REPORT TO:	**Cabinet 15th December 2014**
AGENDA ITEM:	**8**
SUBJECT:	**Best Start for the Children in our Borough**
LEAD OFFICER:	**Paul Greenhalgh Executive Director Children, Families and Learning**
CABINET MEMBER:	**Cllr Alisa Fleming** **Cabinet Member for children, families and learning**
WARDS:	**All**

CORPORATE PRIORITY/POLICY CONTEXT:

The proposals in this paper support the administration's manifesto commitments on early intervention.

AMBITIOUS FOR CROYDON & WHY ARE WE DOING THIS:

The proposals in this paper support the following manifesto priorities:

Independence - To help families be healthy and resilient and able to maximise their life chances and independence

Growth - To enable people of all ages to reach their potential through access to quality schools and learning

Enabling - To be innovative and enterprising in using available resources to change lives for the better

Research shows that the early years are the most influential time in the development of a child, when their brain grows the fastest and when love and security are crucial. The council and its partners believe that it is vital that all young children get the best start in life and propose to bring together key services including health visiting, children's centres, early years and voluntary sector into an integrated service model.

FINANCIAL IMPACT

This report sets out plans to improve early intervention services for families with young children with the aim of maximising life chances and reducing the call on later more costly interventions.

It is intended that the Croydon Best Start model will offer a more effective service by strengthening the way that agencies work together as a 'whole system' enabling the whole to be more than the sum of the parts. The second phase of the development will be a fully integrated 0-5 years commissioning framework that will be in developed in 2018. With the current pressures on services, Best Start will not realise savings within this first phase 2015-2018. But by monitoring service improvements and efficiencies there may be opportunities to realise a reduction in costs of providing Best Start services from 2018.

FORWARD PLAN KEY DECISION REFERENCE NO: 1323

This is a Key Decision as defined in the Council's Constitution. The decision may be implemented from 1300 hours on the expiry of 5 working days after it is made, unless the decision is referred to the Scrutiny & Strategic Overview Committee by the requisite number of Councillors.

The Leader of the Council has delegated to the Cabinet the power to make the decisions set out in the recommendations below

1. RECOMMENDATIONS

The Cabinet is recommended to

1.1 Agree to transform children's centre, health visiting, family nurse partnership, early years and related family support services into a Croydon Best Start service delivery model.

1.2 Agree to implement the Croydon Best Start model in line with the design principles as outlined in the cabinet paper.

1.3 Take relevant mitigating actions detailed in the equalities assessment.

2. EXECUTIVE SUMMARY

2.1 This paper proposes that, with the commissioning of health visiting coming into the local authority in 2015, there is a unique opportunity to transform health visiting services, early learning and childcare, children's centre services, Family Nurse Partnership, family support and community services into an integrated service delivery model, Croydon Best Start.

2.2 To support this transformation, Croydon was awarded just under £1.5m by the Department of Communities and Local Government as part of their Transformation Awards. The funding focusses on investment in infrastructure such as ICT, single assessment and case management system, co-location and flexible working, Asset Based Community Development. This will enable the council and its partners to radically transform services in the next two years so that more young children are ready for school and families are better able to support themselves.

2.3 In 2013 Croydon was nominated by the Early Intervention Foundation (EIF) as one of the first 20 Early Intervention Places in England. Over the last 12 months, the council has been working with the EIF, Croydon Health Service, the Clinical Commissioning Group, GP networks, voluntary sector and other partners to design the Best Start service model. There has been extensive engagement with parents across the borough so that they are at the heart of the system, not the 'recipients' but co-constructors. This will ensure that the service builds on what parents can do, helping families to be resilient and independent. Best Start will not just focus on 'what services' are in place but on the quality of relationships of parents with professionals, responding to parent's concerns such as *"Feels a bit like you're being passed from pillar to post and I'm not really sure who's*

responsible for me." "*…… when your baby is born, you're only thinking about sleeping and looking after baby - it would have been better if someone had talked to me – maybe at 6-week check – they could have asked if I was ok, if I was meeting other parents etc*."

2.4 The service transformation will ensure

- families have more consistent and clearer information so that they can access services more easily for themselves and find support within their family network and communities
- joined up *'Best Start'* services so that those families who need extra support can get the help they need earlier and reduce the need for later intervention
- more integrated and efficient service delivery with improved information sharing, reduction in duplication of paperwork, better targeting of specialist support and a reduction in the number of families' falling through the gap
- greater whole system focus so that there are more radical improvements in areas such as take up of two year old childcare places, accident & emergency visits, obesity, early learning outcomes

2.5 An integrated performance framework will bring together statutory and local targets and performance data so that there can be clear monitoring of the impact of the Best Start service. Working with Queens University Belfast a robust evaluation framework, including Cost Benefit Analysis, will be built around the proposed six outcomes as follows

- children are healthy and well, emotionally and physically
- children are prepared and ready for school
- children are safe and protected from harm
- parents are self-reliant and have strong and supportive social networks
- parents are healthy and well, emotionally and physically
- parents can access employment and training

Draft indicators are outlined in Appendix 1.

2.6 The Cabinet member for children chairs the multi-agency Croydon Best Start Reference Group which has led the work on transformation, ensuring that the final detailed design is the most effective use of resources for early intervention. This paper outlines the rationale for developing a new more radical model and proposes the key principles and co-design process. The Best Start model has been endorsed by Children and Families Partnership, Health and Wellbeing Board and the Clinical Commissioning Group Board and Chief Executive Transformation Steering Group. A proposed timeline for implementation following a Cabinet decision in December is appended in Appendix 2.

3. **Designing Croydon Best Start**

The Best Start Reference Group has used three key sources of information to support the proposed transformation of services for under 5's. These are: the parents' voice; review of the services in scope; lessons learnt from integrated-working pilots.

