

# Children and Young People JSNA

Early Years (0-4s) Chapter Summary  
September 2024

# Aims & objectives

This JSNA chapter will provide a **detailed understanding of the needs of children aged 0-4 and their families in Shropshire to inform the direction and development of local services**, with a view to reducing health inequalities through identification, prevention and early intervention

Given the broad range of needs and services for children under 5 years, this report is not an in depth review of any one specific service, but instead aims to:

- describe the **population profile** of children under 5 and their families in Shropshire- please also see the Population and Context chapter
- identify **risk factors** that impact on infant and child health outcomes - please also see the Population and Context chapter
- provide an overview of the **wider determinants** of health and their impact on the under 5s and their families- please also see the Population and Context chapter
- identify relevant **national guidance and local policy** in relation to early years
- provide an **overview of the health and wellbeing of under 5s**
- provide an overview of **current service provision** and assessment of outcomes including gaps in relation to domains impacting on early childhood outcomes; physical, psychosocial and emotional, cognitive and language development
- identify **vulnerable children**, and/or at risk groups
- identify **gaps, barriers, and unmet needs** in current service provision
- provide evidence-based **recommendations** to ensure that the needs of 0-4 year olds are met in Shropshire

The [early years indicators](#) offer information about the health of children under 5 including:

- birth outcomes and associated risk factors
- accidents and injuries
- breastfeeding
- obesity
- health visiting services
- child development and school readiness

Additionally, there are [early years supplementary indicators](#), including information on:

- hospital admissions
- vaccination rates
- Homelessness
- Safeguarding and vulnerable children

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## Best start for life

Goal is to ensure the best support throughout those 1,001 critical days, setting babies up to maximise their potential for lifelong emotional and physical wellbeing. To achieve this, we will focus on six **Action Areas**:

### Action Areas

#### *Ensuring families have access to the services they need*

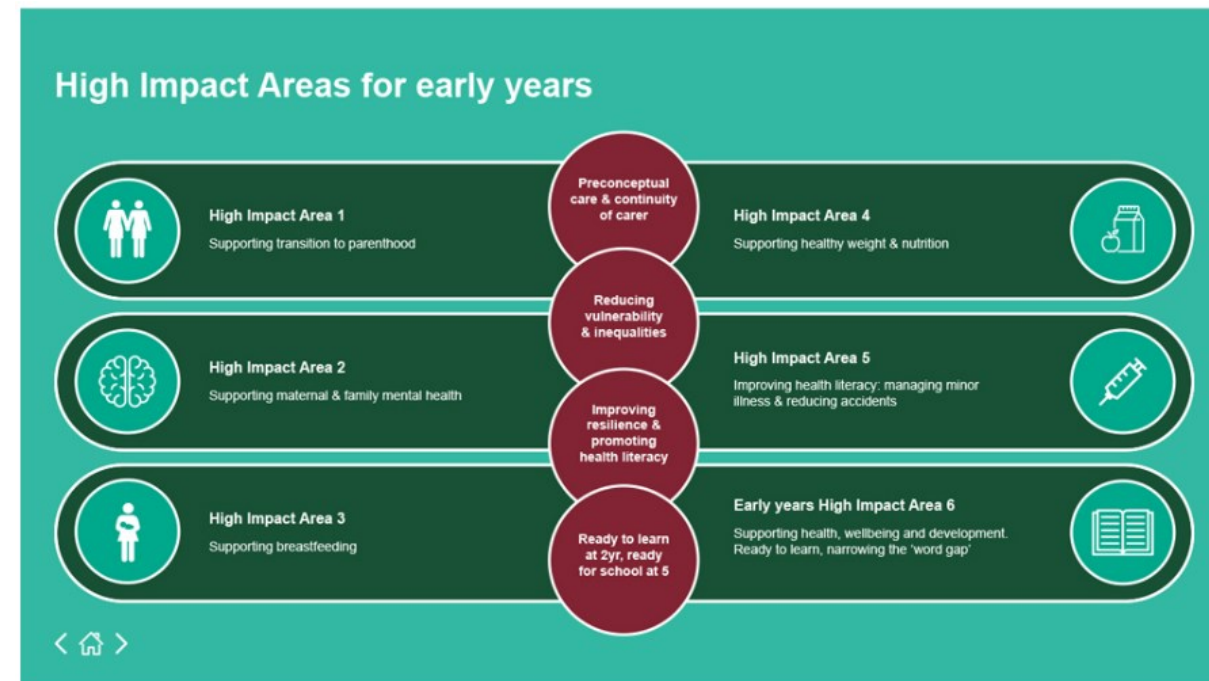
- 1. Seamless support for families:** a coherent joined up Start for Life offer available to all families.
- 2. A welcoming hub for families:** Family Hubs as a place for families to access Start for Life services.
- 3. The information families need when they need it:** designing digital, virtual and telephone offers around the needs of the family.

#### *Ensuring the Start for Life system is working together to give families the support they need*

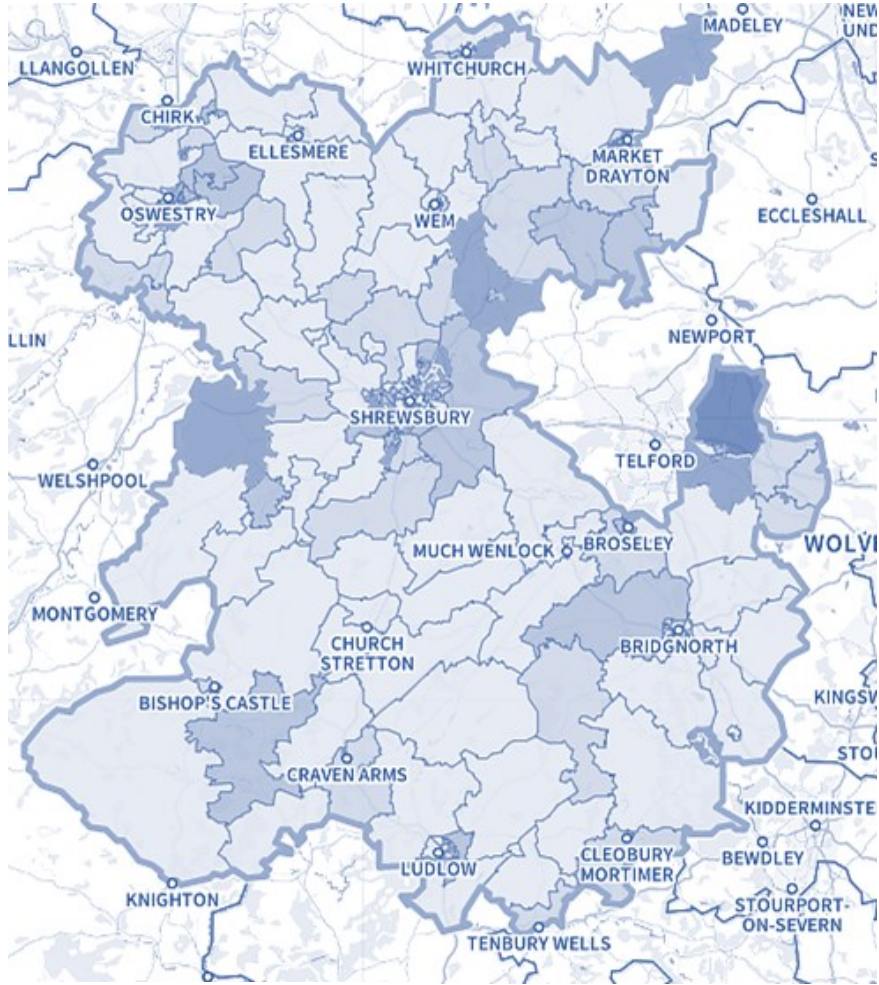
- 4. An empowered Start for Life workforce:** developing a modern skilled workforce to meet the changing needs of families.
- 5. Continually improving the Start for Life offer:** improving data, evaluation, outcomes and proportionate inspection.
- 6. Leadership for change:** ensuring local and national accountability and building the economic case.

## Healthy Child Programme

Health visitors lead the Healthy Child Programme 0 to 5. Below are the **6 high impact areas** for early years and how they relate to the 4 overarching aims for early years:



# Early Years 0-4s Shropshire



## Where do 0-4s live?

The colours represent the quintiles:

- 7% to 28%: 10 areas
- 6% to 7%: 22 areas
- 5% to 6%: 39 areas
- 4% to 5%: 40 areas
- 0% to 4%: 82 areas

**14,423**

aged 0-4  
in 2021, an 8% fall  
from 2011 (England  
7% fall)

**4.5%**

aged 0-4  
of Shropshire's  
population  
(England 5.4%)



**2,567** live births in  
Shropshire (2022)



**37** infant deaths  
during 2020-22, rate  
of 4.8 per 1,000 births



**43** babies had **low  
birth weight** in 2021,  
1.8% of all births



**Overall deprivation is low in Shropshire. 513** or 3.6% of babies, infants and children aged 0-4 live in the top 5 most deprived areas (LSOAs) of Shropshire: Harlescott, Ludlow East, central Oswestry, Monkmoor and Meole Brace.



