Report to HEALTH SCRUTINY COMMITTEE

Right Start Service – One year on

Portfolio Holder: Cllr Eddie Moores – Cabinet Member for Health and Well Being

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28th March 2017

Purpose of the Report

To provide an update on:

- Implementation of the Right Start Service 1 year on
- Performance reporting and emerging outcomes; and to

Consider how elected members can play a role in challenging and supporting the service via district advisory boards and district working arrangements.

Executive Summary

On 1st April 2017 the new integrated delivery model for Oldham Early Years Offer – Right Start and School Nursing Service was brought together from a number of providers into a single service delivered by Bridgewater Community Healthcare NHS Trust. The aim of the service is to tackle a number of key early childhood outcomes through the delivery of a number of statutory functions. They are:

Statutory functions:

- Health visiting mandated visits
- Healthy child programme 0-5, 5-19
- Children’s Centres
Outcomes

- Child development at 2-2.5 years
- Prevalence of breastfeeding at 6-8 weeks
- Improvement following a package of care delivered at universal/universal plus
- Take up of 2 year old entitlement

The new model has also represented a £1.2 million saving on the current combined contract prices.

As we are now one year into the new contract arrangements it is timely to provide an update on the progress made towards integration of the staff teams, service delivery - systems and process and finally performance reporting.

Recommendations

For Health Scrutiny committee to consider this report and endorse the transformation being undertaken within the service, and to consider how elected members can challenge and support delivery on a local level particularly through district advisory boards.
Right Start Service – One year on.

1  Background

1.1 In Oldham the ‘Right Start Core Service’; a single service with a single set of performance outcomes whereby the ultimate aim is that ‘children are developing well and ready for school’. The service will deliver the following services:

- Health Visiting (HCP)
- Children’s Centres
- Family Nurse Partnership (FNP)
- Oral Health; and
- deliver Oldham’s version of the GM 8 stage assessment and intervention model

1.2 Bridgewater Community Healthcare NHS Trust were appointed to deliver Oldham’s Right Start sand School Nursing Service from 1st April 2017 for an initial period of three years, with an option to extend for a further two years subject to performance.

1.3 Bridgewater has experience of leading/being the accountable body for Sure Start Children’s Centres over a number of years. Bridgewater is the sole provider bringing together all functions as required in a ‘single service’ and securing a unified public health leadership system within the model. As Bridgewater is the sole employer, information can be shared freely between the functions, removing previously perceived barriers.

1.4 The integrated model starts at pregnancy and continues through the early years, childhood and the teenage years (0-19). Bridgewater have deployed a Head of Service for Right Start who is leading the integration and delivery of the service with support from the existing district leads and team managers across health and education.

1.5 Oldham continues to work with the GM area team, on the Start Well workstream to inform and agree joint approaches to future commissioning. GM are currently conducting an evaluation of each locality in respect of their current position in the delivery of the early years model and will identify potential opportunities to scale up approaches.

2  Current Position

2.1 Performance 2016/17 – there are a number of performance measures linked to the elements of service delivery outlined in 1.1 which are both output and outcome driven. Throughout this first year these measures have predominantly been reported using manual counts and paper records.

2.1.1 The service has maintained consistent performance whilst working to integrate staff and functions of the service and roll out the targeted interventions required in the specification. All output measures have either maintained or exceeded 95% performance as required nationally, with improved outcome reporting being developed throughout 2016/17 to give baseline measures.

2.1.2 However this has not been without challenge as would be expected following such a large scale TUPE. Bridgewater has also been subject to an organisational CQC
inspection and the Local Area CQC looked after children inspection during 2016/17.

2.2 **Staff restructure** – the organisation has taken the first year to understand the service and current functions before implementing a restructure to formally recognise the Right Start service in Oldham in order to deliver the service within the funding envelope.

2.2.1 The organisation has now begun formal consultation with the staff following the agreement of 35 new job roles and descriptions.

2.3 **ICT Integration** - The improved use of ICT has been a particular focus in the transformation of the service, the aim being to reduce the burden of paper recording and gathering intelligence.

