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Executive Summary

The Marmot review in 2010 regarding health inequalities identified best start in life as being 'crucial to reducing health inequalities across the life course'. As identified in the cross-party report 'The 1001 Critical Days', the first months of life is a period of rapid growth, during which time, the babies' growing brains are heavily influenced by their experiences. What happens during these early years can have a life-long impact on many aspects of health and wellbeing, including educational attainment and economic status. Secure attachment to a carer is of great importance and a significant factor in a child's development and resilience.[1] Therefore, ensuring the right support to families during the first few years of a child's life is essential to enable every child to have the best start in life and to reducing health inequalities.

Since the production of the last JSNA we have faced the greatest challenge of our generation and the impact of Covid has been felt by all. The Covid 19 Marmot review; build back fairer, identifies that disadvantaged children were disproportionately harmed by closures of early years settings, with children from low income families falling behind in levels of development.[2] Children with special educational needs and their families were particularly disadvantaged through school closures. Parents with lower incomes experienced greater stress when young children were at home, particularly those who continued working outside the home. Early years settings in more deprived areas are at

risk of closure, with some making staff redundancies due to containment measures. Nationally, the potential impact of the COVID-19 Pandemic on communication and language skills in children has been recognised, not least from the initial lock down measures from March 2020 and the restrictions on universal access to education settings, early years, and health provision.

Whilst preventative strategies such as mask wearing and social distancing have become a part of everyday life to reduce the risk of infection during the COVID-19 pandemic, this has led to increasing concerns over the affect this will have on the younger generation, these practices may have unintended consequences on children's language and communication skills during their critical development years, including an impact on social interaction and language development as well as a disproportionate impact on communication in children with un/diagnosed hearing loss.[3]

The partial closure of schools resulted in the suspension of health screening, impacting audiology and vision screening for reception children across two academic years. Other services including health and children's services, halted provision due to COVID-19, or drastically changed the level and methods of delivery in line with Government guidance and business continuity plans.

Socioeconomic disadvantages can lead to wider health inequalities and 23% of the Sunderland population reside in areas that are among the 10% most disadvantaged in England. [4] High levels of need in Sunderland are also reflected in referrals to social care, which are significantly higher than the England and North East average and those subject to a Child Protection Plan are nearly three times as high as the England average. Maternal outcomes for young women are significantly worse than population averages with higher risks of infant mortality, mental health issues, and teenage mums being more likely to smoke during pregnancy and less likely to breastfeed. Teenage conception rates are still significantly higher than the England average, and therefore targeted support to younger mum's is essential to address health inequalities for their families.

For some key maternal and early childhood indicators such as smoking in pregnancy and breastfeeding rates, Sunderland do not perform well compared to England and statistical neighbours, and although rates are improving, they are not improving quickly enough to meet the England averages. For some indicators Sunderland compared well with the rest of the country or are improving. For example, Sunderland is below the national and regional average for the percentage of reception children who are living with excess weight including obesity.

A key building block for best start in life is ensuring every woman is supported to have as healthy a pregnancy as possible. This includes reducing risk factors and maintaining healthy lifestyle habits during pregnancy, as well as during the pre-conception period. Smoking is the single biggest modifiable risk factor during pregnancy, and it is estimated that it leads to up to 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths every year in the UK. It is essential therefore that every pregnant woman is supported to stop smoking as soon as possible. Smoking rates during pregnancy in Sunderland are significantly higher than the national average at 15.5% compared to 9.6% and it will be a particular challenge to meet the national target to reduce this rate to 6% by 2022. In addition, women who are pregnant or planning a pregnancy are advised not to drink

alcohol at all and that they should maintain a healthy weight. They can maintain pre-pregnancy levels of physical activity and should be encouraged to aim for at least 150 minutes of moderate intensity activity per week, as well as muscle strengthening activities. NICE guidance states additional weight loss support should be offered to women living with obesity.

Perinatal mental health issues can have a significant impact on a pregnant woman, their baby and family, with longer term consequences from an adverse effect on attachment between mother and baby. It is estimated that between 10% and 20% of women experience some form of mental health problem during pregnancy or the first year after childbirth. The assessment of a mother's mental health should be a core element of all antenatal, post-natal appointments and visits, with specialist perinatal mental health services available to those who need them.

Nearly a quarter of children are living with overweight or obesity in Sunderland by the end of Reception, and the rates have generally been rising over recent years. Evidence suggests that those children who are breastfed are less likely to be overweight when they grow up. The World Health Organisation (WHO) and the Department of Health recommend that infants are breastfed exclusively for the first six months with breastfeeding to form part of a baby's diet up to two years of age. Breastfeeding rates in Sunderland are significantly lower than the England average with just 29.4% of babies being breastfed at 6-8 weeks compared to 48% nationally. NICE makes a number of recommendations in relation to breastfeeding support, in particular a coordinated programme of interventions across all sectors, using UNICEF Baby Friendly Initiative as a minimum standard. Babies should be introduced to a variety of healthy complementary foods at around 6 months of age when the infant is developmentally ready, and those who are at greater risk of Vitamin D deficiency should access Healthy Start Vitamins. Sunderland compares poorly to regional neighbours and England in terms of oral health in young children, which should be addressed by consistent advice and support to families and increased access to fluoride.

Rates of children attending hospitals for unintentional injuries and rates of A&E attendance in Sunderland are significantly higher than national averages and are some of the highest rates in the region. Sunderland has an Accident Prevention Working Group with representatives from all key agencies with a key priority being the prevention of unintentional injuries for children under 5 years using current programmes and services to deliver a local intervention strategy.

Children in Sunderland are assessed at two years old and at the end of reception to assess their developmental progress in areas such as emotional and social wellbeing, communication, and physical development. Rates of those reaching expected levels of development compare well with national averages, however, in Sunderland rates for expected levels in speech, language and communication, particularly for those most disadvantaged children, are lower. All families can access an early education for their child from 3 years old, from a range of high-quality early education providers across the city. Levels of take up of early education for disadvantaged two-year-olds, which helps support child development and readiness for school, has continued to increase year on year.

There are a number of universal services available to residents of Sunderland which provide support, advice and information to those preparing for a baby and those families

with pre-school children. These services can also offer additional support where needed and are in a prime position to identify concerns and complex needs.

Every pregnant woman has a named midwife with around 10 appointments throughout their pregnancy; the 0-19 service, Growing Healthy Sunderland, deliver the evidence-based Healthy Child Programme with a named Health Visitor allocated to each expectant mother in the antenatal period. The Healthy Child Programme delivered by the Growing Healthy Team is an early intervention and prevention public health programme which provides a framework for universal provision, as well as targeted approaches where additional needs and vulnerabilities are identified. Each family will see a member of their health visiting team at least seven times, the team provide support and advise around child development, parenting, health and safety, as well as promotion of social and emotional development, pre-school screening and support for health and behaviour change for families, children, and young people.

Family Centres provide a programme of activities and services across the city and infant feeding support is available to all who require it. In addition, Together for Children deliver a number of parenting programmes providing age-appropriate evidence-based courses available to all families. Growing Healthy Sunderland also provide a comprehensive oral health programme, including the provision of expert advice to practitioners and comprehensive and up-to-date advice to families.

More targeted support is sometimes appropriate to ensure families receive additional support where needed. Sunderland has a Family Nurse Partnership (FNP), which is a licenced, evidence-based intervention programme providing intensive support to first time young mothers aged 19 years or under, and provides support, guidance and reinforces positive health messages during regular visits. Sunderland's Early Help Strategy aim to support families where problems arise by providing the right support at the earliest opportunity to prevent problems escalating to statutory interventions. In addition, pathways are in development to ensure those children with Special Educational Needs are identified early in preparation for starting school. Other targeted services include the Perinatal Mental Health Service and IAPT service providing more specialist support to those women experiencing mental health issues and the Sunderland Specialist Stop Smoking Service supporting pregnant women to stop smoking.

Locally, there has been significant appreciation of the importance of the best start in life. The LMS is driving forward public health priorities within maternity services and associated service provision and Sunderland's Healthy City Plan for 2020-2030 identifies the best start in life as a key priority for the starting well agenda. The Best Start in Life Working Group, which has representation from all key stakeholders, will work to improve outcomes, develop, and embed high quality evidence-based support to families and continue to promote the importance of ensuring every child has the best start in life.

Strategic Needs Assessment

1) Title of JSNA
Best Start in Life

2) What is the need locally, both now and in the future?

2.1 Population

ONS mid-year estimated for 2020 show Sunderland had an estimated population of 277,846. From April 2021 to March 2022 Sunderland had 2,494 live births, this shows a decline from the previous 5 years average of 2,900.[5] Using ONS population estimates as a proxy measure, birth rates are set to decline in Sunderland over the next 10 years, from between100 and 500 births per year. [5]

The average maternal age is steadily increasing nationally and was 30.7 years in 2019 for mothers and 33.6 years for fathers, these are both at record highs. This trend is replicated in age-specific fertility rates (ASFRs) where, for the fifth consecutive year, the fertility rate for women aged under 20 years (11.2) was lower than the rate for women aged 40 years and over (16.5); this is a pattern last recorded in 1947. [6]

2.2 Childhood Poverty

The Sunderland population experiences higher levels of socioeconomic disadvantage than the English average, with 23% of the Sunderland population residing in areas that are among the 10% most disadvantaged in England [4]. Socioeconomic disadvantages can lead to wider health inequalities and are one of the primary risk factors linked to many maternal and infant health outcomes.

- 24.3% of children are living in low-income families compared to 18.4% nationally [4]
- Children born to teenage mothers have a 63% higher risk of living in poverty [10]
- 62.6% of children eligible for free school meals achieve a good level of development which is higher than the national average
- 29.6% of 3- and 4-year-olds were eligible for Early Years Pupil Premium in the Spring term of 2021[11]
- Housing Market Assessment survey (2020) identified 10.2% of households classified 'in need' with over a quarter being lone adults[12]
- The data demonstrated more than half, 52.1%, of lone parents with 3 or more dependent children are in housing need, compared to 26.1% of couples with 3 or more dependent children[12]

2.3 Vulnerable Families

High levels of need in Sunderland are also reflected in referrals to social care. Domestic violence is also a key indicator, with levels higher than England averages:

- In 2019-20, domestic violence-related incidents and crime recorded by the police was 34.9 per 1000 people in the Northumbria Force area, compared to an England rate of 28 per 1000 and North East average of 42.3 per 1000[9]
- In 2019/20 the rate of children in the youth justice system was 5.3 per 1000 compared to the England average of 3.5 and North East average of 4.8 per 1000[9]
- The rate of referrals into social care reduced significantly in Sunderland in 2020 from a rate of 820.2 per 10,000 people in 2019 to a rate of 659.4 per 10,000 people in 2020, comparable to North East and England averages of 638.2 per 10,000 and 534.8 per 10,000 respectively [14] (32% of referrals were in relation to children aged 0-5 years old and 6% were unborn children)
- The rate of children in need in Sunderland in 2020 has decreased to 409.3 per 10,000 and is lower than the North East average of 462.9. The England average is 323.7 per 10,000 [14] (31% children aged 0-5 years old and 9% were unborn children)
- The rate of children who are subject to a Child Protection Plan has also decreased in 2020 for the second consecutive year to 66.9; comparable to the North East average of 70, although significantly higher than the England average of 42.8 (32% of children subject to a Child Protection Plan were aged 0-5 years and 14% were unborn)[11] [14]
- The numbers of Looked After Children in Sunderland has been fairly static since 2015 and in 2020 was slightly lower than the North East average at 106.67, however the rate per 10,000 people is significantly higher that the England average of 67%[14] (March 2020, 27% of looked after children were aged 0-5 years old)

2.4 Teenage Pregnancy

The under 18s conception rate in Sunderland has shown a steady reduction since 1998, as has been the pattern across England. However, the rate is still significantly higher than the England average. Latest data for February 2021 shows 1.6% of births in Sunderland were to teenage mothers compared to the 0.7% national average. Maternal outcomes for young women are significantly worse than population averages[10]:

- Young parents experience a 75% higher rate of infant mortality and have a 24% higher rate of still births
- They have a 30% higher rate of low birth weight
- Teenage mums are 3 times more likely to smoke during pregnancy and are half as likely to breastfeed
- They are also at a higher risk of poor mental health up to 3 years after a child is born and are mothers aged 16-24 are much more likely to experience poor mental health than older mums.
- Almost 60% of mothers involved in serious case reviews had their first child under 21.
- 63% higher risk of bring a child in poverty for children being born to women under 20.
- An estimated 12% of 16-17-year-olds females recorded as NEET were teenage parents.

