Agenda Item No. 7

Children's Services Scrutiny Committee – 9th September 2020

Report of the Acting Director of Children's Services

Early Years Transformation Academy in Dudley

Purpose

1. Provide Children's Services Scrutiny Committee with an update of the partnership progress through the Early Years Transformation Academy (EYTA) and our *'critical first 1001 days vision'*.

2. Share Dudley's Implementation Plan to support transformation of the maternity and early years system and contribution to maternity and early years outcomes

Recommendations

It is recommended that:-

3. Members note the content of the report

4. Members suggest and support any areas they may wish to scrutinise on the work being planned and implemented to improve maternity and early years outcomes through the *'critical first 1001 days'* vision.

Background

5. The Early Years Transformation Academy (EYTA) was an intensive guided learning programme, run nationally by the Early Intervention Foundation (EIF) in partnership with The Staff College, Born in Bradford and Better Start Bradford.

6. Through the EYTA, multi-disciplinary leadership teams from selected local areas participated in a twelve-month programme to prepare a local system transformation plan for maternity and early years services. In 2019/20, EIF worked with five local areas: Barking and Dagenham, Dudley, Norfolk, Sandwell and Westminster / Kensington and Chelsea.

7. The EYTA supported local areas to bring together the people who are responsible for maternity and early years services, with a clear mandate to collaborate on

system improvements. Working with teams of six to eight local system and service leaders, the Academy enabled participants to use existing skills and expertise to build on system strengths and find solutions to local challenges.

8. The learning programme had four core modules, focusing on:

- Preparing for change
- Identifying vulnerable populations
- System planning
- Measuring impact.

9. Learning took place via online learning materials, a series of design workshops, and practical local application exercises.

10. Dudley's participation in the EYTA process has allowed senior managers across the maternity and early year system to come together, with protected time, to test assumptions, share priorities and barriers and provide challenge. As system leaders, Dudley system leaders have learnt that the quality of working relationships, similar to those between our communities and practitioners, are fundamental to the success of a system change.

11. Newly formed relationships, as a result of the EYTA, has facilitated community midwifery access in the Family Centres within weeks of the start of this journey. Something we had been struggling to implement prior to the Academy work.

12. The EYTA team consists of the following partners:

- Children's Services
- Clinical Commissioning Group
- Dudley Community and Voluntary Sector
- Health Visiting
- Midwifery
- Public Health

13. The personal commitment of these members, and the addition of a second-tier team has been fundamental to the development of the programme design and implementation.

14. The application stage of becoming an Early Years Transformation Academy (EYTA) area, highlighted that partners, although well connected, worked in silos and that Maternity services in particular were not included in high-level governance and were not as well connected as they should be.

<u>Stakeholder and Partnership Engagement</u>

15. From the outset, Dudley agreed that it was fundamental for the voice of our communities to be heard throughout the process. On the 19th July 2019 Dudley

held a community and stakeholder event. Here we asked pregnant women and new parents from Dudley what their experience had been, capturing both the positive and the negative, how supported they felt and by whom. We asked people what they considered were the five *ready for school* steps they felt most important to them for their child. Alongside this Dudley ran a variety of co-production activities, offered free baby massage, a variety of other activities and ran a professional's marketplace.

16. In addition to the enlightening feedback from our communities at this event, Dudley also learnt that frontline professionals were not as well connected as we thought or expected and some of the services actually became aware of each other for the first time. The impact of reduction in some resources has highlighted that gaps had emerged in the early years increasing mistrust between communities and services.

17. We shared the results of the community event with the Children's Alliance Board where senior leaders across the system acknowledged that investment in early years was limited and not a high priority. Furthermore, services were being forced to be reactive rather than proactive due to competing conflicting priorities. However, there was a commitment to build on strengths and opportunities identified by the EYTA team.

Strengths and opportunities included:

Communities and Voice of the child

18. Our Innovation Fund is a new way of investing in local community groups to boost services to residents. This means that local services are being developed, delivered and more importantly evaluated by local people. Our Participation Strategy for children and young people is led by the Dudley Community voluntary sector. Funded by the Local Maternity System (LMS) we are developing an inclusive approach to engaging with the community using participatory research methods. We have excellent peer-led approaches, for example in breastfeeding where we have a large community of breastfeeding buddies who have recently contributed to the breastfeeding pathway transformation.

