

REPORT TO:	Health and Wellbeing Board 16th July 2014
AGENDA ITEM:	12
SUBJECT:	Croydon Best Start: developing a multi-agency model for improving universal and early intervention services for children from conception to aged five and their families
SPONSOR:	Paul Greenhalgh Executive Director Children, Families and Learning
CORPORATE PRIORITY/POLICY CONTEXT: Children and Families	
FINANCIAL IMPACT This report sets out plans to improve early intervention services for families with young children with the aim of reducing the call on later more costly interventions.	

1. RECOMMENDATIONS

- 1.1 The Board is asked to discuss the contents of the report with a view to recommending consultation and engagement on the development of a new integrated delivery model of services to children under five and their parents which will be designed around the needs of families ensuring a more effective service delivery.

2. EXECUTIVE SUMMARY

- 2.1 The proposal to develop the **Croydon Best Start** model of delivery is based on evidence of the importance of early experiences of babies and the influence on their future life chances. *“The early years are far and away the greatest period of growth in the human brain. It has been estimated that the connections or synapses in a baby’s brain grow 20-fold, from having perhaps 10 trillion at birth to 200 trillion at age 3. For a baby, this is an explosive process of learning from the environment. The early years are a very sensitive period when it is much easier to help the developing social and emotional structure of the infant brain, and after which the basic architecture is formed for life. However, it is not impossible for the brain to develop later, but it becomes significantly harder, particularly in terms of emotional capabilities, which are largely set in the first 18 months of life.” (Graham Allen Review, Early Intervention: the Next Steps 2013)*
- 2.2 The intention is that the model is co-designed by parents and communities so that they are at the heart of the system, not the ‘recipients’ but the co-constructors so that the system empowers communities and parents, developing their strengths and reducing dependencies on statutory services.

There is evidence about the positive and sustainable impact that full user engagement and peer to peer support has on improving the well-being of users and this is an opportunity to develop a model that has this at the centre of its design.

- 2.4 There are also a number of imperatives that underpin why it is crucial to consider developing a more effective model of support for families with babies and young children in Croydon. The Index of Multiple Deprivation (IMD) 2010 data shows that Croydon has become more deprived between 2004 and 2010. The population is estimated to increase by 10% by 2021 and 14% by 2031 due to increasing birth rates and inflow of people to Croydon. Approximately a quarter of children under 16 live in poverty but this is more concentrated within the youngest aged group. For example just over a third (35%) of children under five live in the 20% most disadvantaged super output areas as opposed to a fifth (20%) of young people aged 11-19. There are other factors that need to be built into projections of service demands. For example, in Croydon, 45% of the alcohol treatment population had children living with them in 2012/13, compared to 28% nationally. Levels of domestic abuse are also high in Croydon. Research by Women's Aid shows that 30% of domestic abuse occurs in pregnancy and therefore a significant proportion of our youngest children are at risk of the negative impact of violence within the home.
- 2.5 The costs of early intervention are far lower than those required for late intervention programmes, particularly for babies and children. For example the average cost of a family attending a parenting programme is in the region of £1,000 whereas the estimated cost of a child looked after in Croydon is £31,000 p.a. Research in the US found, on average, that early years education for 3- to 4-year-olds in low-income families had a benefit to cost ratio of 2.36 to 1 in the US. Based on current exchange rates, this corresponds to a net benefit of £6,000 per individual. The Wave Trust estimates a return of between £2.90 and £13 for every £1 invested in high quality early years interventions. There is a strong economic case why investment in the early years makes sense and, how further downstream, significant costs will be avoided. More importantly families and communities will be better able to support themselves, enjoy family life and prosper.
- 2.6 In Croydon, partners have started to work together on the early years so there is a good foundation for Croydon Best Start to build on. There is a strong network of children's centre collaborations and a Primary Prevention Plan (a plan for early help from conception to 5) that brings together health and children's centre services, close working with the voluntary sector as well as extensive engagement with parents and communities. This paper proposes that, with the commissioning of health visiting coming into the local authority in 2015, there is a unique opportunity to more fully integrate services including early learning and childcare, children's centre services, health visiting services, Family Nurse Partnership, family support and community services into one commissioning strategy which will be a more streamlined and effective way of managing significant resources. It may also be possible to explore improved integration with other specialist and health services including antenatal services. It is intended that the model will offer a more effective service and that the whole will be more than the sum of the parts. Management efficiencies can be made, most of which can be reinvested into meeting increasing demands.