2.5 Infant and Child Mortality

Infant mortality rates have generally been falling in Sunderland since 2002:

- In 2017-2019 Sunderland saw 25 infant deaths at a rate of 3.0 deaths per 1,000 live births, the second lowest in the North East.[9]

Infant mortality rate 2017 - 19 — Crude rate - per 1,000

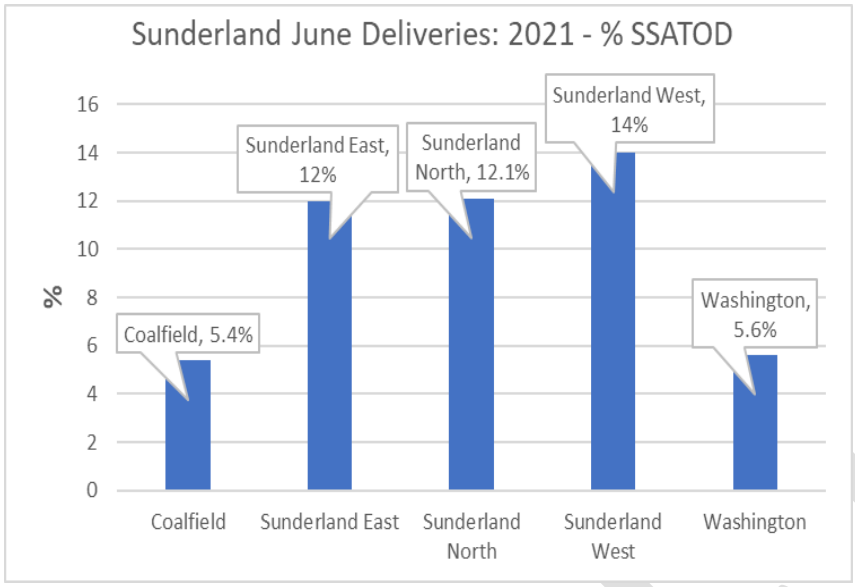
Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	7,434	3.9	3.9	4.0
North East region	–	269	3.4	3.0	3.8
Gateshead	–	24	4.0	2.5	5.9
Newcastle upon Tyne	–	37	3.9	2.7	5.3
Darlington	–	12	3.7	1.9	6.4
Stockton-on-Tees	–	23	3.6	2.3	5.4
North Tyneside	–	23	3.5	2.2	5.3
Redcar and Cleveland	–	14	3.4	1.8	5.7
Middlesbrough	–	18	3.2	1.9	5.1
County Durham	–	47	3.2	2.4	4.3
Northumberland	–	25	3.2	2.0	4.7
Hartlepool	–	9	3.0	1.4	5.7
Sunderland	–	25	3.0	2.0	4.5
South Tyneside	–	12	2.6	1.4	4.6

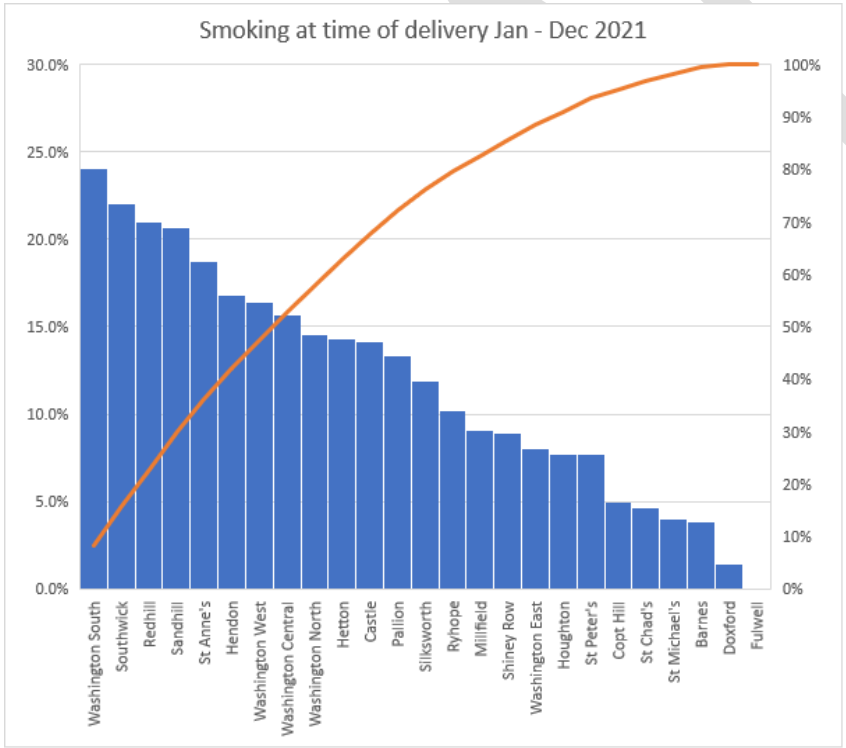
2.6 Maternal Health

2.6.1 Smoking at Time of Delivery

Maternal smoking is the single biggest modifiable risk factor during pregnancy. Women who smoke during pregnancy are twice as likely to experience a stillbirth, up to 32% more likely to miscarry, and babies born to smokers are three times more likely to suffer from 'Sudden Infant Death Syndrome'. Women from more deprived backgrounds are more likely to be exposed to smoke during pregnancy, as are mothers under the age of 20. Although there has been a downward trend in smoking at time of delivery rates in Sunderland since 2011, it continues to be significantly higher than the England average. In 2019/20 Smoking at Time of Delivery was 18.3%.[9] The 20/21 data shows Sunderland has observed decrease in the SATOD figures at 15.5%, however, this is still higher than the North East average of 13.3% and national average of 9.6%.[9]

In a snapshot of the SATOD data received from South Tyneside and Sunderland NHS Foundation trust we can see that inequalities exist at a locality and ward level. Some of the most disadvantaged wards have the highest rates of smoking in pregnancy. In 2021, the ward of Fullwell had the lowest rates of SATOD at 1.4% and data shows the highest levels >18% of SATOD in Washington South, Southwick, Redhill, Sandhill and St. Annes.



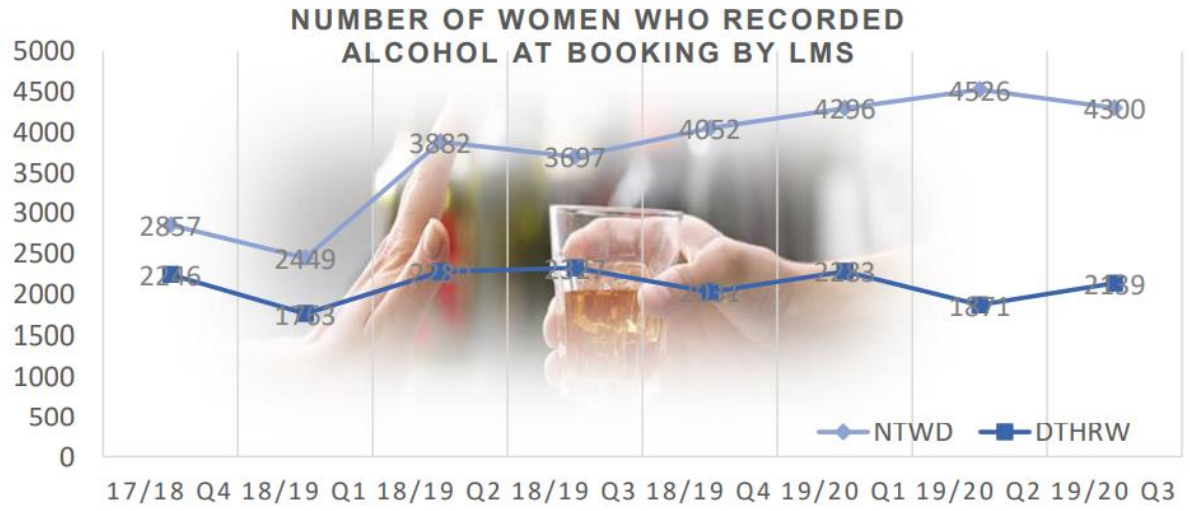


2.6.2 Alcohol during pregnancy

There is growing evidence of the harmful effects of drinking alcohol during pregnancy, however there is currently very little evidence of the extent to which women drink whilst pregnant. The graph below shows the number of women consuming alcohol as recorded at

the first booking by the local maternity system from 2017 to 2020 (the North East boundaries of LMS and ambitions are described in section 4.3).

It is estimated that 41.3% of women in the UK consume alcohol during pregnancy.[16] There has been limited research in relation to the prevalence of Foetal Alcohol Spectrum Disorders (FASD) in UK, with estimates ranging from 1% to 17% of children that could be affected; this could be from around 26 to 443 births per year in Sunderland. However, the creation of a FASD Clinic in the Sunderland area coordinated by the South Tyneside and Sunderland NHS Foundation Trust has the aim of addressing the complex issues surrounding FASD [6] [16] [17] [18].



2.6.3 Healthy weight during pregnancy

A high maternal BMI is a risk factor for both maternal and infant health. Among adults 18 and over 68% of men and 60% of women were classified as living with overweight or obesity. Obesity increased across all age groups up to 75. [19]

Local estimates show:

- Proportion of adults who are overweight or obese in Sunderland was 73.5% in 2019/20 this figure is higher than the national average.[9]
- In Sunderland 27.4% of women were classed as obese in the early stages of pregnancy in 2018/19. This is 5% higher than the national average.[9]

2.6.4 Low Birth Weight

Sunderland's rate of low-birth-weight infants (less than 2,500g) at term was 3.21% in 2020. This is compared to 3.20% for the North East average and 2.86% for the England average.[9]

2.6.5 Immunisations in pregnancy

Pregnant women and their unborn baby are at higher risk from complications of flu, and it is therefore recommended that they have the seasonal flu vaccination. In Sunderland 40.5% of

pregnant women received the flu vaccination in 2019/20, compared to the Cumbria and North East average of 49.1%. Sunderland has the lowest uptake amongst all of the Cumbria and North East region. [18]

Cumulative Data for Flu (2019/2020)	% Uptake	% Refused/declined	% Uptake in Pharmacies	% given by other Health Care Provider (including maternity)
DARLINGTON CGC	59.9	1.5	3.8	24.1
DURHAM DALES, EASINGTON AND SEDGEFIELD CCG	47.1	3.6	3.3	8.6
NORTH DURHAM CCG	57	2.7	2.6	18.3
HARTLEPOOL AND STOCKTON-ON-TEES CCG	50.7	2.2	6.2	6.3
NOTHUMBERLAND CCG	48	5	3.3	3.7
SOUTH TEES CCG	43.2	2.3	3.7	2.9
SOUTH TYNESIDE CCG	49	6.2	4.3	3.6
SUNDERLAND CCG	40.5	5.2	2.9	5.1
NORTH CUMBRIA CCG	52	3.4	8.3	8.8
HAMBLETON, RICHMONDSHIRE AND WHITBY CCG	53.6	3.3	3.5	5.4
NEWCASTLE-GATESHEAD CCG	50.7	4.8	4.1	4.1
NORTH TYNESIDE CCG	48.8	3.2	6.1	3.9
TOTAL	**49.1**	**3.7**	**4.4**	**6.7**

2.6.6 Perinatal Mental Health

Between 10% and 20% of women may experience some form of mental health problem during pregnancy or the first year after childbirth,[21] and teenage mothers 3 times more likely to experience post-natal depression.

Based on national estimates of mental health conditions and on local birth rates, the figures below show how many women could be expected to have certain mental health problems in pregnancy and the postnatal period in Sunderland:

Mental health condition	No.	%*
Postpartum psychosis	6	0.5%
Chronic serious mental illness	6	0.5%
Severe depressive illness	87	7%
Posttraumatic stress disorder	87	7%
Mild to Moderate depression and anxiety	361	30%
Adjustment disorder and distress	650	54%

*Percentage of total mental health conditions

Please note that adding the above figures together will not give you an overall estimate of the number of women with antenatal or postnatal mental health conditions, as some women will have more than one of these conditions.[24]

2.7 Oral Health

Sunderland performs poorly in relation to measures of prevalence of tooth decay in young children.

