
Meeting	Health and Well-Being Board
Date	12 th June 2014
Subject	Early years review – update and health integration
Report of	Strategic Director of Communities
Summary of item and decision being sought	<p>The Health and Well-Being Board is asked to comment on and endorse;</p> <ol style="list-style-type: none"> 1. The recommendations made as part of the early years review outline business case 2. The development of further recommendations from the early years review through an early years health and wellbeing group

Officer Contributors	<p>James Mass, Family & Community Well-being Lead Commissioner</p> <p>Sam Raffell, Commissioning and Policy Advisor</p>
Reason for Report	To ensure commitment to the proposed changes to the early years system and get feedback / comment from members of the Health and Well-Being Board.
Partnership flexibility being exercised	N/A
Wards Affected	All
Status (public or exempt)	Public
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Appendices	Early Years Review – Outline Business Case (OBC)

1. RECOMMENDATIONS

1.1 That the Health and Well-Being Board endorses the recommendations made as part of the Early Years Review Outline Business Case.

1.2 That the Health and Well-being Board gives support to the work being developed as part of the early years health and well-being working group, which is ultimately accountable to the Children's Trust Board.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

2.1 On 2 April 2014, Cabinet approved the Outline Business Case, with the exception of recommendation F and emphasising that the work will need to take into account the outcomes of the Health Visitor/School Nurse Review.

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

3.1 One of the key four themes of the Barnet Health and Well-Being Strategy is 'Preparation for a healthy life – that is, enabling the delivery of effective pre-natal advice and maternity care and early-years development'.

3.2 There are objectives in the Health and Well-Being Strategy that align to the objectives of the changes proposed in the Early Years Outline Business Case. These include:

- Enabling all women, and particularly those with complex needs such as mental ill health, to plan their pregnancies and to prepare for pregnancy in a way that maximises the health outcomes both for the child and mother.
- Expanding the Family Nurse Partnership initiative to support families who are experiencing significant challenges.

3.3 The Children's Trust Board have identified the following priorities for early years in the Children and Young People's Plan 2013 – 2016:

- Engage families early to ensure children have happy lives at home.
- Provide high quality health services for mothers and young children.
- Ensure children in need of support are identified early and appropriately supported in their early years.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

4.1 The JSNA identifies that overall, and in comparison with the national picture, children in Barnet have above average health, educational attainment and life chances projects. However, the JSNA also recognises that these outcomes are not uniform among all children, and also that significant growth in young people in Barnet is projected over the coming decades. There are an estimated 26,074 children under five in Barnet, with a projected increase to 27,637 in 2018. The most significant growth is in the Colindale, Golders Green and West Hendon wards. Both of these factors require Barnet to review the way it provides services to young children and their families, to support all children in the Borough to have the best possible start in life.

4.2 The early years review will enable Barnet to better focus on increasing early years standards for all and better identify and support the most vulnerable families in the borough.

4.3 An equalities impact assessment for the proposals has been conducted and found no adverse impacts. As the full business case develops the detail of the proposals in the OBC, and consultation is undertaken, the equalities impact assessment will be reviewed and updated.

5. RISK MANAGEMENT

5.1 Risks associated with the delivery of this project will be managed and reported in accordance with the Council's corporate risk and project management processes and will also be reported through existing democratic processes.

5.2 The new commission for early years will involve significant changes to the current service provided through Children's Centres and risks disruption to the established service. A robust implementation plan will be developed to ensure this does not happen.

5.3 Failing to deliver a new commission for early year's risks not achieving the most cost effective model for young children and missing an opportunity to take advantage of the opportunities for improved working across the local authorities and partners. The new model will also ensure resources are targeted to support the most vulnerable families in the borough.

