Starting Well

Background and Programmes

Starting Well: A Population Health & System-wide Approach

- Strategic Framework to improve outcomes from conception through early childhood, fostering collaboration and integrated working:
  - Tackles health inequalities early, targeting high-risk and deprived areas.
  - Creates and delivers a Start Well Programme's focused on improving outcomes for 0–5s, especially during the first 1,001 days.
  - Aligns with Start for Life mandate & funding:
    - Family Hubs
    - Focus on early intervention and joined-up services to prevent long-term disadvantage.
  - Systems approach:
    - Combines health, social care, education, voluntary sector, and community partners.
    - Shared priorities and integrated pathways (Healthy Child Programme, Infant Feeding, Maternal Wellbeing).
    - Uses data and insight to understand needs and inform decision-making across the Starting Well agenda.

Health Inequalities

“Disadvantage starts before birth and accumulates throughout life. Action to reduce health inequalities must start before birth and be followed through the life of the child. Only then can the close links between early disadvantage and poor outcomes throughout life be broken.”

“For this reason, giving every child the best start in life is our highest priority recommendation.”

First 1001 days in North East Lincolnshire

Births – approximately 1,500 babies born every year (residents), this is decreasing.

Population – 4,573 0-3 year olds

Ethnicity - % of mother's with an ethnicity other than British is increasing locally.

Homelessness – in 23/24, **370** families were owed a homeless duty in NEL.

Deprivation – a **quarter** of NEL children (U16) are in a low-income family.

Healthy Birth*

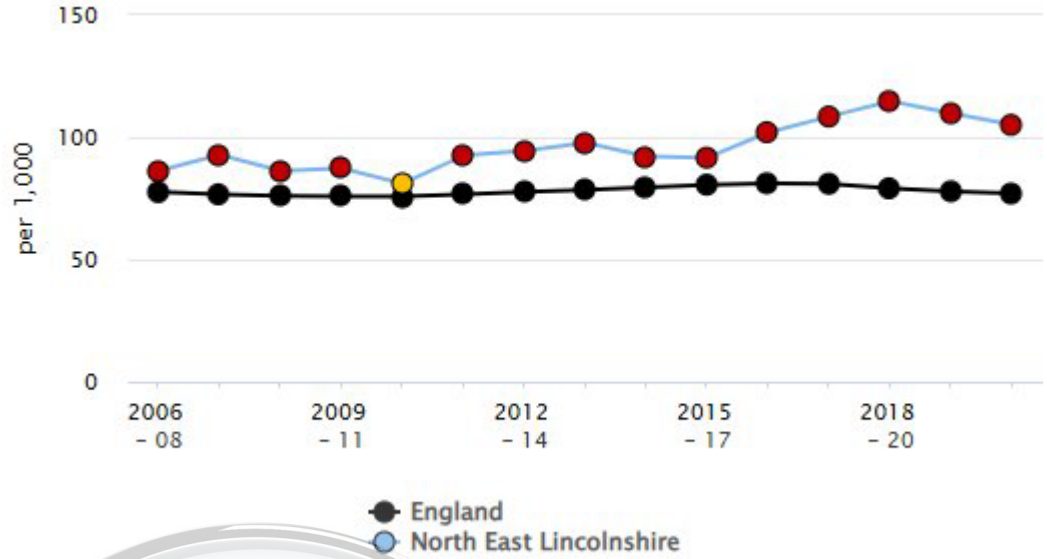
NEL has the 2nd highest **premature birth** rate (105/1,000) in the whole of England (77/1,000) with a trend that is growing exponentially. This trend is not reflected nationally or in stat neighbour trends.

Smoking in pregnancy, NEL has the 11th highest rate in England. Although the overall rate has decreased year on year, the gap with England has not closed. 11% of NEL mothers smoke in pregnancy.

High rate of **teenage pregnancy** (a rate of 25/1,000, 4th highest in England and significantly higher than England's rate 13/1,000). Although the trend is decreasing there are huge inequalities locally with those in the most deprived areas having significantly higher rates

Obesity in pregnancy, NEL is significantly worse than England and 3rd worst in the whole country. 30% of mothers in NEL are obese at booking.

Premature birth rate, NEL and England, 2006-2022



Premature Birth

Obesity in pregnancy, smoking in pregnancy and teenage pregnancy are all **risk factors** for premature birth.

Premature births are the **leading cause** of infant **mortality** and are the fastest increasing cohort of children with **SEN**.

