

The First 1000 Days: a renewed focus

April 2025

About Us

The NHS Confederation is the membership organisation that brings together, supports, and speaks for the whole healthcare system in England, Wales, and Northern Ireland. The members we represent employ 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure. We promote collaboration and partnership working as the key to improving population health, delivering high-quality care, and reducing health inequalities.

Progress made since 2019

1. Integrated care systems (ICSs) have been crucial in helping to drive integrated working across partners in local communities to improve health outcomes for babies and children since being put on a statutory footing in 2022.
2. In particular, the work of the Integrated Care Partnership (ICP) drives integration between Local Authority children's services, children's social care, public health services, NHS services and the wider VCSE sector. The two following examples highlight some of the critical work ICSs and ICPs have been undertaking.
3. The South Yorkshire Beds for Babies Programme, driven by Mayor Oliver Coppard (chair of the local ICP) addressed the need for safe sleeping spaces for one in nine newborns in Sheffield each year. The programme works with local councils, NHS services, directors of public health, business, education institutions and national charities. It uses existing referral and delivery routes including GPs and family hubs. The initiative is driven by proportionate universalism, allocating greater resources to those with greater need as well as drawing on integrated support by working with local groups and using established referral routes.¹
4. The Cheshire and Merseyside Champs Public Health Collaborative launched All Together Fairer, a collaborative approach to improving health equity through the social determinants of health. Several schemes run under All Together Fairer, including one focused on child and family poverty. In 2024, working with political and professional leaders across the area, a joint statement called for coordinated action against child poverty. It referenced a joint action framework for local services and groups with four pillars: system leadership and advocacy; maximising household income; supporting children, young people and families; building inclusive places. The ICS played a critical

¹ South Yorkshire Mayoral Combined Authority (2024) <https://www.southyorkshire-ca.gov.uk/beds-for-babies>

convening role; Professor Ian Ashworth, director of population health at NHS Cheshire and Merseyside, was central to integrating multi-agency efforts.²

Future priorities

5. A key area for priority is vaccination access, including home visits. NHS England's vaccination strategy highlights the importance of vaccination services being accessible³. Home visits have been shown to improve whole family outcomes in multi-generational homes where the whole family can be supported and receive relevant interventions in one visit.⁴ This will require investment in particular roles including health visitors. The NHS Confederation's Primary Care Network welcomed the government's decision to provide more flexibility around the use of the Additional Roles Reimbursement Scheme (ARRS) which could be one way to do this.⁵
6. The NHS Confederation's Primary Care Network welcomed the new GP contract published in March, and particularly the increase in the increase in the childhood vaccination rate from £2 to £12.06, which will help to incentivise services to undertake more activity.⁶
7. Holistic services staffed by multi-disciplinary teams, in partnership with voluntary groups, parents and local authorities in the most deprived areas for early intervention for pre-school children and their parents. General practice is leading local integration, but the lack of dedicated early years services and joined up care for new families makes timely access more challenging. For families being negatively affected by the wider determinants of health, a holistic rather than medicalised model would make more difference than repeated presentations in primary care.
8. With this integration, there should be more provision for mental health services for parents and under 5s. 1 in 5 mothers experience perinatal mental health issues and suicide is a leading cause of maternal deaths in this period.⁷ While over 57,000 new mothers received support in 2024-25, around 80,000 more could benefit from access to these vital services each year.⁸ The Long-Term Plan for the NHS has seen new services models developed to support this.
9. There is research to show that building access to evidence-based parenting programmes is a cost-effective approach to support children with, or at risk of, developing conduct disorders. In 2014, the Incredible Years (IY) programme was reported to incur an average cost of £2,414 per person, with economic analyses estimating it could produce potential savings ranging from £1,000 to £8,400 per child over a 20-year period. Triple P is another well-established programme in this area. These insights have been drawn from the NHS Confederation's Mental Health Economics Collaborative report, set for publishing at the end of April 2025.

² Champs Public Health Collaborative (2022) <https://champspublichealth.com/all-together-fairer/>

³ NHS England (2023) <https://www.england.nhs.uk/long-read/nhs-vaccination-strategy/#3-vaccination-delivery-networks>

⁴ Pulse PCN (2023) <https://pulsepcn.co.uk/insight/how-this-pcn-ran-a-multi-generational-home-visiting-pilot/>

⁵ NHS Confederation (2025) <https://www.nhsconfed.org/publications/gp-contract-202526-what-you-need-know>

⁶ NHS Confederation (2025) <https://www.nhsconfed.org/publications/gp-contract-202526-what-you-need-know>

⁷ Maternal Mental Health Alliance (2023) <https://maternalmentalhealthalliance.org/news/mbrbrace-2023-suicide-still-leading-cause-maternal-death/>

⁸ NHS England (2024) <https://www.england.nhs.uk/2024/05/record-numbers-of-women-accessing-perinatal-mental-health-support/>

10. Focus must also be placed on accelerating a shift towards early intervention and prevention with increased community-based provision. To achieve this vision, agencies and departments will need to work across system, place and neighbourhood spatial levels as part of the government's wider shift of more care closer to home.⁹