6. LEGAL POWERS AND IMPLICATIONS

6.1 There are no legal implications from any decision made by the Health and Well-Being Board. All recommendations contained in the Outline Business Case have been reviewed by Barnet Council's Cabinet, or will in future go to a Council Committee to meet statutory requirements.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

7.1 The table below outlines the 2013/14 budget/ funding source for early year's services.

Service	Budget (2013/14)	Funding Source
I. Children's Centres and Family Support		
	£'000	
Children's Centres	4,300	LBB
Children's Centres support	292	LBB
Parenting Programmes	35	LBB
Health Visitors	3,800	Public Health England
Family Nurse Partnership	300	LBB
Community Midwives	1,500	CCG
Healthy Children's' Centres	275	LBB
Speech and Language Therapy	80	CCG / LBB
Total	£10.582	
II. Childcare		
Free eligibility for 3&4 year olds	15,000	LBB (DSG)
Free eligibility for 2 year olds	3.200	LBB (DSG)
Early Years Vulnerable Fund	200	LBB (DSG)
Support offered to childcare	900	LBB
Total	£19.300	
Total (I+II)	£29.882	

- 7.2 The public sector spend is eclipsed by private spend on childcare – the early years economy in Barnet is likely to exceed £100m when this is taken into account.
- 7.3 The Council's Medium Term Financial Strategy (MTFS) includes savings in the Family Services Budget of £500k and £700k in 2014/15 and 2015/16 respectively, linked to further reconfiguration of early year's services. This 15/16 saving will be achieved through the development of the new commission for early years. The Full Business Case will identify the detail of how the MTFS savings will be achieved and identify any further resource implications as part of the implementation.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 Clear communication, consultation and engagement is taking place and will continue to take place throughout the early years review to help ensure the views of Barnet's diverse communities are taken into account.
- 8.2 Engagement as part of the health visitor and school nursing review has informed the development of the early years review in regard to the integration and co-location of health visitors.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

- 9.1 As part of the early years review process an early years health and well-being group has been established. This group includes representatives from the council and CCG as well as representatives from a range of key health providers including Barnet and Chase Farm, East London Foundation NHS Trust, Central London Community Healthcare NHS Trust, and Royal Free London NHS Foundation Trust.

10. DETAILS

Early Years Review

- 10.1 The early years of childhood development present us with the best early intervention opportunity across the public sector to improve outcomes for local residents and reduce the financial burden on the state.
- 10.2 The current early years system in Barnet is the complex result of many years of incremental change. In reviewing this system it is apparent that whilst there are many strengths – including a dedicated and passionate work force – that success is often despite rather than because of the system.
- 10.3 The new commission brings together many parts of the system to provide a more coherent and strategically managed offer where resources can be more flexibly moved to the areas of greatest need. The main features of this new commission include:
- I. Bringing Barnet's children centres together into a centrally managed locality structure to make more efficient and effective use of our resources. This necessitates a new role for schools and advisory boards.
 - II. Integrating health visiting into the new early years commission to make better use of the service's universal reach and ability to identify the most vulnerable families.
 - III. Bring together the teams that support childcare settings to reduce duplication and maximise our impact on the quality of childcare in the Borough.

- IV. Retain the childcare offer in children's centres as an important tool to support the most vulnerable families.
- 10.4 Evidence has shown that development in the first few years of life has a huge impact on a whole range of whole-life outcomes. This reconfigured model will take cost out of the system in two ways. The new model will be more efficient and allow the achievement of the savings included in the medium term financial strategy.
- 10.5 Secondly, and perhaps more importantly, it will enable Barnet to better focus on increasing early years standards for all and better identify and support the most vulnerable families in the borough. Our local case history research has shown that if we get this right, over time we can expect to see fewer cases escalating to the point that a social care intervention becomes necessary. This is better for families and has the potential to take out significant cost from the social care budget. This will not be a quick return, but a sustained focus on the early years should be a priority to help achieve longer term financial sustainability.
- 10.6 The Early Years Task and Finish Group ran alongside the review and reported to Cabinet on 25th February 2014. The recommendations agreed have been incorporated into this report.
- 10.7 The next steps in the early years review process are as follows;
- I. Public consultation – Summer 2014
 - II. Full Business Case complete – September 2014
 - III. Implementation – September 2014 - 2015