Collaboration and partnership

19. Dudley has made a shift from working in silos towards more integrated approaches and responses to issues, for example tackling neglect and harmful sexual behaviours is led by a multiagency steering group and issues are not seen purely through a safeguarding lens. There is a strong partnership approach to developing the 0-18 early help system, which has been recognised by Ofsted. We have strong partnerships between Children's Services, Public Health, Clinical Commissioning Group (CCG) commissioners and Maternity Services e.g. working towards an integrated maternity contract that is outcomes based.

Workforce

20. Dudley has an excellent reputation for workforce retention and therefore a committed and stable workforce. We work in collaboration to develop workforce skills e.g. Family Nurse Partnership nurses deliver training to social workers, Graded Care Profile 2 tool training co-delivered. Dudley Council is one of six local authorities to be shortlisted in the Workplace Transformation category for The MJ Achievement awards 2019 and more recently, Dudley's early help system has been commended by the MJ Awards 2020 for *Innovation in Children's Services* linked to Family Centre based Multi-Agency Action Meetings.

Infrastructure

21. Our geographical co-terminosity reduces complexity. One borough council, one CCG, one hospital trust and one maternity service. We have the opportunity to shape and continue to build upon the infrastructure and processes shaping the Multi Community Provider (MCP). There is a robust data sharing agreement between the Council, Maternity and Health Visiting allowing for a seamless referral process to aid the maternity pathway. This however requires expansion to children's services to truly transform services. The effective partnership between Maternity, Health Visiting, Family Nurse Partnership (FNP) services and Social Care has bought about robust pathways resulting in timely referrals into FNP (evidenced by performance that is better than the national average). We continue to develop, review and implement an integrated health and education review for 2-year-old children informed and shaped by the workforce and family feedback.

Innovation and evidence

22. Dudley has utilised social marketing approaches to change the cultural norms for many areas, in particular our breastfeeding approach which was evaluated and showcased internationally and our breastfeeding peer support model has been tested and adapted. We are working with the NSPCC to develop a parenting tool based on the Graded Care Profile 2 and we are working with Learning Management Systems to use participative approaches to engage with service users and ensure the Maternity Voices Partnership is inclusive. The FNP in Dudley is part of the 'ADAPT' programme and the first phase 'stop smoking' was rolled out nationally. The programme is now testing and adapting the programme to improve breastfeeding outcomes. The Youth Offending Service review has identified important insight which is informing further development of the system, providing the evidence to support investment in the early years e.g. mothers of offenders did not breastfeed and smoked. With our Black Country partners we have recently been successful in applying for funding from the Early Outcome Fund.

Needs assessment

23. As it stands, the children and young person's section in the current Joint Strategic Needs Analysis (JSNA) for Dudley (Understanding Dudley) is lacking information around maternal health. To support the work of the Early Years Transformation

Academy (EYTA), a maternity and early year's needs assessment is being undertaken.

24. This will aim to address the gaps in information around maternal health and provide more in-depth information around the Dudley EYTA group's four priority areas. This deep dive will aim to provide more in depth profiles of the localities within Dudley with regards to maternity and early years and identify health inequalities that exist between groups e.g. Deprivation/receiving Free School Meals, different ethnicities, looked after children, children in need and to describe the current utilisation of services relevant to maternity and the early years.

Theory of Change

25. The theory of change has helped Dudley focus on what some our challenges are and who we need to focus on. Initially we were too strategic in our development of a Theory of Change (TOC) and focused on the academy being the 'intervention' and how we would know that it would help us support a transformational system change.

26. However, with support from the EIF (Early Intervention Foundation) and an enhanced understanding of *targeted selective* and *targeted indicated* community profiles, we were able to move to a more realistic and outcome based TOC. By focusing on what our communities had told us, exploring the data to support the community thoughts and feelings, and engaging our front line practitioners to learn from their experience, we have been able to develop a shared consensus which has allowed all partners to realise their individual and combined role in school readiness, and where as a traditional focus has been on educational settings the Dudley EYTA Team are now committed to an antenatal and early years focus.

