



# **Government Response to the Health and Social Care Select Committee report on 'First 1000 days of life'**



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Presented to Parliament  
by the Secretary of State for Health and Social Care  
by Command of Her Majesty

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## Introduction

1. This paper sets out the Government's response to the conclusions and recommendations made in the Health and Social Care Select Committee's report *First 1000 days of life*.

## Overview

2. The Government wants children to get the best start in life, recognising the lasting impact this has on health outcomes and life chances. There is strong evidence of the importance of the first 1000 days of life: it is an important period for brain development, impacting a child's social and emotional resilience in later life, and for ensuring children start school ready to learn. The transition to parenthood is a key opportunity to provide good information and support to adults on the importance of the child's first months and early years.

## Response to the Committee's recommendations

### **Recommendation: 1 We recommend that the Government consider the needs of vulnerable families in all policies**

3. Across the key health outcomes for children and young people, children living in households in the lowest socio-economic groups have significantly worse outcomes than other children. It is right to maintain that focus on reducing inequalities. This is reflected clearly in the NHS Long Term Plan and in the vision document '*Prevention is better than cure*'. Furthermore, our focus on improving mental health – particularly perinatal mental health and the mental health of children and young people – will further benefit those in need.
4. Elsewhere, the Government is already committed to further improve maternity services for some of the more vulnerable groups. An enhanced and targeted continuity of carer model will be implemented to help improve outcomes for the most vulnerable mothers and babies. By 2024, 75% of women from BME backgrounds and a similar percentage of women from the most deprived areas will receive continuity of care from their midwife throughout pregnancy, labour and the postnatal period. This will help reduce pre-term births, hospital admissions, the need for intervention during labour, and will improve the women's experience of care. In addition to the enhanced midwife model, we will offer all women who smoke during their pregnancy specialist smoking cessation support to help them quit. This will improve the health outcomes for the baby and for the mother.
5. Important work led by the Department for Education seeks to improve social mobility which includes measures that will support improved wellbeing and early attachment. The Department for Work and Pensions is currently delivering the Reducing Parental Conflict programme, which is working to build the evidence base for what works to address parental conflict and to improve local support for vulnerable families. Frequent, intense and poorly resolved conflict is known to have a negative impact on a range of important child outcomes, in the early years and beyond.

6. The government has invested up to £920 million between 2012 and 2015 in the Troubled Families Programme to give early help to families struggling with complex problems. As of March 2019, the programme had funded areas to work with nearly 400,000 eligible families. The programme's support is targeted at families with the most complex needs; those experiencing unemployment; poor school attendance; poor mental and/or physical health; involvement in crime and anti-social behaviour; domestic abuse; and children who need help, including in the early years because, for example:
  - o they are at risk of experiencing delayed development in speech, language and communication skills;
  - o families are not accessing the early years education to which those children are entitled;
  - o new mothers are experiencing mental health issues, substance misuse problems, or other health factors that may impact on their parenting.
7. These problems overlap with several risk factors identified by the report for the early years, including parental conflict; substance misuse; mental health problems; and a parent's own past trauma. Approximately a third of families on the Troubled Families Programme have at least one child aged between 0-2 years. Given the programme is targeted at families with complex and challenging lives, it will be capturing children at high risk of poor early years outcomes.
8. Underpinning all is the Family Test, which has introduced a family perspective to policy making by asking policy makers to anticipate the potential impact of policy on families at each stage of the policy making process and document the potential impacts to raise awareness and support effective decision making and debate. DWP is currently working to strengthen implementation of the Family Test, including work with a cross-government Family Test Network which is identifying, developing and sharing effective practice to build capability in departments. Refreshed guidance for officials is due to be published later this year.

### **Local service delivery**

**Recommendation 2: The Government should incentivise and support local authorities to make long-term investment in the early years.**

and

**Recommendation 3: Drawing on the success of transformation funding for A Better Start areas, we recommend that the Government should establish a fund to incentivise the transformation of local commissioning and provision covering the first 1000 days – in accordance with the objectives set by the Government's national strategy and the six principles outlined.**

9. The Government agrees that there are clear benefits of early investment and support through pregnancy and the early years. This is one of the important areas of focus for children and young people, and supporting early intervention then means starting with good pre-conception care. Parents who are fit and healthy at the start of pregnancy generally have healthier babies.