- In 2020 the oral health survey for 3-year-olds found that 21.7% had decayed, missing, or filled teeth. That is considerably higher than the 10.7% England average and the highest rate in the North East.[25]

Proportion of five-year-olds with visually obvious dental decay, 2018/9 – Sunderland compared to regional neighbours. [9]

Areas: All in North East region | All in England Display: Table | Table and chart Export table as image Export table as CSV file

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	–	-	23.4	23.1	23.7
North East region	–	-	23.3	21.9	24.8
Middlesbrough	–	-	38.1	31.9	44.8
Sunderland	–	-	32.5	26.2	39.5
Redcar and Cleveland	–	-	28.0	22.4	34.4
County Durham	–	-	26.8	21.7	32.7
Gateshead	–	-	26.6	20.9	33.2
Newcastle upon Tyne	–	-	24.2	20.7	28.0
Darlington	–	-	22.3	17.4	28.0
South Tyneside	–	-	22.1	16.9	28.3
Northumberland	–	-	20.3	16.2	25.1
Stockton-on-Tees	–	-	19.5	14.8	25.1
Hartlepool	–	-	15.9	11.7	21.2
North Tyneside	–	-	12.7	9.5	16.8

Source: Dental Public Health Epidemiology Programme for England: oral health survey of five-year-old children (Biennial publication - latest report 2019) https://www.gov.uk/government/collections/oral-health#surveys-and-intelligence:-children

In 2018/19 the proportion of 5-year-olds with visually obvious dental decay was 32.5% again this is significantly higher than the England and North East average and the second highest in the region.

2.8 Unintentional and Deliberate Injuries

The crude rate of hospital admissions caused by unintentional and deliberate injuries in children aged between 0-4 years in Sunderland was 203.1 per 10,000 resident population in 2019/20.It has been consistently higher than England averages and Sunderland is currently 2nd worst in the region.[9] In 2021 A&E admissions ranged from 14-26 attendances per month, with most common being burns and falls down stairs. Local pooled ward data showed:

- Between 2010/11 and 2014/15 10 wards had a rate higher than the overall Sunderland average, with Redhill and Sandhill wards having particularly high rates of hospital admission rates of 308.0 and 303.7 per 10,000 population.[26]

- Falls are the leading cause of injury related hospital admissions in the under-fives, with falls from furniture causing the highest number in this category.[9]

The rate of A&E attendances is significantly higher in the North East than the England average.[9]

2.9 Childhood Immunisations

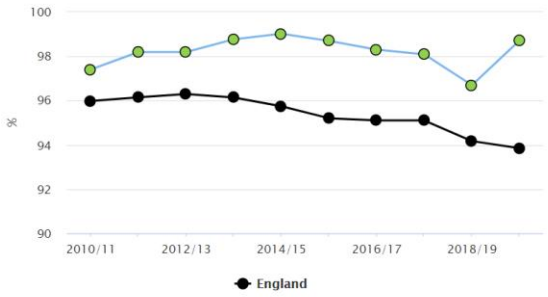
Sunderland performs better than the England average for most pre-school immunisations. However, there were significant dips in coverage of some immunisation for infants under 1 years old and for the MMR at aged 2 years in 2017/18. The rates since recovered, but should be monitored to ensure full vaccination coverage:

- The total number of children who received 3 doses of DTaP/IPV/Hib vaccine (to protect against diphtheria, pertussis (whooping cough), tetanus, childhood meningitis and pneumonia and polio) by their first birthday in 2019/20 was 98.7% the highest in the North East Region and well above the England average.[9]

Population vaccination coverage - Dtap / IPV / Hib (2 years old)

Proportion - %

Export chart as image | Show confidence intervals | Show 99.8% CI values | Export table as CSV file



Recent trend: No significant change

Benchmarking against goal: <90% | 90% to 95% | ≥95%

Period		Sunderland Count	Value	95% Lower CI	95% Upper CI	North East	England
2010/11		3,040	97.4%	96.8%	97.9%	97.4%*	96.0%*
2011/12		3,039	98.2%	97.7%	98.6%	97.5%*	96.1%*
2012/13		3,039	98.2%	97.7%	98.6%	97.8%*	96.3%*
2013/14		3,213	98.8%	98.3%	99.1%	97.9%*	96.1%*
2014/15		2,940	99.0%*	98.6%	99.3%	97.8%	95.7%
2015/16		2,924	98.7%*	98.2%	99.0%	98.0%	95.2%
2016/17		2,712	98.3%	97.7%	98.7%	97.4%	95.1%
2017/18		2,927	98.1%	97.5%	98.5%	97.2%	95.1%
2018/19		2,898	96.7%	96.0%	97.3%	96.7%	94.2%
2019/20		2,843	98.7%	98.2%	99.1%	96.6%	93.8%

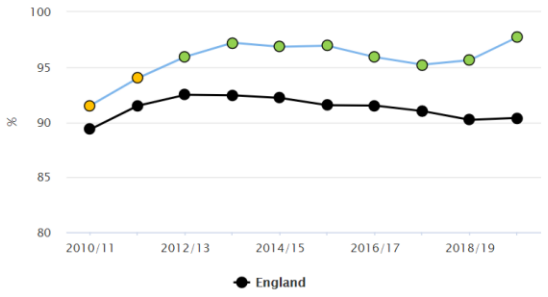
Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England (PHE). Available from NHS Digital

- Similarly, the rate for the provision of the PCV vaccine by their first birthday, which protects against pneumococcal infections that can cause pneumonia, septicaemia or meningitis increased to 97.7% in 2019/20. Again, this is consistently higher than the England average.[9]

Population vaccination coverage - PCV booster

Proportion - %

Export chart as image | Show confidence intervals | Show 99.8% CI values | Export table as CSV file



Recent trend: No significant change

Benchmarking against goal: <90% | 90% to 95% | ≥95%

Period		Sunderland Count	Value	95% Lower CI	95% Upper CI	North East	England
2010/11		2,856	91.5%	90.5%	92.4%	93.2%*	89.3%*
2011/12		2,909	94.0%	93.1%	94.8%	94.2%*	91.5%*
2012/13		2,969	95.9%	95.2%	96.6%	95.0%*	92.5%*
2013/14		3,162	97.2%	96.6%	97.7%	95.7%*	92.4%*
2014/15		2,875	96.8%*	96.1%	97.4%	95.3%*	92.2%*
2015/16		2,872	96.9%	96.2%	97.5%	95.4%	91.5%
2016/17		2,646	95.9%	95.1%	96.6%	94.9%	91.5%
2017/18		2,841	95.2%	94.4%	95.9%	95.0%	91.0%
2018/19		2,866	95.6%	94.8%	96.3%	94.7%	90.2%
2019/20		2,814	97.7%	97.1%	98.2%	95.2%	90.4%

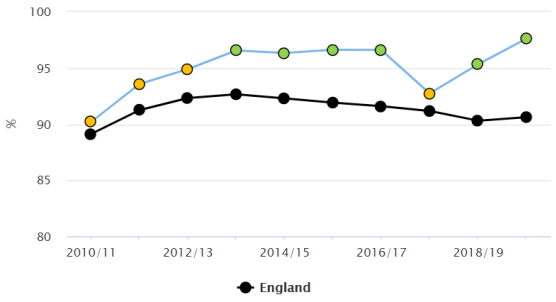
Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England (PHE). Available from NHS Digital

- The MMR vaccination coverage for one dose (measured at aged 2 years) increased to 97.6% in 2019/20.[9]

Population vaccination coverage - MMR for one dose (2 years old)

Proportion - %

Export chart as image | Show confidence intervals | Show 99.8% CI values



Export table as CSV file

Recent trend: No significant change

Benchmarking against goal: <90% | 90% to 95% | ≥95%

Period		Sunderland Count	Value	95% Lower CI	95% Upper CI	North East	England
2010/11		2,815	90.2%	89.1%	91.2%	91.4%	89.1%*
2011/12		2,896	93.6%	92.7%	94.4%	93.0%*	91.2%*
2012/13		2,937	94.9%	94.1%	95.6%	94.1%*	92.3%*
2013/14		3,141	96.6%	95.9%	97.1%	95.5%*	92.7%*
2014/15		2,860	96.3%*	95.6%	96.9%	95.2%	92.3%
2015/16		2,863	96.6%*	95.9%	97.2%	95.0%	91.9%
2016/17		2,667	96.6%	95.9%	97.2%	94.9%	91.6%
2017/18		2,767	92.7%	91.7%	93.6%	94.5%	91.2%
2018/19		2,857	95.3%	94.5%	96.0%	94.5%	90.3%
2019/20		2,811	97.6%	97.0%	98.1%	95.1%	90.6%

Source: Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England (PHE). Available from NHS Digital

More details of immunisation coverage across the country can be found in the Early Years Supplementary Indicators in the Public Health Outcomes Framework Child and Maternal Health data set.

2.10 Childhood Healthy Weight and Nutrition

2.10.1 Baby's first feed Breastmilk

Breastfeeding rates in Sunderland are significantly lower than the England average. The latest published data for 2018/19 shows the percentage of women initiating breastfeeding was 48% in Sunderland compared to an England average of 67.4% and a North East average of 50.6%.[9]

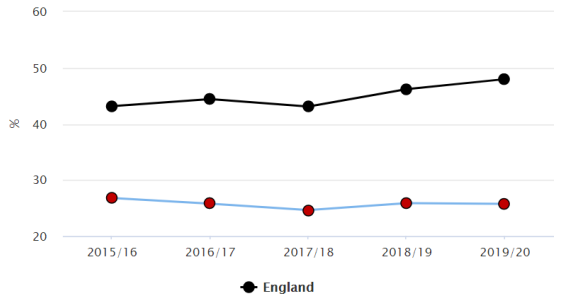
2.10.2 Breastfeeding Continuation

Similarly, breastfeeding continuation rates, measured at 6-8 weeks, are significantly below the England average. The latest annual data reported by the Office of Health Improvement and Disparities, 2019/20 show a Sunderland rate of 25.7% compared to an England average of 48% and North East average of 34.4%.[9] On average a woman who is breastfeeding at the 10 day primary health visit is no longer breastfeeding at the 8 week visit in Sunderland. The annual data from Health Visitor metrics demonstrates a recent increase in breastfeeding rates for 2021/22 of 40.7% at the 10 day point and 29.4% at 8 weeks, this equates to 70.6% of infants in Sunderland formula feeding. There are significant disparities across the city, with mothers residing in Millfield being more likely to breastfeed (52.1% in 2021 ward level data) and those living in Redhill least likely to breastfeed (11.7%).

Breastfeeding prevalence at 6-8 weeks after birth - current method

Proportion - %

Export chart as image | Show confidence intervals | Show 99.8% CI values | Export table as CSV file



Recent trend: No significant change

Period		Sunderland Count	Value	95% Lower CI	95% Upper CI	North East	England
2015/16		757	26.8%	25.2%	28.4%	31.4%*	43.2%*
2016/17		753	25.8%	24.2%	27.4%	31.4%	44.4%*
2017/18		707	24.6%	23.1%	26.2%	32.1%*	43.1%*
2018/19		669	25.9%	24.2%	27.6%	33.6%	46.2%*
2019/20		608	25.7%	24.0%	27.5%	34.4%*	48.0%*

Source: Public Health England Life Course Intelligence team

Babies that are not breastfed are more likely to acquire infections such as gastroenteritis.[28] Hospital admission for gastroenteritis in under 1's for Sunderland is significantly above the England average with a rate of 220.7 per 10 000 in 2019/20 compared to an England average of 151.4 per 10 000 however Sunderland is below the North East Average of 272.3 per 10 000.[9]

2.10.3 National Child Measurements Programme (NCMP)

Latest data from the National Child Measurement Programme (NCMP) in 2019/20 found that in Sunderland, of children in Reception (aged 4-5), 3% were living with severe obesity, 10.1% have obesity and a total of 22.1% classified as having excess weight including obesity. This means that nearly a quarter of all children in Reception are living with overweight or obesity.[9] However, the rate is lower than the North East average of 24.8% and the England Average of 23%.

There are some ward variations in Sunderland, with some areas with significantly higher rates than the Sunderland and England average. Based on Reception data for 2017/18 to 2019/20, the Hendon ward (16.7%) for obesity prevalence was significantly higher than the Sunderland average (11.0%). The wards with the 5 highest rates were: Hendon (16.7%), St Chad's (14.3%), Redhill (13.6%) St Anne's' (13.2%) Southwick (12.5%).
Based on Year 6 data for 2017/18 to 2019/20, the Sandhill ward (31.2%) for obesity prevalence was significantly higher than the Sunderland average (24.5%).
The wards with the 5 highest rates were: Sandhill (31.2%), Pallion (29.5%), Hendon (29.3%), Washington North (29.1%), Southwick (28.6%).[29]

2.10.4 Healthy Start Programme

The Healthy Start Programme is UK-wide government scheme which aims to improve the health of pregnant women and young children on low incomes with the provision of free milk, fruit and vegetables and vitamins. In March 2022 the paper voucher scheme ended. All applications are made online via the Healthy Start digital scheme. In Sunderland, the Family Nurse Partnership and Health Visitor team help in signposting and applying for the scheme. Further support is in place for families via multi agency advice services across Sunderland.