Intervention mapping

27. As part of the EYTA process Dudley partners completed a mapping exercise, where we detailed the projects, initiatives and services that we deliver around School Readiness, Healthy Weight and Infant Mortality. The exercise forced partners to focus on who the services were for and investigate whether this target audience was in fact being reached. It also challenged the evidence base, the reach, evaluation methods and forced us to assess whether outcomes were realistic. The EIF have provided Dudley with their analysis and conclusions based on the Intervention Mapping process.

Dudley Borough

28. Dudley compared to other areas in the Black Country has the highest Income Deprivation Affecting Children Index rank (is the least deprived) but is still ranked 72, the most deprived out of 317 local authorities.

29. Dudley is an authority that is less deprived than others across the West Midlands. However, there are pockets of deprivation that impact on outcomes including:

- Rates of school readiness at the end of reception are lower than the national and regional average (Good level of development 70.8% national, 70.1% West Midland, 67.1% in Dudley). For those on free school meals the gap is even wider. We also rank lower than our statistical neighbours.
- Rates of overweight and obesity in school age children is higher than the national average (Reception age 22.6% nationally compared to 25.5% in Dudley)
- Smoking in pregnancy rates are higher in Dudley (12.8%) compared nationally (10.6%).
- The infant mortality rate in Dudley is 5.4, significantly higher than the England rate of 3.9 (per 1000).

Taken from *Understanding Dudley*

https://www.allaboutdudley.info/home/key-topics/understandingdudley/

Pregnancy outcomes

30.
- In Dudley, 8.7% of term babies born in 2017 were low birth weight (less than 2500g). This is significantly higher than the English average (7.4%).
- Dudley's average rate of pre-term births was 79.7 per 1000 from 2015 to 2017. It has been in keeping with the English average since 2006. Dudley has the second lowest rate of prematurity amongst its CIPFA nearest neighbours.
- Dudley's crude infant mortality rate for 2015 to 2017 was 5.4 per 1000, which was significantly higher than the English national average (3.9 per 1000). Dudley has the third highest infant mortality rate amongst its CIPFA nearest neighbours.
- In 2018/19 12.8% of women were smoking at the time of delivery. This is significantly worse than the English average (10.6%). Rates of smoking at delivery have decreased since 2010/11 but have not decreased significantly. This is despite smoking rates overall in Dudley being in keeping with the national averages.

School Readiness

31. Two thirds (67%) of 5 years olds in Dudley were at or above the good level of development (GLD) in 2019. This is below the national figure (71.8%).

Learning Goal	Percentage of children at or above the expected level in Dudley	Percentage of children at or above the expected level in England
Communication and Language	77.0%	82.2%
Physical Development	80.8%	87.1%
Personal Social and Emotional Development	80.0%	84.8%
Literacy	69.2%	73.4%
Maths	73.8%	78.5%
Good level of development	67.0%	71.8%

32. There are inequalities within Dudley in achievement of GLD.

- In 2019, 48.1% of children for free school meals (FSM) achieved a good level of development, compared to 67% of children not eligible for FSM.
- 54.5% of children living in the most deprived neighbourhoods (IDACI decile 1) achieve GLD compared to 80.5% of children living in the least deprived neighbourhood (IDACI decile 10)
- There is a documented attainment gap between boys and girls. In Dudley 59.4% of boys and 74.7% of girls. This is an attainment gap of 15.3%, which is wider than the gap seen nationally (12.8%).

(Collated in February 2020)

<u>What communities and familes tell us</u>

33. Through Dudley's EYTA community engagement work, members of the public gave us very positive messages about their experiences of maternity and early years services. Families were particularly positive about the professionals supporting them, particularly when there was continuity of that professional over a period of time. This is clearly valued. However, some members of the public described issues around safety in their communities and having to rely on charities and food banks.