2.7 The paper outlines the rationale for developing a new more radical model and proposes the key principles and co-design process. Discussions have taken place at the Children and Families Partnership and a paper for Cabinet is proposed for September with the fully designed model being ready for Cabinet decision in January 2015 for implementation in September 2015. An Expression of Interest has been made to the Department of Communities and Local Government (DCLG) for funding to support the transformation into a new integrated service model.

3. Current arrangements

3.1 Early Intervention Place

In 2013 Croydon was nominated by the Early Intervention Foundation as one of the first 20 Early Intervention Places in England. Working with the Early Intervention Foundation, the Council and its partners are committed to early help to tackle emerging problems for babies, children, young people and their families to prevent situations becoming more serious and to reduce the need for agencies to get involved. The Early Help Board (sub group of the Children and Families Partnership) has developed an Early Help Plan and guidance to promote early intervention across all service areas with the aim of shifting resources from late to early intervention. As part of this work there is a Primary Prevention Plan (a plan for early help from conception to 5) with 5 priorities for bringing together the work of all agencies into a more joined up approach. Building on the work of the strong partnership between Croydon Health Services, children's centres and Early Intervention Support Service, there is an opportunity to redesign the current service configuration into a single multi-agency model of delivery that is co-designed by the families who could benefit.

Research is clear that parenting is one of the most important drivers of reducing social inequalities in cognitive development before school; good parenting and early development can play a protective role for children growing up in disadvantaged environments. Recent research by the Sutton Trust has emphasised that the attachment and bond that children develop with their parents, particularly as babies and toddlers, is fundamental to their flourishing. Research also indicates the long lasting impact of good quality childcare on the learning outcomes for children, and also the strong influence of the home learning environment. A child's development score at just 22 months can serve as an accurate predictor of educational outcomes at 26 years.

3.2 Children's Centres and Family Engagement Partnerships in Croydon

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.

The local authority has to a duty to ensure sufficient children's centres to meet local need and in making local arrangements to consider value for money and the ability to improve outcomes for all children and families especially families in greatest need.

3.3 Early Learning and Development

There are a total of 47 pre-schools; 99 day nurseries, 472 childminders, 6 nursery schools, 60 nursery classes and 124 reception classes. In Croydon 93% of three year olds access the funded 15 hours childcare across these early years settings.

The Early Years Foundation Stage (EYFS) sets the statutory standards that all early years providers must meet to ensure that children learn and develop well and are kept healthy and safe. It promotes learning and teaching to ensure children's 'school readiness' and underpins the development of a wide range of knowledge, experiences and skills to form the foundation of their learning. It also seeks to promote good partnership working between practitioners and parents, recognising the importance of the home learning environment.

There is a small central team that works with the Learning Communities, supports settings requiring improvement, delivers training, supports settings to track children's progress so that they can identify children's strengths and supports settings to identify and address areas of development. The team works in partnership with schools to implement the assessment of children's development as measured at the end of reception year (known as EYFS profile). The profile is used as an indicator for 'school readiness'. It describes each child's development against 17 early learning goals. 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 2013

	North	South	East	West	Central	Croydon
Cohort	1331	1082	614	905	796	4728
Number achieving a GLD	619	517	259	355	383	2133
Percentage achieving a GLD	47%	48%	42%	39%	48%	45%

Nationally 52% of children achieved a good level of development. It is anticipated that children will achieve at least this level in 2014 in Croydon.