Nationally, snapshot data indicates that uptake for the scheme has increased recently:

- In March 2022 81% of those eligible had applied for the Healthy Start Scheme, this is

a significant increase from February 2021 where uptake of the voucher scheme was 60%[30]

- Sunderland and the North East region have historically always had a slightly higher take up rate than nationally, you can see from the table below Sunderland is well above the National average.

	Sep 21	*Oct 21*	*Nov 21*	*Dec 21*	*Jan 22*	*Feb 22*	*Mar 22*
National	**58%**	**53%**	**59%**	**63%**	**64%**	**68%**	**72%**
Sunderland	**64%**	**58%**	**68%**	**75%**	**76%**	**79%**	**81%**

Healthy Start Vitamins

As part of the Healthy Start scheme, participants can also have access to free vitamins. In Sunderland we have successfully piloted several initiatives to ensure reach to all those eligible, including embedding distribution via Health Visiting and Family Nurse Practitioner teams, foodbanks and family centres. Eligible participants can also obtain the healthy start vitamins from pharmacies across Sunderland by showing their Healthy Start card.

Why are we doing this?

- 8% of children under five in the UK do not have enough vitamin A in their diet.
- Families in lower-income groups tend to have less vitamin C in their diet.
- All pregnant and breastfeeding women and young children are at risk of vitamin D deficiency (teenagers, younger women and those from ethnic minorities are particularly at risk).
- Healthy Start Vitamins contain a specific combination of recommended levels of vitamins A, C and D for children aged six months to four years and folic acid and vitamins C and D for pregnant and breastfeeding women. The vitamins for babies and children are in the form of vitamin drops, whilst the vitamins for expectant and new mothers are in the form of tablets.[31]

2.11 School Readiness

2.11.1 Developmental Check at 2 years old

All children are required to receive a development assessment at aged 2-2.5 as part of the Healthy Child Programme. The Ages and Stages Questionnaire (ASQ3) is used to assesses 5 key areas of development.

- In Sunderland around 90% of children receive this assessment by 2.5 years [27]
- In 2020/21 85.8% of children in Sunderland were at or above expected levels of development in all 5 areas.[27] National levels were reported as 87.3%[9]
- During the same period, 13% of children had not reached expected levels in communication, which is the lowest out of all 5 developmental areas.[27] This is similar to national levels

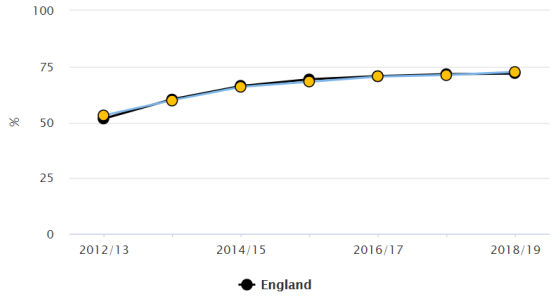
2.11.2 Early Years Foundation Stage

- In 2018/19, the percentage of children achieving a good level of development at the end of reception in Sunderland was 72.6%, which is above the regional and national value of 71.8%. This has steadily increased since 2012, in line with national figures.[9]

School readiness: percentage of children achieving a good level of development at the end of Reception

Proportion - %

Export chart as image | Show confidence intervals | Show 99.8% CI values | Export table as CSV file



Recent trend: Increasing & getting better

Period		Sunderland Count	Value	95% Lower CI	95% Upper CI	North East	England
2012/13		1,728	53.1%	51.4%	54.8%	45.2%	51.7%
2013/14		1,859	59.9%	58.2%	61.6%	55.8%	60.4%
2014/15		2,079	65.9%	64.2%	67.5%	63.2%	66.3%
2015/16		2,183	68.2%	66.6%	69.8%	68.4%	69.3%
2016/17		2,304	70.5%	68.9%	72.0%	70.7%	70.7%
2017/18		2,123	71.1%	69.5%	72.7%	71.5%	71.5%
2018/19		2,113	72.6%	71.0%	74.2%	71.8%	71.8%

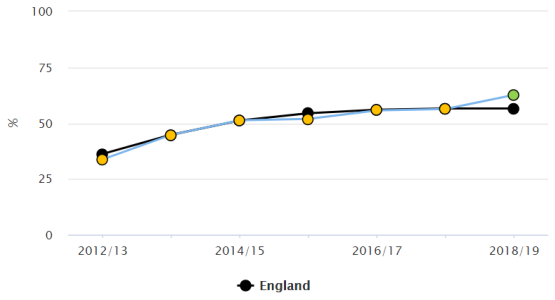
Source: Department for Education (DfE), EYFS Profile: EYFS Profile statistical series

- However, the percentage of children with free school meal status achieving a good level of development at the end of reception in Sunderland in 20/18/19 has significantly increased to 62.6% from 56.3% in 2017/18.[9]

School Readiness: percentage of children with free school meal status achieving a good level of development at the end of Reception

Proportion - %

Export chart as image | Show confidence intervals | Show 99.8% CI values | Export table as CSV file



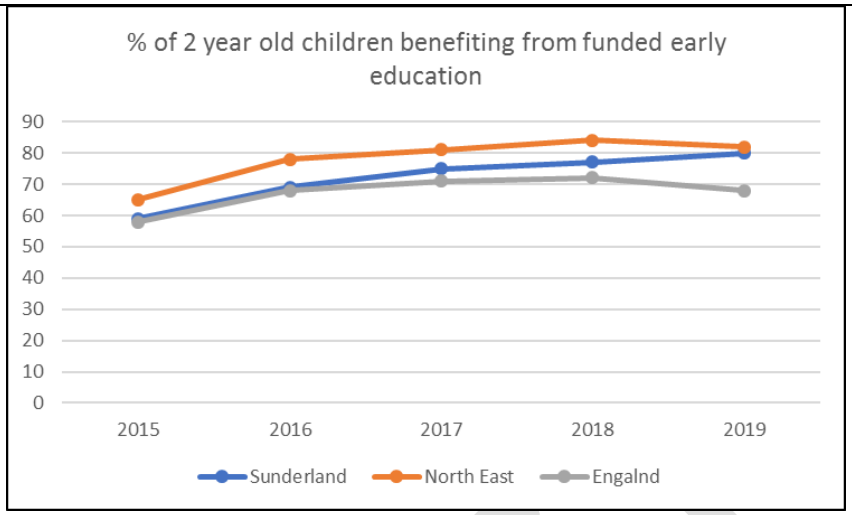
Recent trend: Increasing & getting better

Period		Sunderland Count	Value	95% Lower CI	95% Upper CI	North East	England
2012/13		288	33.8%	30.7%	37.0%	28.7%	36.2%
2013/14		345	44.7%	41.3%	48.3%	39.1%	44.8%
2014/15		321	51.3%	47.4%	55.2%	48.0%	51.2%
2015/16		330	51.9%	48.0%	55.7%	53.7%	54.4%
2016/17		381	55.7%	52.0%	59.4%	57.7%	56.0%
2017/18		329	56.3%	52.3%	60.3%	56.8%	56.6%
2018/19		320	62.6%	58.3%	66.7%	57.7%	56.5%

Source: Department for Education, Early Years Foundation Stage Profile (EYFS Profile): Early Years Foundation Stage Profile statistical series

2.11.3 Early education

- Children of low-income families are eligible to access 15 hours free childcare from the term after their second birthday until they start early education at 3 years old. Levels of take up is closely monitored and Sunderland's rate has steadily increased over the last 5 years, although this decreased slightly from 80% in 2019 to 77% in 2020 the decrease is reflective of the consequences of Covid. as the North East average.[11 14]



- Sunderland has high quality childcare with 100% of day care and 98% of childminders rated as outstanding or good by Ofsted.

2.11.4 SEND

- In January 2018, of the 5,046 children aged 0 to 4 attending an early year's setting, either a childminder, private day nursery or school nursery, 15 (0.3%) had an Education Health Care Plan (EHCP) and 340 (7%) were receiving SEN support. These numbers have decreased over the last 3 years.[31]
- Speech, Language and Communication difficulties is the greatest primary need for children in early years settings and accounted for 44.5% of the cohort in 2018.[31]

3) What are the effective interventions?

3.1 The Healthy Child Programme

The Healthy Child Programme is an evidence-based early intervention and prevention public health programme that is at the core of universal services for children and families. It is delivered through a universal, population-based approach based upon the principles of proportionate universalism, which provides a framework for universal provision, as well as targeted approaches where additional needs and vulnerabilities are identified. Core elements of the Healthy Child Programme are:

- health and development reviews;
- screening;
- immunisations;
- promotion of social and emotional development;
- support for parenting;
- effective promotion of and support for health and behaviour change for families, children, and young people.

3.2 Family Nurse Partnership (FNP)

The FNP is a licenced programme and has a strong body of international research evidence which consistently identifies it as a very effective preventive programme for improving the health and development outcomes of vulnerable young mothers and their children.

It was identified in a review of 75 programmes by the Early Intervention Foundation on one of only two programmes to achieve the highest possible 4+ rating for evidence and as an example 'of early intervention programmes with good evidence of improving children's early language development and other cognitive outcomes' and 'good evidence of improving children's attachment security during the early years.' More information can be found at https://fnp.nhs.uk/our-impact/evidence/

3.3 Better Births – Improving outcomes of maternity services in England

In 2016, the National Maternity Review produced a Five Year Forward View for Maternity Care in England. Their vision is for maternity services to become safer, more personalised, kinder, professional and more family friendly, where women can access information to enable them to make informed decision about their care and can access support that is personalised. They want well led high performing teams which promote innovation and breakdown professional boundaries.

They include a table of recommendations to improve quality in relation to seven main areas including: personalised care, continuity of care, safer care, better perinatal mental health, multi-professional working, working across boundaries and a fair payment system. They propose on a local level, providers and commissioners should operate as Local Maternity System to achieve these recommendations.

3.4 Saving Babies' Care Bundle

Although stillbirth rates are reducing, the United Kingdom still has one of the highest rates amongst higher income countries and there are wide variations across the country.[33] The DOH announced an ambition to reduce the rate of stillbirths, neonatal and maternal deaths in England by 50% by 2030, with a 20% reduction by 2020.[33] The Saving Babies Care Bundle is a programme designed to tackle stillbirth and early neonatal death. The care bundle approach is a recognised way of improving outcomes in the NHS, by bringing together a small number of focused interventions for a particular area of health using best practice approaches, particularly in areas of health where there are wide variations in outcomes. There are five specific interventions in this bundle aimed at reducing the risks associated with still births and neonatal and maternal deaths. They are:

1. Reducing smoking in pregnancy
2. Risk assessment and surveillance for fetal growth restriction
3. Raising awareness of reduced fetal movement
4. Effective foetal monitoring during labour
5. Reducing pre-term babies

More information can be found here: NHS England Saving Babies Care Bundle

3.5 Attachment and Adverse Childhood Experiences (ACEs)

The first months of life is a period of rapid growth, during which time, babies' growing brains are heavily influenced by their experiences.[1] Evidence suggests that developing secure attachments to a carer in the very early days is of great importance and poor attachment and parenting issues can impact on a child's development and resilience moving into adulthood.[35] Children living with domestic violence can be adversely affected in many ways, including physically, emotionally and in their personal development. Evidence suggest that living with violence can affect their cognatic ability and academic performance.[36] There is also a growing body of evidence to suggest that negative experiences and events occurring in childhood can have profound and long-term impacts on individuals and their families, including their parenting skills. Adverse Childhood Experiences (ACEs) can include physical, sexual, or emotional abuse; physical and emotional neglect, parental conflict, and separation, witnessing violence in the home; and mental health issues in the home. PHE Child and Maternal Intelligence Network are leading some work developing a narrative report around ACEs and vulnerabilities.[37]

Evidence-based early intervention such as parenting programmes, which can start in pregnancy, promote positive parenting, and encourages bonding with the child. Programmes such as the Antenatal Solihull Approach can be used by professionals to observe interactions and use non-judgemental, evidence-based approaches to encourage families to overcome challenges. In additional, the use of trauma-informed approaches when working with families can help to address the effect of ACEs on family life.