10. Local leaders are best placed to understand the needs of their local communities, and to commission early intervention services that best meet those local needs as part of a whole system model. We do not, however, expect local areas to do this alone.
11. Early family support is a serious and complex matter and the Government's approach reflects this. The approach is based on several principles: that early, rather than late, intervention is key; that central government's role is to support, facilitate and work with local government and other partners to tackle these issues together; that solutions should be focused on outcomes and underpinned by evidence, and that successful strategies should be identified and shared widely within the sector.
12. The National Lottery Community Fund's "Better Start" programme provides an important opportunity to understand effective systems change and how to improve the way organisations work together. The Government is keen to engage with the programme evaluation as it provides insight that secures positive change for families.

**Recommendation 4: Each local authority area should develop jointly with local NHS bodies, communities and the voluntary sector, a clear and ambitious plan for their area, which sets how they will improve support for local children, parents and families during the first 1000 days and how they intend to meet national goals. The development and delivery of these local plans should be led by a nominated officer, accountable for progress. Local plans should include comprehensive assessment of local provision, including targeted and specialise interventions provided locally, and describe how each area will adopt the core principles for local service delivery outlined in the chapter.**

13. The Government agrees with the importance of local partners working together closely in order to plan and deliver the best support for children and families. For example, Health and Wellbeing Boards play a vital role in the system locally, as do Joint Strategic Needs Assessments. Health and Wellbeing Boards bring into one forum representatives from health, social services and the local community to decide what the main needs of local people are, and to determine how best to meet them in an integrated and holistic manner. This collaborative working, planning and delivery needs to cover the life course. We want to see it provide clear focus on children throughout their development, including the first 1000 days and through to older ages, to ensure support is provided to those needing it when they need it.
14. The Troubled Families Programme requires each local area to have an overarching outcome plan for families who need targeted support, with the data and indicators they will use to measure progress. As systems change and evolve, it remains important that partners are able to plan and commission support that reflects the needs of their area and use funding to target aspects of transformation that will best serve their families.

15. The Committee has identified growing evidence that integrating services across providers and services can improve support, including during the first 1000 days. Further opportunities should arise through Sustainability and Transformation Partnerships and, in their evolved form as Integrated Care Systems (ICSs), promote collaboration between NHS bodies, local government and local communities. This will make it easier for local areas to redesign their services to ensure the health and care system is built around people's needs – where physical, mental and social care needs are addressed together. The NHS Long Term Plan stated that ICSs will have a key role in working with local authorities at 'place level' and for commissioners to make shared decisions with providers on how to use resources, design services and improve population health.

## **The Healthy Child Programme**

**Recommendation 5: The first priority should be for every child to receive all the five mandated visits, in a manner that does not compromise the quality of these visits. We also agree with the Science & Technology Committee that the Government should set a date for when this will be achieved. However, we also recommend that the Government sets out proposals for increasing the number of routine visits.**

16. The Healthy Child Programme is the national public health programme for children and young people aged 0-19 years. The 0-5 element of the programme focusses on early years and aims to support parents, promote child development, reduce inequalities and contribute to improved child health outcomes. It includes a programme of screening tests, immunisations, developmental reviews and information and guidance to support families. It aims to identify and treat problems early with an emphasis on parenting support, including for mothers and fathers or partners to provide sensitive and attuned parenting.

17. Health visitors lead the 0-5 element of the Healthy Child Programme, delivering the health visiting service offer. Health visitors are highly qualified public health nurses who must be able to use their professional clinical judgement and knowledge of families to tailor support to individual family needs.

18. The five mandated contacts are a vital set of interventions in the universal element of the Healthy Child Programme. Data on the coverage of mandated services will continue to be published through quarterly and annual datasets together with commentary for local authority health visits to pregnant women, children and their families during pregnancy and early childhood<sup>1</sup>. The data and commentaries will highlight variation at a local, regional and national level to assist with planning, commissioning and improving local services.

19. There is also data and intelligence relating to the additional help health visitors provide outside of the 5 mandated contacts, enabling improved understanding of which interventions work when families need additional support.