**51%** **49%**  
Male Female



**3.6%**

0-4s from  
ethnic minority  
groups in 2011,  
567 children

**290**



0-4s with SEN  
support in 2022/23  
(5.7% of all children <19  
with SEN support in  
Shropshire)



**2,033** new birth visits  
by 14 days, 80.8% vs  
England 79.9%  
(2022/23)



**49.0%** infants  
breastfed  
(provisional) at 6-8  
weeks during Q4  
2023/24 vs 52.0%  
England



**105** hospital  
admissions for  
unintentional and  
deliberate injuries (**0  
to 4 years**), 74 per 1k  
compared to 92 in  
England (2022/23)



**2,690** per 1,000 emergency  
admissions (**0-4 years**) 189  
per 1k compared to 158 in  
England (2022/23)



**68%** achieving good level  
of development at the end  
of reception in Shropshire,  
67% England (2022/23)



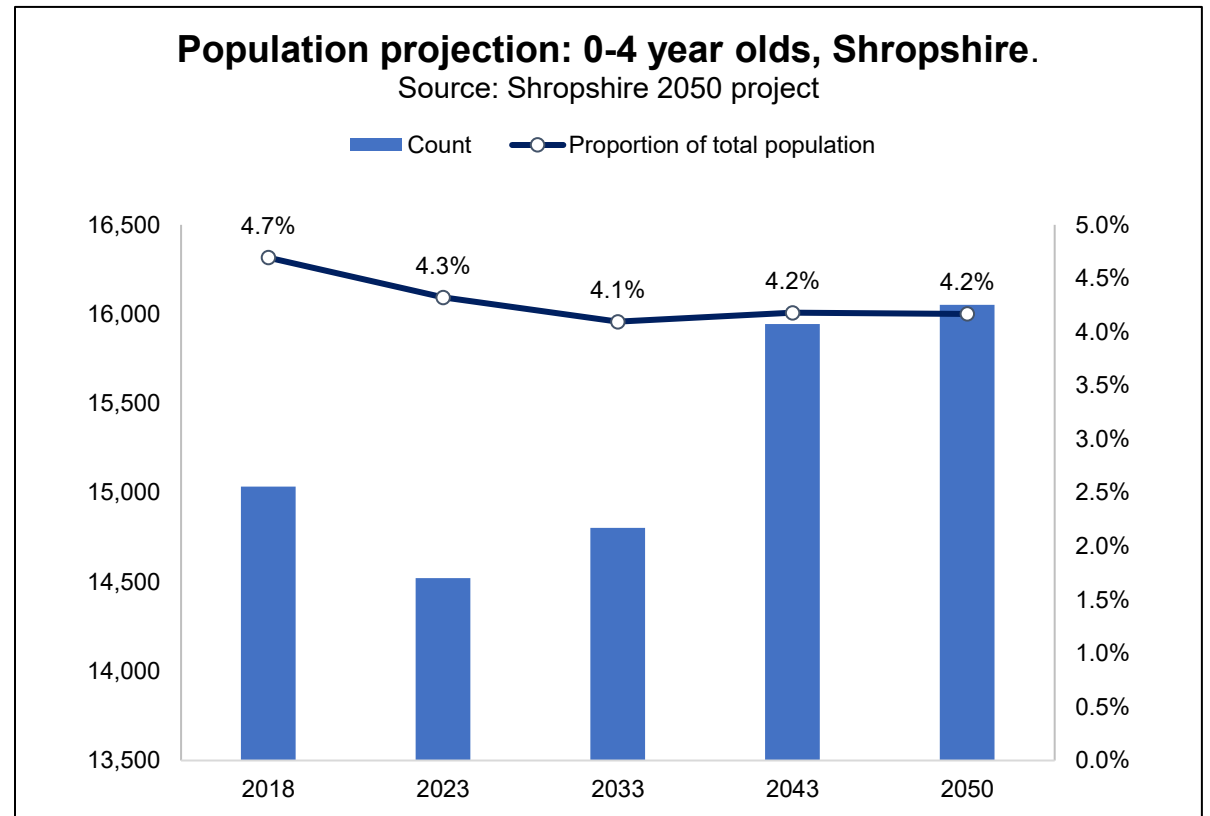
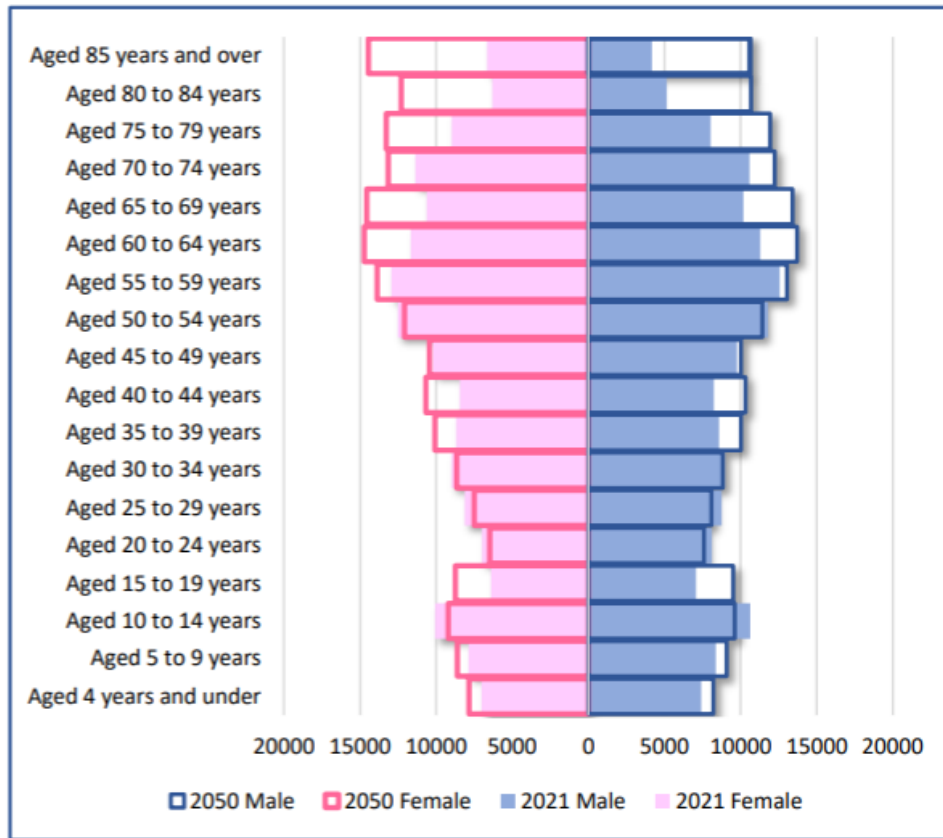
**22.1%** reception aged  
children (4-5-year-olds)  
**overweight or obese**,  
England 21.3%



**89.8%** MMR vaccine  
coverage two doses in  
2022/23, target =>95%

# Future trends

Charts showing population projections for 0–4-year-olds in Shropshire, 2021-2050 (left) and 2018-2050 (right). Projections are SNPP to 2043, then rolled on to 2050 using PopGroup.



**Rise of 1,293 babies and children aged 0-4 by 2050**

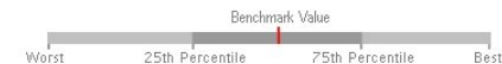
# Early Years metrics

Targets are the national average.

See the full report document for trends and comparator information for each of these metrics.

● Better 95% ● Similar ● Worse 95% ○ Not applicable

Recent trends: — Could not be calculated → No significant change ↑ Increasing & getting worse ↑ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better



