

## Committee: Health and Wellbeing Board

Date: 28<sup>th</sup> January 2014

Agenda item:

Wards: All

### Subject: Children's Centre and Early Years Review

Lead officers: Dr Kay Eilbert, Director of Public Health, Yvette Stanley, Director Children, Schools and Families

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Forward Plan reference number:

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#### RECOMMENDATIONS:

- A. To note the findings of the Early Years Review.
- B. To note and consider recommendations from the Review.
- C. To support the development of a public health programme for Children's Centres and Early Years.

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#### 1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1. The purpose of the report is to provide the Health and Wellbeing Board with an overview of the findings from the recent Children's Centres Early Years Review and to consider recommendations emerging from the Review.
- 1.2. The aim of the review was to review the effectiveness of current delivery models and services and the extent to which the integrated working practices between the key agencies deliver the core purpose of Children's Centres, improve outcomes and narrow the gap for disadvantaged children (from conception 0–5); and to make recommendations to inform service development and commissioning decisions.
- 1.3. Findings from the review focussed on level of understanding of the vision and core purpose of Children's Centres among professionals and parents; how well integrated processes to identify and assess need were established; interagency work with other services; systems and processes for communication; areas of service provision that need development; and models of integrated service provision across early years.
- 1.4. The review identified recommendations in the following areas: development of commissioning and management, including developing an outcomes-based model; service development, including the need to finalise a 'core offer' and address areas of service delivery in need of development; communication; enhancing understanding of needs and targeting provision; strengthening

assessment and referrals; workforce development; developing shared processes and methods for communicating with parents.

- 1.5. Following the review it has been proposed to develop an action plan and establish a Task and Finish Group to oversee implementation. It has also been proposed to develop a public health programme for Children's Centres and Early Years with investment from the Local Authority public health grant.

## **2 DETAILS**

### **2.1 Introduction**

The London Borough of Merton (LBM Public Health and CSF) commissioned Anna Sewell Implementation Limited (ASIL) to undertake a review of Early Years (conception – 5 years) and Early Intervention Services. This was conducted between July and September 2013.

The aims were to:

- Review the effectiveness of current delivery models and services and the extent to which the integrated working practices between the key agencies; health visiting, midwifery and children's centre staff, deliver the core purpose, improve outcomes and narrow the gap for disadvantaged children (from conception 0–5).
- Make recommendations to inform service development, priorities and commissioning decisions to meet the needs of very young babies, children and their families.

The key focus of the review was upon professionals and parents understanding of the core offer and how the models of working, processes and delivery can be made more effective to improve outcomes for children and their families. The report did not seek to present a detailed picture of the structural issues and performance of Children's Centres.

All Local Authorities and health services are currently experiencing a prolonged period of transition as they re-structure and prioritise services across the breadth of public provision. The three key early years services considered within this review have already undergone significant changes. The process of change continues as a new Children's Centre locality structure develops with a greater emphasis on targeted work, home visiting and outreach and a reshaping of the local authority core offer. A new Ofsted Framework for Children's Centres is introduced and, there is an expectation that Health Visiting will transfer over to the Local Authority from October 2015.

The review takes account of the fluidity of the local picture and provides recommendations which can be considered and implemented in both the short and medium term. The aim is that commissioners and managers utilise the findings and recommendations to shape the future direction and integration of early years services.

## 2.2 Methodology

The Review drew on multiple methods, including:

- 15 in-depth interviews, 4 opportunistic interviews and 5 telephone interviews. Development of a self-assessment tool containing recommended services for use in Children's Centres, completed by the three Children's Centre localities.
- Face to face interviews with 35 parents: 32 women and 3 men.
- An on-line questionnaire to obtain the views of a wider group of parents was developed and distributed by LBM to Children's Centres. The questionnaire was completed by 457 parents mostly attending universal health and play and stay sessions during the summer holidays.
- Scoping key elements of effective service models and examples of practice from other areas.
- Review of data utilisation and information sharing.
- Delivery of an expert opinion workshop to present the findings of the review and discuss the recommendations with local professionals.

## 2.3 Key Findings

The review sought to assess integrated working practices across Early Years services; identify current practice and understanding by four services of the core purpose and vision for children's centres: Children's Centre professionals; Midwifery; Health Visiting and Supporting Families Team.

**Understanding the vision and core purpose for children's centres:** there was a general understanding among Children Centre staff about roles of other professionals and very little duplication; there was a lack of understanding among some professionals about the relationship between service activities and outcomes; there was a need for a common language to describe the Children's Centre offer; there was variation in what Children's Centres provide for children and parents. There was some confusion among other professionals about the core purpose of Children's Centres.

