

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 8
18 SEPTEMBER 2019	PUBLIC REPORT

Report of:	Dr Liz Robin, Director of Public Health	
Cabinet Member(s) responsible:	Cllr Wayne Fitzgerald, Cabinet Member for Adult Social Care, Health and Public Health	
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BEST START IN LIFE STRATEGY AND CHILDREN'S PUBLIC HEALTH SERVICES

R E C O M M E N D A T I O N S	
FROM: Director of Public Health	Deadline date: N/A
<p>It is recommended that the Health Scrutiny Committee</p> <ol style="list-style-type: none"> 1. Endorses the Cambridgeshire and Peterborough 'Best Start in Life' Strategy 2. Endorses the involvement of health visiting and school nursing services in development of a new Best Start in Life Service model from pre-birth to age 5. 3. Notes progress with the implementation of a Section 75 agreement across Peterborough City Council (PCC), Cambridgeshire County Council (CCC), Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) and Cambridgeshire Community Services NHS Trust (CCS) for provision of children's public health services (Healthy Child Programme including health visiting and school nursing) age 0-19. 	

1. ORIGIN OF REPORT

1.1 This report follows a request from Health Scrutiny Members at a work planning session at the start of the municipal year.

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this paper is to seek the Health Scrutiny Committee's views on current work to ensure that there is co-ordinated and integrated multi-agency agreement on the delivery of pre-birth to 5 services, including public health services, that is tailored appropriately to local need. Because the 'Best Start in Life' Strategy encompasses a range of Council and NHS services for children aged 0-5, the views of the Children and Education Scrutiny Committee are also being sought.

2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:

1. Public Health

2.3 The Best Start in Life Strategy will help to deliver the second corporate priority 'First rate futures for our children, young people – and quality support for our adults and elderly'.

2.4 The Best Start in Life Strategy applies to all children from Antenatal/Pre-birth -5 yrs including children in care and other vulnerable children.

3. **TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	YES/NO	If yes, date for Cabinet meeting	N/A
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4. **BACKGROUND AND KEY ISSUES**

4.1 Best Start in Life Strategy: Background

Best Start in Life (BSiL) is a 5 year strategy which aims to improve the life chances of children (pre-birth to 5 years) in Peterborough and Cambridgeshire by addressing inequalities, narrowing the gap in attainment and improving outcomes for all children, including disadvantaged children and families.

The strategy development was led jointly by Peterborough and Cambridgeshire local authorities, co-chaired by the Executive Director People and Communities and the Director of Public Health, and working with a wide range of stakeholders. It is built on knowledge of local need and what the evidence says works in improving outcomes during the early years. Local user research also informed the process.

The strategy reflects the national and local policy context, including: Better Births, The Government's Prevention Vision, NHS Long Term Plan and the Government's plan for improving social mobility through education, Think Communities, Peterborough and Cambridgeshire's Child Poverty Strategies and developing Healthy Weight Strategy, and Special Educational Needs and Disabilities (SEND) Strategy

Peterborough and Cambridgeshire have worked together over the past seven months to develop 'Best Start in Life (BSiL)' – an ambitious high-level strategy to improve the outcomes of children in the early years. The vision is that "Every child will be given the best start in life supported by families, communities and high quality integrated services".

An intensive discovery phase was undertaken during November 2018 to March 2019 resulting in the production of the draft Joint BSiL Strategy. This phase involved extensive engagement with both existing research, data and evidence, alongside local parents and communities

4.2 Best Start in Life Strategy: Key Issues

The BSiL strategy focusses on three key outcomes which represent our ambition for children in Peterborough and Cambridgeshire:

- Children live healthy lives
- Children are safe from harm
- Children are confident and resilient with an aptitude and enthusiasm for learning

The core of the Best Start in Life Start strategy consists of five themes of integrated delivery – these describe how we intend to improve outcomes, by focussing on:

