

Health & Wellbeing Board Report template
Bury Health and Wellbeing Board

Title of the Report	Establishment of an Early Years Partnership Board strategic remit and vision for taking forward the Early Years agenda.
Date	18 September 2014
Contact Officer	Stephanie Mitchell/ Karen Whitehead/ Sue Reynolds
HWB Lead in this area	Lesley Jones

1. Executive Summary

Is this report for?	Information	Discussion	Decision √
Why is this report being brought to the Board?	To outline the proposal for a multi-agency Starting Well Partnership Board (SWPB) with responsibility for leadership, direction and oversight of the Early Years health improvement agenda on behalf of the Health and Wellbeing Board and the Children's Trust.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to.	Priority 1: Ensuring a positive start to life for children, young people and families.		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA)	It relates to the following priority areas outlined in the JSNA: 1. Pregnancy and Yearly Years 2. Children and Young People sections		
Key Actions for the Health and Wellbeing Board to address – what action is needed from the Board and its members? Please state recommendations for action.	To agree the establishment of the 'Starting Well' Partnership Board with remit for providing leadership, direction an oversight of the early year's health improvement agenda.		
What requirement is there for internal or external communication around this area?	Once established there will be a requirement to communicate to stakeholders around the establishment and remit of the Board.		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/ meeting of the CCG Board/ other stakeholders.	No		

2. Introduction / Background

2.1 Introduction

- 2.1.1 Giving every child the best start in life was the most important of all the policy recommendations for reducing health inequalities in The Marmot Review (Marmot, 2010). The Chief Medical officers annual report also reaffirms that early support can make a huge difference to a person's "Life Readiness. Giving children the best start in life is crucial to reducing health inequalities across the life course. Although important, later interventions are considerably less effective where good early foundations have been lacking.
- 2.1.2 A child's experiences in the early years (antenatal – 4 years) can affect their health and opportunities later in life such as risk of obesity, heart disease and poor mental health, to educational achievement and economic statusError! Bookmark not defined..
- 2.1.3 Good early year's provision is good for all children, but it has a disproportionately positive impact on the development of disadvantaged children.
- 2.1.4 Locally, Priority 1 of Bury's Health and Wellbeing Strategy outlines Bury's aim of ensuring a positive start to life for all children, young people and families. Identifying those in need of help and support, intervening early and addressing the whole family's needs is crucial to a child's development and realising our aspiration for laying the foundations for future life. Giving every child the best start in life identified as the highest priority in Bury from the consultation on the Health and Wellbeing Strategy. The strategy sets out actions to promote positive parenting, integrate health, educational and social care services and support educational attainment.
- 2.1.5 The Children's Trust Board has recently reviewed its priorities and has developed a clear strategic focus on supporting children& young people to be 'life ready' and to ensuring they can access the 'right help at the right time'.
- 2.1.6 At a Greater Manchester level, the importance of early years has been recognised as a significant element of the broader public service reform agenda. As we face rising demand for public services in the context of diminishing resources it is essential that we look to the long term as well as the short and medium term to address these challenges. The cycle of deprivation, disadvantage and poor outcomes across the life course can only be broken if we focus on prevention, early identification and intervention and supporting parents in the first few years of a child's life (starting in the womb).

2.2 Local need

- 2:2.1 Despite considerable efforts, the Bury JSNA and other sources show that there are several areas in Bury where further improvements are required to enable children to have the best start in life such as improving early access to maternity services¹ⁱ, reducing smoking in pregnancy²ⁱ, increasing breastfeeding rates³ⁱⁱ, improving oral health⁴ⁱⁱⁱ, reducing childhood obesity^{5iv}, reducing childhood accidents and increasing the number of children that are assessed in Reception as school ready^{6v}.
- 2.2.2 There remain noticeable synergies between deprivation, educational attainment and health outcomes in Bury. Areas of higher deprivation can be closely overlaid with poorer educational attainment and poorer health outcomes. As a result, individuals and families living in areas of high deprivations are most likely to depend on public services than the rest of society.
- 2.2.3 We still have too many children requiring a child protection plan and needing to be taken into care.

2.3 Recent Developments

- 2.3.1 There is a lot of excellent work being progressed in Bury in line with the Greater Manchester Early Years agenda including the increase in the Health Visiting workforce/ training and achievements against UNICEF Breast Feeding Initiative (BFI) Accreditation (maternity and community settings), imminent implementation of the Family Nurse Partnership and interest in the Baby Express Randomised Control Trial (RCT) and the Baby Triple P Positive Parenting Programme.

