Wendy Burke
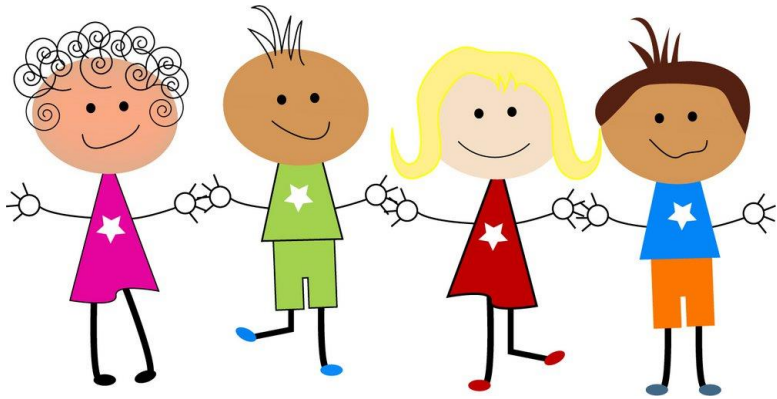**Director of Public Health, North Tyneside Council**

What does a good childhood look like and the role of the DPH as a local system leader

The pandemic and the role of the DPH in driving forward innovation and improvement

Wendy Burke Director of Public Health, North Tyneside

What does a good childhood look like?

A good childhood is characterised by stable, responsive, caring relationships in families and in the community. Children thrive in nurturing environments that encourage them to explore and engage safely with the world around them, and support them to fulfil their potential.
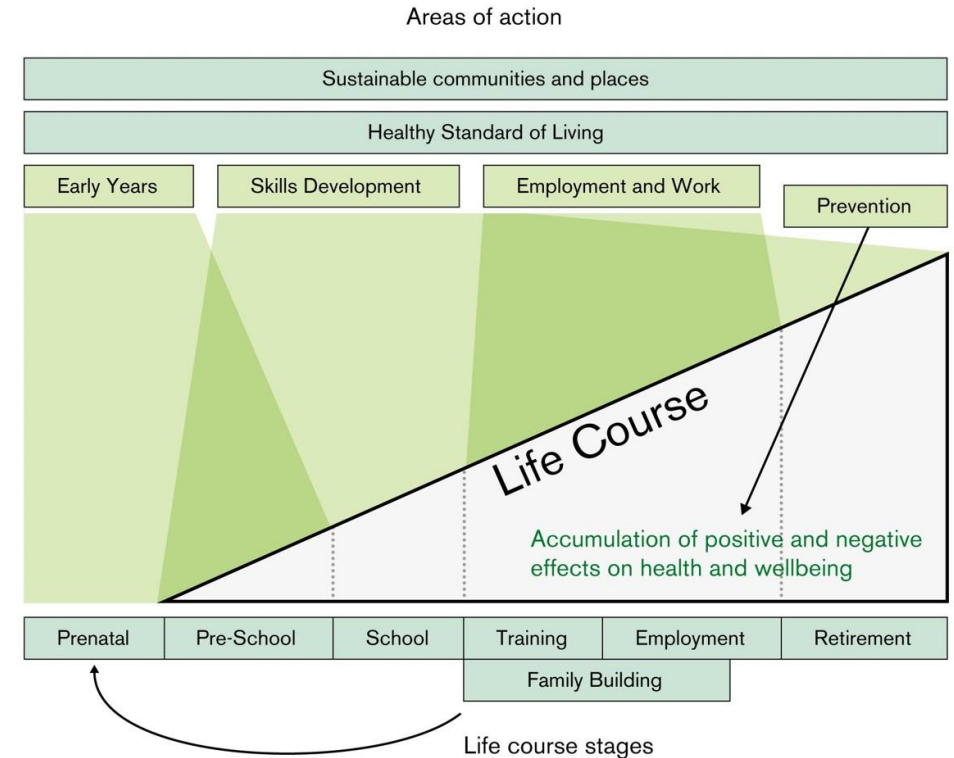
Risk and protective factors

Risk factors		Protective factors
• Difficult temperament • Low self esteem • Negative thinking style	child	• Easy temperament • Good social and emotional skills • Optimistic coping style
• Family disharmony, instability or breakup • Harsh or inconsistent discipline style • Parent/s with mental illness or substance abuse	family	• Family harmony and stability • Supportive parenting • Strong family values
• Peer rejection • School failure • Poor connection to school	school	• Positive school climate that enhances belonging and connectedness
• Difficult school transition • Death of family member • Emotional trauma	life events	• Involvement with caring adult • Support available at critical times
• Discrimination • Isolation • Socioeconomic disadvantage • Lack of access to support services	social	• Participation in community networks • Access to support services • Economic security • Strong cultural identity and pride