34. Through Dudley's EYTA community engagement work, communities and families told us that they find modern technology distracting when it comes to be being focussed on communicating with their children.

35. Dudley has a well-developed parenting offer. However, some families (through the EYTA engagement) told us they needed additional support around parenting. This means we need to be even more effective in targeting the right support to families who are most likely to benefit.

What we know about our services

36. Maternity and early years tend to be provided on a universal basis and therefore the needs of some communities and families remain unmet. This is evident from the low uptake of a number of services by some of our most at-risk families.

- Healthy Start benefits
- Health visitor antenatal checks
- Antenatal classes for parents and grandparents

37. Dudley is well served with high quality (97% good/outstanding Ofsted judgements) early years and childcare provision. Dudley's take up (at August 2020) is better than the West Midlands and national uptake of the targeted 2-year-old entitlement to free early learning. This is also true nationally for 3 and 4 year olds and 1% point lower than the West Midlands average specifically relating to 4 year olds.

EY Entitlements	Dudley	West Midlands	England
2yr olds	72%	67%	69%
3yr olds	92%	92%	91%
4yr olds	95%	96%	94%

38. Dudley's most at-risk children and families needs can go unnoticed because they are masked by areas that have good outcomes. Others are transient therefore difficult for services to engage. Some agencies struggle to reach the seldom heard or those at most risk.

39. Children, young people, families and communities tell us that they lack confidence in some services. This varies with different services e.g. maternity, NHS and community, voluntary are more trusted. Communities rely on each other for support, peer support is working well and individuals prefer to turn to community or family for help. However, this is not recognised as a strength by everyone. Communities welcome co-produced approaches that provide guidance and support to develop their skills and confidence.

Vision – The critical first 1001 days

40. As a system, we know that good social emotional development, good language development and good nutrition can contribute to improving a range of outcomes for children and young people. We also know that we need to focus on prevention and early intervention and that current systems are weighted towards reactive activity. We want to develop an integrated, effective and sustainable early years system in Dudley, that enables every child to have the best start in life. We want Dudley to be a place where it is easy for services, providers and families to 'do the right thing'.

41. Our aspirations are:

- Every woman experiences a healthy pregnancy and is supported to give her child the best start in life by investing in the first 1001 critical days. We will change how services are commissioned and delivered, using more evidence based approaches, to target vulnerable families by delivering preventative interventions and connecting parents to support.
- To improve levels of school readiness for all Dudley children, but with the greatest improvement in the most disadvantaged families.
- To reduce the impact that poverty has on the health, wellbeing and development of young children by having an early years offer (including a range of services in different/appropriate settings), we know that works and meets the needs of our most vulnerable children and families.
- We commit to empowering families and hearing the child's voice.
- We commit to strengthen the trust and relationships between communities, families, practitioners and service providers.

42. Our outcome measures are:

- Our primary measure will be narrowing the gap in **School Readiness** amongst Dudley children, however we know that if we can work as a system we can improve the following outcomes:-

- Improve the number of children that are a healthy weight at reception age by halting the year upon year rise in unhealthy weight and align to national average.
- Reduce smoking in pregnancy and improve outcomes of children born to smoking parents.
- Reduction in infant mortality
- Increased initiation and continuation of breastfeeding
- Every child has a secure attachment to a primary carer and is ready to learn by the age of 2.

43. Community resilience is a further key outcome that we will be working to improve. We have listened to our communities about outcomes that matter to them. We will improve community and family resilience by;

- Increased sense of belonging and community
- Increased sense of social connection to others
- Increased sense of autonomy and control
- Increased opportunity to contribute and give back.
- Increased sense of purpose
- Increased opportunities to learn
- Increased numbers of people being active

44. Dudley will achieve the above by using a blend of approaches that will consist of locality and geographically targeted interventions, service transformation, complemented by a population wide approach.

The plan involves a number of phases:

45. **Midwifery** - The first to provide a targeted community-based midwifery service in a chosen locality, ensuring that midwives have smaller caseloads (we plan that by March 2021 40% of Dudley women will be on this pathway).