2.4 0-5 Healthy Child Programme

- 2.4.1 The Healthy Child Programme (HCP), published in 2009, is the government's early intervention and prevention public health programme for children, young people and families, which focuses on early intervention and prevention. It offers a programme of screening tests, immunisations, developmental reviews, information and guidance on parenting and healthy choices.

¹ 63.5% of women access maternity services by week 12 of pregnancy

² Although reducing, 15.3% of mothers smoke whilst pregnant

³ 2012/13 breastfeeding initiation rates were 68.9%, 6-8 week rates were 41%. These were below the England Averages (73.9% and 47.2%) but above the North West averages (62.2% (initiation only available)

⁴ 2011/12 rate of 1.28 mean DMFT (decay, missing, filled teeth) per child. Tooth Decay in children aged 5. Worst than England average (0.94), but similar to the North West (1.29)

⁵ Bury's rate of Obesity at Year 6 varies 9% in the lowest ward to 33% in the highest ward.

⁶ 43% of children in Reception at school are assessed as not being school ready

2.4.2 Due to its universal reach the HCP aims to identify families who need additional support or are at risk of poor health outcomes. The HCP is made up of three documents;

1. Healthy Child Programme: pregnancy and the first five years
2. Healthy Child Programme: the two year review
3. Healthy Child Programme: from 5 to 19 years old

2.4.3 The delivery of the Healthy Child Programme is directed at many agencies, some of which include GPs, midwives, practice nurses, health visitors and the voluntary sector.

2.4.4 If effectively implemented, in terms of overall aims, the HCP should lead to:

- Strong parent-child attachment and positive parenting, resulting in better social and emotional well-being in children
- Care that helps to keep children healthy and safe
- Healthy eating and increased activity, leading to a reduction in obesity
- Prevention of some serious and communicable diseases
- Increased rates of initiation and continuation of breastfeeding
- Readiness for school and improved learning
- Early recognition of growth disorders and risk factors for obesity
- Early detection of – and action to address – developmental delay, abnormalities and ill health, and concerns about safety
- Identification of factors that could influence health and well-being in families
- Better short- and long-term outcomes for children who are at risk of social exclusion

2.4.5 A core element of the programme is the delivery of commissioned service provision through a HCP Team. This team is described as being a single provider, multiple provider, or a partnership arrangement that can involve a number of agencies:

“A cross-locality, multidisciplinary team delivering the HCP across a range of settings: primary care, education, the community, secure accommodation for children and young people.”

2.4.6 The HCP team can also facilitate access to a wider range of specialist support such as CAMHS, speech and language therapy, and support for children with acute or additional health needs.

2.4.7 The commissioning responsibility for 0-5 Healthy Child Programme services such as Health Visiting Services and the Family Nurse Partnership (FNP) currently lie with NHS England. But these will transfer to local authorities October 2015. In line with this transition of commissioning responsibility Health Visiting Services now deliver services to those who

are Bury residents. Previously, this was a commissioned service for those registered with a Bury GP practice or resident and not registered with a GP nationally.

- 2.4.8 Bury's Health Visiting Service provided by Pennine Care NHS Foundation Trust (PCFT) has been working to meet the Health Visiting – 'A Call to Action', which has seen the development of a revised service specification developed in line with the AGMA Early Years Delivery Model (see below) and an increase in the Health Visiting workforce, with several recent Health Visitor appointments linked to priority areas such as Domestic Violence, Children with Additional Needs, Looked after children, Mental Health and Teenage Parents.

2.5 Other related developments

- 2.5.1 From October 2014, Bury will be able to offer further support to vulnerable families through the provision of the Family Nurse Partnership programme - a voluntary intensive home visiting preventive programme for vulnerable young first time mothers from early pregnancy until age two.
- 2.5.2 In addition to this, Bury has expressed an interest in a Baby Triple P Positive Parenting Programme Greater Manchester wide trial with Glasgow University. Baby Triple P is an intervention to help parents prepare for transition to parenthood.