2.3.1 The provider has implemented their electronic Integrated Digital Care Record (IDCR) and went ‘live’ on 6th March 2017. This will enable staff to use the mobile application giving them online and offline access to user records, no matter their location, including in service user homes or when in transit. Staff will use electronic ‘Think Pads’ in the course of their assessments and interventions with service users, gathering intelligence that will fed directly back to the client/child record. This will have a significant impact for the service freeing up more time for practitioners to spend with children, young people and families in a face to face capacity and bring efficiency to the service.

2.3.2 The system will also be the conduit for performance information which will facilitate the monitoring of the contract but also the planning and delivery of services locally.

2.4 **Estate Integration** – The service currently occupy all children’s centres, plus a number of health buildings for both service delivery and staff accommodation. There is an integration plan lodged with Oldham’s Strategic Estates Group to support the integration of several sites to mutual benefit of the council and clinical commissioning group (CCG). This will both enable the physical integration of the service and reduce the financial burden (in relation to estates) to the council for this service.

2.4.1 The first site is underway at Hollinwood Children’s Centre with works due to commence imminently.

3 **Demonstrating Impact of the New Service to Date**

3.1 The Service have revised the following:

- Care pathways for universal and targeted support in light of integration thus reducing waiting times, for example access to portage work with children who have or may have special education needs.

- Access to targeted interventions across the borough, however take up needs to improve in areas outside of central Oldham districts

- Recording of child development data from 6-8 weeks, 12 months, 2-2.5 years and will introduce at 5 years. It should be noted that the national requirement is only for the measure a 2-2.5 years. Oldham is therefore in a positon to track developmental progress and intervene at a much earlier age.
3.2 The above gives both the service and commissioners the ability to demonstrate impact of the service on child development for every child in a consistent format, something we have not previously been able to do. As the measure for child development at 2-2.5 is to be reported nationally we will also be able to benchmark against statistical neighbours and GM in future years.

3.3 The council will set targets for child development at 2-2.5 years from 2017/18 to ensure continuous improvement. The aim is to track child development through to school and subsequent attainment data.

3.4 **Child Development at 2-2.5 years** – PHE have confirmed that the measure will be children at the expected level of development in all areas. The provider is responsible for submitting this data to NHS digital for national reporting. This will be done automatically via System One. *The first CYPF dataset to contain the patient level ASQ data will be in March (submitted to NHS Digital in April).* The council will also receive this data, at child level, on a quarterly basis directly from the provider for local use.

3.4.1 The council’s Business Intelligence Service has enabled the reporting of child development data throughout 2016/17. The reporting from the Ages and Stages Questionnaire summaries\(^1\) is used to plan Right Start interventions. There have been 2549 ASQ summaries recorded to date\(^2\).

3.4.2 The chart below illustrates the data received thus far for children age 2.5 years and shows that child development is broadly in line with the ‘Good Level of Development’ measure at the end of the reception year.

*Figure 1: Children reaching expected development\(^3\)*

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\(^1\) National assessment tool used for monitoring child development  
\(^2\) Accurate at the time of writing this report  
\(^3\) Children at expected level of development in all learning areas
3.4.3 The data above is also revised and specific area of development to enable targeting interventions. A particular area of concern for Oldham is communication which is illustrated below. The data shows that on average 84% of children are at the expected level of development for communication at 2.5 with 9% well below expected levels for their age.

Figure 2: Area of development – communication

![Stage 5 ASQ-3 Results - Communication: To Date](image)

3.4.4 Based on the available assessment data the majority of children are at the expected level of development at 2.5 years.

3.4.5 From Q1 2017/18 the provider will take responsibility for reporting child development summary data to the Council via the monitoring cycle. In order to quality assure this information the provider will also provide a range of child level and population data to the Council to carry out sample checks on the information.

3.5 Breastfeeding at 6-8 weeks – the provider has reviewed the reporting processes for this measure to ensure regular monitoring and exception reporting.

3.5.1 On the basis of the work undertaken to review this measure we have seen an increase in performance of 3% to 40.4% for Q3. Commissioners and the provider will keep this under review as it could be that there has been unintentional under reporting on this measure in previous quarters. The introduction of electronic record will ensure robust monitoring of this measure as every contact will instantly update the system rather than relying on manual inputting.