Croydon is developing sufficient childcare places for vulnerable two year olds (40% of all two year olds), with an estimated 2,000 places needed from September 2014. Currently the take up is slow with just over 600 places accessed in March, against a target of 1200 for the whole year. A publicity drive is planned to further promote available places and the benefits of accessing good quality childcare for children's development. Children's centres, health visiting and midwifery all play a role in ensuring that families understand the importance of good quality childcare but also in taking advantage of a whole family offer such as support for readiness for work or training, parenting courses etc.

3.4 Health Services and the Healthy Child Programme (HCP)

The HCP 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. Croydon Universal Services team of health visitors work closely with community partners to support families to access health information and services appropriate to their needs.

3.5 Family Nurse Partnership

Croydon Universal Services also delivers the Family Nurse Partnership (FNP) programme, a voluntary intensive home visiting programme for young mothers and fathers aged 19 or under. Specially trained nurses support young mums to have a healthy pregnancy, improve their child's development and health and to plan their own futures and achieve their aspirations. It is an evidence-based programme that has been extensively researched in the US over the last 30 years and has been shown to improve parent and child outcomes with significant economic returns on investment. Croydon's programme is already showing promising results and a large scale research project is underway in the UK which will report in 2014. 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 schooling and university.

3.6 Midwifery service

The core purpose of the midwifery service, commissioned by the Croydon Clinical Commissioning Group and provided by Croydon Health Services, 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. Croydon Health Services midwifery teams work in the hospital and community and enable women to give birth where they want and how they want. The new maternity centre provides midwife-led care in good quality accommodation with over 4,300 babies born in 2013/14 in the maternity unit and birth centre. The service aims to reduce maternal and child mortality rates and through antenatal and newborn screening programmes lead to early detection of abnormalities. Midwives run clinics in children's centres and work with health visitors and Family Engagement Partnerships.

3.7 Speech and language therapy, jointly commissioned by the local authority and Croydon Clinical Commissioning Group and delivered by Croydon Health Services is the provider of the speech and language therapy, is an essential service to support children. In addition to this generic service, additional communication, speech and language support is commissioned as part of Learning Communities and children's centre services.

3.8 The links with the early years services for children with disabilities are strong with good links with Portage and SEN services, many referrals coming through FEP. A range of group opportunities for children and their parents are provided through the children's centres including advice and information.

3.9 GP practices are more embedded within the Primary Prevention Plan than ever before and they are key to the Croydon Best Start model. Relationships with GP clusters is essential, and the option of wrapping Croydon Best Start

services around GP clusters would strengthen the whole system of support to families with young children. It would also help promote a 'think family' approach, enable GPs more easily to signpost families where they have concerns and better link up domestic abuse services with families seen by GPs.

3.10 Health outcomes for children is mixed in Croydon with significantly worse outcomes than the England average in terms of obesity, A & E attendances for under 5's, levels of immunisation and low birth weight. Breastfeeding and smoking status at time of delivery are particularly strong in Croydon with above regional and England averages. The Croydon Best Start model would be directly tackling health outcomes that are below average as well as continuing to improve on current successes.

3.11 **Parents in work and training**

The requirement to support parents to return to work and undertake training is a feature of children's centre core purpose. However the resources of Job Centre Plus have been stretched and this is an area that needs to be further addressed to promote opportunities for parents of young children to prepare for the world of work. However there are a range of volunteering programmes for parents which can lead to qualifications, as well as other learning opportunities, through Croydon Adult Learning. They also provide extensive family learning and links with children's centres are strong.

3.12 **Voluntary sector and commissioned services**

The voluntary sector in Croydon is extensive and varied with a range of key organisations delivering services for under 5's. Some specific examples include Family Navigators: a programme targeting harder to reach families to support them make independent decisions; Homestart working closely with Family Engagement Partnerships to support families with under 5's; other groups such as Fieldway Family Centre, Gingerbread, Family Lives, National Autistic Society etc all work with children's centres to support families. There is also a wider range of agencies that provide specific or whole family support providing a network of community based support for families across the borough. In addition the council has commissioned a number of evidence based parenting programmes including Incredible Years and EPEC (Empowering Parents Empowering Communities). Faith groups provide an extensive range of family support for their communities, and the Faiths Together in Croydon network provides a collective voice for all faith communities.