3.6 Healthy Pregnancy:

3.6.1 Smoking in Pregnancy

Smoking is the single biggest modifiable risk factor during pregnancy. When a woman smokes during pregnancy or is exposed to second-hand smoke, oxygen to the baby is restricted, making the babies heart work faster and exposing the baby to harmful toxins. As a result, it is estimated that maternal smoking during pregnancy leads to up to 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths every year in the UK.[38] There continues to be a major health inequality as women from more deprived backgrounds are more likely to be exposed to smoke during pregnancy, as are mothers under the age of 20. In addition, women who live with a smoker are 6 times more likely to smoke throughout pregnancy and are more likely to relapse to smoking once the baby is born.[39]

NICE guidance 'PH 26 Smoking: Stopping in pregnancy and after childbirth' was produced in 2010 and includes detailed guidance and best practice around the provision of support services to stop pregnant women from smoking, including the use of CO validation; referral processes into specialist stop smoking services; the use of pharmacological support and support to others in their households to quit.

The latest National Tobacco Control Plan (2017) contains a challenging national ambition 'to reduce rates of smoking throughout pregnancy to 6% or less by 2022'. It acknowledges this is a particular challenge for those in disadvantaged areas, where rates are disproportionately higher than more affluent areas. They call for a whole system approach and for all local areas to fully implement NICE guidance with an opt-out referral process using evidence-

based interventions such as BabyClear.[40] The Smoking in Pregnancy Challenge Group was established in 2012 to produce recommendations on how this ambition could be realised. Recommendations include engaging a wider range of health and care professionals to support areas where rates remain high; the encouragement of incentive schemes; ensuring high levels of trained maternity staff and maximising use of NRT to support quits including supporting the use of e-cigarettes.[39] There is a growing body of evidence about the effectiveness of financial incentives schemes in increasing quit rates of pregnant women. A Cochrane Review in 2019 found incentive schemes are an effective way of supporting pregnant women to stop smoking during pregnancy and post -partum, with those receiving an incentive twice as likely to quit.[41]

3.6.2 Alcohol in pregnancy

Updated guidelines from The UK Chief Medical Officers now state that, for women who are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep risks to the baby to a minimum.[42]

Alcohol passes freely across the placenta to the unborn baby. Drinking alcohol during pregnancy can increase the risk of miscarriage and low birth weight, as well as the risk of developing lifelong conditions, known under the umbrella term of 'foetal alcohol spectrum disorders' (FASD) caused when a developing baby in the womb is exposed to alcohol; this can include physical disabilities, learning difficulties and behavioural problems. The most severe cases are diagnosed with Foetal Alcohol Syndrome Disorder.

Despite some research indicating that FASD is the most common cause of non-genetic learning disability in the UK, there has been very limited research in the UK, with it primarily being carried out in the USA and Canada. Currently the prevalence of FASD in the UK is not accurately known. There are also difficulties with diagnosis and in making a causal link between disabilities which may be caused by a number of factors.[43]

Currently there is no uniformly prescribed method to recording alcohol intake during pregnancy in the UK. Social stigma associated with drinking alcohol, poor recall, and difficulty in estimating the alcohol content of some drinks is thought to result in significant under-reporting.[44] LMS have identified reducing alcohol consumption in pregnancy as one of their seven main prevention ambitions, and a local action plan is in development with STSFT and partners, which includes a target in relation to a more systematic approach to recording alcohol consumption.

3.6.3 Immunisations in pregnancy

It is recommended that pregnant women have the seasonal flu vaccination which will protect both mother and baby. Pregnant women are at a higher risk of complications associated with flu particularly in the later stages of pregnancy with increased mortality and morbidity than the general population and therefore are identified as an 'at risk' group. Women who have had the flu vaccine while pregnant also pass some protection on to their babies, which lasts for the first few months of their lives. Flu vaccinations can be given at any stage during pregnancy and is ideally given as soon as possible within flu season.

Pregnant women are also now offered a single dose of a pertussis containing vaccine (dTaP/IPV) between gestational weeks 16 and 32. This maximises the baby's protection against whooping cough during the early weeks after birth until their 8-week immunisation.

Infants and young children are usually the most severely affected by pertussis and infants are most likely to develop severe potentially life-threatening complications.[45]

3.6.4 Maternal weight

A high maternal BMI is a risk factor for both maternal and infant health. Obesity is linked to increased risk of gestational diabetes, preeclampsia, and primary postpartum haemorrhage. Obesity is also linked to increased need for early delivery, assisted delivery (instrument use or caesarean section), higher rates of larger weight infants, and infants requiring neonatal unit admission.[43] It is estimated that 12% of stillbirths could be prevented if there were no overweight or obese mothers.[3] Babies born to obese women also face several health risks. These include a higher risk of fetal death, stillbirth, congenital abnormality, shoulder dystocia, macrosomia, and subsequent obesity.[47]

There are currently no evidence-based UK guidelines on recommended weight-gain ranges during pregnancy. However, energy needs do not change in the first 6 months of pregnancy and increase only slightly for the last trimester at an additional 200 calories per day.

NICE guidance for weight management before, during and after pregnancy was published in 2010 and include recommendations for those women who are overweight or obese. It recommends that before pregnancy, those women who have a BMI of 30 or more should be advised of the benefits of losing weight and encouraged to lose between 5% and 10% of their body weight. There is specific advice for pregnant women, including how to eat healthily and how to stay physically active during pregnancy. The guidance also recommends additional support that should be offered to pregnant women with a BMI of 30 or more.

The guidance also includes recommended levels of exercise immediately after birth and that women should be offered information about community-based programmes if they wish to lose weight, with a structured programme offered to those with a pre-pregnancy BMI of over 30. There are also recommendations regarding local leisure and community services offering women with babies and children the opportunity to take part in affordable physical or recreational activities, such as organised walks, swimming or cycling.

The UK Chief Medical Officers have recently updated guidelines on physical activity and for the first time includes guidelines for pregnant women and new mothers. It recommends that physical activity can safely be recommended to women during and after pregnancy and has no negative impact on breastfeeding postpartum, that physical activity choices should reflect activity levels pre-pregnancy and that throughout pregnancy and post-partum, women should aim for at least 150 minutes of moderate intensity activity per week and muscle strengthening activities twice a week. The full guidance can be found here: Physical activity guidelines: UK Chief Medical Officers' report

3.6.5 Perinatal Mental Health

Although some changes in mental health during pregnancy may be part of normal pregnancy changes, they may also be symptoms of a mental health condition. The majority of mental health problems during pregnancy and the postnatal period are mild to moderate, with the most common being depression and anxiety, and many can be supported by primary care services. Women with previous experience of a serious mental illness such as bipolar

disorder are at an increased risk of relapsing during the perinatal period.

However, conditions often go unnoticed and untreated. This could be for a number of reasons, including the perceived stigma a mother might feel, as well as more practical constraint of a mother's ability to access treatment with a small child. In the Five Year Forward Plan for Mental Health it is estimated that the costs of perinatal mental ill health are £8.1 billion for each annual birth cohort, or almost £10,000 per birth.[48]

The assessment of a mother's mental health should be a core element of all antenatal and post-natal appointments and visits. NICE guidance, Antenatal and postnatal mental health: clinical management and service guidance outlines a number of recommendations in relation the identification, assessment and treatment of mental health conditions during this period. This includes the provision of support to those with pre-existing mental health conditions and how to discuss and assess mental health during routine appointments using evidence-based assessment tools, such as the Edinburgh Postnatal Depression Scale (EPDS).

The Five Year Forward Plan recommends that by 2020/21, there should be support for at least 30,000 more women each year to access evidence-based high-quality specialist mental health care during the perinatal period.[48]

3.7 Infant Nutrition:

3.7.1 Breastfeeding

Breastfeeding contributes to the health of both mother and baby in both the short and long term. As well as providing the right nourishment for the baby's age and size, breastfeeding promotes emotional attachment, reduces the risks of respiratory infections, gastroenteritis, ear infections and allergies, and protects against obesity. There is also a lower risk amongst women who breastfeed of breast cancer, ovarian cancer and hip fractures from reduced bone density.[49]

The World Health Organisation (WHO) and the Department of Health recommend that infants are breastfed exclusively for the first six months with breastfeeding to form part of a baby's diet up to two years of age.[50] However, the UK has one of the lowest rates of breastfeeding in Europe. An analysis of global breastfeeding prevalence found that in the UK only 34% of babies are receiving some breast milk at 6 months compared with 49% in the US and 71% in Norway.[51]

Reasons for low rates in the UK are complex. The Royal College of Paediatrics and Child Health suggested that mothers may experience practical problems in establishing breastfeeding and often do not receive adequate practical support. Concern about whether an infant is receiving sufficient milk may be reinforced by friends, family and health professionals, and societal attitudes may lead to women feeling uncomfortable about breastfeeding in public or in the presence of peers and family members.[51] The 2010 Infant Feeding Survey[51] highlighted that eight out of ten women stop breastfeeding before they want to and could have continued with more support.

NICE guidance makes a number of recommendations in relation to the provision of care and support to those women who breastfeed, as well as strategies to increase the rates of breastfeeding. A coordinated programme of interventions across the different sectors is

recommended using UNICEF Baby Friendly Initiative as a minimum standard, with highly trained healthcare professionals and the provision of a peer support programme.

Both the Royal College of Paediatrics and Child Health and UNICEF UK Baby Friendly Initiative have published position statements calling for national strategies to increase breastfeeding rates by reducing the barriers for women and to normalise breastfeeding. The Royal College recommend a mandatory requirement for all maternity services to achieve and maintain the UNICEF Baby Friendly Initiative; for increased public health action to promote and support breastfeeding; to introduce breastfeeding education as part of PHSE in schools; and for legislation to support breastfeeding in the workplace.[51 53]

3.7.2 Healthy Start Programme and Healthy Start Vitamins

Healthy Start is a UK-wide government scheme which aims to improve the health of pregnant women aged under 18 years, and families with children under the age of 4 years on low incomes. Those eligible receive a healthy start card which is presented to retailers to obtain cow's milk, plain fresh or frozen fruit and vegetables and infant formula milk. In addition, pregnant women, including all pregnant women under 18 years old, women with a child under 12 months and children up to four years are also entitled to free Healthy Start Vitamins.

Healthy Start Vitamins contain the recommended level of vitamins A, C and D for children up to four years old and vitamins C and D for pregnant and breastfeeding women, as well as the recommended dose of folic acid. Healthy Start Vitamins are recommended as evidence suggests that approximately 8% of children under five in the UK do not have enough vitamin A in their diet, families in lower-income groups tend to have less vitamin C in their diet and all pregnant and breastfeeding women and young children are at risk of vitamin D deficiency (teenagers, younger women and those from ethnic minorities are particularly at risk).[54 55] NICE guidance published in 2014 in relation to the benefits of Vitamin D supplements and the provision of them to those at greater risk of Vitamin D deficiency can be found here

3.7.3 Weaning/Complimentary feeding

The Department of Health recommend that babies are introduced to complementary foods at around 6 months of age when the infant is developmentally ready, alongside continued breastfeeding for at least the first year of life. If breastfeeding is not continued, formula or water should be the only drinks offered up to 12 months old. Introducing complimentary food is needed around 6 months to enable a baby to start to increase nutritional intake from a wider variety of sources in preparation for when breastmilk or formula does not include enough nutrients for them.

A wide range of solid foods should be introduced gradually, including a variety of textures, at a time and in a manner to suit both the family and individual child. Biting and chewing also help to develop the muscles needed for speech development. Sugaring and high salt food should be avoided.[56 57]

3.7.4 Infant Immunisation

Vaccination coverage is the best indicator of the level of protection that a population will have against vaccine preventable communicable diseases. According to the Child Health

Profile, local areas should aim to have at least 90% of children immunised in order to give protection both to the individual child and the overall population. The World Health Organisation target for vaccination coverage to ensure herd immunity is 95%.[58] The routine immunisation schedule for Autumn 2019 is available here

3.7.5 Oral Health

'Delivering Better Oral Health' is a toolkit produced by Public Health England and the Department of Health, updated in 2017, which details the latest evidence-based advice and guidance for all aspects of oral health. Its emphasis is on preventative advice and treatment for all patients to maintain good oral health, as well as additional support to those identified as high risk. It includes clear guidance for infants and young children to prevent tooth decay and promote oral health. This includes the discouragement of bottle feeding from one years old, not including sugar in complementary foods and how, when, and how often to brush teeth. It also outlines the abundant evidence that increasing fluoride availability to individuals and communities is effective at reducing tooth decay. The document can be found here

3.8 Child development and school readiness:

3.8.1 Healthy Child Programme Two Year Review

As part of the Healthy Child Programme, health visitors observe and monitor developmental milestones appropriate to the age of the child. This includes hearing and vision, fine motor skills, gross motor skills and language and communication development.