Croydon Best Start: Parents' Voice

3.1 At the heart of the Best Start model is the principle of co-design with parents. It builds on the on-going engagement and an in-depth 'conversation' with families that took place during October and November 2014. These conversations build on wide-ranging consultation undertaken between December 2011 – March 2013 and is summarised in Appendix 3.

3.2 In October and November this year, the service held just over 100 in-depth 1:1 interviews with parents and carers of children of all ages in 12 different venues across the borough including children's centres, pre-schools, parent and toddler groups, health visitor clinics and a stay and play attached to a mosque.

Three broad themes emerged that have informed the design of Best Start model: access to and availability of services; information, advice and support; relationships and the overall experience. These themes will be further detailed in a report that will be used with practitioners to help their understanding of how parents view their services.

3.3 The emerging themes from the intensive engagement with parents to support the co-design indicate the increased need for:

- **Improved availability of services** – some suggestions around timed midwifery home visits, more creative opportunities for parents to meet together informally and for forming mutual support groups and networks – this could involve building on the parent and toddler group model with greater support from children's centres, more support for mothers with post-natal depression, more activities for children of all ages, especially holiday periods.

- **Information and advice** – including better, more relevant, more accessible and more timely information e.g. better promotion of the Family Space website, a calendar/flowchart of key events, monthly newsletter.

- **Relationships** – greater consistency in advice, professionals to be more proactive, texting parents to remind them of appointments that enable them to access the range of health and developmental checks, encouraging parents to attend groups and explaining things more clearly, particularly to first time parents.

Review of Services in Scope

3.4 **Existing Services for under 5s**

The Best Start Reference Group has reviewed those services within the scope of the transformation and highlighted areas that need to be addressed as part of the re-design.

The following services are in direct scope.

Service	Funded by	Provided by	Value 2016/17
Children's centres	Local authority	Primary schools are commissioned to provide them	£3.2m
Health visiting	Local authority from Sept 2015	Croydon Health Service	£5.1m
Family Nurse Partnership	Local authority from Sept 2015	Croydon Health Service	£0.5m
Early years	Local authority/Direct Schools Grant	Early Intervention Support Service, Croydon Council	£0.45m
Voluntary Sector inc family support	Local authority	Commissioned from voluntary sector plus Big Lottery	£0.94m

Croydon is well placed to ensure close alignment with the midwifery services as they are provided by Croydon Health Service. Working with Croydon Clinical Commissioning Group clear pathways will be established with GP practices and community and faith groups. The locality approach will be informed by the place approach currently being developed within the council.

3.5 **Children's centres**

The core purpose of Sure Start **children's centres** is to improve outcomes for young children and their families, with a particular focus on those in greatest need in order to reduce inequalities in:

- child development and school readiness
- parenting aspirations, self esteem and parenting skills; and

- child and family health and life chances.

In Croydon, children's centres have been brought together into 5 collaborations with 8 designated centres (registered with Ofsted as the main centre), see attached map (Appendix 6). They deliver universal services to families with children aged under five years from a range of access points and outreach centres. For families with additional support needs, referrals are made by GPs, early years settings, health visitors and community partners etc into the Family

Engagement Partnership. The majority of parents want support for their child's learning and help with parenting.

Key areas to be addressed by Best Start: take up of children's centres has increased by 50% between 2011/12 and 2013/14 however the reach is less than half of families and should be near universal reach; closer working with local community groups would ensure a greater range of services to meet local needs; a focus on attachment and bonding as early as possible would support parenting and children's early development.

3.6 **Early Learning**

All children follow the Early Years Foundation Stage (EYFS) until the end of reception year (age 5) when they are assessed for 'school readiness'. The assessment (known as EYFS profile) describes each child's development and children are defined as having reached a 'Good Level of Development' (GLD) if they reach the expected levels in personal, social and emotional development; physical development; and communication and language and; mathematics and literacy.

Achievement at Early Years Foundation Stage of children by locality 2014

	North	South	East	West	Central	Croydon
Percentage achieving a GLD	52.2%	59.4%	59.9%	46.9%	64.3%	56.5%
Comparsion: England 60.4%; London & statistical neighbours 62%						

There was also a significant gap for five year olds with 47.5% of children eligible for free school meals achieving a good level of development compared with 59.5% for non-free school meal children.

Key areas to be addressed by Best Start: significant gaps in communication and language that have yet to be sufficiently addressed; overall improvement in early learning is needed particularly in the West; targeting of cohorts of children (e.g. EAL, SEN) to help close the gap for more vulnerable children; better take up rate of two year old childcare.

3.7 **The Healthy Child Programme (HCP)**

This evidence based programme for children 0 – 5 is the early intervention and prevention public health programme that lies at the heart of a universal health visiting service for children and families. It is a programme of screening, immunisation, health and development reviews for children. The HCP includes a universal service that is offered to all families, with additional services for those with specific needs and risks. The NHS England benchmarking exercise has identified that the caseloads of the Croydon Health Visiting service is high, with one measure placing this at 524 under 5s per Health Visitor. The London average for this measure is currently 384. With almost 600 new birth visits every month, one year and two year checks, health visitors' time with families is often limited to those with safeguarding needs.

For young parents (aged 19 and under) there is a **Family Nurse Partnership** team that delivers a voluntary intensive home visiting programme. In Croydon

over 100 young mothers, fathers and their babies are being supported each year, many of whom have overcome multiple challenges in their lives leading to improvements in health outcomes, reduction in smoking, more children meeting age appropriate development and parents accessing education and training.

3.8 The core purpose of the **midwifery service** is to provide high quality, responsive maternity services in which women, their partners and families are supported to maintain and improve health and wellbeing throughout pregnancy, birth, the postnatal period and through the transition to parenthood. There are strong links between midwifery and health visiting services. The midwifery service has a high volume of clients with a significant number of late bookings that leads to more intensive work with parents-to-be at a very late stage which can limit the parents' 'readiness for parent-hood". This is also complicated by the fact that 30% of mothers give birth out of borough and it would be an ambition to increase the number of new births within Croydon Health Service.