46. **Health Visiting** - This will be complemented by increasing contacts by health visiting teams. It will involve strengthening their antenatal contact and community development offer. This will result in better joined up existing pathways between maternity, health visiting and early years.

47. **Parenting** - A universal and targeted programme of work will be developed to increase messaging on positive responsive parenting, healthy family lifestyles and early year's provision (Messaging on first 1001 days and 5 to thrive)

48. **Two Year Take Up** - A plan in place to increase uptake of the targeted free early learning places for 2 year olds and is in place through Dudley's network of Family Centres

49. **Community Learning** - A plan in place to identify alternative and complementary opportunities (to early years and childcare provision) to help improve the community and home learning environment e.g. DfE 'Hungry Little Minds' Campaign, literacy projects, Play and Stay, Library-Bookcercise.

50. **A locality needs-led approach**

<u>From Conception to 10 days</u>

51. Dudley's ambition is to make Maternity services in Dudley safer, more personalised, kinder and professional and more family friendly, where every woman has access to information, to enable her to make decisions about her care. Where she and her baby can access support that is centred around their individual needs and circumstances.

52. We want all staff to be supported to deliver care which is family centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries. Our transformation will start with a focus on one geographical area that we have identified from our needs assessment has our highest risk population.

53. A team of midwives will be based in the geographical area and will work with a cohort of 212 pregnant women to receive continuity of carer (CoC). This will mean that women in that locality will have a named midwife who will support her through

her pregnancy and birth. This will ensure safe care based on a relationship of mutual trust and respect in line with the woman's choices and decisions in line with the maternity services "Better Births" plan.

(Continuity of carer means there is consistency of the midwife or clinical team that provides hands on care for a woman and her baby throughout the three phases of her maternity journey: pregnancy, labour, and the postnatal period. This includes a named midwife taking responsibility for coordinating a woman's care, and for ensuring all the needs of the woman and her baby are met, at the right time and in the right place, throughout the antenatal, intrapartum and postnatal periods. Consequently the woman will develop an ongoing relationship of trust with her midwife, who cares for her over time)

Antenatal to 5 years

54. We want to reconfigure how our Health Visitor services currently work with our most vulnerable and seldom-heard families. Therefore, in the same geographical area as the midwifery pilot we will introduce a continuity of carer in Health Visiting and the introduction of named Family Support Workers to the small caseload of women and their families. We want to improve the reach of the antenatal contact to our most vulnerable mothers and this locality approach will help us to test this.

55. During the antenatal phase, families will be introduced to a complementary network of support in addition to the midwife. A Health Visitor, Family Support Worker and community peer support network will ensure that COC model continues once the midwifery team has stepped away. This will also mean that vital key contacts will be delivered in a timely manner, ensuring issues and support identified are put in place.

56. There is strong evidence (Cochrane Review; Sandall et al, 2016) along with many national drivers to support the use of CoC in maternity services as an operating service model and choice for women. Expected improvements are that women are:

16% less likely to lose their baby before and after 24 weeks plus neonatal death.
19% less likely to lose their baby before 24 weeks.
15% less likely to have an epidural (regional analgesia).
24% less likely to experience preterm birth.
16% less likely to have an episiotomy.
10% less likely to have an instrumental birth.

57. There is limited evidence to support our plans to extend COC to health visiting and family support, however outcomes from our highly successful Family Nurse Partnership indicates that relationship building in the antenatal period and ongoing support from a trusted professional who has a rapport and respect from the families is vital.

58. When listening to Dudley families, we have been told that frequent changes in staff, lack of communication and inconsistency in approach has been their worst experience of maternal and early years services. This has led to a culture of reliance on family and friends which is only an asset, if the information being given is correct and up to date.

Delivery Plan

59. We plan to start with one area, but quickly roll out the model to areas where we know we have the greatest inequality outcomes. We planned to recruit the midwifery team and start to identify the 212 women cohort in March/April 2020. However, the COVID-19 pandemic has had a significant impact on the commencement of the programme. This is now likely to be in the Autumn but will be guided by local maternity responses to the pandemic.

60. Following the roll out in this area the plan is to phase in two further areas in the subsequent Winter and Spring notwithstanding the response to COVID19.