PROTECTIVE FACTORS

RISK FACTORS

Risk Factors

Parental stress   Substance use   Poverty

Protective Factors

Parental resilience   Nurturing and attachment
Knowledge of parenting and child development
Concrete support in times of need   Social connections
Social-emotional competence of children

Inequalities in childhood experiences and outcomes

- Children's experiences of childhood – how it is lived and experienced – differ according to culture, class, gender and religious backgrounds

- The key influences on child development follow the social gradient

- Children living in poverty do not have the same opportunities and life chances as their peers

- Poverty experienced during childhood harms health at the time and throughout the rest of life

Figure 5 Action across the life course

Areas of action

| Sustainable communities and places |
| Healthy Standard of Living |

| Early Years | Skills Development | Employment and Work | Prevention |

Life Course

Accumulation of positive and negative effects on health and wellbeing

| Prenatal | Pre-School | School | Training | Employment | Retirement |
| | | | Family Building | |

Life course stages

How do we level up? What is the role of the DPH as a local system leader?

- Creating a shared understanding of inequalities at a local level and developing a clear narrative

- Leading collaborative evidenced based action with partners, parents and carers and communities across the stages of childhood but with a heavy focus on the early years

- Adding value and connecting the range of multiagency initiatives and programmes

- Commissioning and delivering statutory public health functions and programmes

- Shaping place and taking a 'health in all policies' approach to impact positively on social determinants

- Influencing and enabling an effective workforce with skill mix in a range of settings

- Focussing on assets -mobilising skills knowledge, connections and resources within communities

- Developing sector led improvement approaches and adopting a culture of continuous improvement

North East Best Start in Life System Led Improvement (BSIL SLI)

Giving every child the best start in life

A loving, secure and reliable relationship with a parent or carer supports a child's:

emotional wellbeing

brain development

language development and ability to learn

capacity to form and maintain positive relationships with others

- Aim – Develop a systems led improvement approach to best start in life for every child

- Primary Outcome – Reduce inequalities in school readiness

- Development and testing of a comprehensive self-assessment tool and implementation process (during 2017/18)

- Overseen by multi-agency/sector steering group on behalf of North East ADPH

- Evaluation by NIHR funded research fellowship

Principles

- Needs led and evidence based
- Focus on inequalities
- Opportunities for improvement at scale
- Delivered in partnership with flexibility
- Reflective practice as a system
- Supporting development of local plans for improvement