The Two-Year Review is a mandated visit and is a key stage of the Healthy Child Programme. It aims to ensure emotional and social wellbeing; improve learning and speech and language development and access to early years learning; promote healthy eating and physical activity; and enable early identification of health issues or developmental delay.

The Department of Health developed an outcome measure of child development at age 2 – 2½ years in order to help monitor child development across England and enable the use of the data to track children's outcomes as they grow up. This tool is ASQ 3 Ages and Stages and has five main developmental domains: communication, gross motor skills, fine motor skills, problem solving and personal-social development. Parents are asked to complete a questionnaire and health visitors use this, as well as observing children undertaking specific activities, to assess a child's developmental progress. Children are identified as either reaching expected levels or not meeting them. Parents of those children that already have identified developmental issues may not wish for their child to be monitored in this way, which can be discussed with the health visitor.

3.8.2 Early Years Foundation Stage (EYFS)

The Early Years Foundation Stage (EYFS) sets out the standards that all early year's providers must meet to ensure that children learn and develop well and are kept healthy and safe. It promotes teaching and learning to ensure children are school ready and gives children a broad range of knowledge and skills that provide a good foundation for progress through school and life. The EYFS has specific requirements in relation to learning and development and for safeguarding children and promoting their welfare. Areas of development include three prime areas of communication and language, physical

development, and personal, social, and emotional development, as well as literacy, mathematics, understanding the world and expressive arts and design. All children are assessed against EYFS Early Learning Goals at aged 2 and at the end of reception.

4) What is being done to locally to address this issue and how do we know this is making a difference?

4.1 Sunderland Healthy City Plan 2020-2030

The Healthy City plan has the vision that everyone in Sunderland will have happy, healthy lives and that no one is left behind. With starting well, living well, and aging well as it's three themes. Starting well involves laying the foundations for a healthy like from preconception to adult hood. Its priorities are to give every child the best start in life alongside enabling all children, young people, and families to maximise their capabilities and have control over their lives. The aim is to ensure Sunderland has high quality services for all children and families, with targeted additional support to proportionately meet different families' needs. Also, to reduce inequalities from birth, through to reduced inequalities in school readiness and educational attainment. Alongside this arming all young people with the knowledge and tools to make healthy choices.

4.2 Health and Wellbeing Board priorities

In 2019, the Health and Wellbeing Board identified Best Start in Life as one of seven key priority areas. This indicates a commitment of partners across the city to this area of work. A Working Group has been established to address priorities already identified as part of the system led improvement work, as well as additional key elements to this area of work.

In addition, healthy weight across the life course is another priority of the Board, which infant and child nutrition is a key contributing factor.

4.3 System Led Improvement - BSIL

System led improvement is a quality improvement methodology to ensure continuous improvement and accountability. It is a partnership approach which facilitates prioritisation and reflection. Public Health England and the North East Directors of Public Health identified Best Start in Life, conception to 2 years, as a key theme to scrutinise using this process.

The first step of the process was to undertake a high-level self-assessment across a range of themes with input from a wide range of partners and services. A workshop was then arranged to reflect on evidence gathered and to move to the next stage of the process which was to identify key priorities for Sunderland. A wide range of partners were represented, including those from housing, environmental health, welfare services, the CCG, maternity, health visiting, early years, mental health services, Children's Centres and SEN. Priorities were agreed and will inform the Best Start in Life Working Group. A peer review process is the next step of the process, which will involve support from a neighbouring region to assess the process followed.

4.3 Better Births - Local Maternity Systems

Local areas were asked to establish Local Maternity Systems to drive forward the ambitions included in the Better Births Five Years Forward View for Maternity Services. There are two

Local Maternity Systems in the North East: Durham, Darlington, Tees, Hambleton and Richmondshire and Whitby (DTHRW) and Northumberland, Tyne and Wear and North Durham (NTWD). A prevention workstream was established in these areas and the following seven key ambitions were agreed:

- Reduction in smoking in pregnancy
- Increase vaccination uptake in pregnancy
- Improve perinatal mental health
- Reduction in alcohol consumption in pregnancy
- Increase in breastfeeding initiation and at 6-8 weeks
- Improved management of obesity and promote healthy weight in pregnancy
- Increase in Making Every Contact Count

Key agencies are working together across the regions, as well as at Trust level, to move these aims forward, with audit's being carried out for all areas, regional pathways being developed, and Trust action plans being put in place.

4.4 Universal Services

There are a number of services available to all residents of Sunderland who are preparing for a baby and those with pre-school children. These are often the first point of contact for those starting a family and provide an ideal opportunity to deliver advice and information to ensure a happy and healthy pregnancy and a positive and healthy childhood in the early years. These services can also offer additional support where needed and refer onto specialist services if required. Additionally, these are in a prime position to identify concerns and identify vulnerabilities and complex needs, particularly as midwives, health visitors and early years practitioners provide a number of home visits across these early months and years. As discussed earlier these services have been greatly impacted by Covid seeing reductions in face-to-face appointments and, in some cases, face to face contact ceasing.

4.4.1 Midwifery Services in Sunderland

Every pregnant woman in Sunderland will be allocated a named midwife, who can be seen either in a community clinic or a hospital-based clinic. Pre Covid new Mum's had at least 10 appointments across their pregnancy, as well as two ultra-sound scans at 12 and 20 weeks gestation. Midwives carried out detailed assessments and required screening of all pregnant women and provided advice and information about all aspects of pregnancy and birth. Antenatal courses were offered by the Trust on a regular basis, including an infant feeding session. Women could choose to have a home birth or midwifery led care at either South Tyneside of Sunderland Hospitals sites if they were low risk pregnancies. Those with risk factors or complications were able to be supported at the consultant-led maternity unit in Sunderland. Midwives carried out a vulnerability assessment and those identified as needing additional support were provided with this via specialist clinics or referrals. Some of this level of service has been impacted by Covid, however midwifery services in Sunderland have tried to maintain the highest-level guidance allowed.

4.4.2 The 0-19 Public Health Service – Growing Healthy Sunderland

The 0-19 Public Health Service in Sunderland deliver the Healthy Child Programme supporting all families across Sunderland. This includes five mandated universal visits carried out at 28 weeks of pregnancy, 10-14 days from birth, 6-8 weeks from birth, 12 months old and 2-2/5 years to ensure that every child has access to a named health visitor, receives developmental checks and expert advice and guidance on health and well-being issues. In addition, Sunderland's 0-19 service provide a visit at 3-4 months to offer support and information such as infant feeding and nutrition and also a school readiness visit before a child starts school. Further support can be provided if required, including listening visits if perinatal mental health has been identified as an issue, breastfeeding support and addition visits if particular vulnerabilities or risk factors have been identified. Sunderland compares well against England and North East averages, where at least 94% of visits are made within the required timescale.

They provide community-based support through regular Baby Days clinics available across the city, where families can drop in and access support and advice. Antenatal classes and a Parenting Programme are in development based on the Solihull approach. There is also an Oral Health Action Plan to support oral health promotion.

As part of their universal provision, health visitors carry out development checks and observations at every visit. They monitor a baby's physical, emotional, and social development needs using the Ages and Stages questionnaire (ASQ-3) and Social Emotional (SE) Questionnaires at 12 months and at 2 years old. The Ages and Stages milestones at 2 years are published nationally.

All staff receive an extensive programme of professional development and training and work in accordance with local safeguarding procedures to ensure appropriate safeguards and interventions are in place to reduce risks and improve the health and wellbeing of children where there are safeguarding and child protection concerns.

Again the 0-19 service has been severely affected by Covid, however they have endeavoured to maintain the above alongside adhering to guidance.

4.4.3 Infant feeding support

Midwifery have an infant feeding lead who provides specialist support and regular training to midwives. In addition, each sector has a highly trained Maternity Support Worker who is able to provide specialist support to those mums who decide to breastfeed. The lead also provides a weekly clinic for those who are experiencing difficulties or need more specialist support. Infant feeding ante-natal sessions are available every month for all new parents to access.

Growing Healthy Sunderland are in the process of becoming UNICEF Baby Friendly accredited, and all staff have been trained to support mothers and families effectively in their infant feeding choices. They have an infant feeding lead and identified infant feeding champions. Families who need additional support with breastfeeding can receive additional visits by a trained member of staff.

A Peer Support Programme is available in Sunderland to provide support and advice to

those women who choose to breastfeed. Peer Supporters are mum's who breastfeed themselves and are trained to support and encourage other mums to continue to breastfeed as long as they wish to. Bosom Buddies groups meet regularly in different areas across the city, with a Peer Supporter and support from Growing Health Sunderland, to which any new mum can drop in to. Growing Healthy Sunderland are developing a volunteer and training programme for those mum's who wish to become peer supporters.

There is also a behavioural insights breastfeeding project due to be completed by June 2021. The project has been delayed due to Covid however, we hope the results will allow us to target services to promote breastfeeding and meet the needs of breastfeeding women.

4.4.4 Family Centres

Family Centres provide a programme of activities and services across five main centres, as well as additional venues, for families and children. Activities are aligned with developmental stages and encourage age-appropriate physical activity and play, as well as encouraging positive relationships with the main care giver. These include baby massage, time for rhyme, messy play, stay and play and mini movers. Activities are available to all on a either a drop-in or pre-booking basis. Weaning courses are also available at the centres, and other agencies provide health drop-ins such as Baby Days, breastfeeding support and Bosom Buddies.

All families are contacted by a centre and provided with a birth pack. This includes information and advice about local services and activities. In addition, all new parents are offered a home visit from a family centre practitioner, during which families complete a welcome form and are invited to access services that are available to them. Again, these services have been severely affected by Covid and some have been unable to resume as yet.

4.4.5 Parenting Courses

Together for Children run a number of parenting programmes. 'Incredible Babies' is offered from birth to 2 years and the 'Incredible Years' programme for 3 to 11 years. Teen Triple P is offered from 11+. This programme provides age-appropriate evidence-based courses available to all families to access, at which they are able to learn more about the stages of development and how to interact in a positive way with their child. More specialised courses such as 'Stepping Stones' and 'Pathways' can be provided for those who require additional support, identified via Early Help or Child Protection referrals.

4.4.6 GP's and pre-school immunisations

There are currently 38 GP Practices across Sunderland. Facing the risk of COVID-19 infection, GP practices were forced to make sweeping changes to the way they see patients – but found that doctors and patients welcomed many of the new ways of working. Prior to the pandemic, most GP appointments were face-to-face, but the impact of the pandemic meant moving to safer methods like phone, online and video consultations almost overnight. With local practices minimising face-to-face contact, most consultations currently start with a phone call, moving onto a video consultation where necessary. Many patients are also using eConsult – where you complete a form on the practice website, and a GP sends advice or arranges an appointment if you need one. A survey carried out in partnership with South Tyneside CCG showed that patients have welcomed many of the changes, like cutting out

travel and time spent in the waiting room, while also highlighting challenges like internet access and body language. Doctors also reported benefits, for example in more efficient use of staff time, reducing infection risk and enabling patients to be seen quicker, as well as understanding issues like internet access and confidence.[59]

All pre-school immunisations are provided at GP practices, with the appointments process managed by the Child Health Information System. Those families who do not attend appointments must first be followed up by the GP practice, then referred to the Healthy Visiting Service for further follow ups. An operations group with all relevant agencies meet to ensure the process is robust and to monitor levels of take up.

4.4.7 Oral Health

There are 26 General Dental Practices and 2 Orthodontics practices within Sunderland delivering primary dental and orthodontics services from locations across the City. Oral health promotion services alongside community dental services are provided by South Tyneside and Sunderland NHS Foundation Trust on behalf of local councils.

Growing Healthy Sunderland are required to provide a comprehensive oral health programme, including the provision of expert advice to practitioners and comprehensive and up-to-date advice to families. This will involve providing high quality training to relevant staff, working closely with settings such as Children's Centres and nurseries and the promotion of oral health messages. There is an Oral Health Lead who is a qualified Dental Nurse, supported by an Oral Health Champion, whose role is to improve health education and health promotion and ensure resources are targeted to areas of greatest need.

4.4.8 Accident prevention

At every visit, healthy visitors assess the home environment and provide age-appropriate safety and accident prevention information and advice, as well as any specific safety advice which has been flagged either nationally or locally, for example, hair straightener safety. There is targeted follow up with families following repeated A&E attendances or when serious injuries occur. The most vulnerable and high-risk families would receive additional visits if needed to support them to ensure the home is safe. FNP closely monitor their clients A&E attendance and offer advice on a regular basis.

Children's Centres provide advice and information regarding safety in the home at birth visits and ensure safety messages are promoted throughout their centres. The home environment is considered as part of an Early Help assessment, and additional support to families can be recommended as part of an Early Help Plan.