61. Table 1-NHS Delivery plan

Delivery Date	**NHS Planning Guidance Trajectory Percentage of Women Placed on to a Continuity of Carer Pathway**
March 2019	20% *(Approx. 863* women based on estimated 4315 births per year). There are currently COC pathways in place.*
March 2020	35% *(Approx. 1510* women) To include the EYTA cohort*
March 2021	*Most Women i.e. >51% (Approx. 2200* women)*
March 2024	75% of women from a Black/Black British and Asian/Asian British ethnic background and women from the 10 per cent of neighbourhoods that are most deprived nationally (according to the Index of Multiple Deprivation) will receive continuity of carer by 2024 *(Approx.1161* women)*

(* These numbers include women who do not live in the Dudley Borough as approximately 29% of women choosing to give birth at Russells Hall Hospital live outside the Dudley Borough, but for NHS plans they all need to be included.)

Rationale for chosen locality – Netherton, Woodside & St. Andrews

62. The rationale for the chosen locality is based on the opportunity to maximise the potential improvement in outcomes for mothers and babies. As this is one of our

most deprived wards and with greater inequality statistically with regards to smoking in pregnancy, obesity, school readiness and infant mortality, however it has pockets where families are thriving so our plan to capitalise the assets within a community should also be achievable.

63. It also has some excellent facilities including a health practice and GP who is supportive of the transformation and has outstanding early years provision. These strengths were important factors in choosing the locality because it allows us to test the new universal offer, *targeted selective* and *targeted indicated* co-terminously. It also means that we can build upon strengths and assets in the community.

Workforce implications of changes to services

64. The immediate workforce implications will be on midwifery and health visiting services. It will also have implications for those working in early years including the voluntary community sector and in particular those in contact with families in the first 1001 days.

Midwifery

65. Each Whole Time Equivalent (WTE) midwife within each team will hold an individual caseload of 36 women (pro rata). Care will mainly be co-ordinated and provided by that named midwife, however all members of the team will meet the women prior to the onset of labour. Midwives will follow women as they require care, for example labour and birth, rather than traditional models where staff are in a building waiting for women who require care.

66. This model requires flexibility, autonomy and allows midwives to control their diaries and workload on a day to day basis. This model also requires trust from line managers and the organisation, as working patterns will be flexible with midwives requiring an agreed salary uplift to cover the uncertainty of the day and or time the women require their care. The agreed salary uplift will negate the need for prospective rostering and allow for the required flexibility without the midwife being financially disadvantaged. Similarly, the agreed percentage salary uplift should not be higher than the average annual enhanced hours payments expected for a midwife, to ensure financial stability of the service model without disadvantaging the Trust.

67. The plan is to make this available to a mixed risk geographical cohort of women beginning with areas of Dudley with higher areas of deprivation. The rationale for this choice is to maximise the potential improvement in outcomes for mothers and babies. One team of 6 to 8 midwives at a time will be introduced continuing until there are 10 teams in place to provide continuity for most women.

Health Visiting

68. There are already 2 WTE Health Visitors and a 0.6 WTE Nursery Nurse in post that are primarily responsible for all under 5's in the Netherton area. However, there will

be a requirement to reduce the caseload of the existing staff in order that they have the capacity to deliver continuity of care, ensure an antenatal contact is completed on all 212 women identified in the cohort and provide early support to the families in timely manner. This will require reallocation of resource from other areas. We plan to do this by changing the way some of our universal contacts are delivered to some families for example self-weigh clinics based in library settings, re-prioritising the antenatal contacts which currently are the highest in the most affluent wards.

69. The Health Visitors will also have the opportunity to learn from the success of the Family Nurse Partnership Programme (FNP) within Dudley. The programme delivers continuity of care over a period of over 2 years that builds positive trusting relationships, allowing parents to identify how they would like to improve the lives of their children.

70. Dudley has already reviewed the reach of the FNP service, as our teenage pregnancy rates are reducing. We have increased the criteria to include women that have been in the looked after system (up to age 25). We expect some of our cohort in this locality will be eligible for the FNP programme. Following the transfer of Health Visitors and MCP, the Health Visitors will be part of a wider 0 to 19 team service that will include School Nurses, allowing a seamless and personalised transition of care when the child enters full time education.