Key areas to be addressed by Best Start: high caseloads mean reduced time with parents to provide information; greater integration with GP practices with easier referral pathways is needed, particularly to ensure earlier booking with midwives; better information sharing across health and children's centres would mean more parents reached; reduction in caseloads where possible; embed learning from the strong Family Nurse Partnership programme.

3.9 **Job Centre Plus** (JCP) and children's centres aim to support parents into employment through advice, training and one to one support,
Key area to be addressed by Best Start: additional focus needed to support parents to access work and training working in partnership with housing, volunteer programmes etc.

3.10 The **voluntary sector** in Croydon is extensive and varied with a range of key organisations delivering services for under 5's with some innovative work. Asset Based Community Development (ABCD) is being piloted by the CCG. Faith groups provide an extensive range of family support for their communities, and the Faiths Together in Croydon network provides a collective voice.
Key areas to be addressed by Best Start: children's centre services to build on and complement community resources, particularly around the offer from faith groups; further develop the ABCD approach including more peer to peer support networks.

3.11 The Family Justice Centre provides support to victims of **domestic abuse and sexual violence** through a multi-disciplinary team. It is estimated that 50% of domestic abuse occurs in pregnancy and first year of a baby's life and therefore DASV is a crucial aspect of Best Start.
Key area to be addressed by Best Start: the new strategic plan for domestic abuse and sexual violence will strengthen opportunities for advice and guidance to be embedded within Croydon Best Start.

Lessons learnt from integrated working pilots

3.12 **Primary Prevention Plan**
In 2013 the Children and Families Partnership and Health and Wellbeing Board agreed to develop a Primary Prevention Plan (see appendix 4 for further details) so that services for under 5's would work together with common objectives. On-going discussions with each of the GP networks and with the CCG have hugely helped to inform the service design.

3.13 Two areas in the borough, east and west, have been piloting more integrated ways of working and key issues that have emerged include

- current difficulties in information sharing mean parents having to repeat their stories and practitioners may not have all the information they need
- children's centres do not reach the numbers of families in their area as health visiting and midwifery are not always sighted on the benefits of ensuring families are registered with their local children's centre
- demarcation of professional boundaries sometimes gets in the way of responding to what families need
- the current system can be complex for families and information is not always clear and easily available
- different levels and types of supervision of practitioners leads to inconsistencies in how risk is managed and lack of consistent advice and support to families
- there are not close enough links with GP practices, GPs would find it is easier to have a single point of access for the range of under 5 services.

3.14 Visits have been undertaken with those local authorities that have been developing integrated plans such as Manchester, Brighton and Leeds and a summary has been included in appendix 5.

4. Croydon Best Start Design Principles
Using the information from parents, the service review and the two pilot areas, the Best Start Reference Group proposes that the principles for Croydon Best Start model is that

- the service is needs-led with a clear and purposeful vision **(Parent-led)**
- practitioners will work to the same principles and approaches **(One Team)**
- indicators will capture short, medium and long term impact **(One Performance Framework)**
- activities will be tailored to meet these indicators (**Integrated Commissioning Framework)**
- the service will utilise a range of appropriate skills to deliver best outcomes **(Multi-disciplinary)**

4.1 **The new service model**

The key components of the model are
i) 5 Community and children's centre collaborations delivering a

comprehensive offer of universal, easy to access services for local families with information available through apps, website, local access points such as faith groups, libraries, local shops etc

ii) 5 multi-disciplinary locality teams delivering the healthy child programme and targeted family support led by health visiting service, aligned with midwifery services and wrapped around GP practices

iii) An Early Learning Collaboration leading improvements in early learning by working with early years settings and locality teams.

Croydon Best Start service model

Underpinning these three elements will be an integrated working framework based on Best Start Family Guides, a Best Start Family Pathway; and an integrated learning and development programme.

4.2 Working with the Child and Parent Centre at Kings College, the service will use **Best Start Family Guides**, these are evidenced based family assessments that promote partnership working between professional and parent to identify family needs. The guides will be used by all Best Start practitioners in order to help identify early where there is poor bonding and attachment (15% of children have disorganised attachment and a further 25% are insecurely attached), where domestic abuse is emerging (30% of abuse begins in pregnancy) or where there are difficulties in parental relationships (increased risk of behavioural issues) alongside . The Guides will develop families' confidence to engage with services and help ensure targeted family support is accessed seamlessly and without families repeating their history.

4.3 A **Best Start family pathway** is being designed to bring together the healthy child and school readiness programme so that it is clear to parents what they can call on as universal support. An improved website, a local Best Start App as well as

the development of community assets will build the capacity of families and communities to be independent but know where to go when early help is needed. Working with the community and voluntary sectors, the development of Community Asset Mapping will be key. This will enable families to become more self-reliant, building on the work being pioneered by Croydon's voluntary and community sector that uses Community Builders and Family Navigators to support families to thrive within strong social networks. This will include an audit of community assets (voluntary sector offer, faith offer, family -friendly buildings and advice and information points) in each locality.

4.4 **Family Partnership model** training will ensure that all practitioners work in partnership with parents and see the parent as the 'expert'.

Finally, In line with the drive to promote self-help and better use of community assets, there will be a shift in commissioning from universal toward an evidence based portfolio of support and where cost benefit analysis can be aligned. Using the evidence of the Early Intervention Foundation Guidebook there are key programmes to be included in the evidence based portfolio that particularly tackle the social and emotional wellbeing of families e.g. Parents as Partners in the UK; Parent Infant Partnership; (independent Domestic Abuse Advisors).

4.5 The Wave Trust has led a raft of research and has focussed on the impact of maltreatment in childhood, particularly under the age of one. It has highlighted the impact of disorganised attachment and the link between this and future risk of poorer mental health and life chances and entering the care or criminal justice system. The development of 'pioneer communities' led by the Wave Trust focusing on child maltreatment is of keen interest in the development of Croydon Best Start. The focus on under 2's and attachment is a key principle of Best Start and the Reference Group will consider the potential of the alignment of the pioneer community and Best Start model in order to maximise opportunities for further funding.