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<sup>1</sup> <https://www.gov.uk/government/publications/health-visitor-service-delivery-metrics-2017-to-2018>

**Recommendation 6: We recommend that all checks should be carried out by a health visitor, and that a minimum number of contacts should include a home visit.**

**And**

**Recommendation 7: A revised Healthy Child Programme should be expanded to focus on the health of the whole family and examine how this affects the physical and mental health of the child, recognising that the physical health and mental health of a baby's parents, and the strengths of their relationships with each other and their child, are important influences on their child's health.**

**And**

**Recommendation 8: We recommend that the revised Healthy Child Programme should include the provision of pre-conception support for parents who are planning a pregnancy, or to parents who could have benefited from more support prior to a previous pregnancy. This should begin at school, where there should be focussed attention on healthy relationships, pregnancies, including advice about smoking, alcohol, substance misuse and parenting.**

**And**

**Recommendation 9: We recommend that an additional mandated visit at 3-3.5 years should be included in the Healthy Child Programme, to ensure that potential problems that may inhibit the ability of children to be ready to start school are identified and addressed.**

**And**

**Recommendation 10: We recommend that a revised Healthy Child Programme, with increased focus on continuity of care, should include the explicit objective that so far as possible a family will see the same midwife and the same health visitor, at each appointment or visit.**

20. The Healthy Child Programme 0-5 years, led by health visitors with coordinated support from other professionals, provides an excellent framework for many of the interventions that help children and their families during the first 1000 days and through to the start of school.

21. The Government values the vital role that health visitors play in supporting families and helping children to the best start in life. They are highly trained professionals with skills and training to identify children and families at risk and how to respond to a range of complex needs. Health visitors should have a central leadership role as part of a wider integrated workforce, where decisions on skill mix and need are, rightly, the decision of local leaders.

22. The Government has no plans to introduce an additional mandated contact for all children aged 3-3.5 years of age. Within the funding available, an increased focus on the universal mandated visits may lead to a reduced focus on those children and families that need additional support and help. Rather than additional mandated contacts for all, the Government wants to secure a system that



supports greater professional leadership so that local areas can best target resources to meet the needs of their local communities.

23. The Healthy Child Programme was introduced in 2009 and thus may not reflect the most up-to-date developments in evidence, commissioning and integrated delivery, national policy priorities or expectations from the public on accessing information through digital channels. We are therefore working with Public Health England on modernisation for the Programme, with an initial focus on the first 1000 days and early years, to improve a range of childhood outcomes including early development and school readiness. There is also an ambition to ensure a stronger link with pregnancy and preconceptual care, while the refresh of the Healthy Child Programme also provides an opportunity to link with the refresh of the health visitor and school nurse service model (4-5-6) which PHE are undertaking.

### **Targeted Provision**

**Recommendation 11: We recommend that the Government, working with local areas and the voluntary sector, develop a programme into which children and families who need targeted support can be referred, drawing on the experience of the Family Nurse Partnership in Scotland, Northern Ireland and in some parts of England, and of Flying Start in Wales. Children in need of such targeted support should be identified during pregnancy. We agree with the Science and Technology Select Committee that commissioners should continue to appraise the evidence base for the Family Nurse Partnership, as well as for other targeted interventions, and consider investment or disinvestment accordingly.**

**And**

**Recommendation 23: We agree with the Science & Technology Select Committee that “local authorities would benefit from the support of a central, specialist team with experience in effectively and sustainably implementing early intervention programmes.” We recommend this team should be comprised of, and where necessary be able to call on the advice of other, experts from multiple disciplines, including those with specific professional expertise and skills sets (e.g. implementation science and quality improvement).**

24. The Government agrees that there is a need for ongoing commitment to securing the evidence base on interventions that are effective, and for that evidence to be made available to commissioners and other partners.

25. Government is committed to understanding what works to support families, including in the first 1000 days of a child’s life, which is why we continue to fund and work closely with the Early Intervention Foundation as a What Works Centre. By building our understanding of what works, we can help ensure that investment in services is evidence based and has a stronger impact on child outcomes.

26. For example, DWP is working closely with the Early Intervention Foundation as part of the Reducing Parental Conflict programme, to build the evidence base for what works to reduce parental conflict and to share this insight with local authorities and partners to help inform local decisions.

27. The Family Nurse Partnership is targeted at first time young mothers who are generally recognised as a vulnerable group in terms of outcomes for them and their children. It offers evidence based intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until the child is two. The FNP programme uses an approach to share learning and evidence that once tested has the potential to benefit a wider cohort of families.

