

Best Start in Life Programme Update (BSiL)

To: Children and Young People Committee

Meeting Date: 9 March 2021

From: Executive Director, People and Communities

Electoral division(s): All

Forward Plan ref: n/a

Key decision: No

Outcome: To provide an update on the Best Start in Life programme.

Recommendation: The Committee is recommended to note and comment on the continued progress of the Best Start in Life Programme.

Officer contact:

Name: Helen Gregg
Post: Strategic Partnerships and Programme Manager
Email: helen.gregg@cambridgeshire.gov.uk
Tel: 01223 699692

Member contact:

Names: Cllr Simon Bywater
Role: Chair
Email: simon.bywater@cambridgeshire.gov.uk
Tel: 01223 703638

1. Background

1.1 The vision for Best Start in Life Programme is...

Every child will be given the best start in life supported by families, communities and high quality integrated services.

1.2 The aim of this programme is to co-design and implement place based changes, enhance existing local services, systems and processes to improve outcomes for children, young people and their families.

1.3 Overarching programme objectives:

- To empower and support parents, families and communities to create support networks and opportunities to maximise their collective resources, skills and knowledge creating greater independency and resilience.
- To develop solutions which use the best available evidence, examples of good practice, are inclusive of the entire local population and are designed to meet the future needs of the community.

1.4 **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.

1.5 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

1.6 **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.

1.7 **Phase 3 (current phase) – piloting integrated delivery model in 3 areas**

Work has now restarted on the full programme. A programme board and core group have been established and now meeting on a monthly basis to oversee the workstreams and include colleagues from across the partnership. Phase 3 focus is on piloting the integrated delivery model in 3 areas – Cambridge City, Wisbech and Peterborough, followed by a period of evaluation.

2. Main Issues

2.1 The workstreams for the programme align to the key 'building blocks' outlined in the Best Start in Life strategy.

2.2 **Workstream 1 Objectives – One Team Place Based**

- Co-design and test changes with system partners and local families which address one of the five themes (Healthy pregnancy for parents and children, vulnerable parents - identified early and supported, well prepared parents, good attachment and bonding and supporting child development).
- Design collaborative integrated service delivery model framework bringing education, early help and community health together in meaningful way. Establishing a one team ethos, enabling colleagues to work across organisational boundaries.
- Develop high level projected cost for prototype(s) / full scale implementation, undertake review of HR implications for an agreed implementation approach, consider training / support programme to staff to ensure consistent approach, culture/behaviour changes etc.

2.3 **Workstream 2 Objectives – Culture and People**

- Develop a memorandum of partnership and pledge between all system partners
- Establish a collaborative system leadership forum which includes community representatives as well as public and voluntary sector representatives and share a commitment to create the necessary conditions to enable collaborative problem solving and embed new shared operating principles.
- Design and deliver a leadership programme (covering change management and system leadership) for our local leaders promoting and facilitating working across organisational boundaries.

