and the child's health, emotional, behavioural and learning outcomes.

Sensitive, attuned and confident parenting – including, stimulating and nurturing language and cognitive skills – will have the biggest influence on a child's development and early learning. During the first 2 years of life the brain displays a remarkable capacity to absorb information and to adapt to its surroundings. Positive early experiences are, therefore, vital to ensure that children are physically and emotionally healthy, are ready to learn at 2, ready for school at 5 and have good life chances.

The first 1001 days in a child's life represent vital opportunities for health and early years services to support all families to provide their children with the foundations for good physical and mental health and wellbeing and development.

This period is also pivotal for professionals to recognise key adverse childhood experiences (ACEs) and risk factors that may impact on a child's development and outcomes, and to work with families to provide additional support and interventions as appropriate, to minimise impact and help to build resilience for both the child and the family.

## 2. What are we aiming for?

Central Bedfordshire is in the 10% least deprived areas in the country (based on the English Index of Multiple Deprivation (IMD) 2015) and, therefore, health and wellbeing outcomes should be at least as good as the average in this group. If, however, we are aiming for the best outcomes for our children and young people – we need to do better; we need to aim to achieve in line with the best 5% of local authorities (95th centile) in the country.

### 10 Key Health and Wellbeing Outcome Indicators for Central Bedfordshire (June 2018)

Indicator	'Good' is	Central Bedfordshire	Most Recent Trend in Central Bedfordshire *	England Average	Least Deprived 10% (IMD 2015) Average %	Aiming for the Best: 95 <sup>th</sup> Centile (best 5% LAs in the country) Average %
1. Smoking at time of delivery (BCCG - 2016/17)	Low	8.8%	↓	10.7%	7.1%	3.5%
2. Infant mortality (per 1000 live births) (2014-16)	Low	2.2	Cannot be calculated (small numbers)	3.9	2.9	2.2
3. Low birth weight of term babies (2016)	Low	2.3%	→	2.6%	2.2%	1.9%
4. Breastfeeding initiation (2016/17)	High	77%	→	74.5%	81.2%	91.9%
5. Breastfeeding @ 6-8 weeks (2016/17)	High	47.7%	Cannot be calculated (new data collection system in place)	44.4%	52%	61.9%
6. Hospital admissions of babies under 14 days (per 1,000) (2016/17)	Low	120.3	↑	71	68.2	31.9
7. Hospital admissions for under 1 year: respiratory tract infections (per 10,000) (2016/17)	Low	684	→	625	577	289
8. Hospital admissions for under 1 year: gastroenteritis (per 10,000) (2016/17)	Low	271.4	↑	176.5	134.9	59.5
9. i. Children who are at or above the expected level in all five areas of development in the 2-2½ year integrated review (Ages & Stages (ASQ) - Q3 2017/18)  ii. % of the total eligible cohort who received the integrated review by the age of 2½ years in Q3 2017/18	High	81.9% (63.3% of the total eligible cohort)  77.3%	Cannot be calculated (new reporting arrangements in place)	78% (35.1% of the total eligible cohort)  76.5%	n/a	n/a
10. Children achieving a good level of development at age 5 (2016/17)	High	71.7%	↑	70.7%	74.7%	76.6%

\*Recent Trends:

↑ = Increasing/Getting better  
↓ = Decreasing/Getting better  
→ = No significant change  
↑ = Increasing/Getting worse

Note: Data for indicators 6, 7 and 8 is only available for the 3 years from 2014/15. High numbers for 2016/17 may not represent a statistical trend, but could indicate a spike linked to specific, local issues, which will be followed up locally

### 3. What do we need to do?

Through integrated, multi-agency working in localities, underpinned by a 'one family, one worker, one plan approach', we need to:

1. Ensure a healthy pregnancy and birth;
2. Protect and promote health and wellbeing from birth to age 2 years.

### 4. How will we do it?

1. To ensure a healthy pregnancy and birth		
We need to	Lead(s)	Progress Monitored Through
i. Improve early access to healthcare advice and guidance in pregnancy, identifying risk and complex needs	<ul style="list-style-type: none"> <li>Heads of Midwifery Services (BLMK)</li> </ul>	<ul style="list-style-type: none"> <li>Local Maternity Services Prevention Workstream (BLMK)</li> </ul>
ii. Reduce smoking in pregnancy	<ul style="list-style-type: none"> <li>Heads of Midwifery Services (BLMK)</li> <li>Public Health Principal (Stop Smoking)</li> </ul>	<ul style="list-style-type: none"> <li>Local Maternity Services Prevention Workstream (BLMK)</li> </ul>
iii. Reduce maternal obesity	<ul style="list-style-type: none"> <li>Heads of Midwifery Services (BLMK)</li> <li>Public Health Principal (Excess Weight)</li> </ul>	<ul style="list-style-type: none"> <li>Local Maternity Services Prevention Workstream (BLMK)</li> </ul>
iv. Increase rates of breastfeeding at birth and at 10 days	<ul style="list-style-type: none"> <li>Heads of Midwifery Services (BLMK)</li> </ul>	<ul style="list-style-type: none"> <li>Local Maternity Services Prevention Workstream (BLMK)</li> </ul>
v. Support good parental mental health	<ul style="list-style-type: none"> <li>Heads of Midwifery Services (BLMK)</li> <li>Director of Specialist Services (East London Foundation Trust [ELFT])</li> </ul> <p>Supported by:</p> <ul style="list-style-type: none"> <li>Children's Services Director (Cambridgeshire Community Services [CCS])</li> </ul>	<ul style="list-style-type: none"> <li>Future in Mind Local Transformation Plans</li> <li>Local Maternity Services Plan</li> </ul>

2. To protect and promote health and wellbeing from birth to age 2 years		
We need to	Lead(s)	Progress Monitored Through
i. Deliver the mandated, universal health reviews at 28-32 weeks; 10-14 days; 6-8 weeks; 9-12 months; 2/2½ years (integrated with education) for >90% of the local population	<ul style="list-style-type: none"> <li>Children's Services Director (CCS)</li> </ul>	<ul style="list-style-type: none"> <li>Children's Community Health Services contract</li> </ul>
ii. Implement the 0-5 integrated Universal Partnership Plus (UPP) offer for vulnerable families	<ul style="list-style-type: none"> <li>Children's Services Director (CCS)</li> </ul>	<ul style="list-style-type: none"> <li>Children's Community Health Services contract</li> </ul>
iii. Increase rates of breastfeeding at 6-8 weeks	<ul style="list-style-type: none"> <li>Children's Services Director (CCS)</li> </ul>	<ul style="list-style-type: none"> <li>Children's Community Health Services contract</li> </ul>
iv. Deliver all childhood vaccinations in full (≥95%) at: 8 weeks; 12 weeks; 16 weeks; 1 year; 2 years	<ul style="list-style-type: none"> <li>Screening and Immunisations Lead (Central Midlands Area Team, NHS England)</li> </ul>	<ul style="list-style-type: none"> <li>NHS England Area Team Reports</li> </ul>
v. Reduce hospital admissions for babies under 14 days, and children under 1 year	<ul style="list-style-type: none"> <li>Clinical Lead Bedfordshire for Clinical Commissioning Group (BCCG)</li> <li>Children's Services Director (CCS)</li> </ul>	<ul style="list-style-type: none"> <li>BLMK STP Reports</li> <li>Children's Community Health Services contract</li> </ul>
vi. Ensure universal access to services and support for families in Children's Centres	<ul style="list-style-type: none"> <li>Assistant Director Children's Services Business and Resources (CBC Children's Services)</li> </ul>	<ul style="list-style-type: none"> <li>Central Bedfordshire Children &amp; Young People's Plan 2018-21</li> </ul>
vii. Ensure access to effective parenting programmes and support for all those who need them – including implementation of <i>Empowering Parents Empowering Communities (EPEC)</i>	<ul style="list-style-type: none"> <li>Assistant Director Children's Services Business and Resources (CBC Children's Services)</li> </ul>	<ul style="list-style-type: none"> <li>Central Bedfordshire Children &amp; Young People's Plan 2018-21</li> </ul>
viii. Minimise the impact of adverse childhood experiences	<ul style="list-style-type: none"> <li>Assistant Director Children's Services Business and Resources (CBC Children's Services)</li> <li>Public Health Principal (Children &amp; Young People)</li> </ul>	<ul style="list-style-type: none"> <li>Children &amp; Young People's Plan 2018-21</li> </ul>

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