28. In April 2020, the FNP National Unit function will transfer to in-house within Public Health England to enable sustainability, significantly better taxpayer value, and dissemination of skills and knowledge across a range of high priority early years interventions. This will enable PHE to deliver the FNP National Unit functions to fulfil the FNP licence requirements for England, as well as supporting cross Government priorities on the first 1000 days in order to benefit a wider cohort of children.

## **National Strategy**

### **Investment**

**Recommendation 12: The Government must use the Comprehensive Spending Review in 2019 to shift public expenditure towards intervening earlier rather than later. We recommend the Government use the 2019 Spending Review as an opportunity to initiate the next early years revolution with a secure, long-term investment in prevention and early intervention to support parents, children and families during this critical period.**

and

**Recommendation 13: Unfortunately, due to the way Government departments are financed, the department which invests in early intervention is often not the one that stands to reap greatest benefit. This structural problem in the financing of government is a barrier to early intervention. We recommend the ministerial group on Early Years and Family Support address this crucial issue. When we hear from Ministers following the conclusion of the group's work, we will expect to question them on their proposals to tackle this problem.**

and

**Recommendation 14: Reflecting the contribution which early years makes to the objectives of a number of Government departments, funding for local plans should be drawn from existing budgets across Government, including the Department for Work & Pensions, the Department for Education, the Home**

## **Office, and the Ministry of Justice as well as the Department for Health & Social Care.**

29. The Spending Review will contain details of the Local Government funding settlement and the Public Health Grant. The upcoming Prevention Green Paper will be a major milestone in the prevention agenda this year. The Vision document *Prevention is Better Than Cure* encompassed a whole life course, underlining the Government's recognition that what happens in the first 1000 days and later childhood impacts well into later life. Our approach will also be underpinned by a focus on the reduction of health inequalities, including those at the start of life, both because it is unequivocally the right thing to do, but also because the potential health gains, especially in our most vulnerable communities, are significant.
30. Further, there is no time to waste in pushing forward this agenda. That is why prevention is a focus throughout the Long-Term Plan. Through maternity transformation, as well as the Children & Young People's transformation programme confirmed in the Long-Term Plan, will implement the NHS contribution to improving outcomes and reducing inequalities. We will keep people healthy and out of hospital by focusing on prevention of ill-health and boosting services closer to home.
31. The Spending Review will set the Government's funding priorities for the coming years, building on the five-year settlement for NHS England announced in June 2018. The indicative path for spending confirmed at Spring Statement 2019 will provide for resource spending outside the NHS to rise in line with inflation (1.2% growth including the NHS). Within that, departmental resource budgets will be set for three years to 2022-23 and capital budgets for the same period or longer. As at the past three SRs, we will run a Zero-Based Review of capital. The Prime Minister and the Chancellor have agreed that all long-term spending decisions are for the Spending Review, when the Government will set out its priorities for the future and to maximise value for taxpayers' money through a renewed focus on delivering outcomes.
32. The Government is also committed to working more effectively by learning lessons from previous Spending Reviews. For example, departments will be encouraged to work across traditional boundaries to deliver improved public services.

### **Leadership**

**Recommendation 15: We recommend that the Cabinet Office Minister represented at Cabinet (currently the Chancellor of the Duchy of Lancaster) should be given specific responsibility for the development and oversight of a national strategy to give every child the best start in life. That minister should chair a new Cabinet sub-committee, consisting of ministers from across Government, who should each be responsible for ensuring the implementation of the strategy in their department and for holding one another to account for delivery of the strategy across government.**

**And**

**Recommendation 17: We recommend that a small, centralised delivery team, within the Cabinet Office, should be established to support this new ministerial role. The team will be responsible for co-ordinating activity between departments and monitoring progress against the delivery of the strategy.**

33. In July 2018 the Prime Minister established a cross-government ministerial group looking at support for families with infants in the conception to age 2 age range. The Early Years Family Support Ministerial group will make recommendations to relevant Secretaries of State on how the Government can improve the coordination and cost-effectiveness of early years family support and identify gaps in available provision. This includes considering the coordination of this policy area within central government and local delivery issues such as data sharing. It will consider carefully the content and recommendations of this Select Committee report as well as other recent Select Committee reports on the topic. It plans to make recommendations to Secretaries of State shortly.