Accident prevention training was recently rolled out to the local early year's workforce who work with children and families aged 0-5 years across Sunderland. This included a 'train the trainer' course in relation to basic first aid and key safety messages.

An Accident Prevention Strategic Group meets to prioritise the prevention of unintentional injuries for children and young people using current programmes and services to deliver a local intervention strategy. This includes a wide range of partners including Early Years, Health Visiting, Children's Centres, City Hospital's A&E, the voluntary sector, Midwifery, transport, housing associations, T&W Fire Rescue Service and School Nursing.

4.4.9 Early Education for 3- and 4-year olds

All children are able to access an early education place in Sunderland from the term after their third birthday and until they start school. Every child can access 15 hours of free nursery education locally, with a variety of patterns of attendance available from a range of providers. There are 62 schools with a nursery class, 9 nursery schools, 49 private and voluntary nurseries and over 100 childminders registered to provide high quality nursery education. In addition, those parents who work and earn the equivalent of 16 hours a week minimum wage, are able to access an additional 15 hours of free care. Currently, there are sufficient places to meet demand locally, and this is monitored on a regular basis as part of the Childcare Sufficiency Assessment.

4.5 Targeted Services

Sometimes families need additional support to enable them to provide the best start for their children. This could be additional visits and appointments with universal services, but sometimes more targeted support is beneficial. Sunderland has a variety of targeted provision, much of which uses evidence-based practice and clinical guidance to meet the particular needs of families.

4.5.1 Family Nurse Partnership (FNP) – Growing Healthy Sunderland

The FNP programme is a licenced, evidence-based intervention consisting of specially qualified FNP Nurses and supervisors providing intensive support to first time young mothers, aged 19 years or under. The nurses visit the mother weekly or fortnightly depending upon which point they are on the programme, from the early stages of pregnancy until their child is two years old. FNP Nurses use evidence-based techniques to gain the trust of vulnerable young people and provide support, guidance and reinforce positive health messages during regular visits. The ethos of the FNP programme aim to foster a strong therapeutic relationship between the client and nurse which leads to positive behaviour change. The Family Nurses worked with worked with 184 clients in 2018/19 and carried out 2024 visits. By the end of the year, 80% of all those eligible were able to be seen, with the aim of 100% capacity being reached by the end of 2019 (based on a 75% take up rate). They also work with young Dad's where possible, supporting them to be effective co-parents.

Sunderland's FNP team are involved in the roll out of the ADAPT Programme, which is using personalisation of programme delivery and improved effectiveness when working with families around neglect. The team also provide national Knowledge and Skills Training packages including Adverse Childhood Experiences (ACE), Attachment Theory, The Adolescent Brain, Engaging with Marginalised clients, and Communication Skills, which will be rolled out to all 0-19 staff over 2019-20.

A vulnerability pathway is also in development to offer additional support to vulnerable young people aged 25 years and under by Health Visitors based in the principles of the Family Nurse Partnership Programme.

An enhanced parenting pathway is being developed in Sunderland by FNP supervisors to support vulnerable families who don't meet FNP criteria or who have declined FNP. This is an integrated pathway, Health Visitor led with Early Help and maternity services providing interventions at key points. It will be offered to vulnerable mothers of any age and parity. It

draws on the experience and principles of the FNP programme which emphasises continuity of care and a strengths-based ethos.

4.5.2 Bumps to Babies and Young Parents Services

The Bump to Babies project is a specialist service that supports young parents and pregnant teenagers aged 16 to 20 years old, providing advice on health, education, parenting and accessing further education or training opportunities. The young parents are encouraged to attend the services offered, where they can gain one to one support, participate in varied activities and educational courses. Courses offered include Functional/GCSE Maths & English, Health & Social Care Level 1, 2, 3 and Personal Social Development. All sessions and activities aim to improve the outcomes for the children and young parents, including increasing self-esteem and confidence, supporting personal development, ability to live independently and communications skills.

The Young Mum's Unit provides education for those young women who are under school leaving age and still in statutory education. The young women can access the provision at any stage of pregnancy and can be referred from any school in Sunderland. Liaison with the young person's school continues throughout their attendance at the unit to ensure continuity of the curriculum and to facilitate, wherever possible, the student's return to school. Those attending the unit are supported with their schoolwork and can also follow structured courses, receiving accreditation in various subject areas, combining core skills and practical support with childcare. The unit can provide advice about benefits available to continue in education, including 'Care to Learn' which covers the cost of childcare, to enable young women to remain in full time education or training up to the age of 19.

4.5.3 NHS Sunderland Specialist Stop Smoking Service (SSSS) – Northumbria FT NHS Trust

Sunderland NHS Specialist Stop Smoking Service provide dedicated support to pregnant women to stop smoking. The service provides an enhanced offer for pregnant women including proactive follow up and additional requirements for support post-partum, as well as providing support to others in the household who smoke. Pathways and interventions are designed to support women to quit throughout the duration of their pregnancy and after giving birth, including an extended 16-week pathway of support, CO monitoring, provision of NRT products and behavioural support. In addition, the service will provide monthly follow up for the remaining gestation of pregnancy and up to 3 months post-partum. Support to others that live with pregnant women is key to ensuring a smoke free household, and therefore support will also be given to them to stop smoking.

The Specialist Service will work closely with key partners, including Maternity Services and the Health Visiting service to ensure all those pregnant women who smoke receive a whole system offer of support to stop smoking. This includes robust, evidence-based referral pathways and protocols to ensure all services monitor smoking status, encourage an 'opt-out' referral process and provide support to prevent relapse during pregnancy, post-partum and beyond.

Pregnant women and their partners can also access Universal Stop Smoking Services in GP practices, Pharmacies, and other community settings. Further information about this

provision and the wider services provided by the SSSS can be found in the Tobacco JSNA.

4.5.4 Healthy Start Vitamins

In Sunderland Healthy Start Vitamins are available for all pregnant women, those who are breastfeeding and for children up to four years old at local pharmacies. They are available for free to those eligible for the Healthy Start Programme when the Healthy Start digital card is shown to the supplier (Health practitioner, foodbanks, children's centre or pharmacy). All others can purchase vitamins from the pharmacies at a reasonable price. Healthy Start Vitamins are available from pharmacies across the city, with good coverage across all localities and a mix of local community pharmacies, larger chains, and supermarket pharmacies.

Midwives and Health Visitors provide information and advice regarding the Healthy Start Programme and support all those that may be eligible through the application process. Midwives, Health Visitors and Children's Centre have resources to share with families regarding the benefits of Healthy Start Vitamins and how to access them. Other promotional work includes posters in GP practices, social media posts, inclusion of information in all birth packs from Children's Centres and the provision of leaflets when babies' births are registered.

4.5.5 Perinatal Mental Health services

Universal services practitioners should be trained to ask appropriate questions to identify signs of depression or other mental conditions. Midwives and Health Visitors all receive perinatal mental health training provided by the institute of health visiting and receive annual updates. Midwifery have a detailed protocol in relation to screening for and supporting those with mental health concerns, including recommended screening tools Depression Identification Questions (DIQ) and Generalised Anxiety Disorder (GAD2 and GAD7), as well as referral pathways and specialist support available. Health Visitors use evidence-based assessment tools, including the Edinburgh Postnatal Depression Scale (EPDS) to assess the mental health of all new mums. Additional listening visits are offered when mums indicate issues with their mental health. Over 600 listening visits were offered in the last year from October 2018 to 2019.[27]

The Sunderland Psychological Wellbeing Service (IAPT) have a specific perinatal mental health pathway for pregnant women and women with a child under 1 years old. They offer a number of psychological therapies for those experienced mild to moderate mental health problems, including, psycho-educational classes, guided self-help therapy sessions, primarily CBT based, and a range of one-to-one interventions. Perinatal women are a priority group and the service aim to see them with 4-6 weeks of referral. In 2018-19 the average waiting time until first treatment was 7.2 days. This increased to 37.4 days for a second treatment.

The service received 362 referrals of perinatal women in 2018/19, which is an 18% increase on the previous year, and was around 6.5% of total referrals. 80% of those were self-referrals, with the next most common referral source being the Community Mental Health Team (Adult Mental Health) at 10%. There were only 3 referrals from Health Visitors, and none recorded from Midwives. From current caseload data supplied on 9th May 2019, the average age of perinatal clients is 29 years old, 38% are new mums, and the majority had

previous mental health issues (83%).[60]

A Perinatal Mental Health Service has recently been established in Sunderland, which provides specialist care to women who experience a range of moderate to severe mental health problems from conception to the 1st year post-partum, as well as pre-conceptual counselling for women with severe or complex mental illness. They see women with pre-existing mental health conditions such as bipolar affective disorder, schizoaffective disorder, or previous post-partum psychosis. They provide a range of specialist treatments, including Integrating mental health support into Obstetric Clinics and the promotion of early mother-child relationship and attachment whilst the mother's mental health is recovering. They have close links with the Sunderland Psychological Wellbeing Service and are developing links with midwifery which incorporates embedding of pathways as set out in 'Local Maternity Systems' (4.3), supported by the new appointment of a maternity perinatal mental health, the Health Visiting Service, as well as with other agencies.

They see the most severe cases of mental health problems, estimated as the top 5% of those women experiencing mental health problems, and approximately 100 women across the 5 regions they cover across the North East region.

4.5.6 Early Help and Child Protection Services

Sunderland's Early Help Strategy aims are to support families to build resilience and, where problems arise, provide the right support at the earliest opportunity with targeted activity that best meets the needs of the families. This then will prevent problems escalating and reduce the numbers of families requiring statutory intervention. Any professional working with a family can carry out an Early Help assessment, which includes an assessment of the child's physical and emotional wellbeing and development; their home situation; their engagement with school if relevant; and any other concerns or risks about the child. If there is a need for multiple services to become involved, a 'team around the child' meeting will take place. An Early Help Plan is pulled together identifying any targeted support required and the plan is monitored on a regular basis.

Sometimes the needs and concerns for a child will mean that the threshold of support needs to be escalated and specialist support or protection is required. The Sunderland Safeguarding Children Board provide clear and detailed guidance for all those working with children on thresholds of need, from Early Help to Child in Need through to Child Protection, as well as a clear referral pathway. They also provide a comprehensive package of training to the workforce to ensure they recognise when it is necessary to refer a child and at which threshold. All guidance and training available can be found here

4.5.7 Special Educational Needs and Disabilities (SEND)

It is often very difficult to identify whether a child below school age has a special educational need, therefore Together for Children's Early Help Service have developed a toolkit to be able to support practitioners through the identification process. In addition, to ensure early identification of additional needs, an Early Years SEND Pathway has been developed with partners and published on the Local Offer: SEND pathway for children in the early years

All day care settings have an identified SEN Coordinator, who supports those children with additional needs, as well as supporting the identification of developmental concerns and emerging needs. They support the process of accessing additional support and the

assessment process for SEND. Together for Children's Early Years Area SENCo works with these practitioners providing support, advice, training, and information. Early years settings can apply for Disability Access Fund for children of nursery age who receive Disability Living Allowance (DAF). This is a one-off payment per child to support them accessing the nursery setting.

Speech and Language Therapy (SALT)

South Tyneside and Sunderland Foundation Trust provide a Speech and Language Children's Therapy Service. The aim of SALT interventions is to help children and their families to overcome difficulties in the child's speech and language and attain an age-appropriate level of communication skills. The service has an open referral system which means that both parents and professionals can refer directly. Children can access therapy from birth, e.g., babies / infants with cleft palate, feeding and swallowing difficulties, cerebral palsy, and at any time throughout their school life. A high number of referrals are made by Health Visitors and early years and school staff with the most common time for referral being two and a half to three and a half years old.

As part of a PHE and DFE national programme to improve speech, language, and communication in the early years for disadvantaged children, Health Visitors within Growing Healthy Sunderland have undertaken training to equip them with additional skills and knowledge to support families in promoting early language acquisition in the home learning environment and to have further clarity in relation to the appropriate timing of referrals into specialist services.

There is currently a further SALT project supporting the school readiness priority in the best start in life action plan. This is to give Early Years provision an opportunity to access specific training. This approach, to address Speech Language Communication needs would support COVID recovery and the school readiness agenda and be beneficial in terms of improving outcomes by supporting day care settings and Early Help Family Centres in working with children through a training and delivery model.

The training gives Practitioners and Leaders within School and PVI Settings the ability to identify developmental gaps with speech, language communication and early literacy skills as soon as possible. Higher levels of Speech, Language & Communication Needs (SLCN), especially higher levels of delayed development, are associated with deprivation.