Health visiting and school nursing review

- 10.8 In October 2015, 0-5 year old public health services will be directly commissioned by Barnet Council when the responsibility is transferred from NHS England. This will provide a unique opportunity to consider much needed services for some of the most vulnerable children and young people, building on Barnet's Council's early years intervention and prevention work and ensuring compliance with their statutory duties under the Children Act 2004.
- 10.9 A review of school nursing, health visiting and family nurse partnership services was recently carried out by Prederi for Barnet and Harrow Councils.
- 10.10 The Service is offered to all children aged 0-5, and their parents or carers within Barnet including children and families who are registered with a GP and those who are not registered but are resident within NHS Barnet or have transferred in and who are travellers
- 10.11 A complete universal service is required to achieve the outcomes of the Healthy Child Programme and to ensure families requiring help from the targeted services are to be identified.
- 10.12 The Health Visiting Service has a workforce of 61 WTE budgeted but with just 43 WTE in post with most of the difference being made up from bank staff and agency nurses. It is an ageing workforce and there are problems with recruitment and retention and this is in spite of creative and 'grow your own' schemes. This is against a backdrop of other boroughs offering more competitive packages, including Inner London Weighting, golden

handshakes and starting staff at Band 7. A number of other staffing issues were identified that need to be responded to.

10.13 A number of common themes emerged across the consultation that was undertaken:

- I. Health Visitors are highly valued as skilled public health experts working with children, young people and their families
- II. Health Visitors play a crucial role at patient transition from midwives to health visitors and from Health Visitors to School Nurse
- III. There is concern about:
 - a. Small numbers of Health Visitors resulting in lack of capacity and having to prioritise Child Protection activity at the cost of effective universal services, early detection and intervention
 - b. Their ability to liaise effectively with other professionals e.g. Midwives, GP and School Nurses.
 - c. Current ability to routinely share information and lack of integrated and standardisation of approach between services; this means it can be difficult to see the whole picture of a child, or a population of children, at an early stage.
 - d. Overstretched services expecting other (overstretched) services to pick up extra work on their behalf
 - e. Services making savings in their sector will create a concomitant rise in costs in another sector.

Next Steps

10.14 The Council is currently preparing a proposal to NHS England to increase the allocated number of HV based on population growth projections, as the previous national calculation did not take this into account.

10.15 The Council will work with NHS England and the CCG to develop joint commissioning arrangements and develop the approach for improved integration. This will help facilitate a smooth transfer. Consideration will be given to avoiding destabilisation of the workforce and ensuring an efficient process

Early Years Health and Wellbeing working group

10.16 The early years review made a range of further recommendations in regard to the early year's health. These include;

- I. Further integration / closer working with health is needed to better identify high risk families and ensure they get the support that they need.
- II. A clear pathway should be developed to ensure that when risk factors during pregnancy are identified (e.g. high maternal stress, alcohol or drug misuse) that GPs and midwives should trigger targeted services (for example parenting classes, training on the social and emotional development of children, talking therapies).

10.17 The early years health and well-being working group has been set up to give strategic direction and support to deliver improved maternity and early years services in Barnet. The objectives of the early year's health and well-being group are to;

- I. Give strategic direction and support to how early years services will function in 2015-16 onwards, in particular the approach for closer working between health visitors, midwives, children's centres and other health services.
- II. Establishing what improvements can be made in the current model to continue to improve the relationship between health and local authority services to improve the identification and support of vulnerable families in Barnet.
- III. Help develop a clear pathway to ensure that when risk factors during pregnancy are identified that GP's, midwives and health visitors can effectively trigger the appropriate, targeted support.
- IV. Ensure that the SALT provision in Children centres has strong links to health visiting provision as part of the integration of early years provision
- V. Take into out account the outcome of the Health visitor, school nursing and family nurse partnership review commissioned by public health in the development of the integrated model
- VI. Lead on the key four work streams to improve early years provision in Barnet;
 - A. Information sharing – data, consent and IT
 - B. Location and assets
 - C. Pathways, signposting and service development
 - D. Integration

10.18 There is a range of members of the group from Barnet Council, Barnet CCG and a range of providers including Barnet and Chase Farm, East London Foundation NHS Trust, Central London Community Healthcare NHS Trust, and Royal Free London NHS Foundation Trust.

11 BACKGROUND PAPERS

11.1 None.

Legal – SW

CFO – CP