

Best Start in Life Programme Update

To: Cambridgeshire & Peterborough Health & Wellbeing Board
Core Joint Sub-Committee

Meeting Date: 4 December 2020

From: Wendi Ogle-Welbourn, Executive Director, People & Communities,
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Purpose: This report is being presented to update the Core Joint Sub-Committee on progress of the Best Start in Life Programme.

Recommendation: The Core Joint Sub-Committee is asked to note and comment on the continued development of the Best Start in Life Programme.

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1. Background

- 1.1 This report is being presented to the Core Joint Sub-Committee members on progress of the Best Start in Life Programme.
- 1.2 This report is for the Cambridgeshire and Peterborough Health and Wellbeing Board Core Joint Sub-Committee to consider under its Terms of Reference.

2. Main Issues

2.1 Best Start in Life Programme

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.

2.2 The Best Start in Life strategy focuses 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

2.3 The key aspects of the Best Start in Life programme are outlined in the infographic below:

BEST START IN LIFE

What is at the heart of Best Start in Life?

- Above all, relationships
- Connected, place-based support that is co-designed with and works for the whole family
- A stronger relationship with communities and community organisations based on trust
- Sharing information across organisations so that issues can be spotted and acted on earlier
- Focus on equipping families to thrive, enabling all families to make the most of local social support
- A more connected and autonomous workforce

Children lead healthy lives			Children are safe from harm		Children are confident, resilient, and with an aptitude for learning		HEADLINE OUTCOMES INTERMEDIATE OUTCOMES <small>(if we focus on these areas we think it will have the biggest impact on the headline outcomes)</small> AREAS OF FOCUS <small>(Ways of working as we implement Best Start)</small>
Attachment	Parents support healthy development	Parent Stress and Mental Health	Play is valued	Social Supports			
Family and Community Connections	One Team defined by Place	Making the most of data	Every contact counts				

2.4 Phase 2 – Develop an integrated delivery model

Phase 2 focused 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.

2.5 Phase 3 – (delayed due to Covid-19) September 2020 – August 2021

Work has now restarted on the full programme, with the core team meeting fortnightly to oversee the workstreams and includes colleagues from across the partnership. Phase 3 will now focus on piloting the integrated delivery model in 3 areas.

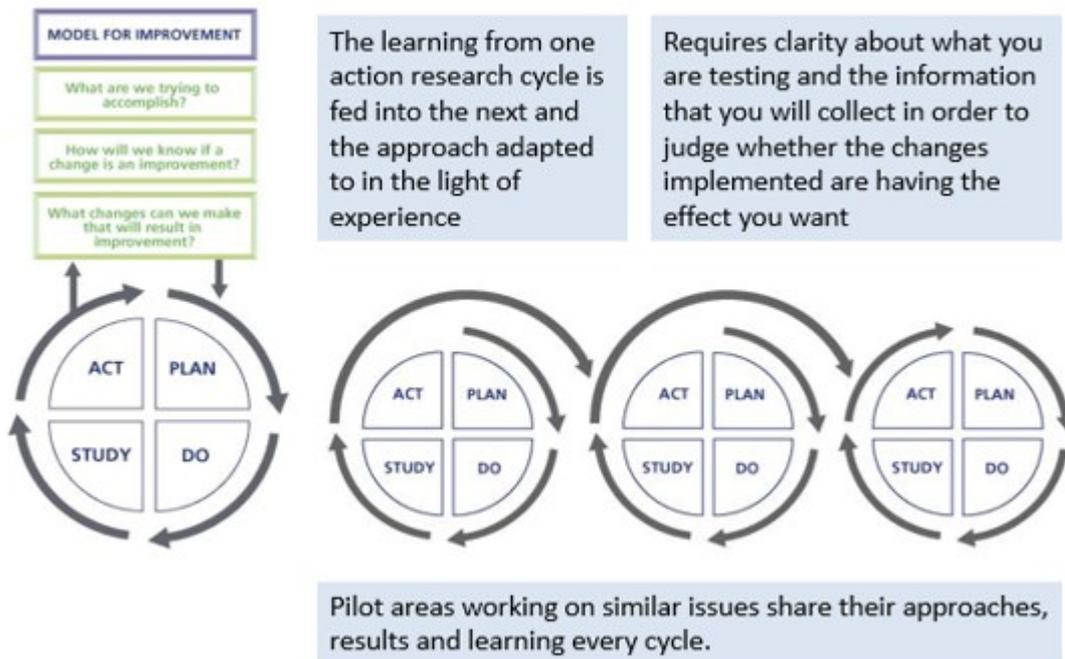
2.6 The BSiL place based workstreams have been established in Cambridge City, Wisbech, and the area of Peterborough around Honeyhill Children’s Centre. We are also working with the Primary care network (PCN) in the Thistle Moor area of Peterborough on an additional place based pilot led by primary care colleagues.