Indicator	Period	Shropshire			Region England		England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Under 18s conception rate / 1,000	2021	—	65	12.5	15.2	13.1	31.5		2.7
Smoking status at time of delivery <span>New data</span>	2022/23	→	283	11.4%	9.1%	8.8%	19.4%		3.4%
Low birth weight of term babies	2021	→	43	1.8%	3.0%	2.8%	5.0%		1.5%
Infant mortality rate <span>New data</span>	2020 - 22	—	37	4.8	5.6	3.9	7.6		1.4
Breastfeeding prevalence at 6 to 8 weeks - current method <span>New data</span>	2022/23	—	917	*	*	49.2%*	-	Insufficient number of values for a spine chart	
Reception prevalence of overweight (including obesity) (4-5 yrs) <span>New data</span>	2022/23	→	565	22.1%	22.2%	21.3%	29.6%		1%
A&E attendances (0 to 4 years) <span>New data</span>	2022/23	—	8,765	617.3	837.7	797.3	1,928.9		414.7
Emergency admissions (0 to 4 years)	2021/22	—	2,595	180.8	171.7	161.5	328.3		63.0
Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 to 4 years) <span>New data</span>	2021/22	—	125	87.2	100.0	103.6	204.4		42.0
Children with one or more decayed, missing or filled teeth	2016/17	—	-	18.8%	25.7%	23.3%	47.1%		12.9%
Population vaccination coverage: MMR for two doses (5 years old) <span>New data</span>	2022/23	→	2,763	89.8%	83.7%	84.5%	56.3%		94.4%
<div style="display: flex; justify-content: space-between; width: 100%;"> <span>&lt;90%</span> <span>90% to 95%</span> <span>≥95%</span> </div>									
Proportion of New Birth Visits (NBVs) completed within 14 days <span>New data</span>	2022/23	↓	2,033	80.8%	80.7%	79.9%*	13.3%		99.0%
Proportion of infants receiving a 6 to 8 week review <span>New data</span>	2022/23	↓	2,186	73.3%	79.2%	79.6%*	4.9%		98.5%
Proportion of children receiving a 12-month review <span>New data</span>	2022/23	→	2,085	75.9%	85.8%	82.6%*	22.9%		99.0%
Proportion of children who received a 2 to 2½ year review <span>New data</span>	2022/23	→	1,519	52.9%	77.0%	73.6%*	5.3%		98.0%
Proportion of children aged 2 to 2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review <span>New data</span>	2022/23	↑	1,389	91.4%	94.4%	92.5%*	43.7%		100%
Child development: percentage of children achieving a good level of development at 2 to 2 and a half years <span>New data</span>	2022/23	↓	900	64.8%	76.3%	79.2%*	4.1%		94.4%
Child development: percentage of children achieving the expected level in communication skills at 2 to 2 and a half years <span>New data</span>	2022/23	↓	1,058	76.2%	83.0%	85.3%*	12.0%		95.9%
Child development: percentage of children achieving the expected level in gross motor skills at 2 to 2½ years <span>New data</span>	2022/23	↓	1,188	85.5%	92.0%	92.8%*	13.3%		98.8%
Child development: percentage of children achieving the expected level in fine motor skills at 2 to 2½ years <span>New data</span>	2022/23	→	1,234	88.8%	91.9%	92.6%*	13.8%		99.1%
Child development: percentage of children achieving the expected level in problem solving skills at 2 to 2½ years <span>New data</span>	2022/23	→	1,207	86.9%	90.3%	91.8%*	11.3%		98.3%
Child development: percentage of children achieving the expected level in personal social skills at 2 to 2 and a half years <span>New data</span>	2022/23	→	1,168	84.1%	89.0%	90.3%*	13.7%		97.2%
School readiness: percentage of children achieving a good level of development at the end of Reception <span>New data</span>	2022/23	—	1,973	67.6%	66.0%	67.2%	58.5%		%
School readiness: percentage of children achieving at least the expected level in communication and language skills at the end of Reception <span>New data</span>	2022/23	—	2,432	83.3%	78.1%	79.7%	69.7%		%
School readiness: percentage of children achieving at least the expected level of development in communication, language and literacy skills at the end of Reception <span>New data</span>	2022/23	—	2,031	69.6%	67.4%	68.8%	59.4%		%

# Early Years metrics continued

Targets are the national average.

See the full JSNA Chapter document for trends and comparator information for each of these metrics.

● Better 95% ● Similar ● Worse 95% ● Lower 95% ● Similar ● Higher 95% ○ Not applicable

Recent trends: — Could not be calculated → No significant change ↑ Increasing & getting worse ↑ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better ↑ Increasing ↓ Decreasing

Indicator	Period	Shropshire		England (statistical)		England		Range	Best/Highest
		Recent Trend	Count	Value	Value	Value	Worst/Lowest		
A&E attendances (under 1 year) <span>New data</span>	2022/23	—	2,135	798.1	1,196.8	1,132.3	2,613.3		505.9
Emergency admissions (under 1 year) <span>New data</span>	2022/23	→	1,205	450.5	411.3	375.4	831.1		131.8
Emergency admissions (0 to 4 years) <span>New data</span>	2022/23	→	2,690	189.4	172.7	158.0	340.1		57.4
Neonatal mortality rate <span>New data</span>	2020 - 22	—	28	3.6	4.5	2.9	5.8		0.9
Post-neonatal mortality rate <span>New data</span>	2020 - 22	—	9	1.2	1.2	1.1	2.8		0.0
Hospital admissions for dental caries (0 to 5 years) <span>New data</span>	2020/21 - 22/23	—	120	228.4	98.0	178.8	0.0		900.9
Admissions for asthma (0 to 9 years) <span>New data</span>	2022/23	→	80	261.9	195.7	154.7	483.1		52.4
Admissions for diabetes (0 to 9 years) <span>New data</span>	2022/23	→	10	32.7	36.9	32.5	94.8		0.0
Admissions for epilepsy (0 to 9 years) <span>New data</span>	2022/23	→	15	49.1	105.7	92.9	272.9		0.0
Homelessness - households with dependent children owed a duty under the Homelessness Reduction Act <span>New data</span>	2022/23	—	401	11.9	15.9	16.1	35.8		7.5
Population vaccination coverage: Hepatitis B (1 year old)	2022/23	—	4	100%	*	*	-		-
Population vaccination coverage: Dtap IPV Hib HepB (1 year old)	2022/23	→	2,620	95.7%	91.5%	91.8%	67.8%		97.6%
Population vaccination coverage: Hepatitis B (2 years old)	2022/23	—	-	*	*	*	-		-
Population vaccination coverage: Dtap IPV Hib HepB (2 years old)	2022/23	→	2,673	96.5%	92.9%	92.6%	70.8%		98.5%
Population vaccination coverage: Hib and MenC booster (2 years old)	2022/23	→	2,616	94.4%	88.2%	88.7%	63.4%		97.2%
Population vaccination coverage: PCV booster	2022/23	→	2,617	94.5%	88.3%	88.5%	67.7%		97.0%
Population vaccination coverage: MMR for one dose (5 years old)	2022/23	→	2,941	95.6%	92.6%	92.5%	81.2%		97.4%
Population vaccination coverage: MMR for two doses (5 years old)	2022/23	→	2,763	89.8%	83.7%	84.5%	56.3%		94.4%
Low birth weight of all babies	2021	→	140	5.3%	7.9%	6.8%	11.0%		3.6%
Very low birth weight of all babies	2021	→	20	0.8%	1.4%	1.0%	2.0%		0.2%
Children aged 5 and under killed or seriously injured in road traffic accidents <span>New data</span>	2020 - 22	—	2	3.8	6.9	7.5	29.9		0.0
Population vaccination coverage: MMR for one dose (2 years old)	2022/23	→	2,622	94.7%	88.9%	89.3%	68.1%		97.3%
Newborn Blood Spot Screening: Coverage	2017/18	—	-	-	98.1%*	96.7%*	-	Insufficient number of values for a spine chart	
Newborn Hearing Screening: Coverage	2022/23	→	2,242	98.4%	98.7%*	98.5%*	87.9%		99.8%