3.6 Take up of two year old entitlement\(^4\) - Funded 2 year old uptake for Autumn Term was 15.6 perc points higher than Summer Term and is for the first time above the Ofsted target, by 2.2 perc points. Similarly, 2 year old engagement about the free education offer has also shown a large increase, 11.4 perc points higher than Summer term, and is also

\(^4\) As reported at end Q3 2016/17
above target for the first time. These significant increases reflect intensified parental engagement activity and support to parents in taking up the offer through the Early Help and Right Start commission. The biggest increases in uptake and engagement have been seen in districts outside of central Oldham.

*Figure 3: Take up of 2 year entitlement*

<table>
<thead>
<tr>
<th></th>
<th>Uptake of two year old free funding by eligible children</th>
<th>Engagement of children eligible for two year old free funding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Autumn 2016</td>
<td>Autumn 2016</td>
</tr>
<tr>
<td>Chadderton</td>
<td>74.3%</td>
<td>99.5%</td>
</tr>
<tr>
<td>East Oldham</td>
<td>84.6%</td>
<td>98.7%</td>
</tr>
<tr>
<td>Failsworth and Hollinwood Royton, Crompton and Shaw</td>
<td>81.5%</td>
<td>100.9%</td>
</tr>
<tr>
<td>Saddleworth and Lees</td>
<td>106.9%</td>
<td>122.9%</td>
</tr>
<tr>
<td>West Oldham</td>
<td>68.4%</td>
<td>85.6%</td>
</tr>
<tr>
<td>OLDHAM</td>
<td>82.2%</td>
<td>100.4%</td>
</tr>
<tr>
<td>OMBC Target</td>
<td>80%</td>
<td>95%</td>
</tr>
</tbody>
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3.7 **Performance Framework 2017/18** – As from 1st April 2017 the service will be recording on the provider System for records management and performance reporting as outlined in 2.3.1. As a result commissioners have now agreed a single set of performance indicators for the 0-5 and 5-19 elements of Right Start. This will provide a comprehensive data set to monitor performance of the service and also support predictive modelling for future demand across the borough.

3.7.1 The service is required to submit data to the following:

- Council for performance monitoring including child level outcome data, some of which the council reports to Public Health England (PHE) for national reporting.
- Child level data to Child Health information system (hosted by PCFT), data is subsequently reported to PHE and crossed checked with the submission via the council.
- Child development data (ASQ) to NHS Digital.

3.7.2 It should be noted that those measures directly reported to PHE and NHS digital are nationally reported figures via the child health data set.

3.7.3 Output measures will continue to have a minimum target of 95% in line with national but with the expectation that 100% of children are seen at each mandated visit.
Sustained contact is the expectation for those in vulnerable groups. The service currently visits these children on a monthly basis.

- Child development at 2-2.5 years
- Prevalence of breastfeeding at 6-8 weeks
- Take up of 2 year old entitlement

3.8 Improvement following a package of care delivered at universal/universal plus will begin to be monitored following the implementation of the electronic record and targets for improvement will be set when appropriate in the following areas:

- bonding and attachment
- speech, language and communication
- parenting

4 How can elected members play a role in challenging and supporting the service via district advisory boards and district working arrangements?

4.1 Potential opportunities for engagement are:

4.1.1 **District Advisory board** - An advisory board advises and helps those responsible for running the centre. It should ensure the centre is clear on parents’ views and should play an active role in driving improvement in the children’s centre’s performance. Local authorities should ensure the advisory board is involved in any Ofsted inspection of the children’s centre.

4.1.2 Each Children’s Centre district is required to have an **Annual Conversation** with their district advisory board and the local authority in relation to targets and priorities for the forthcoming year. These conversations should now take account of all elements of the integrated service and not just children’s Centre performance. For example should also provide challenge and support for the health visitor elements of the service.

4.1.3 Support links to **District Executive Boards** and local initiatives – this will be of value to both organisations given the local intelligence the Right Start Service holds in relation to families and levels of need.