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To: The Health and Wellbeing Board

Subject: The Principles and Health and Wellbeing Outcomes of Children's Centres

Classification: Unrestricted

Recommendations

The Health and Wellbeing Board is asked to receive this paper for discussion.

1. Introduction

1.1 Children’s Centres in Kent were developed over three rounds of delivery between 2004 and 2010. In the first phase Children’s Centres were developed from Sure Start Local Programmes, Neighbourhood Nurseries and Early Excellence Centres. The majority of areas of disadvantage in Kent received Children’s Centre services within the first phase.

1.2 The second phase captured the small number of targeted areas remaining, whilst phase three mainly supported those areas within the 40 to 50 per cent most deprived wards. All phase three centres in Kent were situated outside of the most disadvantaged areas and therefore offered a less intensive level of support than those in phases one and two.

1.3 In 2011 Kent’s programme of 97 Children’s Centres was in its final phase of delivering the universal offer to all Kent communities and serving 84,665 children across the county. Kent was allocated total capital funding of £8.1m across all three phases between April 2008 and March 2011 which supported the development of fully operational services in all of its Children’s Centres.

1.4 A broad range of services have been provided to families, ranging from ante-natal care to supporting children’s transition to school. Kent’s families have received seamless services from partners delivering through Children’s Centres. Services have been well-regarded by families and helped build confidence to access the support needed to ensure families and children flourish from the start.

2 Health Services Currently Being Delivered in Kent Children’s Centres:

2.1 Health services have been critical to some Children’s Centres in giving access to a wide range of multi-agency services; however, the delivery of health services in Children’s Centres has been piecemeal predominantly due to the

lack of a clear strategic multi-agency approach. In some areas there are only core services delivered such as child health clinics offered by health visiting teams and ante natal and postnatal care offered by midwives/health visiting teams whereas in others there are also speech and language therapy services, breastfeeding drop in sessions, active movement sessions and other activities centred on disabled children.

2.2 There is a huge variance in additional health services that Children's Centres have commissioned. There is also a wide diversity in the health services being offered from Children's Centres even within the same town or locality and the aim should, therefore, be to standardise this through a health framework so there is equity of provision and access across Kent.

2.3 There is also variance in current links between Children's Centres and health professionals across Kent. There is a particular gap in the links between General Practice and Children's Centres. The success of true integration and partnership working is often dependant on individual relationships and/or co-location of staff and this should not be the case. This is resulting in missed opportunities for Health professionals and Children's Centre staff to utilise resource for children and families and a gap in both access to and integration of services that families receive.

2.4 There are also significant concerns about the lack of live birth data sharing. A recently published report of the Cross Parliamentary Group for Sure Start states **'we recommend that it (new guidance about information sharing) contain a clear statement that new births data in particular must be shared with Children's Centres'**¹.

3. Other Services Delivered in Children's Centres

3.1 Children's Centres provide multi-agency services that are flexible and meet the locally identified needs of young children aged 0-5 years and their families. The Government intends that the provision of good quality integrated services should have a broad and lasting impact on children, their parents/carers and the wider community. The types of services available in Kent's Children's Centres will include some or all of the following, dependant on local requirements:

- Early education integrated with childcare
- Family support and outreach to parents
- Drop-in sessions for parents/carers and children
- Information and advice about parenting and speech and language
- Services for children with special needs and disabilities
- Childcare provision
- Encouragement and support for parents/carers thinking about training or finding a new job
- Links with voluntary agencies
- Links with local schools

¹ Sure Start Delivery in 2011/12: An Inquiry, Interim Report

- Information and advice about breastfeeding
- Ante-natal classes and baby clinics

4. Children's Centre Outcomes

4.1 The Kent Children's Centres Outcomes Framework for commissioned services provides an overview of strategic outcomes to guide and support commissioners in developing services within Children's Centres in Kent (See Appendix 1).