# Areas of need for 0-4s

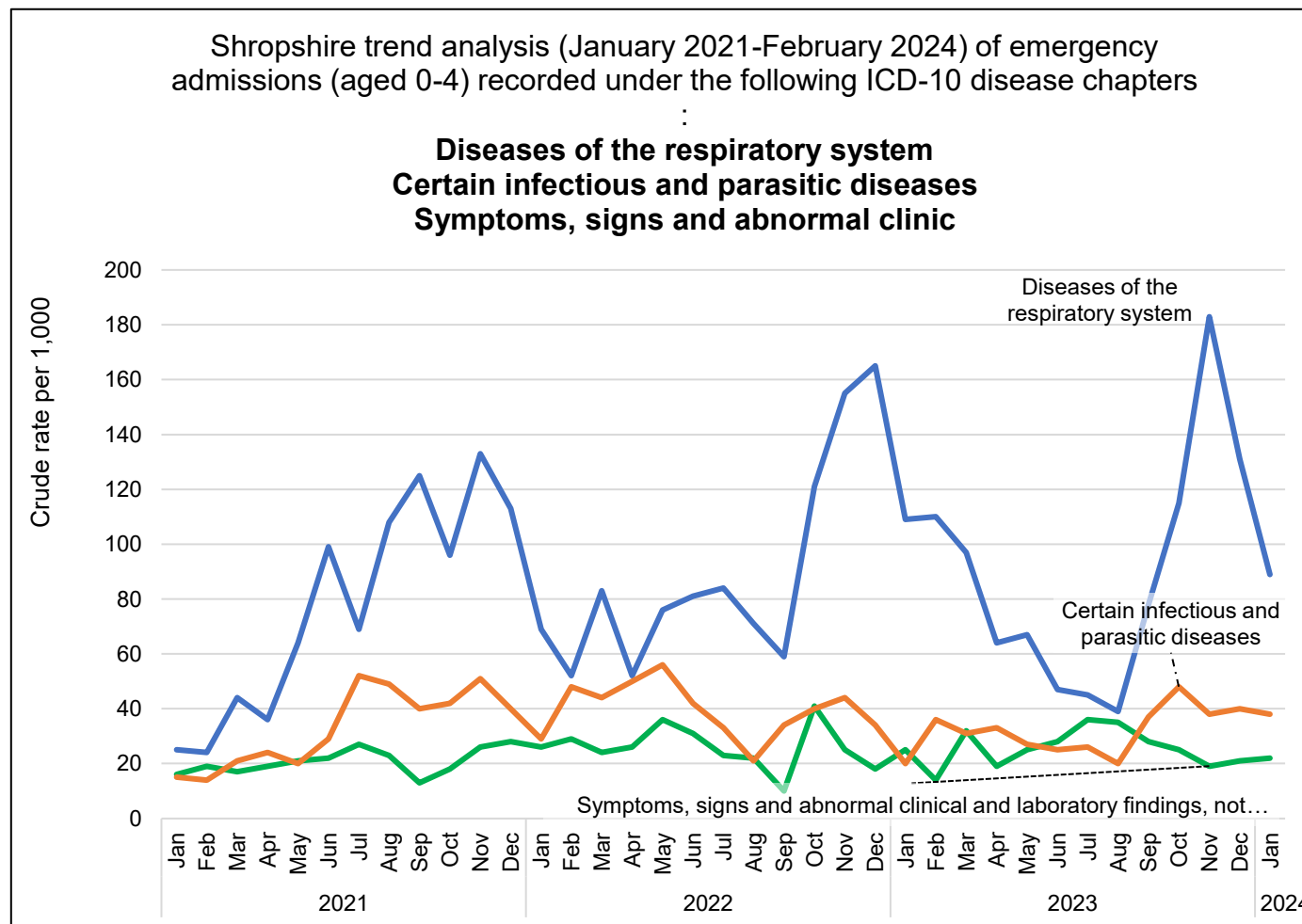
1. Smoking status at time of delivery
2. Infant mortality – not red, local rise – work in progress through child mortality
3. Emergency admissions (0-4s) and under 1s, admissions for asthma (0-9s)
4. Population Vaccination coverage: MMR two doses (5 years old)
5. Breastfeeding prevalence
6. Uptake of healthy start vouchers
7. % of children receiving a 12 month review by 12 months
8. Child development: % of children achieving a good level of development at 2 to 2½ years
9. Child development: % of children achieving the expected level in communication skills, gross motor skills, fine motor skills, problem solving skills and personal social skills at 2 to 2½ years
10. Transport/access and face to face provision is a barrier for health visiting
11. Looked after children

More detail  
can be  
found in the  
full report.

# ● Emergency admissions 0-4s

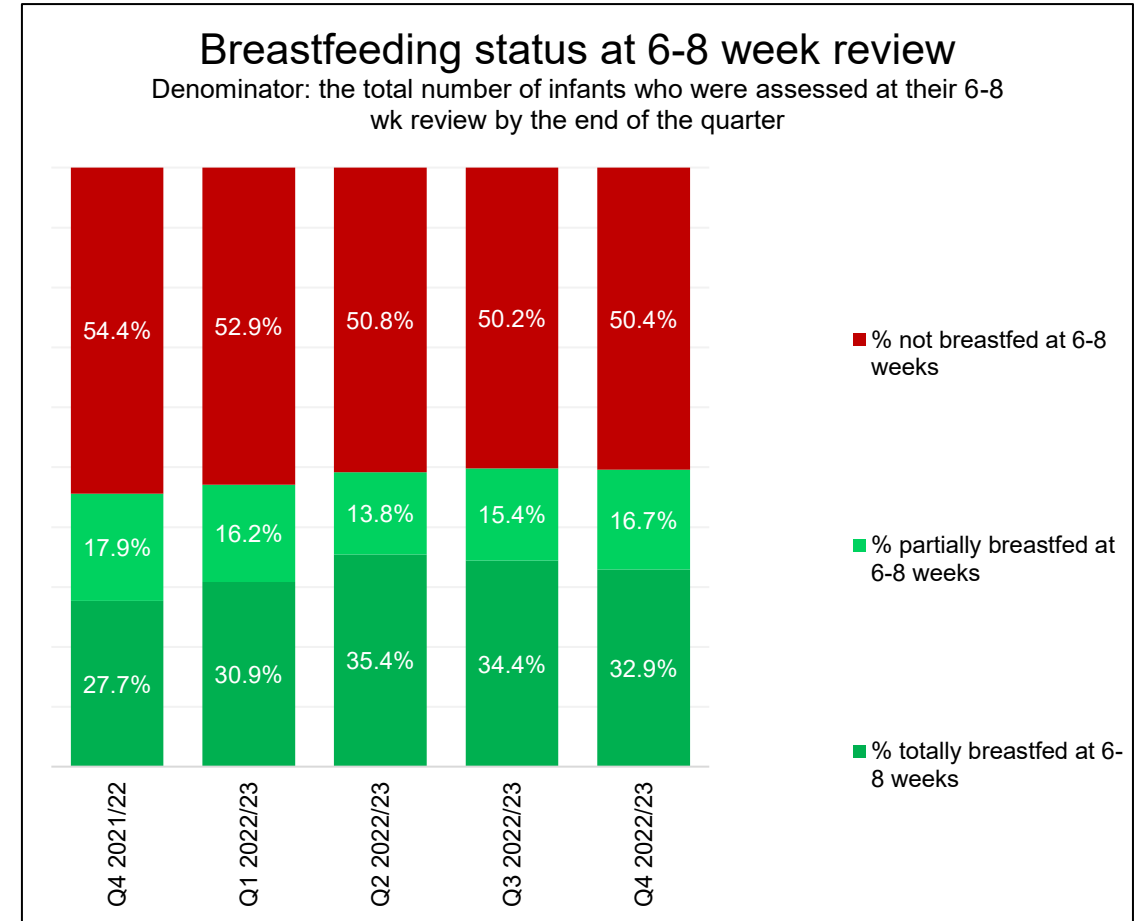
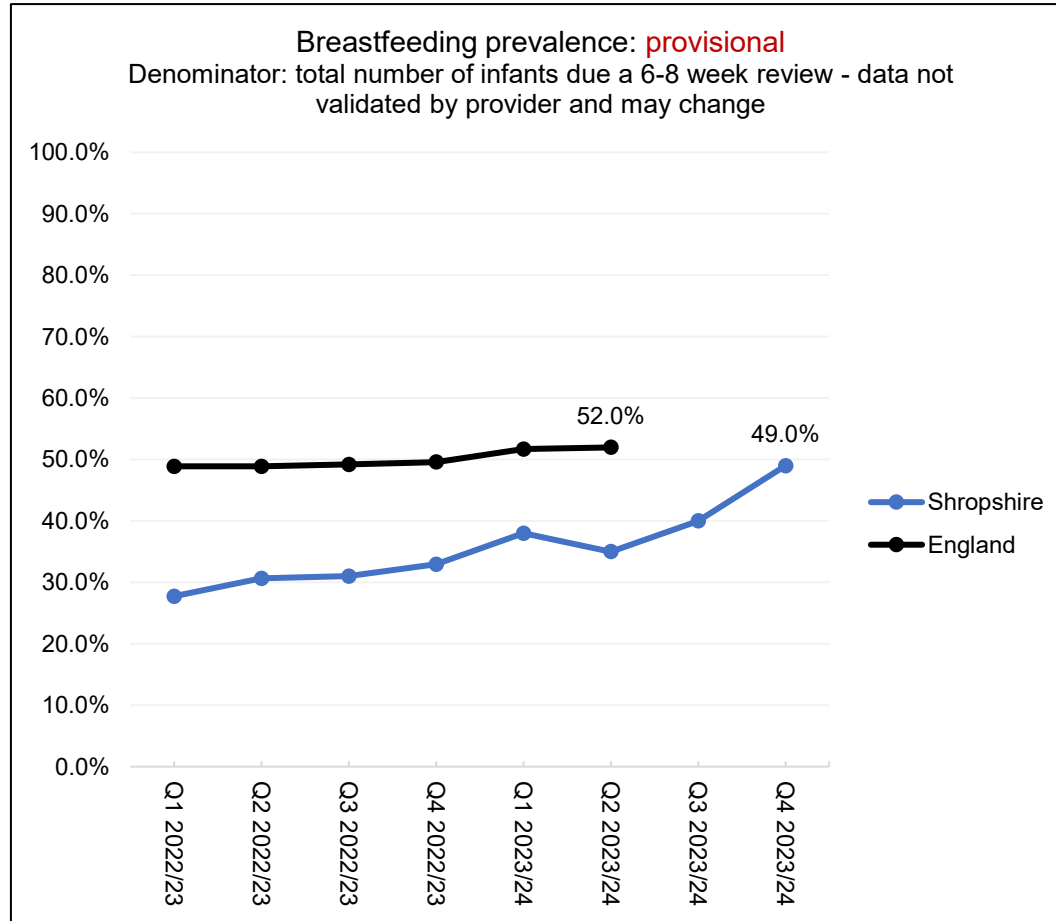
## Deep dive example