2.6 Early Years New Delivery Model

- 2.6.1 The proposed Early Years New Delivery Model is a key strand of the Public Sector reforms and was developed in a bid to address and increase the number of children in Greater Manchester who are not 'school-ready', with a broader long-term objective around equipping more GM residents with the skills they need to access the labour market. It has been designed as a vehicle through which to deliver the 0-5 Healthy Child programme.
- 2.6.2 As part of the GM Early Years Business Case a shared outcomes framework was agreed featuring short and medium term outcomes including; improving attainment, improved family health and wellbeing, improved economic wellbeing and home environment, parenting and successful engagement of services.
- 2.6.3 Other features of the model include:
- A common assessment pathway across GM, eight common assessment points for an integrated ('whole child' and 'whole family') assessment at key points in the crucial developmental window.
 - Evidence based assessment tools to identify families reaching clinically diagnosable thresholds for intervention.
 - A suite of evidence based interventions has been developed, to be sequenced as transformational support to families with appropriate

step-down packages of support rather than 'free fall', to help off-set the risk of re-entry to a high level of need in the future.

- 2.6.4 The Early Years Delivery model provides the core framework for development of a comprehensive integrated system to support children to get the best start in life. Implementation however is not straight forward and it will require a whole system partnership approach to take this forward in a meaningful way for Bury.
- 2.6.5 All of the main elements of the model have required a certain amount of infrastructure development at both a GM and local level, and this work continues particularly around data systems, data sharing, workforce development and more integrated contracts.
- 2.6.6 Bury have been involved in the whole process of this reform, and have co-operated in pilot stages as part of the broader GM agreements. However, an early pilot of an integrated 2-2 ½ year assessment in Bury has failed due to logistical difficulties.
- 2.6.7 Unfortunately, whilst there is a partnership consensus to following this framework, and a genuine belief that a framework that is built on sound principles and thorough research should be endorsed, the financial investment required to roll the model out prescriptively is not currently possible in Bury.
- 2.6.8 Bury partners are working collaboratively, and gathering current baselines of the stages in the framework and assessing what is affordable and realistic to develop locally, in line with other changes.

2.7 Children's Centres

- 2.7.1 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. They work to make sure all children are properly prepared for school, regardless of background or family circumstances. They also offer support to parents. At present, there are 14 Children Centre's operating across Bury, however, there are proposed changes to the current Children Centre operations which are being consulted upon.

2.8 Nursery places for 2yr olds

- 2.8.1 The census shows us that of the 448 eligible children, 292 Bury children were accessing a free 2 year old place. From April, Bury will be widening access criteria and commencing a marketing campaign with AGMA colleagues to meet the planned September increase of eligible vulnerable 2 year olds (40%) from September, equating to 1177 children

2.9 The Challenge

- 2.9.1 Whilst these developments are positive and welcome significant challenges remain, including:

A. UPSTREAMING OF RESOURCES to focus on prevention in a climate of financial austerity

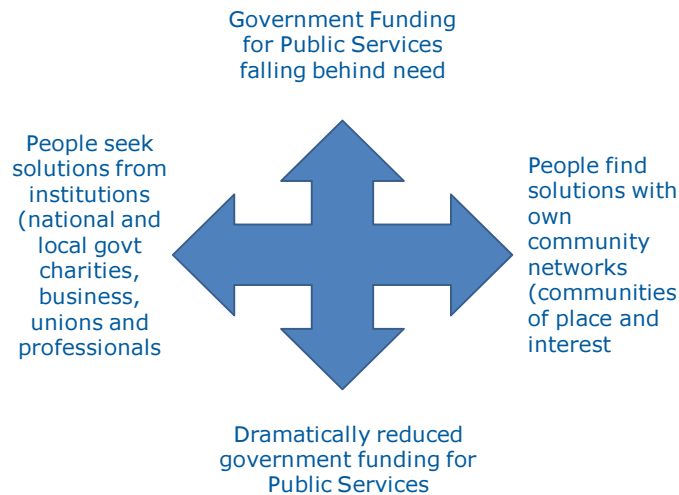
Although there is a shared understanding and commitment to the principle of focusing on prevention in the early years of life, we currently lack a coherent local whole system strategy to tackle the health improvement/universal prevention agenda for the 0-5 years (including antenatal care). Without such a strategy we are not in a position to ensure a sustained drive to improving outcomes or to ensure scarce resources are allocated to maximise impact.