Process
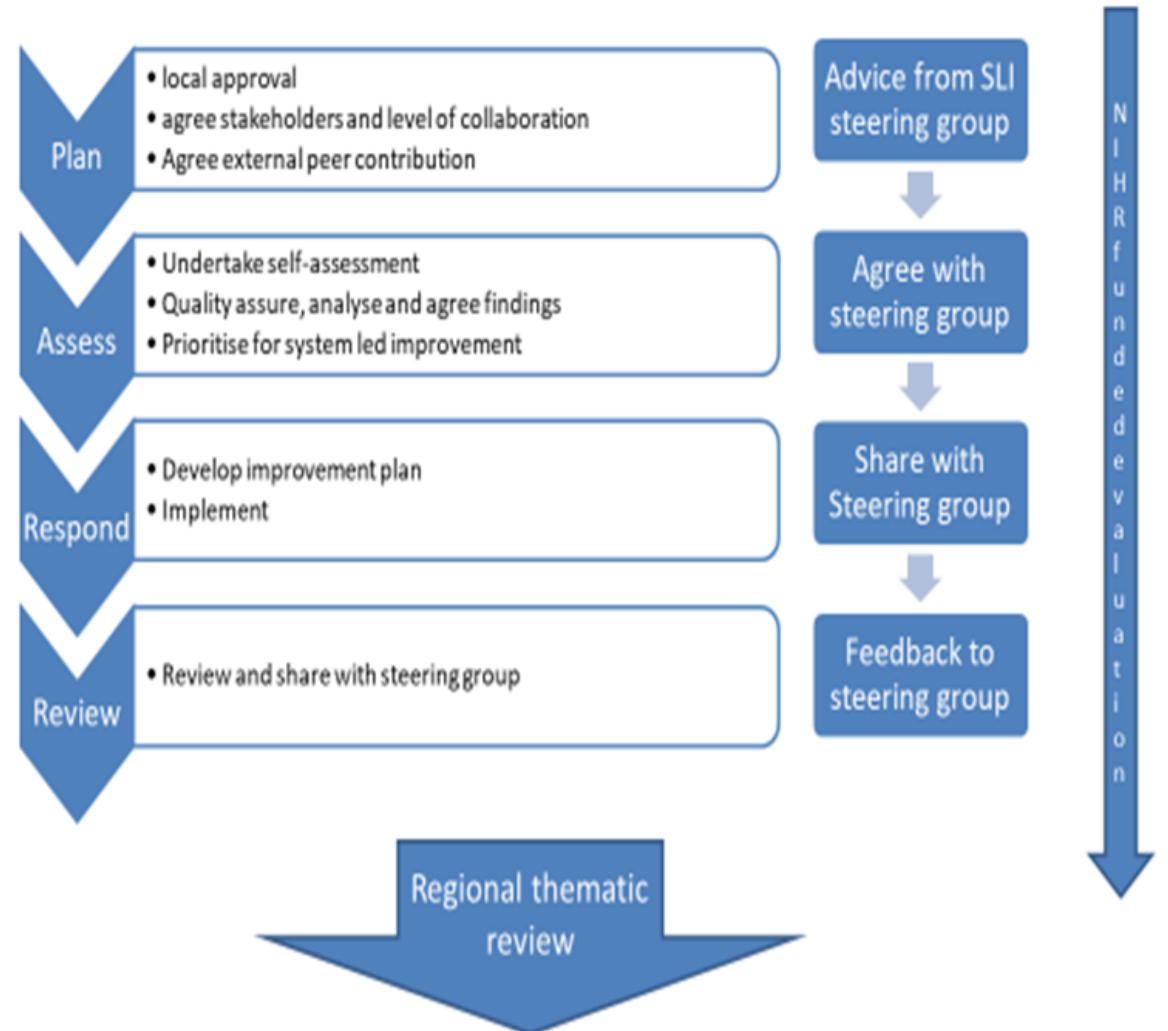
Implementation

- Tested and refined in two local authority areas
- Rolled out in a further four
- Each partnership area approached the exercise differently, using a combination of:
  - Desktop review
  - Stakeholder interviews
  - Partnership events
  - Task and finish groups
  - Embedding within or creating new structures to maintain momentum and support implementation of findings

Strengths

- Flexible process
- Highlights need and supports evidence based structured reflection in partnership setting
- Considers problems within the context of complex systems and leadership
- Invites collective discussion/challenge of evidence based statements
- Helps prioritise work to improve population level outcomes
- Retains focus on inequalities and early years outcomes
- Opportunities for improvements by single agencies and those requiring collaboration to achieve change at scale

Limitations

- Quality of insight is dependent up local engagement, knowledge and approach
- The self-assessment process helps to identify gaps, rather than requiring new pieces of work to address this
- Does not replace needs assessment – though can complement and reveal opportunities
- Requires development of implementation plans. Insights and priorities need to be turned into actions with local governance and support
- There are factors (macro economic for example) which are beyond the scope of the work but which would impact on population level outcomes

Further plans

A task and finish group developed a peer review phase producing:

- Guidance and a role profile for host sites and peer reviewers
- A process flowchart and timeline
- An advert and application for peer review

Progress was halted in 2020 due to the pandemic

In April 2021, through North East Children and Young People's Public Health leads network work is underway to re-launch the approach in context of recovery planning and the impact of COVID-19

My reflections on the pandemic and the role of the DPH in driving forward innovation and improvement

- DPH and public health teams in the spotlight

- Quickly seen as a trusted local voice that understands the local context

- Weight of the LA behind us

- Relationships, partnerships and collaboration galvanised with a common purpose

- Proactive, flexible, agile and imaginative approaches in the absence of any blueprints

- Broad spectrum of methods for engagement

- Peer support and working together as a group across the NE

In the Spotlight

"Public health's moment has come. The pandemic has shone a light on the pivotal contribution of public health, promoting partnerships and collaboration, focusing on prevention and inequalities, and providing professional skills and guidance so local and system leaders can deploy resources effectively."

Driving forward innovation and improvement

- Maintain public health at the centre of public policy to reduce inequalities, improve the economy and quality of people's lives

- Ensure that public health is at the centre of whole place based approaches

- Identify the activity that is most effective at scale and what works best in places

- Create a common purpose with a relentless focus on prevention, health inequalities and tackling the social determinants of health

- Build stronger public engagement and communities through the public's increased understanding of, and personal involvement in, health, and the upswell of community support during the pandemic

- Develop and improve the digital offer

- Join up a fragmented health protection system using SLI approaches