### **Cross-government working**

**Recommendation 16: We recommend that the Secretary of State should accelerate his consideration of health in all policies approach to policy-making, as indicated in his statement on prevention in the House on 5<sup>th</sup> November 2018. This approach should be adopted as soon as possible to support the work of the relevant Cabinet minister and sub-committee.**

34. The statement on health in all policies was made in the context of the vision document, Prevention is Better than Cure, which was published in November 2018. We are now in the process of developing a Prevention Green Paper, to set out proposals in greater detail. This is due for publication later this year.

### **Vision**

**Recommendation 18: We recommend the Government develop, as part of a national strategy, ambitious high-level goals to reduce infant mortality, reduce adverse childhood experiences and increase school readiness with a focus on reducing child poverty and inequalities, and their impact.**

35. The Government agrees that it is important to set and secure ambitious and high-level goals, which are essential for focussing action. Some important ambitions relevant to the first 1000 days and rest of childhood have been set.

36. The National Maternity Ambition, launched in November 2015, is to halve the 2010 rates of stillbirths, neonatal and maternal deaths and brain injuries that occur during or soon after birth by 2025, and to achieve a 20% reduction in these rates by 2020. A second ambition is to reduce the pre-term birth rate from 8% to 6% by 2025.

37. The report of the National Maternity Review was published in February 2016 and set out a clear vision: *for maternity services across England to become safer,*

*more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred on their individual needs and circumstances.* It also calls for all staff to be supported to deliver care which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries. These changes will be implemented through the Maternity Transformation Programme.

38. The Long-Term Plan will make the NHS one of the best places in the world to give birth by offering mothers and babies better support. We will ensure every baby gets the best start in life by continuing to improve maternity safety, and providing greater mental health support to new parents. The measures will improve safety, quality and continuity of care to halve stillbirths, maternal and infant deaths and serious brain injuries in new-born babies by 2025.
39. Every maternity service in the NHS is actively implementing elements of the Saving Babies' Lives Care Bundle. The Care Bundle is designed to tackle stillbirth and early neonatal death. It brings together four key elements of care based on the best available evidence and practice, and has been developed by NHS England with help from the Royal College of Midwives, the Royal College of Obstetricians and Gynaecologists, the British Maternal and Fetal Medicine Society and Sands, the stillbirth and neonatal death charity. The four elements are:
  - reducing smoking in pregnancy;
  - risk assessment and surveillance for fetal growth restriction;
  - raising awareness of reduced fetal movement; and
  - effective fetal monitoring during labour.
40. As part of the NHS Long-Term Plan we will redesign and expand neonatal critical care services to improve the safety and effectiveness of services and experience of families. From 2021/22, care coordinators will work with families within each of the clinical neonatal networks across England to support families to become more involved in the care of their baby and invest in improved parental accommodation.
41. The plan will also invest more in preventing ill health, and stopping health problems getting worse. This includes offering tobacco treatment services to all inpatients and pregnant women who smoke, establishing new Alcohol Care Teams in hospitals with the most alcohol-related admissions, and offering preventative treatments to more people with high blood pressure and other risk factors for heart disease. Specific, measurable goals will be set for reducing unjustifiable inequalities in health, and extra funding will continue to be targeted to areas with the worst problems.
42. The Government has already set out its ambition to improve school readiness. 28% of children finish their reception year without the early communication, language and literacy skills they need to thrive. In July 2018, the Education Secretary set out his ambition to halve this figure by 2028. Achieving this will

mean supporting parents to help their child's early language development, by building a coalition across society; with government, businesses, the media, the voluntary and wider public sector, early years practitioners and out tech industry all playing their part.

43. This work builds on our work to improve social mobility through education, which is backed with over £100m of investment and includes change in three key areas: the home, local services and early years settings, to improve cognitive outcomes for young children. It will also build the evidence base for what works across these three areas to support this aim. Specific actions include:

- a. The home – DfE is developing a public facing campaign to encourage parents to chat, play and read more with their children to launch later this year. We are investing £6.5m in voluntary and charity sector grants supporting the home learning environment and children with SEND, and, in partnership with the Education Endowment Foundation (EEF), over £4m on trialling evidence-based home learning environment programmes.
- b. Local services – we are investing £8.5m to identify, grow and spread best practice on effective local early years services and £1.9m on training for health visitors and early years practitioners to identify speech, language and communication issues early so that they can be addressed.
- c. Early years settings – we are investing £50m to develop more high quality school-based nursery provision for disadvantaged children; £26m to set up a network of English hubs; £20m to provide professional development for early years practitioners; and £5m, in partnership with the EEF, to understand 'what works' in early years settings to support disadvantaged children's learning.

