

**BEST START IN LIFE PROGRAMME UPDATE**

*To:* **Children and Young People Committee**

*Meeting Date:* **10 March 2020**

*From:* **Executive Director, People & Communities  
Director of Public Health**

*Electoral division(s):* **All**

*Forward Plan ref:* **n/a** *Key decision:* **No**

*Purpose:* **The key purpose is to ensure that there is co-ordinated and integrated multi-agency agreement on the delivery of pre-birth to age 5 services that is tailored appropriately to local need.**

*Recommendation:* **The Committee is asked to note and comment progress in the design and implementation of a new countywide integrated delivery model.**

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
Name:	Helen Gregg	Names:	Councillor Bywater
Post:	Partnership Manager	Post:	Chairman
Email:	<a href="mailto:Helen.gregg@cambridgeshire.gov.uk">Helen.gregg@cambridgeshire.gov.uk</a>	Email:	<a href="mailto:Simon.bywater@cambridgeshire.gov.uk">Simon.bywater@cambridgeshire.gov.uk</a>
Tel:	07961 240462	Tel:	01223 706398

## 1. BACKGROUND

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

Best Start in Life (BSiL) is a five 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

- 71% of children in Cambridgeshire have achieved a good level of development by the end of reception. For those children taking free school meals, it's 47%.

##### Health

- Obesity levels are relatively 'good' in Cambridgeshire, but in Fenland 23% of children enter primary school overweight or obese and 18% in the rest of the county. Obesity doubles between the start and end of primary school.
- Fenland has a very high level of women smoking in pregnancy at over 23%, this is compared to under 6% in the south of the county.

##### Child Maltreatment

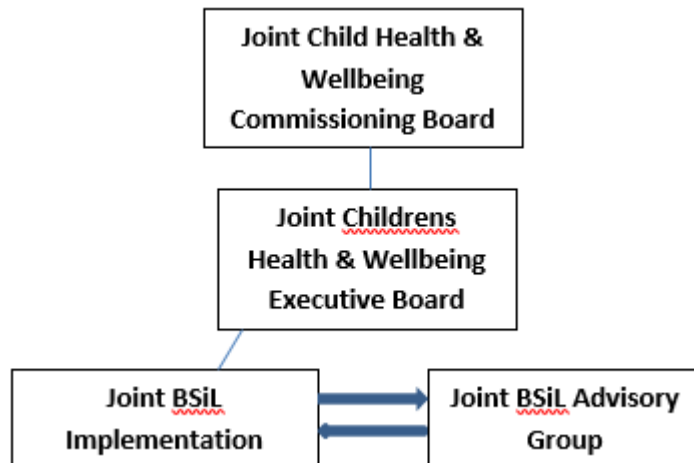
- Domestic abuse, parental mental health problems and substance misuse are key risk factors for child maltreatment.

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

The Children and Young People Committee approved the BSiL Strategy on 10 September 2019.

#### **Governance**

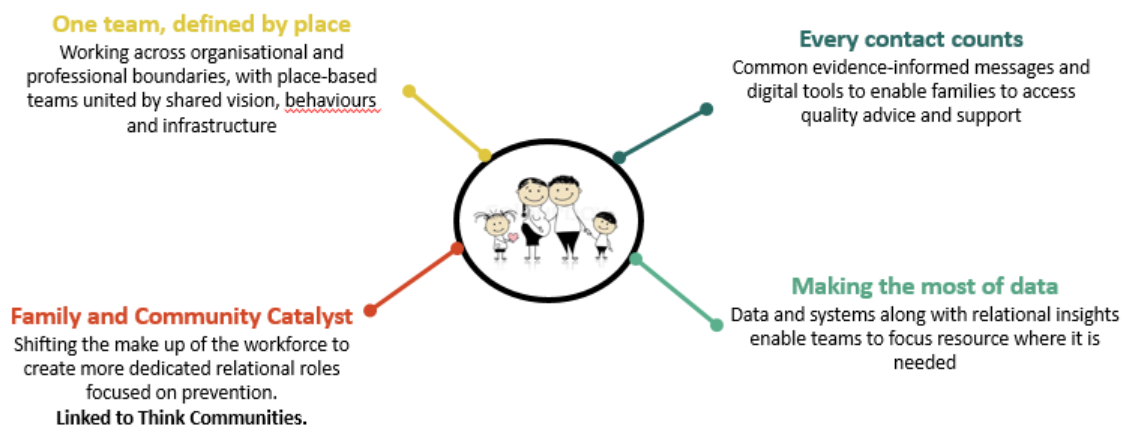
A new governance structure was established summer 2019, as shown in the image below, to monitor impact and outcomes of the strategy and the implementation of a new integrated delivery model:

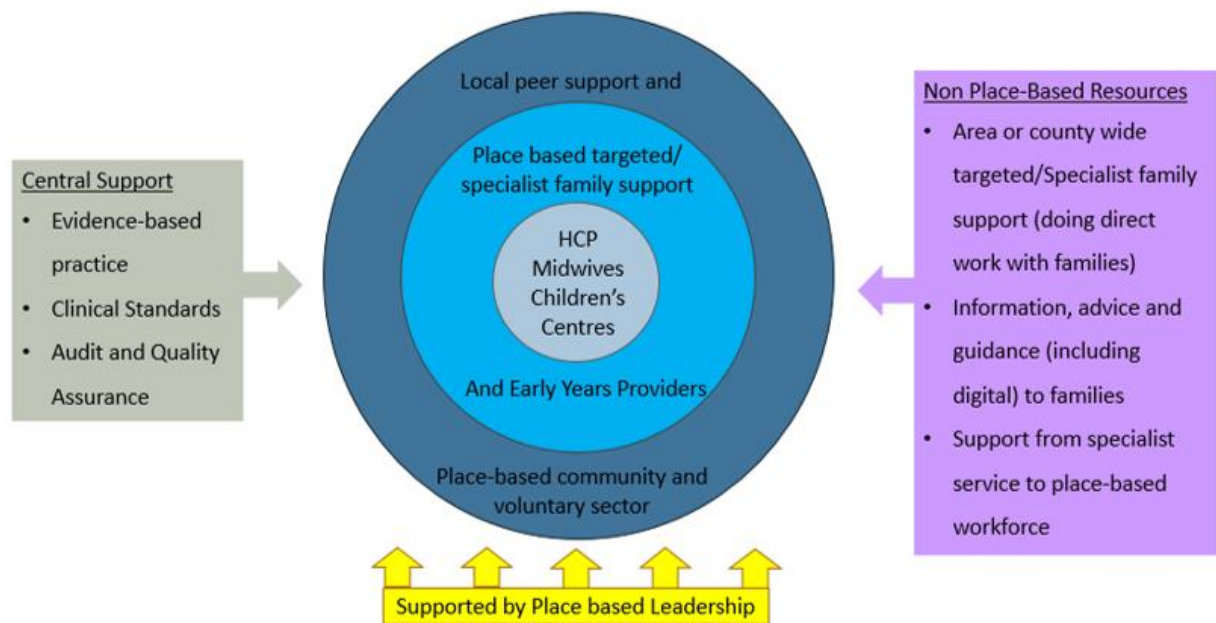


## Phase 2 – Develop an integrated delivery model

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:





## 2. MAIN ISSUES

### 2.1 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:

- Cambridgeshire and Peterborough Health and Wellbeing Board Core Joint Sub-Committee – November 2019
- Early Help Partnership Board – January 2020
- Child Health & Wellbeing Executive Board – January 2020
- CCC Health Committee and Children and Young People Committee Development Session in 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/carers forums
- Look at 'Changing the Conversation', for example 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.

## **3. ALIGNMENT WITH CORPORATE PRIORITIES**

### **3.1 A good quality of life for everyone**

Please see wording under point 3.3.

### **3.2 Thriving places for people to live**

Please see wording under point 3.3.

### **3.3 The best start for Cambridgeshire's Children**

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

Evidence is clear that the early years (pre-birth to 5 years) are a crucial period of change. The experiences of babies and children during this time lay the foundations for their future, and

shape their development, educational attainment and life chances.

It is therefore a period of great opportunity, where the combined efforts of parents, communities and services can make a real and lasting difference. The Best Start in Life strategy aims to take this opportunity to ensure that its vision and outcomes are a shared responsibility and ambition across all partners who provide a service to children and their parents.

#### 3.4 **Net zero carbon emissions for Cambridgeshire by 2050**

There are no significant implications within this category.

### 4. **SIGNIFICANT IMPLICATIONS**

#### 4.1 **Resource Implications**

There are no significant implications within this category.

#### 4.2 **Procurement/Contractual/Council Contract Procedure Rules Implications**

There are no significant implications within this category.

#### 4.3 **Statutory, Legal and Risk Implications**

There are no significant implications within this category.

#### 4.4 **Equality and Diversity Implications**

There are no significant implications within this category.

#### 4.5 **Engagement and Communications Implications**

Please refer to section 2.1 for a list of engagement activities with key committees, boards and groups.

In addition, 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

#### 4.6 Localism and Local Member Involvement

There are no significant implications within this category.

#### 4.7 Public Health Implications

Improving outcomes for children using a preventative, whole-system, evidence based approach in a key public health priority. Public Health staff are fully engaged in the work outlined.

Implications	Officer Clearance
<b>Have the resource implications been cleared by Finance?</b>	Yes or No Name of Financial Officer:
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	Yes Name of Officer: Gus de Silva
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	Yes Name of Legal Officer: Fiona McMillan, Monitoring Officer
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	Yes Name of Officer: Wendi Ogle-Welbourn
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes Name of Officer: Jo Dickson
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Yes Name of Officer: Wendi Ogle-Welbourn
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer: Raj Lakshman



Source Documents	Location
n/a	