

CABINET	AGENDA ITEM No. 6
18 NOVEMBER 2019	PUBLIC REPORT

Report of:	Wendi Ogle-Welbourn, Executive Director, People & Communities	
Cabinet Member(s) responsible:	Cllr Lynne Ayres, Cabinet Member for Children's Services and Education, Skills and University	
Contact Officer(s):	Helen Gregg, Partnership Manager	Tel. 863618

BEST START IN LIFE (BSiL) STRATEGY 2019-2024

R E C O M M E N D A T I O N S	
FROM: Wendi Ogle-Welbourn, Executive Director, People and Communities, Peterborough and Cambridgeshire Councils and Dr Liz Robin, Director of Public Health, Peterborough and Cambridgeshire Councils	Deadline date: N/A
It is recommended that Cabinet approve the Draft Joint Best Start in Life Strategy 2019-2024 (attached as Appendix 1 to the report).	

1. ORIGIN OF REPORT

- 1.1 This report is submitted to Cabinet at the request of Wendi Ogle-Welbourn, Executive Director, People and Communities and Dr Liz Robin, Director of Public Health.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The key purpose is to ensure that there is co-ordinated and integrated multi-agency agreement on the delivery of pre-birth to 5 services that is tailored appropriately to local need.
- 2.2 This report is for Cabinet to consider under its Terms of Reference No. 3.2.4., "To promote the Council's corporate and key strategies and Peterborough's Community Strategy and approve strategies and cross-cutting programmes not included within the Council's major policy and budget framework."

3. TIMESCALES

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

- 4.1 Best Start in Life is a 5 year strategy which aims to improve life chances of children (pre-birth to 5 years) in Cambridgeshire and Peterborough by addressing inequalities, narrowing the gap in attainment and improving outcomes for all children, including disadvantaged children and families.
- 4.2 The strategy development was led jointly by Cambridgeshire and Peterborough local authorities, working with a wide range of stakeholders. It is built on knowledge of local need

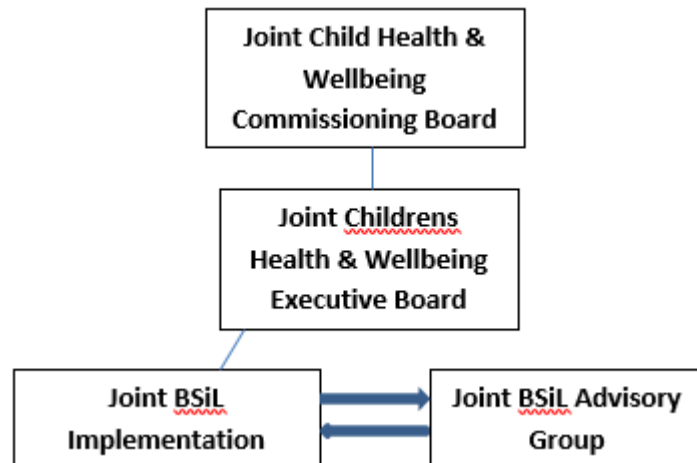
and what the evidence says works in improving outcomes during the early years. Local user research also informed the process.

- 4.3 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, Cambridgeshire and Peterborough’s child poverty strategies and healthy weight strategies, SEND Strategy
- 4.4 Cambridgeshire and Peterborough have worked together over the past seven months to develop ‘Best Start in Life’ – 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”. We recognise that children and families face many challenges, not all of which can be resolved by the strategy’s proposals. The aim is to ensure that available resources are used to best effect and with a focus on key outcomes, through integrated working across the organisations involved and with communities.
- 4.5 An intensive discovery phase was undertaken during November 2018 to March 2019 resulting in the production of a draft Joint BSiL Strategy. This phase involved extensive engagement with both existing research, data and evidence, alongside local parents and communities.
- 4.6 The Best Start in Life strategy focusses on three key outcomes which represent our ambition for children in Cambridgeshire and Peterborough:
- Children live healthy lives
 - Children are safe from harm
 - Children are confident and resilient with an aptitude and enthusiasm for learning
- 4.7 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
- 4.8 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

4.9 A new governance structure has been established, as shown in the image below:



4.10 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 is being established to support the work of the BSiL implementation and advisory groups.

4.11 The Joint Children's 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.

4.12 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.

4.13 The current, second phase of the BSiL programme runs until September. 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. This will include further work to ensure that evaluation is built in from the start, using appropriate methodologies.

5. CONSULTATION

5.1 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.

5.2 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.

5.3 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”

5.4 A further programme of user research and engagement is planned for two weeks in July 2019 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.

5.5 The BSiL Strategy was presented to Children and Education Scrutiny Committee on 11 September 2019 and Health Scrutiny Committee on 18 September 2019. The strategy was endorsed at both committees.

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 Cabinet is expected to review the information contained within this report and respond / approve accordingly.

7. REASON FOR THE RECOMMENDATION

7.1 To ensure members have been consulted on the strategy and are kept regularly informed of progress made on the priorities identified within the strategy.

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 Cabinet because children's services are core to the Council.

9. IMPLICATIONS

Financial Implications

9.1 There are no significant implications within this category.

Legal Implications

9.2 There are no significant implications within this category.

Equalities Implications

9.3 There are no significant implications within this category.

Carbon Impact Assessment

9.4 The BID is an exciting project which offers the possibility of reconfiguring services in the City Centre in a way which embraces issues of sustainability and enables the Council to reduce its carbon impact in the long term.

10. BACKGROUND DOCUMENTS

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

10.1 N/A

11. APPENDICES

11.1 Appendix 1: Best Start in Strategy 2019-2024

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