4.6 Service transformation is complex and bringing together such a diverse range of services into an integrated service model is challenging. The proposal to Cabinet is that Croydon Best Start has 2-3 years embedding and that the evaluation framework informs the new integrated commissioning framework from 2018 onwards

5. Governance

5.1 The Croydon Best Start model comprises of an integrated outcomes framework, information sharing agreement, streamlined data systems, a single ethos and branding, and joined up approaches to workforce development. Appropriate strategic oversight of this work will be required by the participating agencies in order to manage and mitigate risk.

5.2 In parallel with this, there will be a need to ensure that at the locality operational level is truly integrated and delivers improved outcomes for children and families. This is a potentially complex operation, due to the range of services involved in the

Best Start model. Locality leadership teams will bring together early years learning collaboration, community & universal offer and the healthy child programme and targeted family support.

5.3 In order to meet this set of requirements, the initial proposal is for governance is outlined below.

Borough wide partnership board – a strategic management board will be responsible for overseeing the design, implementation and subsequent monitoring of the service model. During the design and implementation phase for Best Start, this role will be assumed by the Best Start Steering Group (currently Reference Group). It will provide its recommendations to Early Help Board which reports into the Children and Families Partnership and the Health and Wellbeing Board.

Locality partnership boards – five locality boards will bring together Locality leadership teams including early years learning collaboration, community & universal offer and the healthy child programme and targeted family support along with partners such as GPs, schools, community sector and parents. The Boards will oversee the integration of service delivery and the achievement of outcomes in each respective locality, it will meet the requirement of children's centre governance requirements. A key task here will be to ensure that the Best Start programme optimises the total resource available to local families and is holistic and cross-cutting around child and family outcomes. This Board will include parents and its aspiration is that it will become a parent-led board so that they are at the heart of local decision making.

6. FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

6.1 The table below shows the budget and expenditure for those services which the local authority and/or Integrated Commissioning Unit has currently within its portfolio or will have in 2015.

1 Revenue budget consequences of report recommendations

	Current year	Medium Term Financial Strategy – 3 year forecast		
	2014/15	2015/16	2016/17	2017/18
	£'000	*£'000*	*£'000*	*£'000*
EXPENDITURE				
Children's Centres*	3,214	3464	3464	3464
Health visiting	0	2975	5100	5100
Family Nurse Partnership	0	292	500	500
Commissioned family support	548	407	369	369
Early Years Education provision	330	405	455	330
Community Assets mapping and routes to employment		106	64	
Parents as Partners (PAP)		9	6	
Programme infrastructures and management costs		628	655	
Total Expenditure	**4,092**	**8,286**	**10,613**	**9,763**
Funded by				
Council Revenue Funding	3,762	3,621	3,583	3,583
Dedicated Schools Grant	330	655	705	580
Department for Communities and Local Government funding		743	725	
Transfer from NHS England of commissioning responsibilities	0	3,267	5,600	5,600
Total Funding	**4,092**	**8,286**	**10,613**	**9,763**

*The Parent Infant Partnership service (PIP) will be delivered through the Children Centres.

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The Best Start Programme will be funded from the following sources :-

- General Fund Revenue budget – it is anticipated that this will reduce in future years due to saving generated from commissioning efficiencies.

- Dedicated Schools Grant – funding from the 2015/16 DSG Early Years Block for this programme was agreed at Schools Forum in November

2014. Future years DSG funding is currently indicative and will need to be agreed at the Schools Forum in future years as part of the DSG budget setting process. If funding levels are adjusted, expenditure will also need to be adjusted to ensure it remains within the resources available.

- DCLG – Funding of £1.468m has been awarded to Croydon following a successful application for Transformation funds after demonstrating how preventive care through the Best Start programme will generate cost avoidance in curative care of £3.9m and economic benefits of £14.8m to London Borough of Croydon.

- NHS England - The health visiting and family nurse function is due to transfer to the Local Authority from October 2015 and costs and income have been profiled accordingly in 2015/16 and the full impact is shown in the following financial years.

  The costs associated with the Best Start programme will need to be regularly reviewed and the programme adjusted if necessary to ensure it remains within the funding available.

2 The effect of the decision

Management savings that are realised due to streamlined management will be used for the frontline work which is already stretched. After 2017-2018 when there is a fully integrated commissioning framework, it is anticipated that savings can be realised through improvements in the service.

3 Risks

One of main risks is whether the local authority receives adequate funding when responsibility for health visiting transfers from NHS England to local authority in October 2015, particularly in the light of high case-loads for health visitors. Working with NHS England it is clear that the Best Start model is in line with the ability of the local authority to vary the contract sufficiently to meet the model. It will be essential that the commissioning budget for midwifery service committed by the Croydon Clinical Commissioning Group remains at an adequate level. Moving responsibility for commissioning these services into the Integrated Commissioning Unit will allow efficiencies in commissioning resources in the longer term.

The second area of risk is the current limitations of the multiple ICT systems. The NHS Trust's strategy is to move to a fully digitised electronic patient record which will facilitate better understanding of needs and access and sharing of information across organisations. To fulfil this, the Trust is considering purchasing additional functionality which would enable the provision of information on a population basis. The council has recently invested heavily in a new early help, MASH and social care system and there may be opportunities to build on this system. Options for improving ICT across Best Start is yet be fully investigated and key issues need to be addressed such as how to reduce the number of individual

systems and have a shared case management system to enable practitioners to share information and assessments. This will improve the service received by families but equally it will lead to increased efficiencies and later cost reductions. Further scoping is required in order to fully understand the ICT costs and this will be supported by the DCLG Transformation Award.

4 Options

Do nothing – the current services are already under significant pressure due to high birth rates, increasing deprivation and high health visitor caseloads. Without more radical transformation it is unlikely that services will be able to respond to the growing demand. Keeping skilled and motivated staff is also problematic when services are under constant pressure.

