

**Best Start Strategy**

**Governing Body meeting**

**4 December 2014**

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<b>Author(s)</b>	Kate Laurance, Senior Commissioning Manager Dr Margaret Ainger, CCG GP
<b>Sponsor</b>	Dr Nikki Bates - CCG Governing Body Lead for Children's and Families Portfolio
<b>Is your report for Approval / Consideration / Noting</b>	
Consideration	
<b>Are there any Resource Implications (including Financial, Staffing etc)?</b>	
No	
<b>Audit Requirement</b>	
<b><u>CCG Objectives</u></b>	
<b><i>Which of the CCG's objectives does this paper support?</i></b>	
To improve the quality and equality of healthcare in Sheffield	
To work with Sheffield City Council to continue to reduce health inequalities in Sheffield	
<b><u>Equality impact assessment</u></b>	
<b><i>Have you carried out an Equality Impact Assessment and is it attached?</i></b> No	
<b><i>If not, why not?</i></b> Not required at this stage	
<b><u>PPE Activity</u></b>	
<b><i>How does your paper support involving patients, carers and the public?</i></b>	
The development of the strategy has taken in to account two years of engagement and consultation with service users, families, the local community, voluntary and faith sectors.	
<b>Recommendations</b>	
The Governing Body is asked to consider and accept this report and receive a further update in March 2015	

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#### **1. Introduction**

Sheffield's "Best Start" is a strategy for the delivery of *Early Years' services* – "a strategy for a great start in life". It is a joint strategy with the Local Authority and Public Health, building on the existing relationships with schools, the health sector, private, voluntary, community and faith sectors.

It builds on the £50m Lottery bid developed and co-produced by Sheffield City Council and Sheffield Cubed. With the responsibility for commissioning 0-5 Public Health services including Health Visiting and Family Nurse Partnership transferring to the Local Authority on 1 October 2015, it has provided an opportunity to shape an integrated strategy and commissioning intentions.

The five key drivers for the strategy are:

1. Sheffield Joint Health and Wellbeing Strategy
2. Child Poverty Strategy
3. Early Years Foundation Stage
4. Health Child Programme
5. Building Successful Families

#### **2. Sheffield's Best Start Strategy**

##### **2.1. Overall Vision**

"All children in Sheffield will have the best possible start in life. We will make sure they have access to services that support healthy outcomes." The key success measure of the programme will be that every child is ready for school and for life. There will be a new assessment at school entry which will measure this.

The priorities build on the latest neurophysiological theories of brain development, recognising the critical processes of attachment and attunement in the first weeks and months of life for the development of healthy neurological pathways.

Training of Early Years workers in promoting good attachment will be key, as will recognising and supporting families experiencing attachment problems. This has the potential to breakdown intergenerational patterns of deprivation and reduce health inequalities. Improving maternal mental health support will also be critical for the programme.

##### Lottery bid summary:

"Enhancing parent-child relationships is at our core. Infants thrive when they feel safe, secure and loved. The foundations for children's communication, social and emotional development and nutrition lie in the quality of interactions experienced. Our

primary focus will be to work with parents to develop their knowledge, confidence, skills and resilience; support them to understand and enjoy their baby and manage the stress of parenting so they provide safe & predictable, enriched care (attunement, regulation and structure). We will utilise the same framework to support parents and the workforce. We will identify the most vulnerable 'parents to be' and infants to understand and meet their needs. Services will be responsive and culturally accessible.

We will systemically address the needs of individuals and whole communities. We will do this by: increasing local community capacity & infrastructure to deliver services bringing together local providers and parents to develop local leadership; mitigating the effects of poverty including debt; offering peer support within a volunteer and employment framework; delivering a consistent culture of excellence - workforce development, reflective practice, service developments, targeted interventions, specialist assessments and national research; delivering excellence in the Healthy Child Programme ensuring early access to antenatal care and quality antenatal education, universal parent infant interaction assessments, attachment based parenting support and developing a stronger integrated approach to our universal HCP offer.”

The strategy is currently being revised in the absence of Lottery support (and constraints) to tailor it more to local circumstances, working within resources available. Talks are ongoing with The Wave Trust to inform best practice and links with other areas.

## **2.2. Aims**

- To promote high quality parenting practices, play, learning and development.
- To support families to become healthy and resilient
- To work in partnership with community, voluntary and statutory agencies and schools.

## **2.3. Objectives**

The objectives of the strategy are to:

- Deliver high quality universal services
- Develop Early Years Best start Teams in Children’s Centre Areas
- Support communities to support families and help develop their capacity to do so
- Have an integrated front door for families to access services

## **3. Health and Wellbeing – The Facts**

There are 135,000 children and young people under the age of 19 years. Of those, 33,600 children are under the age of five including 6,839 two year olds. It is projected that over the next nine years the 0-4 year old age range will increase by 5%. This growth will continue and be higher in the more deprived parts of the city.

There are approximately 23,500 children living in poverty in Sheffield.

Smoking during pregnancy is an area of concern being above the national average with 14% of mothers still smoking at delivery.

Sudden infant death rates are higher in Sheffield than nationally and concentrated in the more deprived areas, yet 49% of hospital A&E visits are for children under the age of five and there is a high rate of emergency admissions of young babies, which is of concern.

#### **4. Delivery Model – The Offer to Families**

The offer will provide targeted families with a programme of support tailored to meet their needs. It will be locality based. The Lottery Bid specified three deprived wards in Sheffield so this is where the community and preparatory work has been done and community panels established to support the work. It is likely that the revised work plan will start in these areas which are Shiregreen/Brightside, Manor/Castle, and Darnall/Tinsley. New ways of working would then, if successful be extended to other areas of Sheffield proportionate to need. Within each children's centre area, integrated teams will deliver a range of services through from pregnancy to admission to school. They will follow a tiered approach based on the national "Health Visitor's Implementation Plan: a call for action" and will work to a community partnership model. The model includes a new assessment at age two to pick up problems amenable to early intervention and support, which may not otherwise have become apparent until nursery or school entry.

#### **5. Governance**

The Children's Health and Wellbeing Board will provide oversight of the delivery of the programme and strategy.

Any commissioning implications will be considered within the Children's Joint Commissioning Group.

#### **6. Commissioning Framework**

The commissioning framework will be underpinned by the following principles:

- Multi-agency agreement at a strategic level
- Agreed outcomes for children and families
- Agreed common vision
- Commission for outcomes where possible, but recognise that specific outcomes can also be proxies for improvement
- Work together to provide the right and effective intervention for vulnerable children and families as early as possible.

#### **7. Recommendations**

The Governing Body is asked to consider and accept this report and receive a further update in March 2015

Paper prepared by Kate Laurance, Senior Commissioning Manager, and Dr Margaret Ainger, CCG GP

On behalf of Dr Nikki Bates, CCG Governing Body Lead for Children's and Families Portfolio

November 2014