It is clear that a new investment model is required to implement the Greater Manchester Early Years New Delivery Model in full. Initial estimates show that approximately an additional £38million per cohort over five years is required to implement the EY New Delivery Model across Greater Manchester. Bury faces a funding gap, estimated at £294,548 to cover costs for assessment tools, workforce training and interventions that are not currently in practice in Bury.

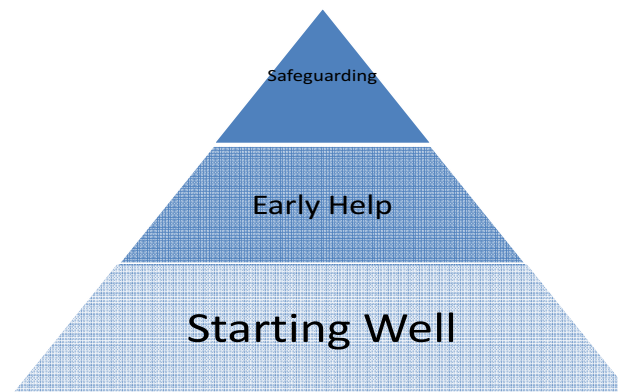
B. Development of INTEGRATED SERVICES across health services, social services, education and the voluntary and community sector

Securing better outcomes for children requires a whole system approach. We need shared leadership to align multiple objectives and a variety of professional cultures in order to operate effectively across cultural and geographical boundaries.

Furthermore, we need to find ways of securing the ownership and engagement of local communities in this agenda. The Centre for Innovation in Health Management University of Leeds published a document to review Public Service Futures which highlight levels of government funding in relation to need and consider a model to depict what is likely to be present in any UK future in 10 years time. The differences between the scenarios lie in how severe the cuts to government funding of public services have been (up/ down axis) and in how society responded (left/ right axis). Early action matters, the economic case is increasingly clear and an urgent shift to move from reactive to proactive care is needed, including school connectedness development to nurture resilience in children and young people and facilitate healthy choices to encourage families to be healthy to seek help with parenting and listen to communities. The Left/Right axis indicates localism and networked self organisation; these are relationships of reciprocity co-produced by the members of the network.



C. EARLY HELP: Supporting the systematic identification of those requiring more targeted help and support and reducing inequalities.



Bury has a well developed multi-agency safe-guarding hub (MASH) and Early Help Team to support those with safe-guarding issues and risk and for those with more complex problems and requiring extra help and support.

If this system is not underpinned by comprehensive population, community and individual level universal prevention we will lack the systems to enable proactive, systematic identification of those in need, fail to address inequalities and fail to stem the rise in demand for services over the medium to longer term.

2.10 Proposal

2.10.1 It is proposed that a 'Starting Well' Partnership Board be established to further develop and drive forward our vision for 'starting well'. The board will initially focus primarily on the Early Years agenda (antenatal to the age of 4 years of age), but will also take consideration of the wider children and young people agenda (up to age 19 years). The Board will:

- Deliver Priority 1 of the Health and Wellbeing Strategy.

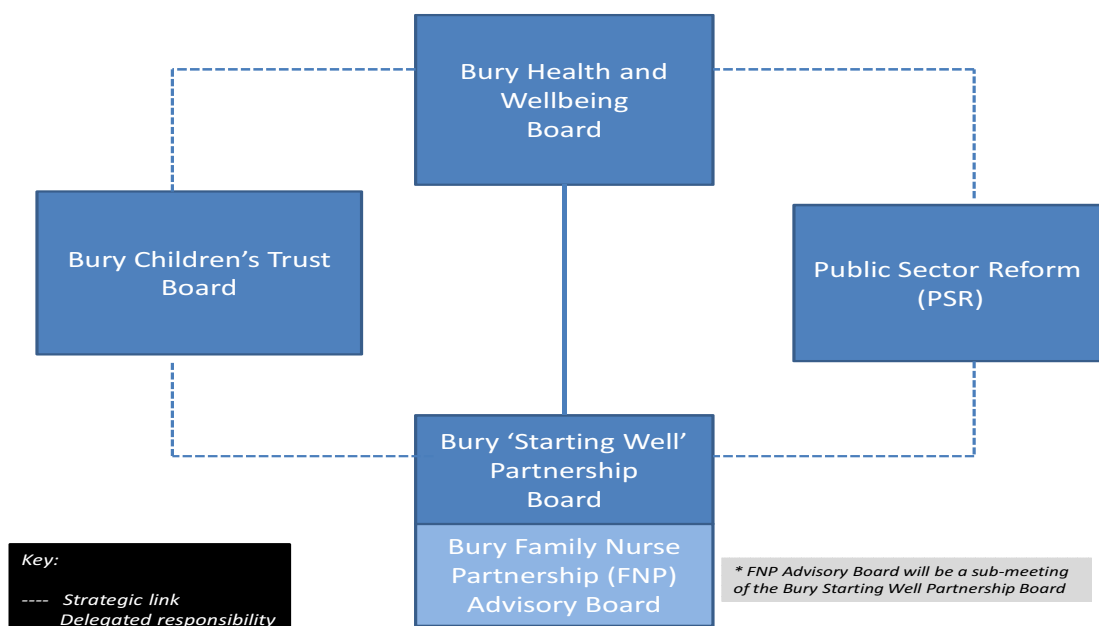
- Improve our performance against key performance frameworks, i.e. Public Health Outcomes Framework, NHS Outcomes Framework.
- Ensure better use of resources through up-streaming support/ action and embedding proportionate universalism and embedding prevention and health improvement programmes such as healthy weight, breastfeeding, mental wellbeing, accident prevention and oral health improvement, immunisation and vaccination uptake and antenatal and newborn screening.
- Build on work done to date and create linkage and synergy between emerging developments to secure better outcomes and efficient use of resources.