5 Future savings/efficiencies

The research is clear that there are savings and efficiencies achieved by early intervention, particularly in the early years. The consensus from a wide range of published studies is a return on investment of between £1.37 and £9.20 for every pound invested in the early years.

As part of the DCLG bid, cost benefit analysis was undertaken that demonstrated a rate of return on the DCLG investment of 2.34 with a notional payback period of 3 years. A full cost benefit analysis will be undertaken during 2015 and work with Queens University Belfast will ensure an evaluation framework is in place that not only captures performance information but the longer term impact of Croydon Best Start on young children's development.

Approved by: Lisa Taylor – Head of Finance, and Deputy S151 Officer.

7. COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER

7.1 The Solicitor to the Council comments that the amendments made by the Apprenticeship, Schools, Children and Learners Act 2009 inserted new sections into the Childcare Act 2006 ("the Act") which extend the requirement that as part of meeting their duties, local authorities must, so far as is reasonably practicable, include arrangements for sufficient provision of children centres to meet local need. This means local authorities are under a duty to secure sufficient children centres provision for their area.

The statutory requirements with regard to consultation in respect of changes to children centres contained within the Act stipulates a statutory duty to consult before opening, closing or significantly changing children centres.

In discharging their duty, a local authority must have regard to any guidance given from time to time by the Secretary of State.

DfE Statutory Guidance for Children's Centres, last issued in April 2013 provides detail on such matters as what changes should be consulted upon, the consultation process, whom should be consulted and what happens after consultation.

With regards to a minimum period for consultation, the guidance says it should be tailored to the scale of the potential change.

Approved by J Harris-Baker, on behalf of head of social care and education law, on behalf of the Director of democratic and legal services.

8. HUMAN RESOURCES IMPACT

8.1 At a strategic level, this report makes recommendations that may require various HR interventions, which could impact on both Council staff and those employed in other establishments/organisations. It is therefore important that the relevant services liaise with their HR professionals at an early stage to mitigate any risks and ensure the appropriate HR process is followed.

In addition, full consultation will take place in conjunction with HR, Trade Unions and the affected staff to consult on the proposals and mitigate the number of people adversely affected by the change.

Approved by: Deborah Calliste on behalf of the Director of Human Resources

9. EQUALITIES IMPACT

9.1 The Croydon Best Start service delivery model aims to improve universal and early intervention services for children from conception to aged five and their families. It proposes the use of a whole systems approach to bring together and transform the services that are delivered through children's centres, health visiting, family nurse partnership, and early years and related family support making it easier for local residents to access and use these services.

9.2 The principles of the Best Start model are based upon research and evidence that suggests that good parenting is one of the most important drivers of reducing social inequalities in cognitive development in children before that start school. Good parenting and early development can also play a protective role for children growing up in disadvantaged environment. It can help in reducing social inequalities (through providing parental support) and offering the opportunity to be healthy and resilient and thus increasing their life chances.

9.3 An initial equality analysis of the Best Start model was undertaken as part of the work on the Primary Prevention Plan 2012-2015 – the early partnership work upon which Best Start is based. The analysis identified that the change proposed through the Best Start model is likely to have a positive impact on equality groups that share a protected characteristic.

9.4 The initial equality analysis suggests that the Best Start model will consider and address the specific needs of young children and their families, mothers and mothers to be, women experiencing mental health conditions and service users from BME communities in a holistic way. It will also enable earlier and better identification of the needs of vulnerable children and young people and parents with a disability or mental health condition.

9.5 The principle of co-design has been used for the Best Start Model and proactive engagement with parents and local community groups that use existing services has already taken place. This has highlighted the need for:

- Improving availability and access to services
- Better provision of information and advice that meets the accessibility needs of diverse service users
- Professional advice to be offered proactively and consistently

9.6 The Council recognises the likelihood that the above gaps may disadvantage certain service users (who share a protected characteristic). Therefore, these issues / risks will be reviewed as a part of the work on the detailed equality analysis that will completed in early 2015 and mitigating actions will be taken to address these in the delivery of the Best Start Model.

9.7 Engagement with parents and local service users will be further strengthened in the next stage of the planning and delivering of the Best Start Model. The Council will also take steps to ensure that user engagement is inclusive and representative of all communities and specially includes those groups that share a "protected characteristic.

9.8 A full equality analysis for the Best Start service model will be completed in early 2015 as a part of the development of the final structure and design. Any equality and inclusion issues that are identified will be considered; mitigating actions will be developed and delivered and agreed equality outcomes will be monitored through the mainstream service monitoring framework.

10. CRIME AND DISORDER REDUCTION IMPACT

10.1 There is a long term positive impact as evidenced by the research on early intervention that well attached and healthy young children are less likely to be involved within the criminal justice system.

11. REASONS FOR RECOMMENDATIONS/PROPOSED DECISION

11.1 The administration's is committed to promoting early intervention, particularly in the early years, so that all children have the best start in life. The transformation of existing services into a single service model will enable more families to be healthy and resilient and able to maximise their life chances and independence. The Best Start model aims to be innovative and enterprising in using available resources to change lives for the better.

12. OPTIONS CONSIDERED AND REJECTED

Full structural integration including midwifery, specialist health services and social care: This option was carefully considered as the potential benefit was recognised of a single organizational structure delivering the whole under-five offer. However the complexity and costs of achieving this would, in the short-term, out weight the benefits. Furthermore, EIF advice on 0-5 integration shows that 'full' integration is not always the best route.

