

<b>CHILDREN AND EDUCATION SCRUTINY COMMITTEE</b>	AGENDA ITEM No. 7
<b>5 MARCH 2020</b>	<b>PUBLIC REPORT</b>

Report of:	Wendi Ogle-Welbourn, Executive Director, People and 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. 01733 863618

**BEST START IN LIFE PROGRAMME UPDATE REPORT**

R E C O M M E N D A T I O N S	
<b>FROM:</b> Wendi Ogle-Welbourn, Executive Director, People and Communities, Peterborough and Cambridgeshire Councils	<b>Deadline date:</b> n/a
<p>It is recommended that the Children and Education Scrutiny Committee:</p> <ol style="list-style-type: none"> <li>1. Consider progress in the design and implementation of a new countywide integrated delivery model</li> </ol>	

**1. ORIGIN OF REPORT**

1.1 This report is presented to the Children and Education Scrutiny Committee 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 This report is being presented to update Children and Education Scrutiny Committee members on progress of the Best Start in Life Programme.

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

Children's Services including

- a) Social Care of Children;
- b) Safeguarding; and
- c) Children's Health.

**3. TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	n/a
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## 4. BACKGROUND AND KEY ISSUES

### 4.1 Phase 1 – Development of a joint Best Start in Life Strategy

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.

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

#### Why and Why Now?

##### School readiness

- 67% of children in Peterborough have achieved a good level of development by the end of reception, which is lower than National (72%).

##### Health

- Although levels of childhood obesity are decreasing, over 1 in 5 children in Peterborough enter primary school overweight or obese (21%).
- Peterborough has a statistically significantly high A&E attendance rate in 0-4 year olds compared to England

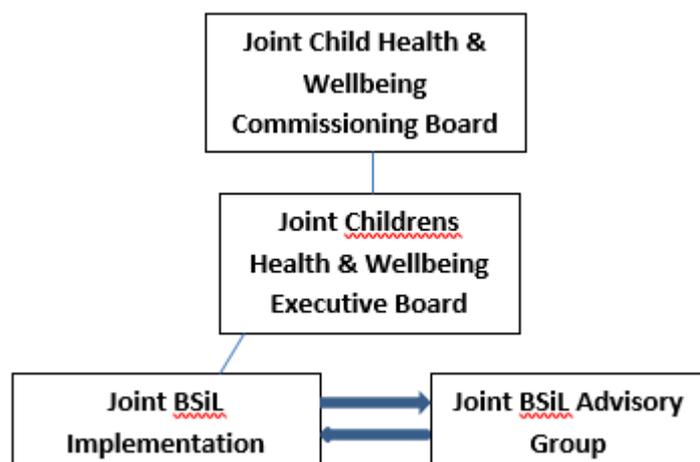
##### Child Maltreatment

- Domestic abuse, parental mental health problems and substance misuse are key risk factors for child maltreatment.

**The National Adult Psychiatric Morbidity Survey estimated 32% of children (~21,000 0-5 yr olds) in Cambridgeshire and Peterborough are living in a household where an adult has a moderate or higher mental health problem.**