The main child related services that parents were aware of were child health clinics and stay and play sessions, (this would be expected given the questionnaire was completed by families using health and stay and play sessions and not families accessing targeted services). There was variation among the parents spoken to as to their knowledge and access of other services. The exception was among parents of children with Special Educational Needs, where awareness was good.

**Integrated processes to identify and assess need:** There is evidence that Children's Centres have effective support to assess performance and analyse needs and use data to inform structure and delivery, including targeting of services. Data sharing with SMCS is developing and needs to be sustained. More use could be made of national public health tools in conjunction with local data.

All parties identified that delivery from Children's Centres of antenatal checks and child health and development checks greatly facilitates interagency working, resulting in more co-ordinated and responsive services. However Midwifery makes few referrals to Children's Centre services and the review identified that

this is due to a lack of understanding about what Centres provide. GPs also make few referrals to Children's Centres, indicating a need to improve knowledge and understanding. Service specific information sharing protocols do not exist between children's centres, Health Visiting and providers of Midwifery services. Information sharing protocols that underpin working across centres sits within the wider information sharing protocols agreed at Children's Trust level.

**Interagency work with other services:** there are some strong working relationships with other services including targeted and specialist services. Relations with schools were reported as mixed and dependent on the location of the school and the centre with evidence of some effective practice in some localities. Joint working with health for children with disabilities was identified as strong. A care pathway for prevention and early intervention is not currently in place across early years across the key multi agency partners, although there are co-ordinated referral routes and some single agency pathways.

**Children Centre's systems and processes of communication:** the review explored communication processes and opportunities to enhance current systems and develop use of digital technology.

**Gaps in Provision:** a self-assessment of services provided across Children's centres identified that there was some variation in provision by locality for both wider universal services as well as targeted services and in the use of evidence based practice. Support to address low level mental health concerns including mild depression and anxiety; support on postnatal depression and support for parental relationships were identified as priorities for development. Other areas for development included targeted support for young parents (the Family Nurse Partnership has been established which will address these needs); secure attachment and maternal bonding, and sessions to support and prepare expectant parents. Delivery of support to improve child and family health, including advice on healthy eating in pregnancy, promoting breastfeeding, weaning and cooking, and increasing physical activity were identified as needing development. A number of training needs were identified to develop skills and competencies of staff and the review identified the need to undertake a skills audit across the key agencies. Gaps in health visiting capacity were identified including delivery of universal antenatal contact as recommended in the Healthy Child Programme; the need for a central pool of child care workers; flexible attendance times, including evenings and weekends, and needs identified as a result of demographic changes, including Plough Lane estate and Carters estate.

**Developing a model of integrated service provision across early years:** a key recommendation of the review is to develop a shared vision and outcomes framework within the context of an integrated model of co-located Early Years provision, building on areas of existing good practice and partnership working and Merton's long established Children and Young People Well Being Model which has sign up at a strategic level and across operational staff across the children's workforce encompassing education, care and health. The review identifies that in order to move in this direction it is important that shared commissioning arrangements and strategic management plans are in place including maternity, health visiting, children's centres and social care.

## 2.4 Key Recommendations

The Review sets out a range of recommendations (details on p.68-74 of full report). These include both short term and medium term recommendations. Many of the recommendations can be addressed within existing resources, however a number indicate the need for additional investment. The recommendations set out below reflect those proposed for implementation locally:

### **Commissioning and Management:**

Managers, commissioners and providers of Maternity, Health Visiting and Children's Centres need to:

- Develop a mechanism of regular communications about service priorities, developments and performance against outcomes.
- Develop a borough wide strategy and action plan to improve the widest outcomes for 0-2s based on evidenced based practice in line with the age of opportunity
- Reflecting the C&YP wellbeing Model through developing an outcomes-based model of management and commissioning which reflects Merton's approach to early identification, and prevention, is based on evidence based practice and is underpinned with strong data systems and performance management across all agencies.

### **Service Development and Investment:**

- Strategic managers and commissioners from both the Local Authority and the Health organisations scope and finalise the 'Core Offer' for Merton Children's Centres which includes the relevant health delivery and builds on locality hub and spoke model; ensuring: priorities are clear; interventions are evidence-based and targeted at vulnerable groups; that provision meets the needs of pregnant women and their families; processes for implementation are standardised across centres. Service delivery should be consistent across the localities for universal provision (primarily health visiting, midwifery and funded early education for 2, 3 and 4 year olds), and engage with GPs, and addresses the inconsistencies for targeted services identified within the self-assessment tool (see above). Service delivery should reflect the varying needs of each locality with clear rationale as to variances within the targeted core offer according to assessed need.
- A multi-agency working group with representation from the three main providers and public health, early years services is established to develop a prevention and early intervention care pathway for early years which: documents what is provided at what stage and by who, how parents access services and the role of each service in providing support/referral
- Midwifery work with Children's Centres to develop an additional antenatal class covering attachment and relationships which is integrated into the current antenatal offer from midwifery services
- Health Visiting Services work with other early years providers to develop innovative approaches to delivery of 'universal plus' provision and ensuring vulnerable families have access to support on bonding and attachment, behaviour management, post-natal depression listening visits, sleep

management sessions, childhood healthy weight groups and intensive breastfeeding support