CONTACT OFFICER: Dwynwen Stepien, Head of Early Intervention Support Service, Children, Families and Learning

Background papers:
DfE Statutory Guidance for Children's Centres, 2013; Childcare Act 2006; Ofsted inspection handbook for children's centres and early years settings, Early Intervention Foundation (www.eif.co.uk), Croydon DCLG Transformation Award application 2014, Graham Allen Review, *Early Intervention: the Next Steps 2013*; WAVE Trust *Conception to age 2 - the age of opportunity 2013;* Sutton Trust *Baby Bonds: Parenting, attachment and a secure base for children, 2014*

Appendix 1: Developing an integrated outcomes Framework

Child Outcomes - draft

School readiness (PH 2.1)

Indicators

- Attachment at 3 months
- Take up of early education
- Child development at 2 – 2½ years (PH 2.5) and at the end of the Early Years Foundation Stage
- Level achieved in the Phonics screening test in Year 1

Measures

- % of children achieving the expected score at 2 – 2½ years in ASQ-3 questionnaire
- Proportion of children aged 2- 2 ½ who received an assessment as part of the HCP
- % of eligible two year olds who take up early education
- % of children achieving at least the expected level in the early learning goals (personal, social and emotional development; physical development; and communication and language and the early learning goals in the specific areas of mathematics and literacy (PH 1.2i)
- % children achieving Good Level of Development (EYFS)
- % children achieving the expected level (mark of 32 out of 40) in the Phonics screening test (PH 1.2ii)

Physical and Mental Health of infants and children

Indicators

- Breastfeeding rates (PH 2.2)
- Physical health and health improvement
- Birth weight and weight at six months (PH 2.1)
- Mental and emotional health and wellbeing

Measures

- Initiation in first 48 hours and prevalence of breastfeeding at 6 – 8 weeks (PH 2.2i and 2.2ii)
- % of all live births at term with low birth weight (PH 2.1)% children aged 4-5 years classified as obese or overweight (PH 2.6i)
- Immunisation rates (PH 3.3i – 3.3x)
- % children with decayed/missing/filled teeth at age 5 (PH 4.2)
- % children achieving the expected score in ASQ-SE (social and emotional) questionnaire
- Emotional wellbeing at age 4 (PH 2.8)

Children are safe and protected from harm

Indicators

- Extent and manner of contact between child and family with children's social care services
- Contact with Acute Health Services

- Infant mortality rate (PH 4.1)
- Domestic abuse (PH 1.11)

Measures

- Number of referral(s) to children's social care
- Subject to a Child Protection Plan (for a second or subsequent time)
- Number of children assessed as a Child in Need
- Number of children assessed as at the edge of care
- Number of children subject to care proceedings
- Crude rate of infant deaths (persons aged less than 1 year) per 1,000 live births (PH 4.1)
- Rate of hospital admissions caused by unintentional and deliberate injuries (PH 2.7)
- Number of reported incidences of domestic abuse

Parental self-reliance and resilience

Indicators

- Parents influencing service provision
- Parents taking on key worker role for their child
- Extent to which parents are able to resolve their own problems or seek early help

Measures

- Number of families registered with a Children's Centre
- Number of families accessing family space website
- Average increase in distance travelled
- % of eligible two year olds taking up funded early years education
- % of three and four year olds taking up funded early years education

Physical and Mental Health of parents

Indicators

- Physical health and health improvement
- Mental and emotional health and wellbeing
- Parents completing evidence-based parenting programmes
- Attachment with baby at 3 months
- Under 18 conception rate (PH 2.4)

Measures

- % mothers smoking at time of delivery (PH 2.3)
- Alcohol status of mother at time of delivery
- Weight status of mother at time of delivery
- Number of children living in temporary accommodation

Parental Employment

Indicators

- Children living in poverty (PH 1.1)
- Levels of basic skills and employability skills
- Adult population qualification levels

- 16-18 year olds not in education, employment or training (PH 1.5)
- Under 18 conception rate (PH 2.4)

Measures
- % of children in low income households
- % of parents improving their literacy, numeracy and vocational skills
- Number of teenage conceptions

NB PH `refers to public health indicators

A**ppendix 2: Outline Timeline**

July – December 2014

- Set up parent co-design groups
- Engage wider stakeholders
- Develop options and consult on best fit
- Develop shared performance and outcomes framework

December 2014: Cabinet meeting

Subject to cabinet decision

December 2014 (post cabinet) - March 2015

- Reshape children's centre services, formal consultation with staff and unions
- Reshape health visiting and FNP teams, formal consultation with staff and unions
- Reshape early years services, formal consultation with staff and unions
- Update equalities assessment

April – September 2015

- Best Start health visiting and children centre teams developed
- Develop tender for commissioning Best Start Early Learning Collaboration
- Continue voluntary sector and parent led service design groups
- Workforce development and training of Family Partnership Model
- Evaluation of the Best Start Family Guides early adopter sites in East and West
- Review commissioned services and re-commissioning as appropriate
- Branding designed

September 2015 – September 2018

- Integrated Best Start family support team in place
- Best Start Children and Community Centres redesigned and in place
- Integrated Family pathway across midwifery, health visiting, children's centres, commissioned services linked to voluntary sector in place
- Commissioned Best Start voluntary support services in place
- ABCD asset mapping in place for key areas
- On-going evaluation

2018

- Development of a single, integrated commissioning strategy across under 5's services

Appendix 3

Parental Engagement

3.1 Between December 2011 – February 2012 a wide-ranging consultation was undertaken involving parents and carers, a detailed report following consultation was written. Parents valued services being accessible locally, low cost and delivered in safe and stimulating environments. Whilst a significant number of parents said they would be willing to travel to access a children's centre service many were concerned about this because of the cost of transport and the logistics of travelling with young children. The consultation revealed on-going challenges for children's centres in terms of providing universally available services and targeted provision and meeting the needs of parents who are less likely to use the centres e.g. teenage parents, deaf parents, most vulnerable parents and parents who have a disabled child.