4.2 The Outcomes Framework aims to deliver the revised core purpose for Children's Centres which enables and guides services to be targeted at those most in need whilst maintaining availability to all.

4.3 In order to commission high quality, evidence based, user led services, that deliver the key outcomes for young children and their families the Children's Centre Outcomes Framework is used in conjunction with needs assessment and other supporting information including Equality Impact Assessments, detailed service specifications, The Early Intervention and Prevention Strategy, Joint Strategic Needs Assessment and Kent's Principles for Commissioning Quality Children's Centre Services.

4.4 Children's Centres contribute significantly to the Public Health Outcomes Framework:

Improving the wider determinants of health

- Children in poverty
- School readiness
- Domestic abuse

Health improvement

- Low birth weight of term babies
- Breastfeeding
- Under 18 conceptions
- Child development at two
- Excess weight in 4-5 year olds
- Smoking prevalence 15 year olds
- Diet
- Excess weight in adults
- Smoking prevalence – adult over 18
- Self reported wellbeing

Health protection

- Population vaccination coverage

Healthcare, public health and preventing premature mortality

- Infant mortality
- Tooth decay in children aged five

5 Health Visitor Implementation Plan

5.1 The *Health Visitor Implementation Plan 2011-2015 – A Call to Action*² was published in February 2011. This sets out the framework for the development of the Coalition Government's vision to increase the number of Health Visitors (HVs) by 4,200 nationally and describes the new Health Visiting model (see Appendix 2). Kent and Medway have the highest target increase in Health Visiting numbers to achieve.

5.2 The commitment is based on the significant evidence of the importance of intervention in the early years³ as outlined in the recent document *Supporting Families in the Foundation Years*⁴ and previous reviews by Sir Michael Marmot, Frank Field, Graham Allen, Dame Clare Tickell and Professor Eileen Munro which have all reinforced the importance of early intervention in the foundation years.

5.3 Over the period 2011 -15, the Cluster led Health Visiting Programme will, in partnership with Kent County Council, provider organisations and other stakeholders, oversee the commissioning and delivery of improved Health Visiting services that will result in the following key outcomes for the population of Kent:

- Delivery of a public health and Healthy Child Programme aligned service for children aged 0-5 years and their families predominantly through Children's Centres;
- All children aged 0-5 years will receive early intervention, prevention and health promotion services which will help them achieve their optimum health and well-being;
- Traditionally 'hard to reach' groups of children who are vulnerable due to ill health, disability and/or disadvantage are reached in a timely manner to and receive the health input required;
- Outcomes for children as identified in national strategies (Action on Health Visiting) are achieved.

5.4 The HV programme provides exciting opportunities to further align health and Children's Centre services to improve outcomes for children and their families. The Cross Parliamentary Group for Sure Start report states:

“Health visitors have an immensely valuable role to play in co-ordinating health provision at Children's Centres and in maintaining links to other health professionals, especially GPs. It is vital that health visitors in all parts of the country are fully bound in to Children's Centres to allow Centres to reach their full potential as hubs for all services for children under five”.

NHS Kent & Medway will be leading on engagement strategy around the HV implementation process with CCGs and other key health stakeholders.

² The Health Visitor Implementation Plan 2011-2015 – A Call to Action DH Feb 2011

³ Health Visitor Implementation Plan – A Call To Action DH Feb 2011

⁴ Supporting Families in the Foundation Years DFE DH 2011

5.5 The Healthy Child Programme (HCP) is 'the early intervention and prevention public health programme that lies at the heart of universal services for children and families'⁵. It is based on a model of 'progressive universalism' and has two key programmes of work, one for pregnancy to five year olds and one for five to nineteen year olds. For the purpose of this paper the former is the section referred to throughout in line with the age group Children's Centres currently serve.