2.7 Themes and issues identified in these local conversations are now being looked at alongside hypotheses developed by the steering group to identify the areas to test in the local pilots.

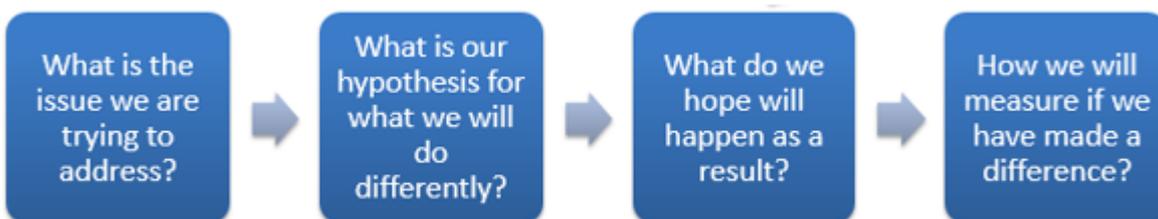
2.8 There are an additional 8 BSiL workstreams looking at overarching themes. These are described in the table below:

Digital Platform	Building a digital platform to provide a single point for families to access online information and where to find support.
Communications and Branding	Creating a communications strategy alongside a visual brand for the Best Start in Life programme. This will prioritise the development of ‘Best Start on a Page’
Memorandum of Understanding (MoU) and Best Start Pledge	Finalising the MoU and developing a Best Start pledge for use across wider system partners.
Data Sharing and Pathway improvements	Looking at how data sharing can support integration linked to the place based pilots. Taking system-wide approaches to improving pathways from universal to acute needs.
Outcomes and Evaluation	Ensuring that our learning framework is embedded and we build in effective evaluation into all of our prototypes and pilots.
Building Best Start Culture and Workforce development	Agreeing measures to create the Best Start culture within the workforce, agreeing common approaches and messages, and supporting staff training and development.
Leadership and Governance	Moving the programme forward, ensuring that there are the resources and sign offs required.
Estates and Infrastructure	This workstream will be informed by new ways of working emerging from the prototypes and pilots.

2.9 As we progress with piloting aspects of the BSiL model, we will be using the below learning cycle to make sure that we are collecting the right information from the pilots to confirm that we are having the effect required to improve the outcomes that are identified.



2.10 This can be seen visually in the 4 questions below which will form the basis of the project plans for each activity. It is essential that the evaluation methodology for each BSiL pilot is decided on in advance of the pilot starting.



2.11 As the BSiL programme moves forward we have identified the following opportunities and challenges that we need to build into our next steps planning:

OPPORTUNITIES:

- Building on the partnership work developed during Covid to ensure that the recovery phase is planned with Best Start Priorities at the heart of the recovery plans
- Maternity services are re-starting the roll out of Continuity of Carer, a crucial foundation for the Best Start in Life place based work
- System wide developments including Think Communities and the Cambridge Children’s Hospital.
- Sustainability and Transformation Partnerships (STP) Recovery work stream focusing on Children and Maternity.

CHALLENGES:

- Timescales for work are likely to be impacted by how the pandemic evolves. The roadmap will need to be flexible enough to manage this without losing momentum.
- This programme is looking at large scale, system wide change. We need to make sure that sufficient resource is allocated from across the partnership to develop the workstreams.

2.12 We are working with ISOS, an independent research and consulting organisation, to join up the Best Start programme with parallel work that has been looking at the Early Help offer for children aged 5-19 (or up to 25 yrs for those with SEND) and support for vulnerable adolescents, with the ambition to create a single pre-birth to 19 offer for families. The 5-19 service development that is underway within the Healthy Child programme will link into this wider system approach.

3. Consultation

3.1 A significant amount of work has been undertaken to engage the system workforce, partners, providers, agencies as each programme progresses through the phases.

3.2 Overall, with little exception, there has been a strong commitment to the programmes with a genuine desire for cross-organisational collaboration.

4. Anticipated Outcomes or Impact

4.1 The Core Joint Sub-Committee is expected to review the information contained within this report and respond / provide feedback accordingly.

5. Implications

Financial Implications

5.1 There are no significant implications within this category.

Legal Implications

5.2 There are no significant implications within this category.

Equalities Implications

5.3 There are no significant implications within this category.

6. Appendices

6.1 Best Start in Life Strategy 2019-2024

7. Source documents

7.1 None.