3.2 Further consultation was held during February to March 2013 with a total of 500 questionnaires completed by parents who used daycare and children's centres and by representatives from parents/carers' groups and community groups. The key areas highlighted by parents included:

- They valued opportunities for children to learn through play and drop-in activities, sessions such as stay and play groups and baby massage to promote bonding.
- The importance of information and advice available through website, leaflet in midwifery information pack & face to face communication.
- Joint visits, during pregnancy or following the birth of a baby, would be valued.
- Opportunities for parents to do things for themselves was needed to complement rather than replace sessions led by practitioners.
- Parenting support and parenting classes including antenatal and postnatal courses and courses for young and new parents was crucial.

Parents wanted to have health and other professionals (particularly GPs and their receptionists, health visitors and midwives) to be aware of children's centre services and encourage parents to access them. The consultation also indicated a passion from parents for opportunities to develop social networks as well valuing professional advice services that are delivered locally.

3.3 In October and November this year, the service held just over 100 in-depth 1:1 interviews with parents and carers of children of all ages in 12 different venues across the borough including children's centres, pre-schools, parent and toddler groups, health visitor clinics and a stay and play attached to a mosque.

Three broad themes emerged as follows.

Access to and availability of services

Most parents acknowledged there are a lot of services for babies and very young children but less for toddlers which were thought to be as a result of reducing children's centre services.

"There's plenty of opportunities on offer – coffee mornings, drop-ins, groups etc. you just have to venture out." *(parent from the West locality)*

*"*We *used to go to playgroup every day of the week but now you have to look hard" (parent from the North locality)*

Parents and carers of toddlers are more likely to use parks but many are concerned that parks are not family or child friendly with lack of toilet and changing facilities, equipment that is not suitable for children across all ages and too many bushes being cited as negative factors.

"*Lloyd Park is brilliant, Rectory Park even better but there's a bit of a gap between equipment for really small toddlers and six year olds*" (parent from the East locality)

"There are lots of good parks, we use them a lot but there aren't many with toilets which is no use when you have a small child." (childminder from the South locality)

Parents in the South are most likely to use private services such as National Childbirth Trust (NCT) classes.

Parents in the North are least likely to know about or go to children's centres.

Parents in the East are most likely to be concerned about affordability of services

Information, advice and support

First time mums are generally the most anxious and need the right information, advice and support.

Not all parents recall receiving information about services after their baby is born and some say they were not given anything. A number said they thought they would have been more receptive at about the 6-week point rather than on discharge from hospital or immediately after returning home,

"*when your baby is born, you're only thinking about sleeping and looking after baby - it would have been better if someone had talked to me – maybe at 6-week check – they could have asked if I was ok, if I was meeting other parents*." *(parent, West locality*

Parents also feel that health professionals should be more pro-active at encouraging parents to go out, meet other mums and dads etc. *"I was really lonely for the first 6 months – stuck at home or the park I didn't know anyone." (parent, North locality)*

Many parents say they need to be proactive at searching out information and tend to find things out by word of mouth from other parents, family or friends emphasising the importance of informal support networks. However for some parents accessing information is really difficult.

"*When I wanted to know if I was liable [parent meant eligible] for a place they gave me a piece of paper and told me to check online myself. That's ok if you've got the internet at home but I don't.*" (parent, East locality)

"There should be a leaflet that tells you what's on in the area in the library." (parent, South locality)

Many parents (but not all) use the Internet but very few had heard of the council's website 'Family Space'.

"Would be helpful to have a single website where you can go for information, I look online but not one place where it tells you what's on in your area." (parent, South locality)

Relationships and the overall experience

Parents want a supportive relationship with professionals and many report different experiences ranging from "*excellent"* to "*horrendous*". Whilst more parents report an overall good experience than a poor one, there are still significant numbers who say that the advice and support they received during pregnancy and in the first year after the birth of their baby could be improved.

"I had my children in Bromley – they were pretty standard births – and after care in Croydon – shared care so could have slipped through the net but didn't. Had all the right visits – didn't have to ask or chase anything up. Have had one and two year checks. Letters were sent well in advance – about 6 weeks. They were text book babies and we had text book care." (parent, West locality)

Parents highlighted the importance of relationships and rapport.

Importance of the way questions are asked – feels too much like a tick box at the moment – asking questions like 'are you coping, do you feel depressed "I didn't admit it – was worried if I said yes that I'd get lots of visits and they could take my child away." (parent, Central locality)

Many parents reported inconsistencies in after birth care, support and advice:

"the *only way I found out about 2yr check was because I was pregnant with my second.*" (parent, Central locality)

"I felt like I was in at the deep end. I had to ask for help and was given it but it wasn't offered." (parent, Central locality)

A small number of parents report not being given breastfeeding advice or of being given different advice by different people.

"*I was told by one person that I was over feeding my baby and by another that I was under feeding him." (parent, East locality)*

Most parents would like more continuity in their healthcare professional but also acknowledge that it's good to have some variety and get different views / approaches.

"Consistency is nice but more important to get the right advice. Doesn't have to be the same individual but having a named group who you could ring" (parent, West locality)

Continuity is particularly important when there are complications

"*I'm pregnant and I have to tell the same things over and over again*" (parent, North locality)

A**ppendix 4: Primary Prevention Plan:**
ensuring that every baby, child and young person is equipped with social and emotional skills and resilience to improve their life chances, enabling them to realise their potential.