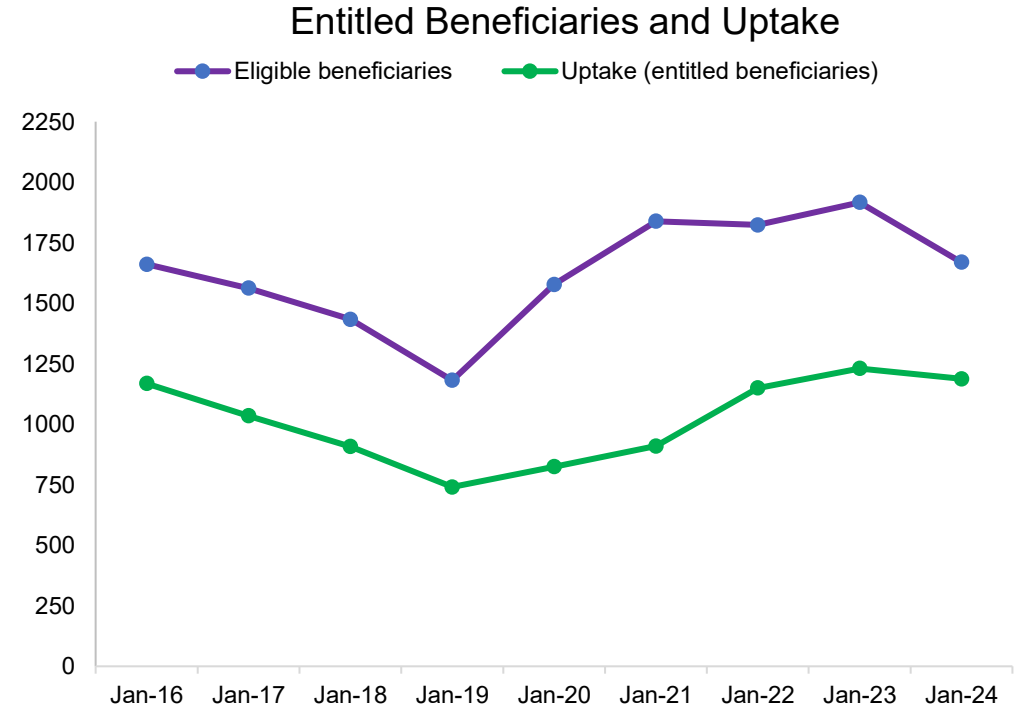
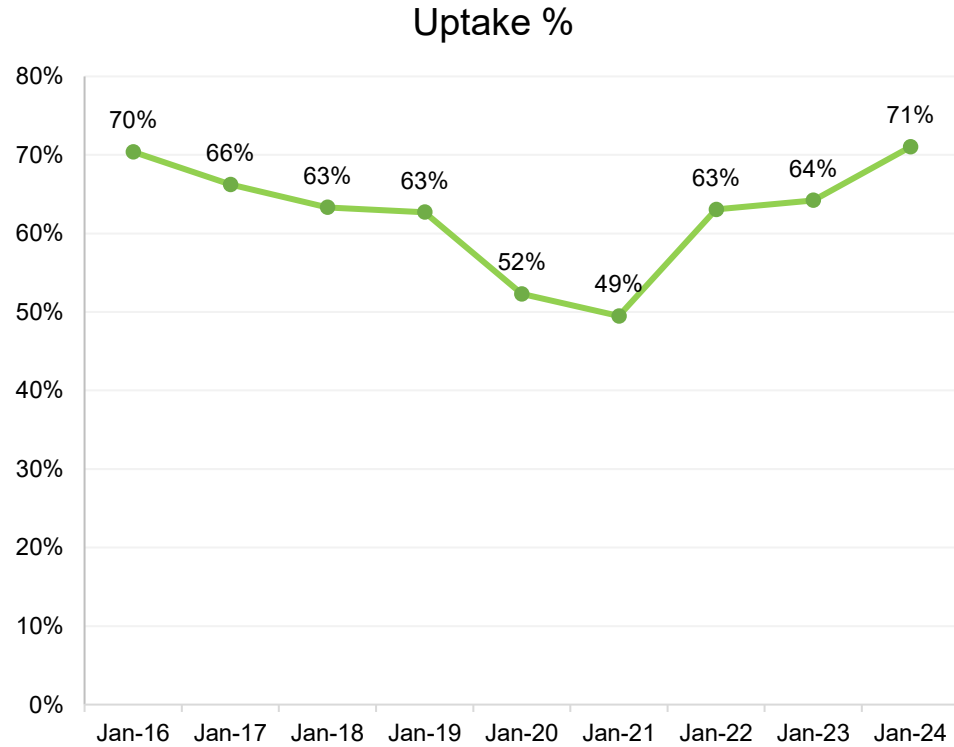
- In 2022/23, more than two thirds of 0-4 emergency admissions were for three reasons:
  - **Diseases of the respiratory system** (43%)
  - **Certain infectious and parasitic diseases** (16%)
  - **Symptoms, signs and abnormal clinical and laboratory findings**, not elsewhere classified (includes fevers, febrile illness, nausea and vomiting) (11%)
- Breaking these reasons down, showed acute **upper respiratory infection, viral infections** and **fevers** as key drivers
- However, across Shropshire, Telford and Wrekin, half (53%) of 0-4 admissions recorded during the 2022/23 period had a zero length of stay.
- This is due to the paediatric assessment unit referring babies and children into hospital for tests and monitoring followed by a same day discharge. Shropshire does not have a Same Day Emergency Care (SDEC) offer which, if in place, could reduce the rate of emergency admissions.**
- Seasonal pattern to the respiration admissions in persons aged 0-4, with activity peaking around December each year.



**Definition:** Emergency admissions via A&E, GPs, Consultant outpatient clinic, Mental Health Services or Baby born at home as intended

During Q4 2023/24, 49% infants totally or partially breastfed at 6-8 weeks in Shropshire.





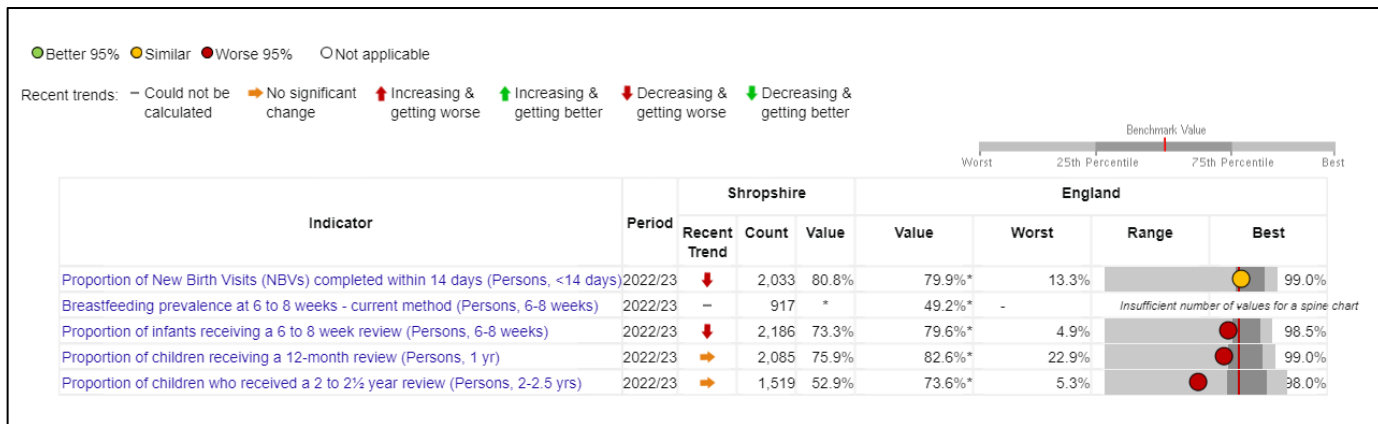
Similar to national average of 74% as of Jan 2024

During 2022/23, Shropshire's health visiting rates were worse than the national average however, more recent data indicates an improvement in rates.

## Published metrics

2022/23

Source: Fingertips



## Provisional metrics

2023/24

Source: SHROPCOM

Note this is comparing Shropshire 2023/24 data with the published 22/23 national average.

This data has not yet been validated by the provider but is included to give an indication of progress and trends.