2.4 **Workstream 3 Objectives - Digital, Communications and Engagement**

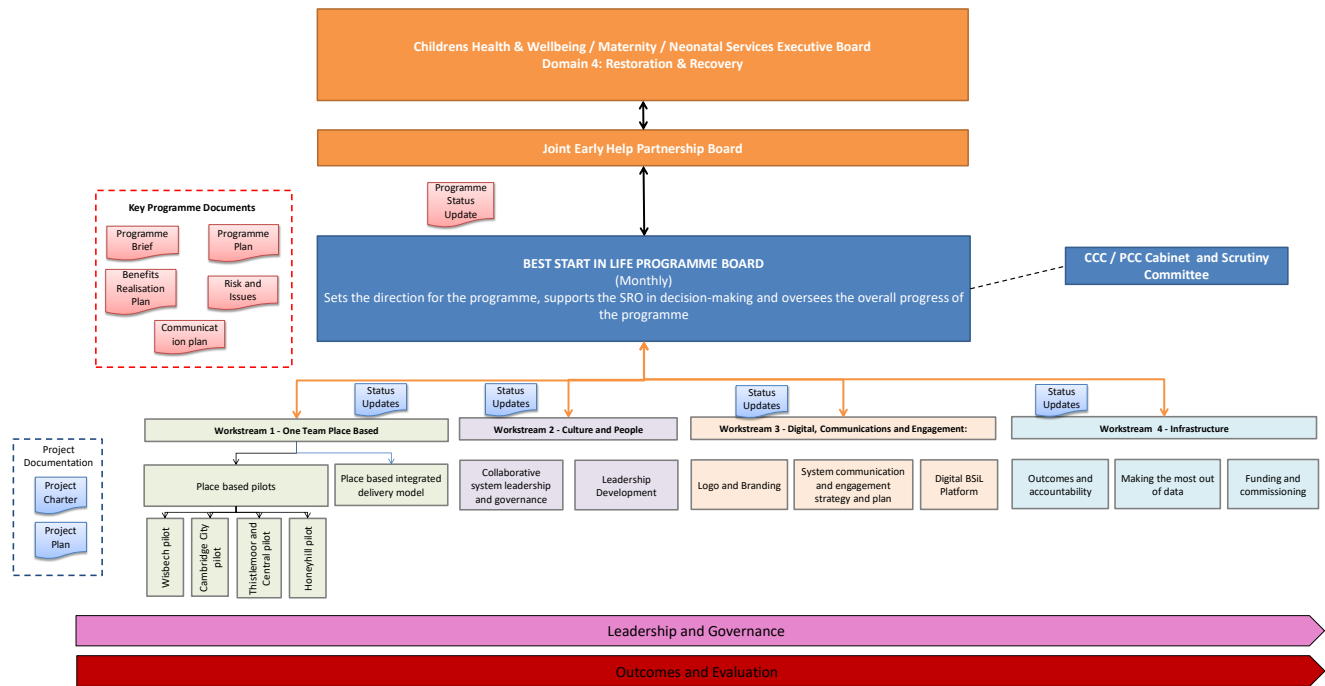
- Co-design with stakeholders Best Start in Life (BSiL) logo and branding
- Design a strategy and plan which coordinates system wide communications providing consistent and clear messaging on national awareness days, weeks or months and other communication priorities
- To design and implement a digital platform which acts as the central repository of all resources and support for children (aged 0-5) and their families

2.5 **Workstream 4 Objectives – Infrastructure**

- Identify and establish a system to monitor shared outcomes both at the local level and system level. Ensuring that these are meaningful support the delivery of the Best Start in Life vision.
- Explore opportunities to share data and insights which support local areas understand the needs and challenges in their area.
- Establish system reporting dashboards
- Consider opportunities for collaborative funding arrangements which support achievement of shared outcome and help reduce duplication and waste, developed in collaboration with service users and flexible to accommodate ongoing learning.

2.6 The following governance structure has been developed: (An enlarged version of the structure chart can be found as Appendix 1)

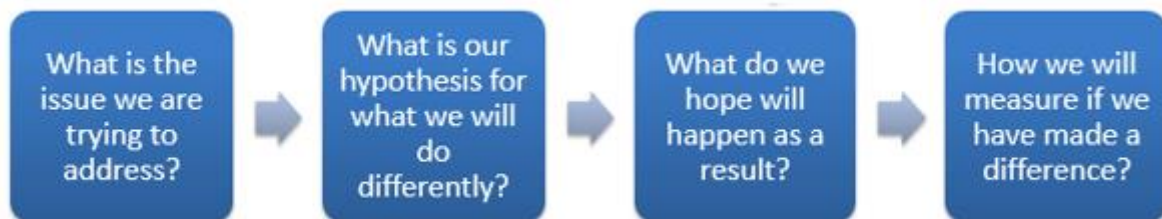
BEST START IN LIFE GOVERNANCE STRUCTURE



2.7 Phase 3 Progress

Place based pilots 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 Thistlemoor area of Peterborough on an additional place based pilot led by primary care colleagues.

2.8 As we progress with the piloting aspects of the integrated delivery model, we will be using a learning cycle to make sure that we are collecting the right information in from the pilots to confirm that we are having the effect required to improve the outcomes that are identified. This can be seen visually in the 4 questions below, which will form the basis of the project plans for each activity.



2.9 Pilot Area Key Activities (January to March 2021)

Area	Pilot Focus/Themes:
Area: Honeyhill, Peterborough	Improving the way that parents are able to support their children's communication, speech and language development
Area: Central and Thistlemoor, Peterborough	Improving Immunisation Rates in Central and Thistlemoor
Area: Cambridge City	Increasing joint working between professionals to support families
Area: Wisbech	Reducing smoking in pregnancy, Best Start in Life Communications, Pathway to Parenthood

Pilot Progress / key activity:

PILOT AREA	Pilot strand	Stage (research/ plan / test / implement)	Key activities in next 3 months
Wisbech	Using consistent language/messages with families about the 0-5 offer in Wisbech.	Research / early planning	<p>January: Identify biggest barrier to communication with families at the moment. Establish priority messages to share with families. Identify priority groups to communicate with: those we struggle to reach now.</p> <p>February: Find "quick wins" to respond to the above research: low cost, minimal resource input from practitioners/operational staff. Put these into action.</p> <p>March: Plans for the longer-term: what is the issue we want to resolve using BSIL principles? Capture learning from pilot.</p>
Wisbech	Reducing smoking in pregnant women	Research/ early planning	<p>January: Map out how services currently provide support to pregnant women/families to reduce smoking in pregnancy.</p> <p>February: Find "quick wins" to bring this support together. Build the key messages that all teams need to use to have an impact quickly. Put these into action.</p> <p>March: Plan for the longer-term: what issue will we resolve using BSIL principles? What are the characteristics of the community that mean smoking in pregnancy is so high? How can we tailor support to make a difference? Capture learning from pilot.</p>

PILOT AREA	Pilot strand	Stage (research/ plan / test / implement)	Key activities in next 3 months
Wisbech	Pathway to parenting	Planning	<p>January: Test new blended delivery model before it is opened up to families. Revise protocols to respond to latest Tier 5 COVID restrictions. Book families onto sessions. Send out first set of activities/resources to families booked in for Feb</p> <p>February: Deliver the revised course. First families are booked on for sessions starting 3rd February.</p> <p>March: Review delivery of early sessions.</p>
Honeyhill	Improving the delivery of speech & language and communications development support to families	Planning	<p>January: Conduct audit of Speech and Language support/ tools and messages currently used by services. Consider uses, purposes, audiences, training: aim to get consistency of use and share best practice.</p> <p>February: Survey staff and families about current awareness of available support</p> <p>Jan-March: Map data-sharing needs in order to improve information sharing between professionals, especially for children who drop out of early years provision.</p> <p>March: Introduce speech and language therapy surgeries to support professionals access advice.</p>
Cambridge City	Increasing joint working between professionals supporting the same families in Cambridge City	Research / early planning	<p>January: Map current service delivery activities (Early Help Programme (EHP), Health Visiting, Children & Family Centres, Early Years, and Midwifery). Map geographies covered by each service. Identify gaps, overlaps and pinch-points.</p> <p>February/March: Find opportunities to test BSIL principles to resolve these gaps/overlaps/pinch-points. Plan how to begin to deliver these. Capture learning from pilot.</p>
Cambridge City	Using consistent language to increase staff awareness of BSIL	Not yet begun	<p>Jan – March Identify members for working group. Set up regular working meetings. Agree priorities. Research issue to be addressed and how to respond to it. Priority will be to develop and agree a shared understanding of what “safeguarding” means to all professionals to ensure consistent communication with families.</p>

PILOT AREA	Pilot strand	Stage (research/ plan / test / implement)	Key activities in next 3 months
Central & Thistlemoor	Improving immunisation rates	Research	<p>January: set up task and finish groups for three strands of activity: 1) Developing a “core script” and a consistent approach to messages promoting the importance of immunisations 2) Getting the process for recruiting families to immunisations right, using BSIL principles 3) Appointing community champions to support specific families with accessing immunisations. Schedule first meetings and begin to scope out work required.</p> <p>February/March: Consider data sharing requirements, feed up to programme level. Agree new ways of working and put into practice to test effectiveness. Capture learning.</p>

2.10 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.
- STP Recovery work stream focussing 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.

3. Alignment with corporate priorities

3.1 A good quality of life for everyone

The report above sets out the implications for this priority in Section 1.

3.2 Thriving places for people to live

There are no significant implications for this priority.

3.3 The best start for Cambridgeshire's children

The report above sets out the implications for this priority in Section 1.

3.4 Net zero carbon emissions for Cambridgeshire by 2050

There are no significant implications for this priority.

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

There are no significant implications within this category.

4.6 Localism and Local Member Involvement

There are no significant implications within this category.

4.7 Public Health Implications

There are no significant implications within this category.

Have the resource implications been cleared by Finance? Yes

Name of Financial Officer: Martin Wade

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement? Yes

Name of Officer: Gus da Silva

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law? Yes

Name of Legal Officer: Fiona McMillan

Have the equality and diversity implications been cleared by your Service Contact?

Yes

Name of Officer: Nicola Curley

Have any engagement and communication implications been cleared by Communications?

No response

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes

Name of Officer: Nicola Curley

Have any Public Health implications been cleared by Public Health?

Yes

Name of Officer: Helen Freeman

5. Source documents

5.1 None

BEST START IN LIFE GOVERNANCE STRUCTURE