44. No-one in Government wants to see child poverty rising and we share the concern that exists about what the latest statistics are telling us about the number of children in poverty. The Government remains committed to tackling poverty so that we can make a lasting difference to outcomes to long-term outcomes. And this Government has lifted 400,000 people out of absolute poverty since 2010; and income inequality has fallen. Delivering a sustainable long-term solution to poverty means building a strong economy and ensuring that the benefit system works with the tax system and the labour market to support employment and higher pay.

## **Workforce**

**Recommendation 19: As part of a national strategy, we recommend that the Government should publish a holistic workforce plan for services covering the first 1000 days. The plan should set out how the Government, and other national bodies, will support local areas at a system, place-based and neighbourhood level to enhance the capacity, capability and skill mix of staff, including voluntary staff who support children, parents and families during the first 1000 days.**

45. The Government's commitment to ensuring the NHS has the staff it needs to meet future demand and continue to deliver safe, high-quality care for patients is

underlined by the announcement in March 2018 for more than 3000 additional midwives over four years. To support this aim, Apprenticeship Routes into Midwifery are now being delivered and pathways available to those wishing to train as a registered midwife. The Registered Midwifery Degree Apprenticeship Standard offers a pathway entrance into the Midwifery profession, with the first cohort expected to start in 2019. The apprenticeship runs over a 48-month period and is regulated by the NMC.

46. Health Education England are also leading on the development of a Specialist Community Public Health Nursing standard. This covers several roles including Health Visitor, School Nurse, Occupational Health Nurse and Family Health Nurse. The SCPH standard is currently in development, with a submission for approval made to the Institute for Apprenticeships in February 2019.
47. As announced in *Unlocking Talent, Fulfilling Potential*, our plan for improving social mobility through education, we are investing £20 million in professional development activity targeted at the existing early years workforce in disadvantaged areas. This money will fund over 100 professional development partnerships between early years settings in over 50 local authorities.
48. We are also working with the Education Endowment Foundation in a joint £5m investment to understand and inform best practice by evaluating and disseminating information on what works for practitioners to improve the learning and development of children from low income families, particularly in early language, literacy and mathematics.
49. As part of this, DfE is funding expert organisations to pilot and test new and innovative approaches. This includes grants to: Action for Children and Oxford University to develop and pilot tablet-based mechanisms helping practitioners to assess children's needs and inform practice; Sheringham Nursery School and the Institute of Education for a new programme of training in speech and language development; and to Communicate SLT CIC, a Blackpool-based organisation piloting the Hanen Programme, a well-established and highly regarded early years intervention programme from Canada.
50. We anticipate this investment will help inform best practice and build the evidence base we need to continue strengthening the early years childcare workforce. Alongside this, we remain committed to ensuring there are routes to graduate level qualifications in the early years childcare sector.

### **Information-sharing**

**Recommendation 20: As part of a national strategy, we recommend that the Government provide guidance and support to local areas about how services for children, parents and families can effectively share information. Guidance must explain clearly what is permissible to share, with whom and in what way, in accordance with all applicable legislation.**

51. Good information sharing is vital to provide safe, good quality services to children, young people and adults. We recognise that health, care and other services need to work closely together. Commissioners, providers and

professionals need to have all relevant information to make the best possible decisions about their care. This is particularly important where different professionals and organisations may be involved. The Troubled Families Programme, for example, has driven significant improvements in the ways that public services share information in order to make sure that struggling families receive the targeted support they need to thrive. In 2017 the government also introduced the most significant package of new data sharing powers in decades with the Digital Economy Act, including a new power to share information in order to improve public service delivery.