**Communication about the Core Offer:**

- Ensure processes are in place to solidify a shared vision and language for Children's Centres amongst all Children's Centre professionals.
- Commissioners and managers of all the Early Years Services and wider services providing support for children/families, develop a road-show to showcase the universal and targeted support provided to other partners. Children's Centres and their key delivery partners in particular health, but also to invite other organisations to attend their events and open days to showcase the support and activities available
- Midwifery, Health Visiting and Children's Centres share relevant feedback from users with other agencies to highlight acceptability and value of services to parents and areas for joint improvement

**Enhancing Understanding of Need and Targeting of provision:**

- Develop service specific information sharing protocols and procedures between Midwifery, Health Visiting and Children's Centres to supplement corporate protocols and enable information sharing and agreed working practices.
- Greater contribution by key partners of children's centres in the production of the Locality profiles and wider dissemination to provide an overview of the demographic and performance data against outcomes. The ability of the Royal Marsden NHS Foundation Trust to run the PHE 'PREview' tool to enable Merton to predicted poor outcomes is explored further.
- Further analysis is undertaken to understand the extent of mental health support needs of parents, for example by investigating referrals to IAPT, GP referrals to mental health services and postnatal depression etc. which could provide proxy indications of need.

**Strengthening Assessments and Referrals:**

- Midwifery, Health Visiting and Children's Centres work collectively to monitor the use of the Children's Centre registration form by referring agencies to ensure consistency in use and that it is not being completed when a CASA is more appropriate.
- Midwifery and Health Visiting commit to attending 90% of Locality Allocation Network meetings. Children's Centre staff to attend team meetings for services which are likely to be the main source of referrals to Children's Centres to talk them through the referral form and how the needs of families will be met.
- Children's Centres and School Nursing Service work together to develop a co-ordinated approach to the transition of children with disabilities and additional health needs to schools ensuring one point of contact for the school.
- Managers work with the IAPT service to ensure that Children's Centre professionals can refer appropriately to the service

### **Workforce Development:**

- Develop regular methods of sharing practice across localities and between Children's Centres through training/mentoring, placements, visits and presentations on developing work
- A skills audit is undertaken across the borough by each agency with appropriate single and joint agency training to develop the skills required. Training on the needs of young parents and provision of services for young people is provided to all Children's Centre staff (linked to the DH Your Welcome Quality Standards), and links made with the Family nurse Partnership.
- Training provided by the Primary Mental Health Worker for 0-5s is attended by midwives and health visitors, on secure attachments and bonding.

### **Developing shared process and methods of communicating with parents:**

- Locality Managers work with administrative staff across the localities to identify effective practices for making initial contact with families and maintaining their engagement

A copy of the full report is attached as Appendix 1.

## **2.5 Next Steps**

- To develop an action plan based on the recommendations in the review.
- To develop a public health programme for children centres/early years for 2014/15, investing funding from the ring-fenced Public Health Grant. It is proposed that this focuses on:
  - Development of prevention and early intervention early years pathways
  - Staff development –focusing on evidence into practice
  - Parent support –focusing on emotional and mental health
- To establish a Task and Finish Group to oversee implementation.

## **3 ALTERNATIVE OPTIONS**

3.1. n/a

## **4 CONSULTATION UNDERTAKEN OR PROPOSED**

4.1. The review involved consultation with a wide range of stakeholders including service users (see page 4 of Appendix 1).

## **5 TIMETABLE**

5.1. The aim is to commence implementation of recommendations from April 2014.

## **6 FINANCIAL OR RESOURCE IMPLICATIONS**

6.1. Investment has been identified from the ring-fenced Public Health Grant.

## **7 LEGAL AND STATUTORY IMPLICATIONS**

7.1. n/a

## **8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

8.1. n/a

## **9 CHILDREN & YOUNG PEOPLE'S PLAN IMPLICATIONS**

9.1. The Review and recommendations contribute to the delivery of Merton Health and Wellbeing Strategy: Priority 1: Giving Every Child a Healthy Start.

## **10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

10.1. n/a

## **11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

11.1 APPENDIX1: LB Merton Children's Centre's Early Years Review 2013