Metric	Shropshire average 22/23	Shropshire average 23/24	Year on year change	National average 2022/23	Gap to national average	Compared to national average
% NBV within 14 days	81%	79%	-2%	80%	-1%	
% NBV within 30 days	19%	19%	0%	-	-	-
% 6-8 week review by 8 weeks	73%	79%	5%	80%	-1%	
% Breastfed at 6-8 weeks	31%	41%	10%	49%	-8%	
% 12 month review by 12 months	42%	47%	5%	83%	-36%	
% 12 month review by 15 months	75%	86%	10%	-	-	-
% 2-2½ year review	53%	69%	16%	74%	-5%	

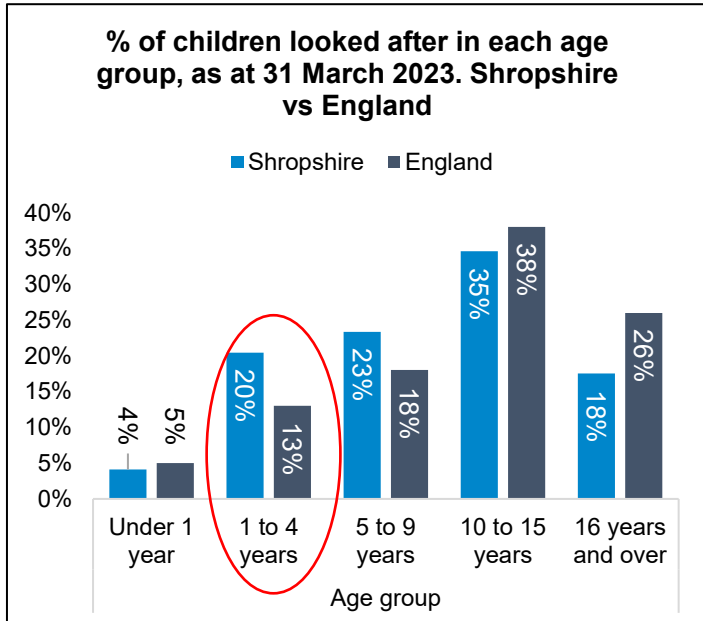
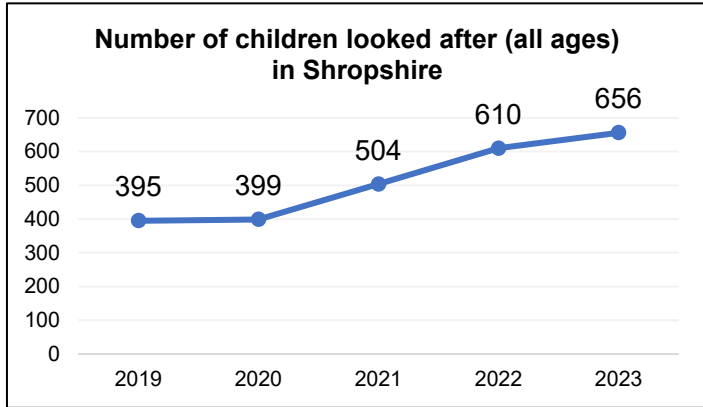
### Mitigation:

The reason for the low 12 month review rate is due to reviews taking place before 15 months, with a rate of 86%. This is due to the timing that the invites are generated and parental choice. The service have made changes to the system to generate earlier appointments to ensure that these are more frequently prior to the child's first birthday.

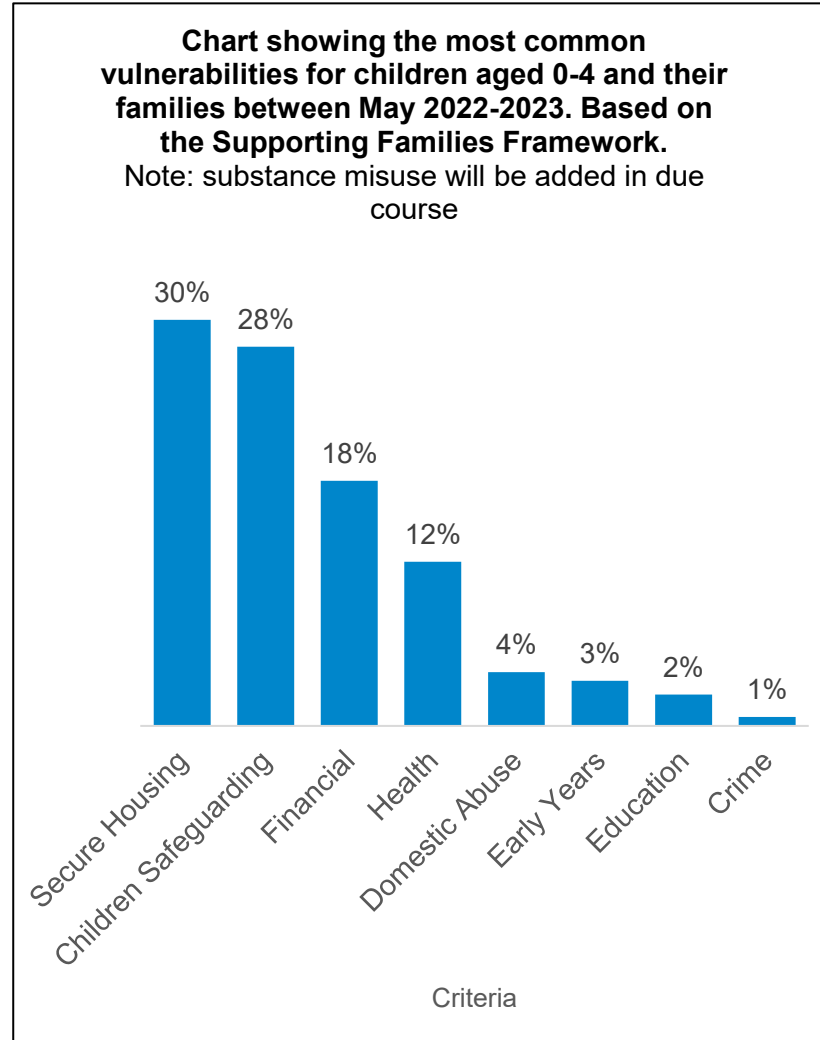
# Vulnerable children in Shropshire

**NOTE** This slide is still in development and data is likely to change. E.g. COMPASS is now EHAAT

## Looked after children



## Supporting families



## COMPASS Help and Support Team

Shropshire's front door for children's social care

**74** babies, infants and children aged 0-4 were supported by the team between September 2022 and March 2023 (6 months).

Top 6 presenting issues:

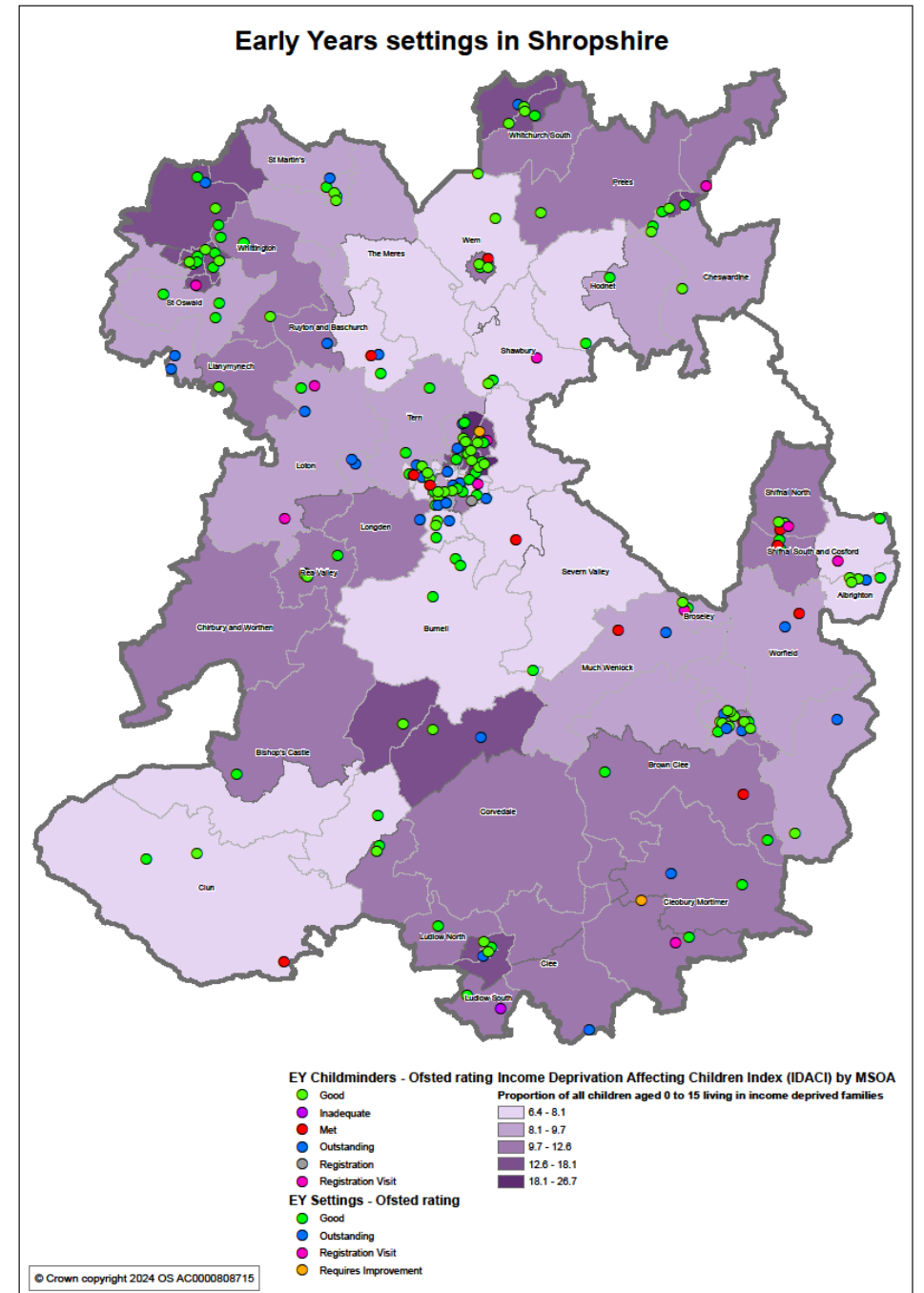
Table showing presenting issue to CHAST, September 2022 to March 2023,  
Source: COMPASS Help and Support Team

Presenting issue	Count	Proportion
Domestic abuse	18	16%
Parenting Difficulties	15	13%
Neglect	14	12%
Adult mental health	11	10%
Parental acrimony	10	9%
Adult substance misuse	9	8%

# Early Years settings

As of June 2024 in Shropshire, there were 97 Early Years settings and 97 childminders located across the county. Many settings are concentrated in the Shrewsbury area and Oswestry.