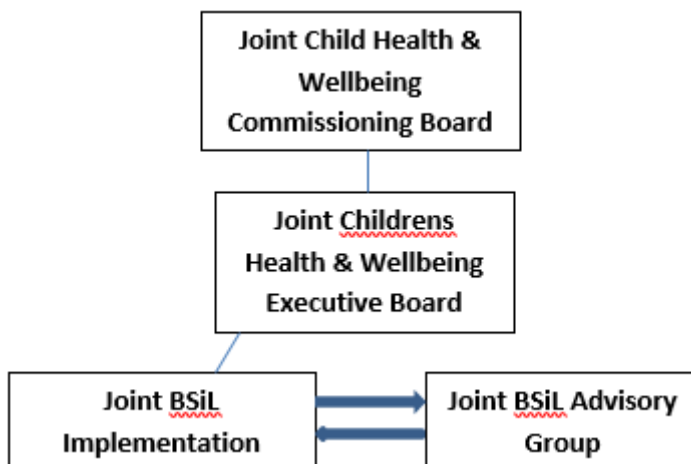
1. Healthy pregnancy, parents and children
2. Vulnerable parents - identified early and supported
3. Well prepared parents
4. Good attachment and bonding
5. Supporting child development

The five themes are underpinned by nine building blocks, which will ensure that the aims of the strategy are met and sustained over time:



Governance

A new governance structure has been established, as shown in the image below. There is strong public health representation at all levels of governance:



A co-produced implementation plan is being developed to monitor the progress and impact of the strategy. A 'strategy on a page' approach to engage families further will also be included within this implementation plan. A communications sub-group has been established to support the work of the BSiL implementation and advisory groups.

The Joint Childrens Health & Wellbeing Executive Board will monitor the progress of the implementation plan and direct activities through the joint implementation and advisory groups to ensure key measures and deliverables are achieved and at the right pace.

The BSiL strategy and implementation plan are being developed at a time of reducing resources and we will be seeking to deliver these in the most efficient and effective way possible.

The current, second phase of the BSiL programme runs until September 2019. The aim of the second phase is to identify options for an integrated delivery of early years provision. The third phase will work towards commencing the new model in April 2020.

4.3 Section 75 for Children's Public Health Services: Background

Alongside the development of the BSIL Strategy, Peterborough City Council (PCC) and Cambridgeshire County Council (CCC) agreed to create a formal Section 75 agreement with local providers Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and Cambridgeshire Community Services NHS Trust (CCS) for delivery of Children's Public Health Services (Healthy Child Programme) across the local area. The services involved are health visiting, family nurse partnership and school nursing services. In Peterborough these services are delivered by CPFT and in Cambridgeshire by CCS.

CPFT and CCS formed a 'joint venture' to deliver these children's public health services across Peterborough and Cambridgeshire, enabling savings through economies of scale and reduced management costs, sharing of best practice across both organisations, and equity of provision in relation to need. They are planning to deliver other integrated health and care services for local children, through this joint venture.

In February 2019 the PCC Cabinet Member for Public Health approved the delegation of authority to Cambridgeshire County Council (CCC) to act as lead local authority in commissioning the Healthy Child Programme (HCP) across Peterborough and Cambridgeshire and for delivery of the function for the HCP to CCC, which shall include the associated transfer of HCP funding to CCC for up to five years (1 April 2019 – 31 March 2024). The decision is laid out in full in Cabinet Member Decision Notice FEB19/CMDN/88. This delegation allows Cambridgeshire County Council to sign off a Section 75 agreement with the CPFT and CCS joint venture on behalf of both Councils.

4.4 Section 75 for Children's Public Health Services: Main Issues

As part of the work to develop this Section 75 agreement, detailed work on staffing requirements in relation to need was carried out using a nationally recognised tool called the 'Benson Model'. Recognising the financial pressures and need for savings to meet national reductions in the public health grant, the 'Benson Model' was used to review staff skill mix and identify tasks which could be delivered by trained nursery nurses rather than health visitors, without affecting outcomes for children. The delivery of the Family Nurse Partnership Service for teenage parents was also reviewed, and a revised Teenage Parents pathway developed, with a range of levels of intervention depending on need. The Benson modelling was used across Peterborough and Cambridgeshire, to ensure that there is harmonisation of service provision based on the needs of the child population.