2.10.2 Early Priorities that the 'Starting Well' Partnership Board will focus on are:

- Development of an overarching Bury 'Starting Well' Strategy
- Evaluation of the various elements of the Greater Manchester Early Years New Delivery Model
- Maximising the full contribution of Bury's existing resources aligned to the Greater Manchester Early Years New Delivery Model
- Development of business cases for further developments
- Safe transition of commissioning arrangements from NHS England to Bury Council
- An outcomes based performance and monitoring framework

2.10.3 The group will have strong interdependent relationships with other areas/ team, for example the Early Help team, Safeguarding (including the Multi-agency safeguarding hub (MASH)) and Supporting Communities Improving Lives (SCIL)/ Complex Dependencies.

2.11 Governance



2.12 Membership

- 2.12.1 The Family Nurse Partnership programme as detailed above is a licensed programme with specific criteria to be met as part of the licence and important in creating the right environment to deliver the FNP programme. Fidelity to the programme licence and content is essential to realise the benefits from the research.
- 2.12.2 There is a requirement to establish the FNP Advisory Board under the licence criteria with very prescriptive membership as follows:
- Director of Public Health (LA)
 - Executive Director of Children, Young People and Culture (LA)
 - Senior Manager Children and Health Improvement (Provider)
 - Assistant Director (Social Care and Safeguarding (LA)
 - Head of Early Years and Early Help (LA)
 - Head of Midwifery (Provider/s)
 - Public Health Commissioner (NHS England Areas Team)
 - Third Sector representative
 - *service user/s (later stage)*
- 2.12.3 As the membership of the Starting Well Partnership Board is likely to include these members as a minimum, we anticipate that the FNP Advisory Board will run alongside the Starting Well Partnership Board, thus streamlining governance arrangements. Additional membership would be drawn from the Clinical Commissioning Group and the voluntary and community sector.

3. Key Issues for the Board to Consider

- 3.1 Recommendations for the Health and Wellbeing Board are:
- 3.2 To approve the establishment of the above stated 'Starting Well' Partnership Board with responsibility for leadership, direction and oversight of the Early Years health improvement agenda on behalf of the Health and Wellbeing Board and the Children's Trust.

4. Financial and legal implications (if any) If necessary please see advice from the Council Monitoring Officer Jayne Hammond (J.M.Hammond@bury.gov.uk) or Section 151 Officer Steve Kenyon (S.Kenyon@bury.gov.uk).

Not applicable

5. Equality/ Diversity Implications

Not applicable

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ⁱ Bury JSNA Refresh 2013

ⁱⁱ <https://www.gov.uk/government/statistical-data-sets/breastfeeding-statistics-q4-2012-to-2013>

ⁱⁱⁱ Public Health Outcomes Framework, <http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000044/pat/6/ati/102/page/0/par/E12000002/are/E08000002>

^{iv} 2012/13 NCMP data

^v Bury Council (2013) Bury Public Service Reform: first phase implementation plan