Family Support

71. Dudley has a 0-19 (25 with a disability) Early Help Model that delivers whole family working through five clusters, each with its own Family Centre. Expectant families and families with young children are underrepresented across current caseloads.

72. Families who are identified by the range of support services from across the sectors involved in the Early Years Transformation Academy will have access to experienced Family Support Workers and Intensive Family Support Workers who can act as Lead Practitioners, complete Early Help Assessments and Early Help Family Plans. There is potential for leaders and front-line staff to work closely with other professionals focussed on the first 1001 days to ensure every opportunity is maximised to promote the best possible outcomes. Each full-time worker can support a maximum of 20 families as Lead Practitioner.

73. Dudley uses the Triple P evidence-based parenting programme in a number of iterations, online, standard, teen and for families where special education needs and disabilities are a feature. This range of support would be promoted and available and maximised for families where there are support needs in the first 1001 days.

74. The take up of Time for Twos free early education is significantly lower in Dudley's most disadvantaged areas. There is potential for Dudley's Family Centres to use their resources to undertake a targeted programme to ensure parents and carers are clear about their opportunities, to utilise this entitlement and further maximise

school readiness outcomes. We anticipate that this will be exacerbated in September 2020 given the COVID-19 pandemic.

75. Dudley's Family Centres and Early Help system is well placed to work in partnership with maternity, health visiting, community and education partners to demonstrably improve outcomes for Dudley's youngest children and their families.

Community

76. Dudley has a vibrant and varied voluntary sector with over four hundred organisations actively supporting children, families and young people. Over time statutory and voluntary organisations have changed the way they work with citizens, putting their views and lived experience at the heart of decisions, services and activities.

77. Dudley prides itself in taking an asset-based approach where everyone has gifts and skills to offer. Greater citizen involvement has led to more communities being empowered and supported to develop and deliver peer to peer groups and citizen led projects to plug gaps with innovative solutions in the places they live, study and work.

78. Citizens have identified the importance in belonging and having a sense of purpose and together as partners we are all actively making this happen through collaboration, initiating community connections and developing more informal networks.

79. Dudley CVS through the investment provided by the LA, CCG and Public Health have grown the children's team from 1 – 6 officers in recognition of the work and reach they demonstrate, this has effectively led to greater synergy between sectors and has ultimately led to the ever increasing citizen led projects delivered in the heart of communities. There is no evidence to suggest we have exhausted the pool of dedicated volunteers but expect by re focusing our attention to school readiness through the involvement in the EYTA project we anticipate further growth in the coming years in the maternity and early years arena.

Evidence and evaluation

80. There is evidence to support Dudley's COC model, which includes FNP starting to map longer term outcomes for babies who have been supported by family nurses. We know that Ages and Staged Questionnaires (ASQs) outcomes for FNP babies are equal, if not better than the average and are looking to review school readiness outcomes for the cohort that have been clients of the family nurse services. However, we know we need to build a robust evaluation framework for this plan. We will shape this by using learning from the EYTA.

81. Dudley is working with the Local Maternity System (LMS) to develop a community researcher approach to improve engagement with the maternity system. We know that the traditional approaches, such as the Maternity Voices Partnership is not

reaching or hearing the voices of those that we need to engage with. We will be training pregnant women and new parents in a participatory appraisal approach to explore the needs of their communities and feedback to senior leaders. Dudley has recruited twelve recent mothers who will be trained by the start of the programme, and can help us with the evaluation of the EYTA in addition to other programmes. It is also intended that through this work a preferred mechanism will be identified through which women can feed into about local maternity, and public health services on an ongoing basis. This will subsequently inform, and shape the future direction of services.

