

**Best Start in Life Group (Conception to 5), Terms of Reference**

1. **Scope and Purpose**

The Best Start in Life Group is a partnership of commissioners and providers of maternity and children’s services, which aims to improve outcomes for children from conception to aged 5 years.

1. **Constitution and Membership**

The membership will comprise of the following (or nominated deputies):

Strategic Commissioners (covering Maternity, Health Visiting, Family Nurse Partnership, Children’s Centres and School Nursing), B&NES Council & CCG

Strategic Commissioners (covering peri-natal, infant mental health/mental health, CAMHS and substance misuse), B&NES Council & CCG

Strategic Commissioner (covering SEND)

Early Years Adviser, Education Improvement and Achievement Service

Children and Families Prevention Service, B&NES Council

Named midwife for safeguarding, Bath RUH

Children’s Centre Services Managers (Bright Start and Action for Children)

Service Development Manager and Professional Lead (Health Visiting), Virgin Care

When required - Joanne Gray, NHS England Commissioner (Including Immunisation Programme and Child Health Information System (CHIS)

1. **Terms of Reference**

**Purpose of Group**

* Improve partnership working across conception to 5 years services (children centres, MW and HV) to, support sharing of information, integrated planning, provision, reduction in duplication and measuring of outcomes
* Implement and monitor the Baby J Serious Case Review action plan
* Develop a Conception to 5 years Services Outcomes Framework
* Develop a Conception to 5 years action plan with key priorities
* Develop a shared understanding of age-related and needs related pathways
* Ensure there is a shared language and use of terminology across maternity and children’s services’ providers and commissioners
* Ensure consistent messages are routinely communicated between commissioners and providers and that key messages are shared in an open and transparent way
* Ensure there is continued recognition of the value and needs of wider family members (including partners/ fathers) across all Conception – 5 services.
* Provide ongoing opportunity to review/ trouble shoots arising issues / barriers to effective services
* Provide clarity regarding alignment and integration between service specifications particularly in terms of referrals, thresholds and information sharing
* Work towards consistency in quality assuring service provision
* Maintain and communicate a clear understanding of governance arrangements

**Objectives of the group**

* Increase identification of vulnerabilities in pregnant women and families, and intervene earlier
* Promote routine enquiry about vulnerability factors (ACES) in all services
* Increase the partnership working between midwifes, HVs and children’s centres (e.g. Bluebell team at ECAP)
* Improve engagement and provision with vulnerable families, especially those who would otherwise be unlikely to participate, including flexibility of service delivery and community hub models
* Improve continuity of care and support for vulnerable families through pregnancy into early years
* Improve education, health and social care outcomes for vulnerable babies, children, parents/ parents to be
* Co-ordinate the delivery of a targeted ‘antenatal’ offer in CCs which includes antenatal care, public health messages, including emotional health and wellbeing, preparing for parenthood, peer to peer support, the first trimester (early days) and which engages fathers / partners
* Develop clear information sharing protocols and processes between Maternity Health Visitors, Children’s Centres and Primary Care (especially regarding request for support forms / CAFs)
* Ensure multi-agency training opportunities for staff e.g. safeguarding, motivational interviewing, maternal mental health, infant mental health and attachment, BFI, 5 to Thrive, Integrated 2 year Reviews (EY/CC/HV)
* Contribute to development of perinatal and infant mental health pathways, identify any gaps in service

1. **Reporting Mechanisms and Accountability**

The Best start in Life Group is a sub group of the Early Help Board as shown in appendix 1.

The Subgroup reports to Early Help Board using the template at agreed dates through the calendar.

Any specific issue that needs to be brought to Early Help Board will be escalated through Debbie Forward.

1. **Conduct and Frequency of Meetings**

The group will meet on a quarterly basis although additional formal or informal meetings may be arranged. The Forum participants may agree to increase or decrease the frequency of as required.

The council will provide administrative and communication support in respect of agenda, minutes, and provision of meeting venue/facilities.

Agendas and accompanying papers will be circulated one week before the meeting by the public health team. All papers therefore need to be submitted to this team at least ten days before the meeting to facilitate distribution and to make best use of the time in the meeting.

Draft minutes will be circulated within seven working days of the meeting. Members will forward amendments within five working days following receipt of draft minutes. Requests for agenda items must be forwarded to the Chair before the agenda is circulated one week before the meeting. Papers may be tabled at meetings but only if prior approval has been sought from the Chair.

1. **Review**

The terms of reference will be reviewed for practicality and relevance by the Best Start in Life Sub Group on an annual basis.

Last Reviewed: March 2018

**Appendix 1 Governance Chart\***

**\* Please go to (INSERT LINK) for a full list of groups with links to the Early Help Board**

Maternity Services Liaison Committee

STP

**Best Start in Life**

FNP Advisory Board

Infant Feeding Provider Forum

Early Years Childhood Outcomes Group (Operational)

LSAB/LSCB

Early Help Board

Health and Wellbeing Board

**Key Conception to 5 Years Indicators/Outcomes**

* Infant mortality
* Smoking status at time of delivery
* Low birth weight of term babies
* Proportion of 5 year old children free from dental decay
* Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4)
* Breastfeeding Initiation Rates
* Breastfeeding prevalence at 6-8 weeks after birth
* Population vaccination coverage
* Proportion of children age 2-2.5 years offered ASQ3 as part of the healthy child programme or integrated review
* Prevalence of overweight (including obese)
* Children in low income families (under 16s)
* The percentage of children achieving a good level of development at end of reception (age 5)
* The percentage of children achieving a good level of development at end of reception (age 5) (Male)
* The percentage of children achieving a good level of development at end of reception (age 5) (Female)
* The percentage of children achieving a good level of development with free school meal status at the end of reception (aged 5)
* The percentage of children achieving a good level of development with free school meal status at the end of reception (aged 5) (Male)
* The percentage of children achieving a good level of development with free school meal status at the end of reception (aged 5) (Female)