52. The Government considers there to be a comprehensive suite of guidance products to help organisations recognise their obligations and help put effective governance and risk management arrangements in place. Focus should instead be on supporting culture change amongst professionals where needed and the practical tools needed to share information effectively.
53. A dedicated data protection portal hosted at NHS Digital <https://digital.nhs.uk/information-governance-alliance/General-Data-Protection-Regulation-guidance> as well as tools like statutory guidance, *Working Together to Safeguard Children*, reissued in July 2018, which covers strengthened expectations around when information should be shared to safeguard children. This is underpinned by guidance specifically on information sharing advice for practitioners providing safeguarding services to children, young people, parents and carers.
54. The government is committed to supporting the safe sharing of information which is vital to provide good quality services to children, young people and adults.
55. The Data Protection Act 2018 provides a clear legal basis for organisations to process special category data without relying on explicit consent when the purpose of processing is to protect the welfare of children or vulnerable adults. Decisions to share data should always be made on a case by case basis and there should not be a blanket decision.
56. Furthermore, and in line with the Digital Child Health Strategy, NHS Digital has published an Information Standards Notice in December 2018, mandating compliance (by December 2019) with the PRSB Healthy Child Record Standards for information capture. This will impact suppliers of GP, community and Child Health Information Systems, and commissioners need to ensure that providers are using compliant systems. A second ISN will be published in due course to mandate portability and interoperability of data.
57. The NHS is also developing the National Events Management Service. This will allow information (conforming to the standards above) to be published from national demographic services and local primary care, health visiting and screening settings, and then flow to subscribing services. The initial scope will be the Healthy Child Programme – so, for example, details of immunisations administered in primary care will be available immediately to health visitors, details of new births or of families moving into an area will be available immediately to clinical and information services. The first pilot area is expected to go live in April 2019, with national deployment progressing over subsequent



years. This will then progress to digital red books, where this information will also be available to parents.

### **Oversight, support and intervention**

**Recommendation 21: The Government must do more to bolster its ability to support local areas, hold them to account and intervene, when necessary. In particular, the Government should seek to foster an environment of continuous improvement by filling gaps in research and encouraging local areas, through support and incentives, to identify, test adopt and spread what works to improve outcomes. This applies to whole system approaches as well as single interventions. Local authorities should be prevented from continuing to pursue the delivery of programmes for which there is no evidence base.**

58. The Government considers that local areas are best placed to understand the needs of their local communities, and therefore to commission the early intervention services that best meet those local needs as part of a whole system model. This reflects the duties, powers, funding and responsibilities, which sit with democratically elected councils. We do not, however, expect local areas to do this alone. The Government's role is to engage with the sector, find out what works and support local areas to make the right decisions for their communities.

59. To support this, the Government has invested in the What Works Initiative, embodied in the Early Intervention Foundation, the Educational Endowment Foundation and the centre for Children's Social Care – and to improving the way organisations create, share and use high quality evidence for decision making and implementation. These centres are already producing a diverse range of important materials and support for local commissioners.

**Recommendation 22: We recommend that an expert advisory group should be established to support the Government by coordinating a national approach to filling gaps in research and to advise on how the national strategy should adapt accordingly over time to reflect this evidence.**

60. The Government agrees on the benefits of securing expert input into policy design. The Early Years Family Support Ministerial Group has already engaged with experts including a range of academics and practitioners through a series of roundtables. The insights and evidence provided by these experts is informing the ministerial group's work and their recommendations.

61. The Department for Health & Social Care commissions research through the National Institute for Health Research. This includes two new Policy Research Units on Children & Families and Maternal & Neonatal Health & Care supported by advisors and a network of collaborators. They provide a network of collaborators who provide a wide range of expertise and experiences to draw upon. Both units will run from January 2019 to December 2023. Each unit is funded £5m over 5 years.

62. The NIHR also funds the School for Public Health Research which includes a programme on children, young people and families. One of the School's aims is to support local public health practitioners and policy makers to engage with

research, and actively seek out high quality research evidence to inform their decisions.

63. Separate to departmental research budgets, UK Research and Innovation (UKRI) funds research and innovation across all disciplines and sectors, including disciplines directly relevant to this area. The Economic and Social Research Council (ESRC), for example, has co-funded a project with the Early Intervention Foundation, as well as four projects with the NSPCC. In addition to this the ESRC funds the 'International Centre for Language and Communicative development' which focuses on the development of communication and language acquisition from birth onwards. UKRI will continue to consider what future funding is most appropriate in this research area, balancing this against other government priorities.

**Recommendation 24: We support the proposals within the NHS Long-term Plan for the NHS to play a greater role in the commissioning of public health services. The Government and national bodies should encourage the NHS to work collaboratively with local authorities to commission these services, through encouraging the voluntary pooling of budgets and the establishment of joint commissioning teams.**

64. The Government recognises the potential value of integrated services, pooled budgets and joint commissioning between local government and the NHS where that is appropriate. There are already good examples of that in practice, and we have entered into the exercise proposed in the NHS Long-Term Plan with an open mind.

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