#### Governance

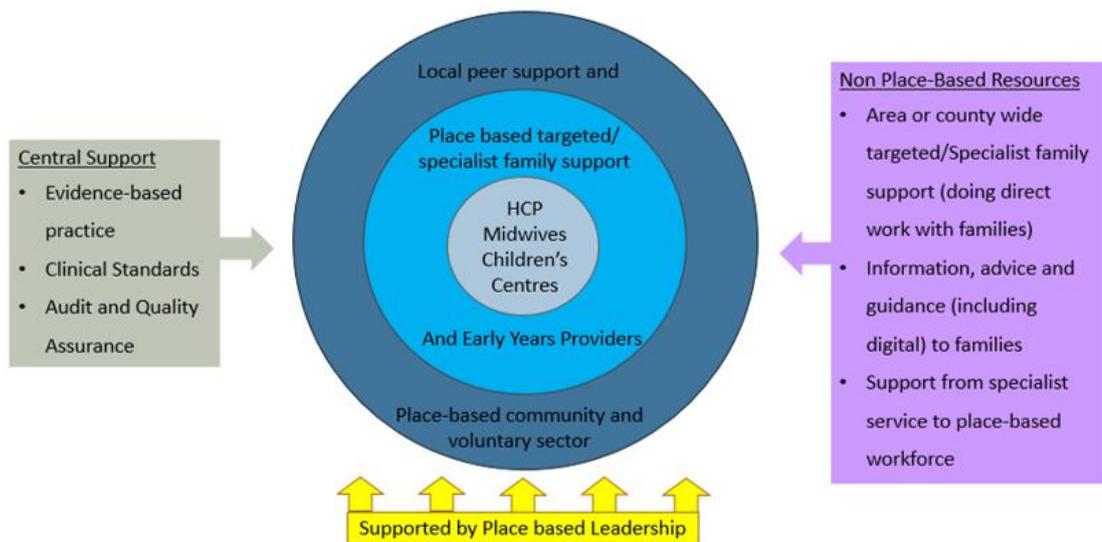
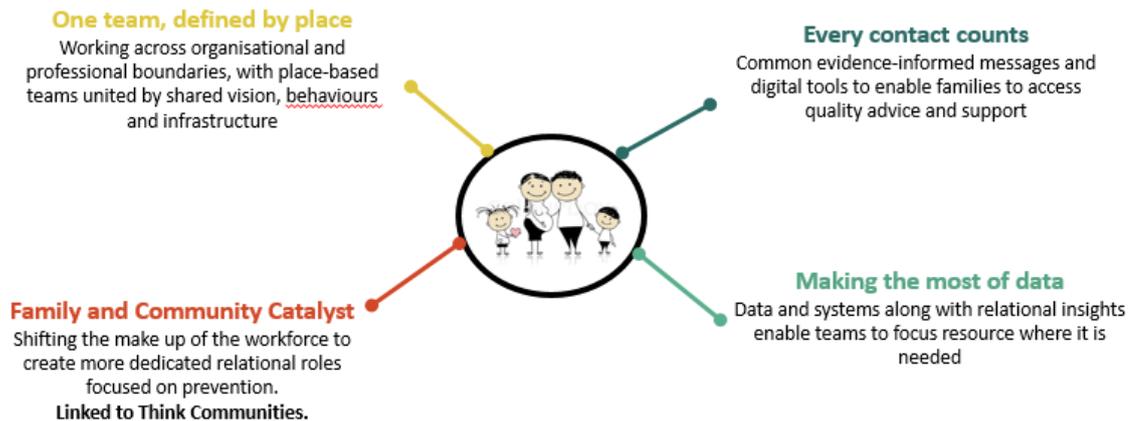
A new governance structure was been established summer 2019, as shown in the image below, to monitor impact and outcomes of the strategy and the implementation of a new integrated delivery model:



## Phase 2 – Develop an integrated delivery model

Phase 2 focussed on the development of a new integrated delivery model which was presented to the Child Health Executive Board in September 2019. Members strongly supported the proposed integrated delivery model concept and recognised all of the hard and effective work that went into its development.

The proposed model is made up of 4 key components as illustrated in the following diagrams below:



## 4.2 Phase 3 September 2019 – March 2020

The BSiL programme is now in phase 3 and is focussing on the implementation of the integrated delivery model. The following activity has occurred to further develop the model and engage with key stakeholders:

Progress presentations were made to:

- Cambs and Pboro Health and Wellbeing Board Core Joint Sub-Committee – November 2019
- Joint Early Help Partnership Board – January 2020
- Joint Child Health & Wellbeing Executive Board – January 2020

A number of multi-agency phase 3 planning sessions have been held with strategic and operational staff to include:

- Phase 3 planning / workstream sessions – October / November 2019

- One Team Core Session – December 2019
- Best Start in Life Stakeholder Workshop – January 2020

The following workstreams and drivers were identified to further drill down on the complexities of a system wide implementation:

### **One Team Workstream**

Drivers:

- Multidisciplinary Core team, drawing in specialist support where needed
- High levels of physical and virtual connectedness between core team members encouraging communication and sharing of data and insights
- Increase in strength-based and relational working
- Rooted and embedded in local area, with knowledge that enables drawing on local assets

### **Communications workstream**

Key deliverables:

- Undertake further phase of engagement with the system workforces including acute trusts, VCS, parent/carer forums
- Look at 'Changing the Conversation', eg training practitioners to help parents to support them in helping their children's communication development
- BSiL branding and language across the system including the VCS network
- Monitor action against the communications strategy / plan
- Consider engagement with local businesses

### **Every contact counts workstream**

Drivers:

- Consistent/similar training for the One team members in Five to Thrive and the Solihull approach – wider training if possible.
- Agreed messages on BSiL outcome areas and wider public health outcomes according to local priorities.
- Trusted source of information for families to access, perhaps badged by the BSiL brand to indicate trustworthiness. Explore connections to Cambridge Children's (hospital) with regards to messaging and branding.
- Variety of ways of communicating – in person through most trusted professional, digital and online resource, healthcare contact points, community venues (Library, job centre, GP surgery, changing room tables) and community contact people (Police Community Support Officers)