82. Dudley Council's Public Health team is a training department and has links with several universities across the midlands, including the Universities of Birmingham, and Wolverhampton. Dudley hosts trainees including Foundation Year 2 doctors, GP Registrar trainees, Public Health Specialist Registrars (SpRs) who may be doctors or non-medical, and environmental health trainees and provide placements. The Public Health team also provide placements for undergraduate public health degree students studying at Birmingham City University. We see this as an asset because we can utilise the support from the trainees to help with project /programme evaluation.

Early Help

83. Early Help in Dudley has a sophisticated suite of management information that provides partners with a range of information around outputs and outcomes. Critical to the Early Years Transformation Academy programme is a clear baseline of current performance and outcomes during and post the implementation period.

84. Early Help in Dudley is the host for Strengthening Families (Dudley's Troubled Families Programme) where there is already significant expertise tracking longitudinal outcomes for individual families across a range of established outcome measures including employment, school attendance and involvement in statutory safeguarding services. This practice model would be continually developed to ensure that outcomes influenced and affected by the work of the Early Years Transformation Academy are understood and tracked.

Development of the plan

85. The plan will be further developed in consultation with a number of key strategic boards, including the Health and Wellbeing board, Children and Young People's Alliance and the relevant organisations executive boards. Over the last two years, partners in Dudley have been working to review and develop the partnership landscape for the health and wellbeing system. The outcome of this work is a strategic Health and Wellbeing Board comprising elected members, senior officers from the Council, CCG, police and Fire and Rescue Service, GPs, Health Watch Dudley, Dudley Council for Voluntary Services, and, the Chief Executives of our local NHS provider services. Partners are working on an 'Alliance' approach to partnership working and three 'Alliances' report to the Health and Wellbeing Board.

86. One of these is the Children and Young People's Alliance. The transformation work of the EYTA has reported to this Alliance and all of the sponsors are members of the Alliance. As members of the Alliance, the senior sponsors will collectively shape, inform the priorities and plans coming out of the academy, and also help with both opportunities and barriers that the EYTA may face. The board has a strong ethos of holding each other to account and addressing system challenges.

87. The Children and Young People's Alliance has responsibility for contributing to the achievement of the Health and Wellbeing Strategy priorities as well as providing the overall system leadership and accountability for the delivery of improved outcomes for children and young people in Dudley.

88. Dudley Council and Dudley CCG are working together to commission a Multi-Specialty Community Provider (MCP), using the Integrated Care Provider (ICP) contract. The new care model to be delivered by the MCP has been designed largely with a focus on adults and older people. However, it is essential that health, care and wellbeing services for children and young people are integrated into the care model, and this will be the focus of the work of the EYTA.

89. The Health and Well-Being Board will drive the integration of services to achieve outcomes for children and young people through the MCP. The work of the Academy will form the foundation for the development of a robust outcomes based early years model, that can be applied to the age 5 plus population. A local board of key stakeholders, including parents, communities and practitioners will be set up to help drive the implementation of the locality model, they will be included in the local governance model and will have an equal voice.

90. Funding is being sought via Dudley Group NHS Foundation Trust to enable midwifery staffing to be at a level that ensures safety during the transition.

Finance

91. There are no direct Local Authority costs attached to this report.

Law

92. The Council is mandated to commission Health Visitor services through its Public Health Grant

Equality Impact

93. The report identifies areas of inequality and there is recognition that any work undertaken in this area will attempt to reduce inequalities in the health and wellbeing of children, young people their parents and carers. If required, an equality impact assessment will be undertaken on the implementation plan.

Human Resources/Organisational Development

94. There are no Human Resource/Transformation implications arising from the contents of this report.

Commercial/Procurement

95. No commercial opportunities have been identified at this stage, although they may be considered through the work of the Early Years Transformation Academy.

96. There are no direct Procurement implications resulting from the content of this report. However, as school readiness is a key challenge in Dudley impacting on education outcomes and the local economy partners may want to consider contribution to school readiness a priority for social value.

Health, Wellbeing and Safety

97. The information provided in this scrutiny report will improve health, wellbeing and safety of families supported by maternity and early years and the centre of the implementation plan. This systems leadership approach to improving inequality across maternity and early years outcomes, has the potential to improve residents health and wellbeing significantly, using health, council and community resources where they are likely to have the greatest impact.

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