Children born prematurely are more likely to have a range of **health problems** from dental health to hearing and sight to more complex health needs.

Children born prematurely are less likely to get a degree level **education** than those born at 40 weeks.

* Latest published data

Healthy Start*

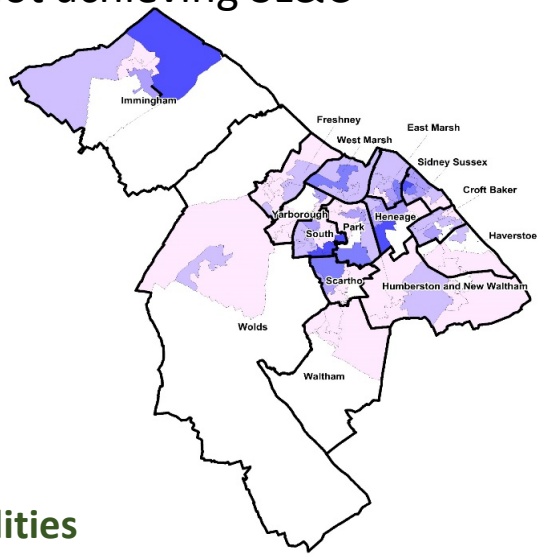
- **Achieving a good level of development at the end of reception**, 66.5% achieved GLD at age 5 in NEL, lower than the England rate of 68.3%, however there are inequalities within NEL. 34.5% of pupils in North East Lincolnshire are eligible for Free School Meals. The England average is 26.7%. For 2026 the government has set the target at 75%.

- **Speech, language and communication,** our most deprived children are far less likely to achieve the expected level in SL&C at the end of reception year, additionally, boys are less likely to achieve this than girls

- **Breastfeeding**, only 31% of babies are breastfed at 6-8 weeks in North East Lincolnshire, 3rd lowest (worst) in the country and significantly worse than England (52.7%).

- **Child obesity,** in NEL 11% of children in reception and 27.6% of children in Y6 are obese, both significantly higher than England. For 5 year olds, the rate has remained similar since 2007/08 but for 11 year olds the rate has increased significantly.

% not achieving SL&C



Health Inequalities

For each of these key issues, not only is there a gap between NEL and England, there are further inequalities within North East Lincolnshire.

Children in the **most deprived** areas of NEL are less likely to be breastfed, less likely to achieve school readiness across all measures and are more likely to be obese.

Boys are less likely to achieve early learning goals than girls across all areas of learning.

Children with **SEN** are less likely to achieve their goals at age 5.

* Latest published data

Starting Well Programmes

- Healthy Child Programme (HCP)
- Infant Feeding
- Speech, Language and Communication (SLC)
- Smoking in Pregnancy
- Parent-Infant Relationships (PAIRs)
- Maternal Wellbeing

Priority 1: Healthy Child Programme – Key Points

- **Focus:** Deliver universal and targeted health visiting to support child health and development.

- **Actions Taken:**
  - Health Visiting Service delivering mandated Healthy Child Programme.
  - Screening for parent-infant relationship difficulties embedded. Community health drop-ins piloted at Family Hubs and Canopy.
- **Successes:**
  - Mandated timescales met despite capacity challenges.
  - ‘Grow Our Own’ scheme – Band 5 nurse trained as Health Visitor.
  - Collaborative drop-ins with NSPCC and Family Hubs.
- **Next Steps:**
  - Develop reporting systems and outcome measurement tools (e.g., Outcome Star).
  - Review caseload weighting for equity.
  - Explore SEND and Waiting Well offer.
- **Risks:**
  - Increased complexity of family needs and reduced staff capacity.
  - Budget constraints impacting recruitment.
- **Mitigation:**
  - Ongoing caseload reviews and wellbeing support..
  - Recruitment through ‘Grow Our Own’ scheme.

Priority 2: Infant Feeding – Key Points

- **Focus:** Improve breastfeeding initiation and continuation rates; tackle health inequalities in deprived wards.

- **Actions Taken:**
  - Partnership working across Northern Lincolnshire.
  - Evidence-based antenatal feeding information.
  - Peer support groups in all 7 Family Hubs.
  - Recruitment of Infant Feeding Lead and Peer Supporters.
  - Social media and community engagement campaigns.
- **Successes:**
  - Achieved Baby Friendly Initiative (BFI) Gold sustainability standards.
  - Expanded peer support offer and visibility in Family Hubs.
- **Next Steps:**
  - Develop home-visiting peer support.
  - Create NEL Infant Feeding Dashboard.
  - Extend community initiatives and targeted support.
- **Risks:**
  - High deprivation areas with lowest initiation rates.
  - Funding uncertainty for fixed-term posts.
- **Mitigation:**
  - Community development approach to normalise infant feeding.
  - Targeted interventions in high-need wards.

