

Early Years Healthy Development Review

Purpose of report

For information.

Summary

In March 2021 the Government published the early years review - [*The best start for life: a vision for the 1,001 critical days*](#) - setting out six key actions to improve health outcomes in the period between conception to two years of age.

Dame Andrea Leadsom DBE MP, is leading the review and will attend today's meeting of the Children and Young People Board to provide an update and hear from councillors about key areas of concern, areas of good practice, and how best to support councils with this agenda.

The review is now in the implementation phase and we are keen to ensure this work is sustainable, builds on the knowledge and expertise of local government and is effective in supporting the most vulnerable infants and families in our communities.

Recommendations

That Board members discuss how the review can best support councils to improve outcomes for 0-2s, highlight any barriers for the implementations of the recommendations and share good practice.

Actions

Officers to continue to engage with the review team and identify ongoing opportunities for councillors to share their expertise and insight.

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Early Years Healthy Development Review

Background

1. Since 2017 there has been increasing focus on the importance of the First 1,001 days in childhood (conception to age two) in establishing the right foundations for children and families to thrive. Leading child health experts agree that the care given during the first 1,001 days can have a critical influence on the health, wellbeing and opportunity of children throughout life.
2. The Early Years Healthy Development Review was launched in July 2020. Led by Dame Andrea Leadsom DBE MP, it aims to set out a vision for the First 1001 days of life, to implement best practice across the health system and improve outcomes for babies and infants from conception to age 2.
3. In December 2021 the LGA submitted a response to the review's call for evidence and in March 2021 we [responded](#) to the publication of the first set of recommendations (below). We welcomed the review but stressed the importance of working *with* local government to improve outcomes, building on established good practice and re-investing in public health and early intervention.
4. The review published [The best start for life: a vision for the 1,001 critical days](#) in March 2021, focused on 6 action areas:
 - 4.1 **Seamless support for families:** *local authorities will be encouraged to publish a clear 'Start for Life' offer for parents in their area – a single publication making parents and carers aware of what support they can expect in their local area, including services they should expect to receive like health visits, and localised and specialist services, such as help to quit smoking and intensive parenting support*
 - 4.2 **A welcoming hub for families:** *this builds on the government's commitment to champion family hubs, making them a place for families to access Start for Life services, such as childcare, early education and healthcare, as well as advice on jobs and training*
 - 4.3 **The information families need when they need it:** *designing digital, virtual and telephone services around the needs of the family, including digitising the personal child health record, commonly known as the 'red book'*
 - 4.4 **An empowered Start for Life workforce:** *developing a modern skilled workforce to meet the changing needs of families with babies, looking at new ways to support and empower staff to increase retention of health visitors*
 - 4.5 **Continually improving the Start for Life offer:** *health services for families and babies must improve data, evaluation and outcomes to ensure they are meeting a family's needs. Work will continue across the system to hold local services to account, including through proportionate inspections, giving parents and carers confidence and assurance that services are working in their area*

*4.6 **Leadership for change:** work will begin to encourage local areas to nominate a leader and to ensure the delivery of the review is overseen at a national level*

- 5 In response to our submissions and engagement, the review team has asked for our advice and support in working with councils to further this agenda. The Board's discussion today will inform how we continue to engage with the review going forward.

Summary of LGA Views submitted previously

- 6 We agree that an integrated, place-based approach to service delivery is vital to improving outcomes in the early years. Any national strategy should enhance the integration work that is already taking place at local level. Councils know their communities best and this will help deliver streamlined and unified local services that place families at the centre.
- 7 We are keen to improve joint commissioning and collaboration with our NHS partners across all services. The creation of Integrated Care Systems (ICSs) provides an excellent opportunity to improve the health and wellbeing of children and to tackle health inequalities. In order to do this effectively local government leaders need to be at the heart of ICS leadership to ensure a joined-up approach across the wider system and ICSs need to prioritise the wellbeing of children and preventative health.
- 8 Whilst we agree that the First 1001 Days (0-2) is a critical period in healthy child development, we will not break generational disadvantage and tackle health inequalities without taking a life-course and family-based approach to improving outcomes for disadvantaged children. We are keen not to create an additional cliff-edge or silo of support and would prefer to build support services around the accepted early years model of 0-4/5. We have called for a cross-Whitehall strategy that puts children and young people at the heart of recovery – this would include access to affordable housing, skills and employment, quality childcare and financial security.
- 9 We have previously called for a children's workforce strategy to support the development of a well-qualified, well-resourced workforce with the appropriate knowledge, skills and experience to work in a preventative way. This needs to be an integrated strategy between local authorities, health, education and third sector partners, putting the child's journey at the centre. Any workforce plan must also be fully resourced.
- 10 We know that children in the most deprived areas are less likely to reach a good level of development by age five than those in the least deprived areas. Although many councils are targeting resources at the most deprived areas, these resources are limited.
- 11 Councils' public health grant allocations have seen a real terms reduction of 24% (£1 bn) since 2015. To develop 'excellence' in the early years, the Government will need to reverse the reductions to the public health grant in the upcoming Spending Review and

ensure local authorities have the resources they need to commission innovative and effective services.

- 12 In order to prevent the attainment and health gap from widening, local authorities and partners will need to work closely with an adequately resourced early years sector. It is critical that the review works across health and education. Immediate action is needed to stabilise the early years sector. The Early Intervention Grant has fallen from £2.8 billion in 2010/11 to £1.1 billion in 2018/19 – reinstating the lost £1.7 billion would provide a significant boost to early help services and the children and families who need them

Questions for members

- 13 Do members feel the request for local authorities to publish a ‘Start for life’ offer and establish ‘parent panels’ to inform commissioning decisions, are reasonable requests and can be met within the current set up and budgets of the Healthy Child Programme (0-5 services)?
- 14 In conversations with review officials it has been made clear that there is currently no funding committed from HMT to enable councils to take forward these recommendations. They have asked whether councils would support a proposal to make ‘Start for Life’ support (health and development support for 0-2s and their parents) a mandated service in order to secure funding and improve quality of provision.
- 15 With consideration of the decreased flexibility to respond to local priorities and additional reporting and scrutiny this would entail, would members support the proposal of mandation as a means of ensuring investment in early years health?
- 16 Do members feel it is a reasonable request for every local authority to have a named ‘Start for Life’ lead who is responsible for outcomes in the First 1001 Days? We have argued for local flexibility in determining who the lead is, for example Director of Children’s Services or Director of Public Health.
- 17 We would welcome any suggestions of good practice in this area which we can explore as case studies and put forward to the review team.

Implications for Wales

- 18 The Healthy Development Review applies only to England – health, education and children’s services are devolved to the Welsh Assembly.

Financial Implications

- 19 None

Next steps

- 20 Officers will continue to engage with the review team, engaging with both CYP lead members, CWB lead members and the full CYP board as appropriate.