Financial baselining of services was also carried out, in preparation for the Section 75 agreement. This identified that there was a historical shortfall in the funding that PCC allocated to the CPFT contract for children's public health services, compared with the cost to CPFT for delivering these services. This was a Peterborough issue only. Further work was done to understand the nature of the shortfall and it became clear that it had a long history – with inadequate funding transferred from Peterborough Primary Care Trust in 2013 to fully fund the health visiting and school nursing contracts. This is reflected in the public health grant allocation for children's public health services (age 0-4) to Peterborough, which is 16% below the England average for funding per child, despite high levels of need in Peterborough. The total shortfall for the remodelled service was £870,000.

To allow time to negotiate with CPFT to resolve this financial issue, short term extensions were agreed to the existing (Peterborough only) Section 75 between PCC and CPFT, and some additional subsidy of the service was provided from PCC public health reserves. Financial negotiations are now close to completion and it is expected that the Section 75 for children's public

health services across PCC, CCC, CPFT and CCS will be implemented from October 1st 2019.

5. CONSULTATION

5.1 Best Start in Life Strategy

Engagement with the public and communities is central to the BSIL strategy development and implementation. The approach adopted to date is ethnographic user research. This is an example of human centred design and allows us to understand and empathise with our users in order to design services to meet their needs.

As part of the Best Start in Life strategy development, a multi-disciplinary team of service specialists and designers went out over 2 weeks to settings, services, public places, health centres and homes to learn about people's lives. We wanted to find out what motivates and drives them, what is important to them, what the hardest aspects of parenting are and how they source help and support.

Below are some insights from the user research programme along with some representative quotes:

- Parents value social connection and networks with others and they offer each other advice and support in parenthood. Parents also seek personalised, professional advice and support and seek this during touchpoints with health visitors and also community groups. "I trust the advice from a professional. Families and friends have their own opinions and ways of doing things that is right for them." They also value seeing the same professional again, with whom they build up a relationship and trust. "It was really nice when the Health Visitor recognised me and my baby at the weighing clinic and asked how we were - it made me feel special"
- It can be hard to ask for help if you are struggling with a new baby and there was a feeling that you have to know what the right questions to ask are. One mum with post-natal depression said "you have to ask for help, which is the hardest thing because when the health visitor comes you are trying to impress them. No-one says "I'm really struggling" because they are scared of having their baby taken away so you put the brave face on and hide it"
- Parents like groups led by volunteers and parents because they feel less watched and judged. "The groups I attend are parent led rather than run by trained professionals, where it can feel like there is a social worker around."
- There are many community groups that aim to cater for parent's needs and are highly attended and successful. The most successful ones focus and succeed in giving parents a warm welcome, creating a non-judgemental environment, making activities available for children, giving parents a chance to relax and socialise with other parents and offering support from professionals. The groups that provide high quality refreshments help make parents feel valued. "Bumps & Babies had a really welcoming atmosphere, it felt safe, friendly, chilled out and calm. They had AMAZING coffee too! Great for bonding time."
- There is a lack of community provision specifically for fathers. [When you're the only Dad at a parenting group] "It's quite isolating, you don't feel included and you do feel vulnerable."
- Most people know what it takes to be healthy (eating well and moving more) but most people know that they don't do the 'right' things all the time. Getting children out and about walking and playing at the park is seen as important for their wellbeing. "My son is awful with eating the right things - he thinks we are trying to trick him"
- Pre-schools are very good at helping to prepare children for school, especially those that are linked to a school where the transition is more seamless. "Pre-school Piglets really helped with the transition - they talked to the children about what a typical school day

looked like, told them about uniform, how the desks would be set up and that they could get used to the environment. They also arranged for the pre-schoolers to join in a lunchtime at the school from Easter time.”