Priority 3: Speech, Language & Comm. – Key Points

- **Focus:** Improve early identification and intervention for speech, language, and communication (SLC) needs.

- **Actions Taken:**
  - Wellcomm toolkit reviewed and
  - Distribution of toolkit to childminders.
  - Dedicated SLC service meeting to identify gaps.
- **Successes:**
  - Closed gaps between NELC and England for FSM and SEND achieving GLD in SLC.
  - 41% of settings making fewer referrals to SALT due to improved confidence
  - 89% of practitioners report increased knowledge and share interventions with parents..
- **Next Steps:**
  - Reconvene multi-agency working group; agree shared priorities.
  - Map current SLC services and referral pathways.
  - Improve data sharing and explore anonymised data exchange.
- **Risks:**
  - Some settings not adopting assessment tools.
  - Rising complexity of SLC and SEND cases impacting capacity.
- **Mitigation:**
  - Full support to settings from EYS team.
  - Develop a coherent system-wide pathway for early identification and intervention.

Priority 4: Smoking in Pregnancy – Key Points

- **Focus:** Reduce smoking during pregnancy and prevent relapse post-birth.

- **Actions Taken:**
  - Referral pathway developed between Tobacco Dependency Team and Wellbeing Service.
  - Sub-group objectives underway; strategic plan and digital app in progress.
  - SATOD (Smoking at Time of Delivery) rates reduced to 11% in 2024/25 (down from 13.2% previous year)..
- **Successes:**
  - Improved visibility of data and tracking against targets.
  - ‘Recruitment of NL/ICB project officer.
  - Financial incentive scheme roll-out.
- **Next Steps:**
  - Adopt system-wide approach to smokefree pregnancies and beyond
  - Agree robust targets and KPIs.
  - Develop relapse prevention plan and community engagement resources.
- **Risks:**
  - High relapse rates after birth.
  - Capacity issues for incentive scheme.
  - Data delays and gaps.
- **Mitigation:**
  - Maternal Wellbeing Service actively engaging with TDT.
  - Training and guidance for midwives.
  - Quarterly monitoring and action planning.

Priority 5: Parent-Infant Relationships (PAIRs)– Key Points

- **Focus:** Strengthen parent-infant bonding and address perinatal mental health.

- **Actions Taken:**
  - Steering group established with health, family help, and voluntary sector.
  - Multi-agency Referral/Assessment (TTAB) meetings for consultation and support.
  - Attendance at antenatal clinics and parentcraft classes for psychoeducation.
  - Large numbers of families supported via Health Visiting assessments
- **Successes:**
  - First Circle of Security Parenting group completed.
  - TTAB fully established with all key agencies.Community engagement at family hub events.
  - Specialist training delivered to NHS Talking Therapies and GWT (Growing Well Together)
- **Next Steps:**
  - Expand staff training and develop performance framework.
  - Implement consistent screening questions for HV contacts.
  - Gather feedback and implement Waiting Well support.
- **Risks:**
  - Funding uncertainty for Start for Life posts.
  - Complexity of referrals and KPI challenges.
- **Mitigation:**
  - Engagement with partners and community presence.
  - Increased capacity for initial assessments.

Priority 6: Maternal Wellbeing – Key Points

- **Focus:** Support maternal mental health and wellbeing during the perinatal period.

- **Actions Taken:**
  - Service reached 24-month milestone; service review underway.
  - Presented at the Regional Population Health Inequalities Community of Practice.
- **Successes:**
  - Supporting clients from all ward areas.
  - High number of self-referrals shows growing awareness.
  - Service extended until April 2026.
- **Next Steps:**
  - Develop peer support groups.
  - Increase social media presence and referral numbers.
  - Target most deprived areas through Family Hubs and antenatal classes.
  - Collect case studies and embed service within Primary Care.
  - Offer “Waiting Well” support in Parent-Infant Relationship pathway
- **Risks:**
  - Funding uncertainty for 2026/27.
  - Increasing complexity of cases.
- **Mitigation:**
  - Integrate further with Start 4 Life funded offer.
  - Improve referral assessment and signpost clients.