Impacts of key changes

11. ICSs have been crucial in helping to drive integrated working across partners to improve health outcomes for babies and children. The South Yorkshire Beds for Babies and Cheshire and Merseyside All Together Fairer reflect the critical role ICSs play in addressing social determinants of health, providing early intervention and improving early childhood outcomes.
12. Similarly, Child Health Hubs (CHHs) set up by North West London ICS have linked family doctors with consultant paediatricians, giving them the support they need to avoid unnecessary referrals to secondary care whilst also calming parental anxieties for their children. The hubs have led to fewer A&E attendances and a drop in return visits to GPs.¹⁰
13. Family Hubs have provided integrated support for families, that can drive improved health outcomes tackling issues such as poor housing through joint home visits with housing association staff to address housing-linked acute asthma.¹¹

Barriers to high quality services

14. The key barriers to high quality services are a lack of capital investment in the primary care estate, the condition of existing primary care estates and a lack of investment in and capacity for digital across different services.
15. Lack of capital investment is holding back the implementation of new models of care within children and young people (CYP) services. The NHS Confederation have long been calling for more capital investment in the NHS generally, but there are also particular issues about how capital allocation works in primary care settings.¹² Additionally, the condition of existing estates and the rise in construction costs and flawed model for funding such improvements are hindering transformation.
16. There is also an NHS-wide issue with data capacity. Current systems are not sufficient to connect and share data across settings that provide children and young people's services, both in the NHS and in other partner organisations. Investment in up-to-date digital systems is essential.¹³
17. NHS Confederation members are particularly concerned about the impact on the abolition of NHS England and the 50% cuts mandated for ICBs and cuts to corporate

⁹ NHS Confederation (2024) <https://www.nhsconfed.org/articles/whats-next-children-and-young-peoples-services>

¹⁰ NHS Confederation (2024) <https://www.nhsconfed.org/articles/whats-next-children-and-young-peoples-services> and Connecting Care for Children (2023) <https://www.cc4c.imperial.nhs.uk/our-experience/blog/child-health-hub-ics-value-analysis>

¹¹ NHS Confederation (2024) <https://www.nhsconfed.org/articles/whats-next-children-and-young-peoples-services>

¹² NHS Confederation (2025) <https://www.nhsconfed.org/publications/future-primary-care>

¹³ NHS Confederation (2024) <https://www.nhsconfed.org/articles/whats-next-children-and-young-peoples-services>

costs for NHS trusts on digital capability. Much of the digital expertise across the NHS currently sits in NHS England.

18. The NHS Confederation welcomed the government's announcement that they intend to use children's NHS numbers as joint identifiers across health and other public services.

Increasing and supporting vaccine uptake

19. NHS Confederation members working in primary care – through at scale providers including GP federations, Primary Care Networks (PCNs) and super-practices – work in local communities to drive vaccine uptake.
20. They use a range of different approaches to improve uptake. First, focusing on improved communication, taking into account patients with limited English proficiency and working with local community leaders and the VCSE sector to overcome this language barrier. Centrally created material, including translation, supports access. Improved access to translation services for in person appointments would support parents presenting in practice, and is something that currently primary care providers have to cover the cost of.
21. Offering opportunistic vaccinations at other appointments, making every contact count.
22. Delivering vaccinations close to home including in local health hubs, mother and child groups, faith groups, and homes. In particular, primary care could work with nurseries to improve MMR vaccine delivery.¹⁴ In Barking, on GP practice delivered a drop-in vaccination service at the local library, and worked with wider partners including welfare support services, social care and mental health support. Thousands of people came to access the drop-in services.¹⁵

Tackling inequalities in access and outcome

23. Partnership working at place and system level proves key in tackling a number of issues that reflect local need that are relevant to the first 1000 days of life, including child poverty.¹⁶ Many ICSs are working to build positive relationships across partners.
24. One example is a collaboration to strengthen early parent-infant relationships, demonstrated by Forward Thinking Birmingham (FTB). FTB is an innovative mental health partnership in Birmingham, the seventh most deprived local authority in the country. FTB worked alongside Birmingham and Solihull ICS to support early parent-infant relationships, critical building blocks for lifelong emotional and physical health. FTB reprioritised resources to invest in the need and opportunities around the first 1000 days of life. It identified the parent-infant relationships considered most vulnerable and delivered a specialised parenting programme with Breaking the Cycle, a programme supporting birth parents who have lost a child to adoption. FTB's programme has facilitated collaborative interagency spaces including infant mental health steering groups located in local maternity and neonatal systems. The work of the FTB has led to the creation of a substantive consultant infant mental health lead role who will work with partners to build a range of universal and targeted support services to improve family wellbeing.¹⁷

¹⁴ NHS Confederation (2024) <https://www.nhsconfed.org/articles/whats-next-children-and-young-peoples-services>

¹⁵ NHS Confederation (2024) <https://www.nhsconfed.org/articles/strengthening-social-contract-vaccination>

¹⁶ NHS Confederation (2025) <https://www.nhsconfed.org/publications/alleviating-child-poverty-shared-endeavour>

¹⁷ NHS Confederation (2022) <https://www.nhsconfed.org/case-studies/building-supportive-and-empowering-first-1000-days-life>

25. In order to ensure more systems can work in this way, ICS need to have longer-term funding cycles and better alignment across funding allocation cycles for different Whitehall departments. This would mean ICS would be more able to plan and commission services in ways that best meet local need and can be used flexibly to respond to different demographic groups. Currently, allocations come short-term and are often non-recurrent, ring-fenced for a specific programme or function.
26. Our ICS Network members are very concerned about the impact of the 50% mandated cuts to be made in the near future and what this will mean for partnership working and working on issues away from the government's key focus of the elective waiting list. While we understand and are absolutely behind the need to make the best use of the public pound, the cuts alongside other changes risk distracting teams from getting on and delivering for children and families across the country and making the above changes.