- Parents of children with disabilities or undiagnosed problems find navigating services, entitlement and regular form filling to be a significant ‘pain point’. Parents find the process of explaining their situation and accessing the help and support they need very challenging. “I love being Molly’s mummy but I don’t like the managerial/administrative side of it. It could be simpler. Molly will need an EHCP and SEND support and I find it so overwhelming I push it away...I don’t know where to start with it all.”
- There is a perceived lack of support for children aged 2 to 5 and sometimes parents are not clear about what development milestones they should be helping their children to achieve and by when. “There is a real lack of advice available from 2-5 years old and that it’s assumed you’ve got it now - it’s there if you need it, but you really have to seek it out yourself. It’s a shock from the first two years when you have health visitors and regular appointments to just having nothing”

A further programme of user research and engagement is planned for two weeks which will be used to inform the co-produced strategy implementation plan, which will be supported by a communications strategy. The intention is to reach more of the public and professionals who represent the wide diversity across Cambridgeshire and Peterborough.

Section 75 agreement for the healthy child programme

Any changes to children’s public health programmes required in order to maintain a sustainable service under the Section 75 agreement, will use the learning from Best Start in Life consultation work, and will be consulted with service users

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 The anticipated impact from the Best Start in Life Strategy is development of a new integrated service model for children aged 0-5, which delivers the three key outcomes:

- Children live healthy lives
- Children are safe from harm
- Children are confident and resilient with an aptitude and enthusiasm for learning

while minimising duplication across a range of Council and NHS services and achieving best value.

The anticipated impact from the Section 75 for children’s public health services across PCC, CCC, CPFT and CCS is to deliver good quality equitable services across Peterborough and Cambridgeshire, which share best practice, and deliver best value through economies of scale and management savings. This will place children’s public health services in a good position to participate in the developing Best Start in Life service models.

7. REASON FOR THE RECOMMENDATION

7.1 The reason for the recommendations is

- a) to ensure that the views of the Health Scrutiny Committee help to inform the development of the Best Start in Life service models
- b) to ensure that the Health Scrutiny Committee is informed of progress implementing the joint Section 75 for children’s public health services.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 The Best Start in Life Strategy could have been taken to Children and Education Scrutiny Committee only. It was felt to be important to also bring the Strategy to Health Scrutiny

Committee, because children's public health services are core to the strategy and the developing service models.

9. IMPLICATIONS

Financial Implications

- 9.1 Financial implications of the Best Start in Life Strategy are being considered as part of the development of new service models.

The joint Section 75 arrangements have achieved savings through joint management posts and changes to skill mix. An identified financial gap in funding for the CPFT service has been identified and is expected to be resolved by 1st October 2019. Relevant financial implications have been included in CMDNs, signed off by the Director of Finance.

Legal Implications

- 9.2 The joint section 75 arrangements and associated memorandum of understanding with CCC have been reviewed by PCC Legal Team.

Equalities Implications

- 9.3 A key aim of the Best Start in Life Strategy is to reduce inequalities in outcomes for young children, and to improve their future life chances.

Rural Implications

- 9.4 The Best Start in Life Strategy and Section 75 for Children's Public Health Services cover both rural and urban areas.

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 10.1 [Section 75 for health visiting and school nursing - FEB19/CMDN/88](#)

[Decision to extend the Section 75 agreements with CPFT for the Provision of Health Visiting, Family Nurse Partnership and School Nursing Services for a 3 month period, until 30.06.2019 - MAR19/CMDN/110](#)

[Extension of the current Section 75 agreements for the Healthy Child Programme \(HCP\) in Peterborough \(Health Visiting, Family Nurse Partnership and School Nursing\) AUG19/CMDN/28](#)

11. APPENDICES

- 11.1 Annex A: Best Start in Life Strategy

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