3.13 **Domestic Abuse and Sexual Violence**

The Family Justice Centre provides support to victims of domestic abuse from a multi-disciplinary team. The Centre provides a drop-in facility as well as telephone helpline and works in partnership with a wide range of agencies. With the increase in reported incidents of domestic abuse this is a key area of development as the service continues to develop, providing training and support for practitioners as well as working across all partners in Croydon. In addition the partnership approach has improved awareness and practice across all children and family services. With the high prevalence of domestic abuse within families with very young children, it will be crucial to consider domestic abuse support services as part of the Croydon Best Start model.

5. SERVICE INTEGRATION Croydon Best Start: designing the new model

- 5.1 The Croydon Best Start model will require a structured but flexible approach to help support the early development of babies, the transition of mothers and fathers to parenthood and enable both professionals and parents to identify and make well-informed decisions about the needs of the baby and the family.

Even with the potential efficiencies of integration of resources there is a question of whether this will be sufficient to meet increasing demands. There is a growing body of research that shows the cost effectiveness of user involvement in all stages in the delivery of a service. There is a need to avoid services unwittingly encouraging reliance rather than resilience and being designed around the perceived needs of professionals rather than users. In developing options for Croydon Best Start there is an opportunity to look at a service that not only involves parents in the design but also in the delivery, for example through peer to peer support.

- 5.2 Using what parents and communities have already told us, and a growing body of evidence that shows the effectiveness of users being involved in designing and delivering services produces better outcomes for less money, the new model will focus on designing a system that is based on strong and shared principles where parents are seen as equal partners and confident parents and communities and skilled practitioners, are able and willing to respond to the changing needs of families and communities in Croydon.

Peer support should be considered as an essential part of the new model. *It is a well-tested part of social care, mental health, physical health and, at an everyday level, it forms the basic structures of our families, friendships and communities, which practitioners and providers have long understood to be important to health and wellbeing.* (Innovation Unit: a not-for-profit social enterprise).

This approach shifts the focus onto the people and relationships involved in each health and care interaction, and away from institutions' services and processes. It is an asset based approach that recognises everyone's role and allows for people taking more control of their own lives, gaining confidence and self-respect through supporting others and building stronger social connections through friendships and mutual support. It is based on the belief that service models should be about a narrative of recovery, self-efficacy and hope rather than a more conventional deficit model. Croydon has developed a strong asset based approach and partners have already committed to Asset Based Community Development (ABCD) work across the borough.

- 5.3 In 2013 Croydon Children and Families Partnership and the Health and Wellbeing Board committed themselves to a Primary Prevention Plan (conception to 5). It is intended to promote and deliver the aim of 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 partnership working in this plan will provide a good foundation on which to build Croydon Best Start.

As part of developing the Primary Prevention Plan, partners have adopted the Family Partnership Model as their workforce development tool. This is a

challenging piece of work which, if successful, will deliver a sea-change in both the 'hearts and mind' of practitioners and in their everyday practice to ensure the needs of families are identified and met as early as possible through shared and robust assessment and action planning. Workforce development is critical to the success of Croydon Best Start.

5.4 An Integrated Governance Framework for commissioning health visiting between the council and NHS England will support the development of the new integrated model in the period before the council takes on commissioning responsibility for health visiting. The fact that Croydon already has an Integrated Commissioning Unit with Croydon Clinical Commissioning Group provides a strong platform through which to commission a redesigned integrated service.

5.5 **Croydon Best Start Design Principles**

It is proposed that there are four key principles

- ◆ designed and delivered in partnership with parents and communities
- ◆ builds on the work of partners through the Primary Prevention Plan
- ◆ commissioned in the context of an integrated outcomes framework for conception to 5
- ◆ builds on lessons learnt from previous consultation and engagement.