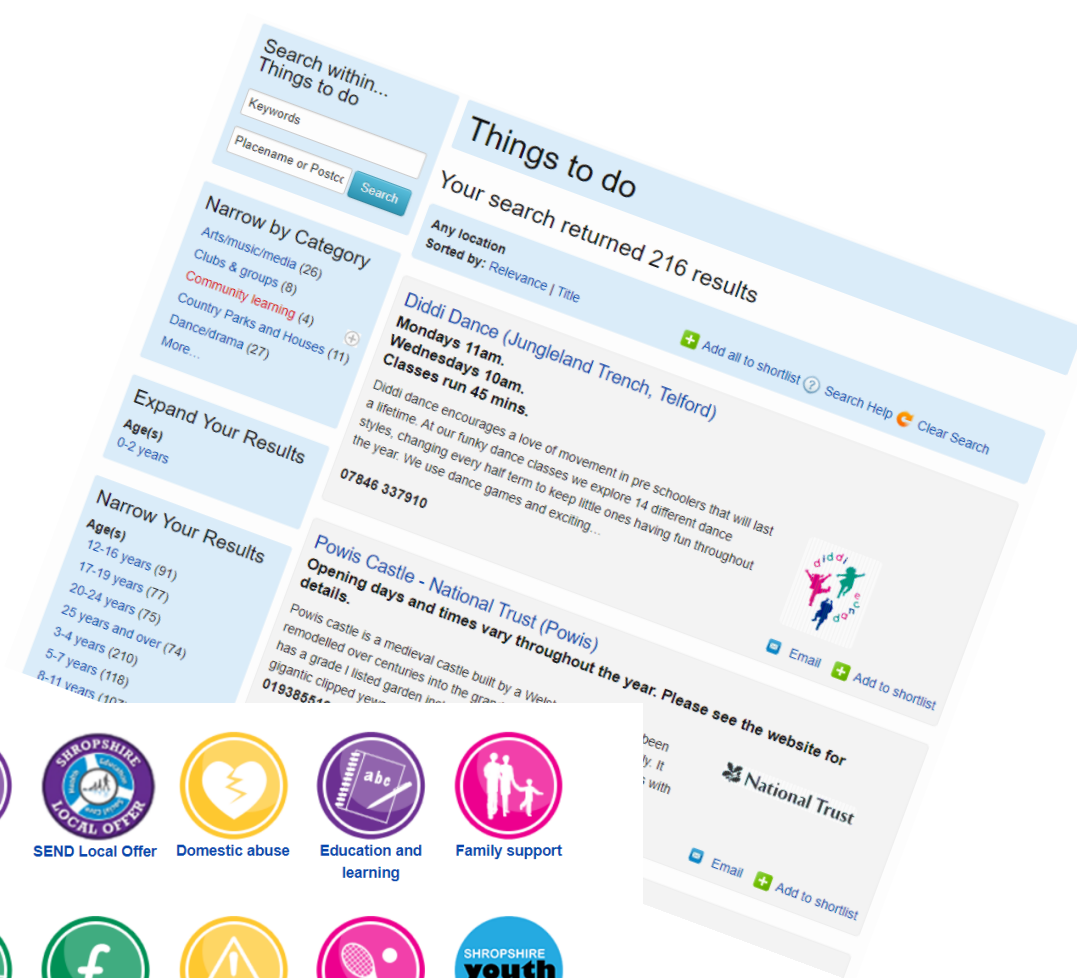
Reassuringly, settings are **well-placed in relation to areas with high levels of income deprivation affecting children.**



# VSCE offer

The Shropshire [Family Information Directory](#) has a list of activities and groups available to families with children 0-4 years olds.

There is currently a piece of work underway to enhance this offer regularly adding new groups that become available across the whole of Shropshire and just over the borders.



Shropshire Family Information Service (FIS) has developed this on-line directory featuring local and national organisations and services that exist to support children, young people and families.

The directory contains information on groups which can offer advice and support on some of the issues or concerns any family may encounter. It can also help you find activities in your local area for children and young people to take part in where they can learn new skills and make new friends.

If you are part of a group or service that isn't yet included in the service directory contact Shropshire Family Information Service to add your details free of charge.



# Stakeholder engagement

## 36 responses

We engaged stakeholders and professionals using an online questionnaire. The questionnaire was developed to capture the views of all services and organisations that support babies, infants and children and their families (age 0-4).



Strengths



Gaps

# Parents/carers engagement

We engaged parents/carers of 0-4 year olds using an online questionnaire. The survey was distributed at a parents and carers event via a QR code. Survey responses were collected between 26 October 2023 and 29 November 2023.

Response rate n=18

*When would you have most and least benefitted from the support of a health visitor?*

Experiences	Least <span style="float: right;">Most</span>					
	0	1	2	3	4	5
During pregnancy	29%	0%	0%	0%	14%	57%
In the first 14 days following childbirth	0%	14%	14%	0%	14%	57%
Between 14- and 30-days following childbirth	0%	0%	29%	29%	14%	29%
Baby aged 6-8 weeks	0%	0%	43%	29%	14%	14%
Baby aged 3-6 months	0%	14%	43%	14%	14%	14%
aged 12 months-2 years	14%	14%	14%	14%	0%	43%
child 2 to 3 years	14%	0%	29%	29%	0%	29%
child 3 to 5 years	14%	14%	0%	14%	14%	43%

*As a parent/carer of child (ren) aged 0-5, what are the most important considerations to you, to help you look after your child's health and wellbeing?*

"Access to healthcare without a long wait"

"Being able to access services for information and support without delays"

"Physical health and nutrition, followed by mental wellbeing of child and how to support"

"Regular check ins with health professionals for reassurance"