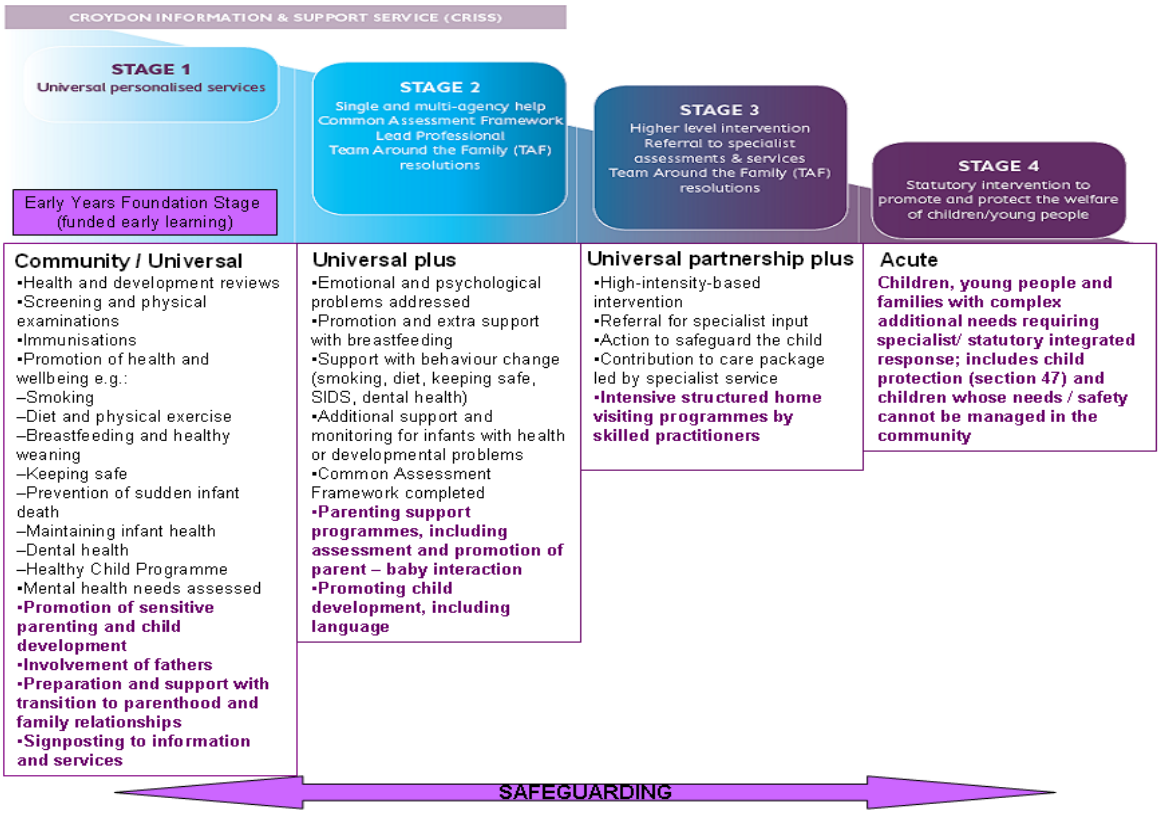
The plan has five priorities

- parents-to-be, parents and the extended family network are confident that they can support themselves and access the services they need, when they need them
- babies and children are thriving, learning and developing with good quality learning and childcare provision in place
- parents-to-be and parents feel confident about their parenting and care for their baby and young children because midwives, health visitors and children's centres provide a seamless service
- parents-to-be and parents who need extra help get the services they need to overcome their problems
- practitioners across health, children's centres and voluntary sector understand and feel confident about their role in the delivery of the primary prevention plan

The vision of how services interconnect is outlined below and it is proposed will form the foundations of the Best Start model of delivery.

Clearly the core purpose of children's centres, early years foundation stage and the Healthy Child Programme (HCP) are interconnected and complementary. The HCP has been mapped against Croydon's four stage model below.

Croydon's Model of Staged Intervention



Appendix 5: Examples of existing integrated services

Brighton and Hove have a fully integrated service for children and families, achieved through a process of structural change with local authority and NHS staff brought together under a single organisation and services re-designed into three area-based multidisciplinary teams. Health visitor led children's centre teams deliver a menu of interventions. Each of these teams comprises four sub-teams, led by professionals mirroring the central functions of the sub-team: health visitors lead the Early Years sub-teams; educational psychologists the School and Community Support; social workers the Safeguarding; and youth workers the Integrated Youth Support sub-teams. This is reported to have created a well co-ordinated service that ensures every family with a newborn is known to a Children's Centre and has a personalised family health plan developed with health visitor guidance.

Leeds Early Start is an integrated family based offer supporting all children 0-5 years old and their families to have the best possible start in life. Working in partnership with GPs, midwives and other health and early years services, the Early Start Service will help families play a positive role in their children's development through reducing social isolation, promoting wellbeing, increasing parenting capacity and supporting access to training and employment.

The service will:

- ensure that families from pregnancy to five years are offered the Healthy Child Programme;
- ensure that families from pregnancy to five years are offered the Children's Centre Core Purpose, including Early Years Foundation Stage Curriculum;
- identify children and families where additional preventative programmes and interventions will reduce their risks and improve future health and wellbeing;
- promote and protect health, well being, learning and school readiness;
- provide a gateway into specialist services.

Health visiting and children's centre staff are fully integrated within one leadership structure. An information sharing agreement underpins this work with clear assessment processes.

Greater Manchester

The greater Manchester group has developed an early years model that brings together a range of services, common assessment and integrated pathways. They are working across 10 local authorities with 37,000 new births p.a. and have a detailed business cases that identifies savings through greater efficiencies.

Manchester model outcomes

Improving outcomes for 0-5 years is the key benefit of the new delivery model. In addition, there are a number of high level benefits to partners through the new approach including:

- Better maternal health and pregnancy care;

- Improved partnership resource allocation through aligned and coordinated service delivery;
- Reduction in dental extractions for under 5s;
- Reduced worklessness households.

Specific benefits for Manchester City Council include:
- Improved partnership resource allocation as a result of the integrated service delivery of the sure start core purpose;
- Stemming the flow of numbers of troubled families needing higher cost interventions;
- Increase in families that are economically active households;
- Decrease in voids and homeless family presentations.

Specific benefits for health services include:
- Improved handover arrangements between Midwifery and Health Visiting services;
- Increased efficiency and removal of duplication;
- Increase in breast feeding;
- Reduction in smoking during pregnancy and retention of this postpregnancy;
- Early identification of speech and language delay.

Specific benefits for schools include:
- Increase in school readiness and,
- Improvement in Early Years Key Foundation Stage