An integrated commissioning and outcomes framework will be developed that brings together the range of outcomes required across the various integrated services, it will also incorporate any key aspirations of parents and communities.

6. **Engagement with families, communities and partners**

6.1 A consultation with stakeholders on the Croydon Best Start is now proposed. This will also include the statutory duty to consult with local communities where changes are proposed in children's centres.

Building on earlier consultation regarding children's centre re-design and primary prevention principles our proposal is to undertake further consultation with parents, families, communities, practitioners, existing and potential partners, wider stakeholder groups and members and accountable leaders on the following aspects of a Best Start approach:

- the opportunity to re-design the current individual service configuration into an integrated service, and commissioning strategy;
- the re-design principles;
- the development of models that can be tested;
- the development of governance and leadership structures that enable parents to be an equal partner through all stages from design to delivery.

6.2 Governance for primary prevention lies with the Children and Families Partnership and Health and Well Being Board with partnership engagement and development led by the Early Help sub group Board of the Children and Families Partnership.

7 FINANCIAL AND RISK ASSESSMENT CONSIDERATIONS

7.1 In the table below the figures are provided for those services which the local authority and/or Integrated Commissioning Unit has currently within its portfolio or will have in 2015. Financial modelling will be outlined once the final Best Start service is designed.

Children's Centres	£3.5m
Health visiting	£4.5m
Family Nurse Partnership	£445k
Commissioned family support	tbc

7.2 Options

The first option is to keep the current services areas as they are currently individually commissioned e.g. children's centres, midwifery, family nurse partnership, health visiting, commissioned family support etc.

This paper proposes that a second option of developing a new integrated delivery model that will be more effective, improve value for money and make efficiency savings in management costs that can be reinvested in front line resources to address the increasing numbers of children and increasing complexity of needs in the borough.

There will be a cost-benefit analysis undertaken during the design phase so that the decision on which services are brought together into a single commissioning strategy is based on positive and substantive improvement in efficiencies.

If the savings options detailed above are not realised there will be the need to identify alternative savings to enable the targets to be delivered.

2 Future savings/efficiencies

The research is clear in the 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.

8. COMMENTS OF THE COUNCIL SOLICITOR AND MONITORING OFFICER

- 8.1 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.

In respect of the Council’s public sector equalities duty and when considering the proposals in this Report, the Cabinet must have ‘due regard’ to the protected characteristics and the specific needs of those within the relevant groups that may arise. Insofar as this decision may affect large numbers of vulnerable people, many of whom have one or more of the protected characteristics (in this case that would include age), the ‘due regard’ necessary is very high. Where this report and the EQIA identify any adverse impact, consideration will be given to measures to avoid that impact in developing the new delivery model.

9. HUMAN RESOURCES IMPACT

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

10. EQUALITIES IMPACT

- 10.1 An Equalities Impact Assessment will include the likely impact of the proposed changes to the organisations themselves as well as the end service users. It will be updated with any relevant information that arises from the consultation exercise and it will be recorded where significant changes would have a disproportionate impact. It will also be necessary to consider whether it would be possible to mitigate any negative impacts and if so how. The EQIA presented to Cabinet along with the outcomes of consultation, before a final decision is made in November 2014.

11. CRIME AND DISORDER REDUCTION IMPACT

- 11.1 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.

12. REASONS FOR RECOMMENDATIONS/PROPOSED DECISION

- 12.1 The need for reaching a growing population with increasing levels of poverty and disadvantage with a more integrated and effective service for under 5's.

13. OPTIONS CONSIDERED AND REJECTED

- 13.1 Consideration was given to a more significant reduction of the budget of children's centres and health visiting. This was considered to present too much risk in terms of meeting the statutory duty of children's centres and the healthy child programme, and would undermine the development Best Start and its ability to reach the increasing numbers of families.

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