Gaps within this area of child development are widely accepted as being responsible for creating further gaps and widening disadvantage with learning, academic success and social engagement as children get older.

5) What is the perspective of the public on this issue?

To inform the review of 0-19 Public Health services, in 2016 a survey of stakeholder and service user was commissioned. This work collected the views of around 1200 members of the public, as well as professionals and key stakeholders, using a mixture of methodologies, including questionnaires, focus groups and interviews. The engagement explored experiences of using or working with the services; what respondents saw as priorities in terms of health and wellbeing; and what issues and services were important in the future.

The majority of parents/carers of young children under 5 years old felt well-informed about health and wellbeing issues, and the majority felt they received enough support from maternity and health visiting services, although this did reduce with parents of 2 - 4-year-olds.

There were a number of emerging themes that become clear throughout the engagement including:

- Health Promotion and child development – mental health and wellbeing was highlighted as being very important and of great concern to a lot of respondents, with perceived gaps in service provision. Of 27% of new mothers who reported themselves as feeling low, only 46% reported receiving any support.
- School readiness was seen as important for parents of pre-school children.
- Some inconsistencies in breastfeeding advice were reported amongst parents of younger children.

In a recent review of breastfeeding support carried out in 2017 reasons identified for women deciding to stop breastfeeding included unrealistic cultural expectations and attitudes about baby settling into a routine quickly and seeing bottle feeding as 'normal' behaviour and the baby losing weight or being perceived as not getting enough milk. Other reasons included pain and difficulty, negative attitudes, lack of support from others and embarrassment. Inconsistency in advice and information was also suggested, as well as lack of resources for staff and to provide information to new mams.

In preparation for the Director of Public Health's annual report for 2019, a wide range of engagement activities took place to involve communities in Sunderland in thinking about their own health and how the health of the local population can be improved. Although not directly related to best start in life, a number of themes emerged which link to this area of work. The adverse effect the pressures of modern life can have on mental wellbeing and how it can influence unhealthy behaviours was highlighted. The link between poverty and unhealthy eating was also a recurring theme, with a common view that unhealthy food is cheaper and that there was a high number of takeaways in Sunderland. The importance of education for children and parents about healthy eating was also highlighted. Throughout, the importance of engaging with communities, as well as children and young people was seen as important. The full report can be found here

6) Recommendations

1. Promote collaborative working with all key partners to ensure every child gets the best start in life in line with the Sunderland Healthy City plan 2020-2030 it is important that all organisations that work with or can influence those people starting families and those with young children, work together to ensure that families are well equipped and supported to provide the best life chances for their children.
2. Continue to make use of data and intelligence to understand local needs. For services to be the best they can be to meet the needs of the local population it is important for all partners to understand those needs and to share their knowledge and intelligence to maximise effectiveness. It is recommended to continue the work of the needs assessment in the JSNA and drill down to a lower level e.g., ward level to assess need and target services.

3. Promote healthy pregnancy messages to ensure those of child-bearing age are well-informed about how to stay healthy during pregnancy using the most up-to-date evidence-based advice and guidance.
4. Improve outcomes for Perinatal Mental Health by increasing awareness of mental health conditions in pregnancy and in the post-natal period and ensuring families are supported in the early identification of mental health issues during this period
5. Reduce the prevalence of alcohol consumption in pregnancy. Gain a greater understanding of the prevalence of alcohol consumption in Sunderland and ensure there are robust pathways of support for those who need it utilising regional LMS tools.
6. Reduce the prevalence of smoking in pregnancy by ensuring robust and effective stop smoking pathways for women who smoke during pregnancy and to their families.
7. Assess the benefits of introducing an incentive scheme to encourage pregnant women to stop smoking.
8. Promote a culture of breastfeeding using the results of the Infant Feeding Research Project to identify local barriers to breastfeeding and work together to promote the benefits, including utilisation of the LMS regional touchpoint pathway.
9. Ensure key agencies achieve UNICEF Baby Friendly accreditation, with maternity services and the 0-19 Public Health Service as the minimum.
10. Ensure multi-agency approaches are in place to meet the needs of infants and children where families have multiple vulnerabilities.
11. Consider targeted approaches to promote healthy eating and physical activity for infants and young children.
12. Maintain the recommended level for full infant immunisation coverage by ensuring systems are in place to monitor take up and identify areas of concern.
13. Ensure all families that are eligible to apply for the Healthy Start Programme do so and increase the take up of Healthy Start Vitamins.
14. Promote key messages for good oral health in infants and young children and increase access to fluoride.
15. Ensure an effective integrated developmental review process at 2 years old and ensure an effective multi-agency approach is in place to identify potential health and developmental issues which may impact on a child's school readiness.
16. Ensure the take up of early education places for disadvantaged two-year olds continues to increase in line with North East averages.
17. Ensure partners commit to the goals and priorities of the Accident Prevention Strategy to address the high rate of hospital admissions and A&E attendance of 0 - 4-year-olds in Sunderland.
18. Include Covid Recovery planning in all workstreams.

7) Key contacts

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References

1. 'The 1001 critical days: The Importance of the Conception to Age Two' https://www.nwcscnsenate.nhs.uk/files/8614/7325/1138/1001cdmanifesto.pdf
2. Build Back Fairer – the COVID-19 Marmot Review https://www.health.org.uk/publications/build-back-fairer-the-covid-19-marmot-review
3. Potential Impact of the COVID-19 Pandemic on Communication and Language Skills in Children - Sara A. Charney, Stephen M. Camarata, Alexander Chern, 2020 (sagepub.com)
4. Sunderland Healthy City Plan – 2020-2030 https://www.sunderland.gov.uk/healthycityplan
5. Office for National Statistics (ONS) 2018 mid-year population estimates
6. ONS Births in England and Wales: 2017, published July 2018
7. ONS 2016 mid-year estimates compared to birth vital statistics 2017
8. Index of Multiple Deprivation (IMD) 2015
9. Public Health Outcomes Framework https://fingertips.phe.org.uk/profile/public-health-outcomes-framework
10. Teenage Pregnancy Prevention Framework, PHE May 2018 & A framework for supporting teenage mothers and young fathers, PHE LGA
11. Together for Children, Sunderland 2019
12. City of Sunderland Housing Market Assessment 2017
13. Sunderland Domestic Violence Needs Assessment 2017
14. Local Authority Interactive Tool (LAIT), Department for Education https://www.gov.uk/government/publications/local-authority-interactive-tool-lait
15. South Tyneside and Sunderland Foundation Trust 2018
16. Popova, S., Lange, S., Probst, C., Gmel, G., Rehm, J., 2017a. *Estimation of national, regional, and global prevalence of alcohol use during pregnancy and fetal alcohol syndrome: a systematic review and meta-analysis*, Lancet Glob Health 5(3), e290-e299. via South Tyneside and Sunderland Public Health Maternity Plan January 2019
17. Cheryl McQuirea, Raja Mukherjeeb, Lisa Hurt, Andrea Higgins, Giles Greene, Daniel Farewell, Alison Kemp, Shantini Paranjothy *Screening prevalence of fetal alcohol spectrum disorders in a region of the United Kingdom: A population-based birth-cohort study* Preventative Medicine
18. Local Maternity Systems Prevention Evaluation Report 2018-2020
19. Health Survey for England 2017
20. Maternity monthly data sets 2018 https://digital.nhs.uk/data-and-information/publications/statistical/maternity-services-monthly-statistics
21. NHSE, 2018 via LMS South Tyneside and Sunderland Foundation Trust Public Health Maternity Plan 2019
22. Public Health England Perinatal Mental Health Guidance https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/4-perinatal-mental-health
23. Using ONS birth vital statistics 2017 as a proxy measure
24. PHE Mental health in pregnancy, the postnatal period and babies and toddlers: Report for Sunderland local authority and Maternity Clinical Network via LMS South Tyneside and Sunderland Public Health Maternity Plan January 2019
25. Dental public health epidemiology programme: Oral health survey of three-year-old children 2013. Public Health England, September 2014
26. 0-19 Public Health Services Needs Assessment April 2017 https://www.sunderland.gov.uk/media/20079/0-19-Public-Health-Services-Full-JSNA-profile/pdf/0-19_Public_Health_Services_2017.pdf?m=636578482650530000
27. Harrogate and District NHS Foundation Trust Growing Healthy Sunderland
28. NICE Guidance PH11 Maternal and child nutrition https://www.nice.org.uk/guidance/ph11
29. NHS Digital National Child Measurement Programme England 2018/19 https://digital.nhs.uk/data-and-information/publications/statistical/national-child-measurement-programme/2018-19-school-

year
30. Healthy Start Programme data Healthcare professionals – Get help to buy food and milk (Healthy Start)
31. Healthy Start Vitamins activity summary Sunderland Public Health
32. Sunderland Special Education Needs and Disabilities JSNA 2019 https://www.sunderland.gov.uk/media/21139/SEND-Needs-Assessment-January-2019/pdf/SEND_Needs_Assessment_January_2019.pdf?m=636852283686300000
33. Saving Babies Lives Care Bundle https://www.england.nhs.uk/mat-transformation/saving-babies/
34. Better Births - Improving outcomes of maternity services in England https://www.england.nhs.uk/publication/better-births-improving-outcomes-of-maternity-services-in-england-a-five-year-forward-view-for-maternity-care/
35. Public Health England https://publichealthmatters.blog.gov.uk/2016/05/12/health-matters-giving-every-child-the-best-start-in-life/
36. Violence Against Women and Girls(VAWG) Advisory Group final report and recommendations 2010https://webarchive.nationalarchives.gov.uk/20130321052708/https:/www.education.gov.uk/publications/eOrderingDownload/DCSF-00281-2010.pdf
37. Public Health England Adverse Childhood Experiences – Public Health Masterclass https://www.nwcpwd.nhs.uk/attachments/article/276/Presentation.pdf
38. ASH. Smoking Cessation in Pregnancy – A call to action. 2013
39. Smoking in Pregnancy Challenge Group: Review of the Challenge 2018
40. National Tobacco Control Plan 2017-2022 https://www.gov.uk/government/publications/tobacco-control-plan-delivery-plan-2017-to-2022
41. Notley C, Gentry S, Livingstone-Banks J, Bauld L, Perera R, Hartmann-Boyce J. Incentives for smoking cessation (Review). Cochrane Database of Systematic Reviews. 2019. Issue 7. Art. No.: CD004307.
42. UK Chief Medical Officers' Low Risk Drinking Guidelines 2016
43. Riley EP, Infante MA, Warren KR. Fetal alcohol spectrum disorders: an overview. Neuropsychol Rev 2011; 21:73–80 via South Tyneside and Sunderland Public Health Maternity Plan January 2019
44. Lange, S., Shield, K., Koren, G., Rehm, J., Popova, S., 2014. *A comparison of the prevalence of prenatal alcohol exposure obtained via maternal self-reports versus meconium testing: a systematic literature review and meta-analysis* BMC Pregnancy Childbirth 14, 127
45. Pertussis factsheet for healthcare providers: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/762782/Pertussis_brief_for_healthcare_professionals.pdf via South Tyneside and Sunderland Public Health Maternity Plan January 2019
46. Centre for Maternal and Child Enquiries, Maternal obesity in the UK: findings from a national project. 2010
47. NICE guidance PH27 Weight management before, during and after pregnancy 2010 https://www.nice.org.uk/guidance/ph27
48. The Five Year Forward View for Mental Health 2016 https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf
49. NICE Guidance PH11 Maternal and Infant Nutrition 2008 https://www.nice.org.uk/guidance/ph11
50. World Health Organisation 2019 https://www.who.int/topics/breastfeeding/en/
51. Royal College of Paediatrics and Child Health. Position statement: breastfeeding in the UK. November 2017
52. NHS Digital 2019 http://digital.nhs.uk/catalogue/PUB08694
53. UNICEF 2019 https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/advocacy/call-to-action/
54. Vitamin A - Scientific Advisory Committee on Nutrition (2008) The Nutritional Wellbeing of the British Population. London: TSO
55. Healthy Start 2019 https://www.healthystart.nhs.uk/
56. 'Feeding in the First Year of Life' The Scientific Advisory Committee on Nutrition 2018
57. The Association of UK Dieticians 2019 https://www.bda.uk.com/foodfacts/WeaningYourChild.pdf
58. Cover of Vaccination Evaluated Rapidly (COVER) data collected by Public Health England

59. NHS Sunderland CCG Annual Report 2020/21
60. Sunderland Psychological Wellbeing Service (IAPT) 2019
61. Sunderland Portage Service, Together for Children 2019