# Recommendations

Based on the **Areas of Need** highlighted on slide 10

Area of need	Mitigation (What are we doing now)	Recommendation (What we are intending to do and how)	Governance (Where does this recommendation sit)
<b>1. Smoking status at time of delivery</b>	<ul style="list-style-type: none"> <li>• Healthy Pregnancy service in SATH maternity offering smoking cessation support</li> <li>• Health Lives Advisors offering behavioural support for smoking cessation</li> <li>• Expansion of smoking cessation offer</li> <li>• Community and family hub development to increase available support</li> <li>• Tobacco Dependency treatment pathways</li> </ul>	<ul style="list-style-type: none"> <li>• To decrease the number of pregnant women smoking at time of delivery to England average</li> </ul>	LMNS Health and Wellbeing Board
<b>2. Infant mortality</b>	<ul style="list-style-type: none"> <li>• Cascading learning from infant deaths (CDOP reviews)</li> <li>• System wide Infant and Child Mortality workshops</li> <li>• Increasing awareness of Safer Sleep advice</li> <li>• Community and family hub development to increase available support</li> <li>• Dashboard in development to STW monitor trends and identify modifiable factors</li> </ul>	<ul style="list-style-type: none"> <li>• To decrease the number of infant deaths by addressing modifiable factors</li> <li>• Learning from previous deaths</li> <li>• Identifying any local themes</li> </ul>	ICS System Quality Group LMNS
<b>3. Emergency admissions (under 1s and 0-4s)</b>	<ul style="list-style-type: none"> <li>• Increased awareness of asthma and inhaler use</li> <li>• School nursing service have trained school staff and also implemented Asthma Friendly Schools programme.</li> <li>• GP practices audited blue inhaler prescriptions.</li> <li>• Community and family hub development to increase available support e.g. Health Visiting drop in clinics opening across county</li> <li>• Priority focus of the infant mortality workstream</li> <li>• Accident prevention awareness</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce the number of 0-4's being admitted from A&amp;E by increasing awareness of early identification and treatment</li> <li>• Increasing awareness of appropriate management of acute and long-term conditions</li> <li>• Learning from case reviews</li> <li>• Embed paediatric Same Day Emergency Care in the community and monitor activity</li> </ul>	ICS System Quality Group LMNS System Urgent and Emergency care CYP Oversight Group
<b>4. Population Vaccination coverage: MMR two doses (5 years old)</b>	<ul style="list-style-type: none"> <li>• Increased circulation of resources to raise awareness of the importance of immunisations through EY settings, schools, higher education, social media, staff newsletters.</li> <li>• GP practices offering catch up appointments to improve coverage.</li> <li>• Community and family hub development to increase available support</li> </ul>	<ul style="list-style-type: none"> <li>• Increase vaccination coverage to 95% by continued awareness of reasons for vaccination</li> <li>• Identify groups with lower uptake and target messaging and work with these communities to increase uptake.</li> </ul>	Health Protection Quality Assurance Board
<b>5. Breastfeeding prevalence at 6-8 weeks</b>	<ul style="list-style-type: none"> <li>• STW Infant feeding strategy</li> <li>• Breastfeeding peer support groups</li> <li>• Additional breastfeeding training to PHNS</li> <li>• Online Antenatal/Postnatal Solihull Training</li> <li>• Baby Buddy App</li> <li>• Introduced open access HV clinics</li> <li>• HV single point of access and texting service</li> <li>• Community and family hub development</li> <li>• Provider is working on improving the data inputting as hasn't been as robust in recent years but is now improving as staff have been made aware and are encouraged to complete it.</li> </ul>	<ul style="list-style-type: none"> <li>• Improve referral pathways for complex breastfeeding support</li> <li>• Raise awareness of breastfeeding peer support groups and HV open access clinics</li> <li>• Improve reporting mechanisms.</li> <li>• Introduction of Womens' Health Hub</li> </ul>	LMNS PHNS contract monitoring
<b>6.Uptake of Healthy Start vouchers</b>	<ul style="list-style-type: none"> <li>• Increased awareness through media</li> <li>• Awareness through Baby Buddy App</li> <li>• Increased training and information to professionals supporting pregnant women and families</li> <li>• Community and family hub development to increase available support</li> <li>• Provider is currently looking at the process for being able to offer HS vouchers in clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to raise awareness</li> <li>• Increase availability of vitamins</li> </ul>	Public Health – linking with national team

Area of need	Mitigation (What are we doing now)	Recommendations (What we are intending to do)	Governance (Where does this sit)
<b>7. Proportion of children receiving a 12 month review by 12 months</b>	<ul style="list-style-type: none"> <li>Increased awareness of reviews to parents and families</li> <li>Altered booking system to generate appointments early</li> <li>Introduced open access HV clinics</li> <li>HV single point of access and texting service</li> <li>Community and family hub development to increase available support</li> <li>2 year integrated review in the early year's settings (2 year development) and the open access clinics (emergency admissions/minor illness management, breastfeeding, healthy start vouchers).</li> </ul>	<ul style="list-style-type: none"> <li>Continue to increase number of reviews at 12 months and monitor</li> <li>Continue to raise awareness</li> <li>Changing the way in which appointments are sent to meet timescales</li> <li>Increase availability of HV open access clinics</li> </ul>	ICS System Quality Group PHNS contract monitoring
<b>8. Percentage of children achieving a good level of development at 2 to 2½ years</b>	<ul style="list-style-type: none"> <li>Piloting integrated 2-year reviews with EY settings</li> <li>Increase awareness of reviews and encourage parents to take up.</li> <li>HV single point of access and texting service</li> <li>Introduced open access clinics</li> <li>Community and family hub development to increase available support</li> <li>Physical activity is a key area within early years as part of a child's development. We will continue to work with our Early Years setting to implement the CMO's recommendations regarding physical activity and encourage them to use innovative ways to integrate those across the early year's curriculum</li> </ul>	<ul style="list-style-type: none"> <li>Roll out integrated 2-year reviews with EY settings</li> <li>Continue to raise awareness on effective interactions that improve child development.</li> <li>Roll out of the school readiness leaflet</li> <li>Introduction and roll out of HV open access clinics for parents/carers to access support</li> </ul>	ICS System Quality Group PHNS contract monitoring Health and Wellbeing Board
<b>9. Child development: percentage of children achieving the expected level in communication skills, gross motor skills, fine motor skills, problem solving skills and personal social skills at 2 to 2½ years</b>	<ul style="list-style-type: none"> <li>Introduced Early Talk boost and Talk boost to increase speech and language development</li> <li>Produced school readiness leaflet with information on how to support child development.</li> <li>Raised awareness of child development.</li> <li>Increase access to HV service for support.</li> <li>HV open access clinics</li> <li>HV single point of access and texting service</li> <li>Increase uptake of early education</li> <li>Community and family hub development to increase available support</li> <li>Physical activity is a key area within early years as part of a child's development. We will continue to work with our Early Years setting to implement the CMO's recommendations regarding physical activity and encourage them to use innovative ways to integrate those across the early years curriculum</li> </ul>	<ul style="list-style-type: none"> <li>Publishing Best Start for Life offer</li> <li>Roll out of school readiness leaflet</li> <li>Online Solihull programmes</li> <li>To increase awareness of effective interactions from bump- toddlers to improve development.</li> <li>Introduction and roll out of HV open access clinics for parents/ cares to access support.</li> </ul>	ICS System Quality Group PHNS contract monitoring
<b>10. Stakeholders report transport/access and face to face provision is a barrier for health visiting</b>	<ul style="list-style-type: none"> <li>Introduced open access clinics</li> <li>Increased HV recruitment to vacant posts</li> <li>HV single point of access and texting service</li> <li>Restored face to face contacts</li> <li>HV training places</li> <li>Community and family hub development to increase available support</li> </ul>	<ul style="list-style-type: none"> <li>Continue to recruit to vacant posts</li> <li>HV training places increasing</li> <li>Publicise service offer</li> <li>Introduction and roll out of HV open access clinics</li> </ul>	PHNS contract monitoring
<b>11. Looked after children, 0-4 year olds making up 24% of all children looked after in the county (2023)</b>	<ul style="list-style-type: none"> <li>Actions developed and implemented as a result of the Children's summit (2023)</li> <li>Transformation of Targeted Early Help, Re-launch of the EH Partnership Board and launch of Early Help Strategy,</li> <li>Community and Family hubs and Integration panels</li> <li>Communication on how to seek support particularly during school holidays and times of increased pressure</li> <li>Best Start in Life programme which includes the introduction of Family Foundations Course and information on support available to first time parents/co-parents</li> <li>Actions included within the Drug and Alcohol Partnership Plan</li> </ul>	<ul style="list-style-type: none"> <li>Reduce the number of 0-4's becoming looked after by</li> <li>Increasing professional curiosity</li> <li>Increasing awareness of professionals and families of early help to support families and prevent escalation</li> <li>Increasing number of families accessing early help</li> <li>Improve identification of families in need</li> <li>Continued audit of cases and learning cascaded and acted upon</li> </ul>	Shropshire Safeguarding Community Partnership  Health and Wellbeing Board

# Summary of DRAFT recommendations

1. To support partners / family members of **pregnant women to stop smoking** and to reduce the rates of pregnant women smoking at time of delivery.
2. To continue to monitor **child and infant mortality**, adjusting action plans as required to ensure appropriate mitigations are in place.
3. To improve the recording to show the accurate position of **emergency admissions of 0-4s**, distinct from 0-4s who required same day emergency care. To monitor the level of emergency admissions of 0-4s and take appropriate action.
4. To increase uptake of pregnancy and childhood **immunisations** to provide protection and reduce the risks associated with these illnesses.
5. To continue to increase **breastfeeding rates** at 6-8 weeks to achieve at least the national average.
6. To continue to increase and monitor the number of families **accessing the mandated contacts** offered by the health visiting service.
7. To ensure the **cost of living** support and support for health and wellbeing is well promoted through all services, including promoting the take up of **healthy start vouchers**
8. To reduce the number of 0-4 year olds whose **parents use drugs and alcohol** who become looked after and to increase the number of parents receiving **appropriate support at the earliest opportunity**.
9. To reduce the number of 0-4s **living in households where domestic abuse** occurs by supporting the workforce to **identify perpetrators** and support them to **behaviour change programmes**
10. For all health and social care agencies to ensure they appropriately assess the **mental health** needs of the child, mother and family and signpost to relevant services and intervention.
11. To develop **Women's Health Hubs** across Shropshire aligning with development of **Community & Family Hubs** to improve outcomes for women & children aged 0-4.
12. To publish the **Best Start for Life offer** to enable families to access information about services and support to increase visibility and accessibility of services and improve child outcomes.
13. To continue to increase **awareness of early help and prevention offers** to support families and prevent escalation.
14. To continue to monitor the level of children who are **overweight or obese at reception** and to deliver on the Early Years actions of the Healthier Weight Strategy
15. To engage with **stakeholders to inform recommendations**.

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