### **Making the most of the Data workstream (digital, sharing data, understanding data, governance and performance linked to Think Communities)**

Drivers:

- Digital offer to families
- Change from defensive stance to proactive approach to data sharing
- Parents are comfortable with consent procedures and expectations of data sharing between professionals in the 'core team'
- Increased ability to share data across disciplines and joint training on data sharing and GDPR responsibilities.
- Agreed set of red flags that professionals and others will respond to in an agreed way when they see, regardless of what their professional role is.

### **Family & Community Catalyst workstream**

Drivers:

- Enabling and empowering community members to help each other
- Identifying and sharing good practice, in particular around the BSiL outcomes

- Building and supporting a network of peers who work as volunteers to increase social support
- Mapping and then maximizing assets in the community for the good of those who need them

Following further exploration work, implementation group members agreed the best way to ensure a smooth implementation would be to undertake a series of prototype tests in a number of areas across the county to test out and analyse the key components of the proposed integrated delivery model.

This approach was presented to stakeholders, the Early Help Partnership Board and the Child Health Executive Board in January. Approval was received to proceed with this approach.

### **Next steps**

The Implementation Group will now focus on identifying the ‘test’ areas and prototype themes, together with developing evaluation and learning frameworks in order to measure the success of each prototype. The aim is to begin these prototypes in April 2020 (phase 4).

### **Joint Early Help Strategy**

Following the success of the Best Start in Life Programme Pre-birth to 5, a further programme of work to develop a joint strategy for 6-25 yrs has begun. This programme will look at how we deliver early help services and address adolescent risk. The programme will be made up of 4 phases:

- Phase 1: understanding the current offer for early help, adolescent risk and supporting mental health
- Phase 2: Workshops to develop options for future delivery
- Phase 3: Refining the options developed in phase 2 to develop a blueprint for the future
- Phase 4: Turning the blueprint into a strategy

The programme is currently in phase 1.

## **5. CONSULTATION**

### **5.1 A significant amount of work has been undertaken to engage the system workforce:**

Sept 2019: 11 cross-organisational place-based focus groups across Cambridgeshire and Peterborough, ~150 participants.

Dec 2019-Jan 2020: 6 sessions, ~75 participants

Staff from across the sector have identified times when **a more integrated service** would have meant a better service to our families. Examples include:

- Better co-ordination of midwifery and health visitor support for new parents, stopping them ‘meeting on the doorstep’ and improving communication
- More effective use of the expertise of practitioners in our Early Years settings to support children identified from health visiting checks as needing extra support to become ready for school.

Overall, with little exception, there has been a strong commitment to the key components of the integrated delivery model, including place-based working. There is a genuine desire for cross-organisational collaboration – but systemic barriers make it difficult.

Families have asked us to join up services more effectively

- In the recent Child and Family Centre consultation we asked families ‘How important is it to have health services in the same place as your Child and Family services?’ 2,260 respondents answered this question and 75.1% of respondents thought this was either very important or good to have.

## **6. ANTICIPATED OUTCOMES OR IMPACT**

- 6.1 The Scrutiny Committee is expected to review the information contained within this report and respond / provide feedback accordingly.

## **7. REASON FOR THE RECOMMENDATION**

- 7.1 Scrutiny Committee members to feel assured that appropriate progress is being made on the priorities identified within the strategy.

## **8. ALTERNATIVE OPTIONS CONSIDERED**

- 8.1 The Scrutiny Committee must be kept informed of progress against the priorities identified within the strategy and meeting the outcomes.

## **9. IMPLICATIONS**

### **Financial Implications**

- 9.1 No implications at the moment, but when we move to the new way of working, there will be implications that parts 1-4 of the process will sort out.

### **Legal Implications**

- 9.2 No implications at the moment, but when we move to the new way of working, there will be implications that parts 1-4 of the process will sort out.

### **Equalities Implications**

- 9.3 No implications at the moment, but when we move to the new way of working, there will be implications that parts 1-4 of the process will sort out.

### **Rural Implications**

- 9.4 No implications at the moments but when we move to the new way of working, there will be implications that parts 1-4 of the process will sort out.

### **9.5 Carbon Impact Assessment**

It is anticipated that this will have a neutral impact on the council's carbon emissions.

## **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 Life Strategy 2019-2024