5.6 The HCP incorporates many public health programmes including:

- Immunisation according to the national schedule
- Antenatal and newborn screening according to the criteria laid down by the National Screening Committee to include:
 - Newborn bloodspot screening
 - NIPE (Newborn Infant Physical Examination)
 - NHSP (Newborn Hearing Screening Programme)
 - Child health reviews
 - Universal hearing screening at 4-5 yrs
 - Universal screening at 4-5 yrs
- Breastfeeding
- National Child Measurement Programme (Healthy Weight)

5.7 The HCP also provides a comprehensive and detailed schedule of what universal and progressive aspects need to be included at given ages whilst providing guidance on which health promotion and parenting guidance e.g. infant feeding, smoking cessation, substance misuse, SIDS (Sudden Infant Death Syndrome) maternal mental health and relationship issues should be delivered at each stage of the child's life in order to achieve best outcomes for both the child and their family.

5.8 The programme incorporates many previously individualised areas such as ante natal care, immunisation programmes, breastfeeding and healthy eating, healthy weight, emotional health and well being, support for parenting and ultimately and most importantly safeguarding. The key outcomes and priorities are attached as Appendix 3.

6 Health Services that could be delivered in Children's Centres

6.1 Close working between Children's Centres and Health Professionals could result in more joined up services being delivered. The health services to be delivered through a Children's Centre might include some of the following:

- ante-natal education
- appropriate maternity services (including early ante-natal engagement to include screening and post natal clinics/support to include screening)
- breastfeeding promotion and support/drop in clinics
- parenting advice including behavioural management

⁵ The Healthy Child Programme, Pregnancy and the First Five years of Life DH/DCSF 2009

- working with families and disabled children
- healthy lifestyles advice e.g. healthy weight/obesity including screening such as the National Child Measurement Programme, diet and nutrition advice including healthy weaning and dental advice, physical exercise, smoking, sexual health
- promotion of active play
- emotional health and well being support and mental health promotion
- speech and communication and language development
- immunisation promotion
- advice on accident and injury prevention including prevention of Sudden Infant death Syndrome (cot deaths)

6.2 Some of these areas can be delivered by non clinical staff, however, the following will need to be delivered specifically by clinical staff albeit with multi-agency contribution:

- health and development reviews
- screening
- immunisations
- assessment of mental health needs
- extra support with breastfeeding
- support with behaviour change (smoking, diet, keeping safe, SIDS, dental health)
- additional support & monitoring for infants with health or developmental problems

6.3 Whatever health services are delivered from Children's Centres they need to be linked to the domains cited in the Public Health Outcomes Framework⁶ (along with the indicators) as follows:

DOMAIN 1: Improving the wider determinants of health

DOMAIN 2: Health improvement

DOMAIN 3: Health protection

DOMAIN 4: Healthcare public health and preventing premature mortality

6.4 Services also need to utilise needs analysis as set out in the Joint Strategic Needs Assessment. Consideration also needs to be given to the most relevant sections of Kent's Health Inequalities Action Plan⁷: specifically 'Give every child the best start in life' and 'Enable all children, young people and adults to maximise their capabilities and have control over their lives'.

7 Future Service Options Review

7.1 Children's Centres have been selected as one of the initial pilots of the Future Service Options programme. This programme is designed to help KCC and its partners think through the options that might be available to a particular

⁶ Public Health Outcomes Framework DH 2012

⁷ Mind the Gap Building Bridges to Better Health for all 2012 -15 KCC

service to meet its future vision. This programme requires that each pilot goes through a number of stages of development which include:

- undergoing a review which identifies certain options and leads to a recommendation
- a 'decision in principle' which identifies which options KCC is interested in exploring further with its partners
- scoping identified options
- a final direction is decided on
- the project is implemented

7.2 An options appraisal is expected to be completed by the middle of April 2012. The review provides an opportunity to further explore joint service delivery and how health outcomes can be more effectively delivered across the county.

7.3 The Health & Wellbeing Board may wish to discuss how the review of the delivery of Children's Centres may further develop joint working and improve outcomes including:

- should the age range be extended to have a more family focus whilst not diluting the core purpose for 0-5 year olds?
- could some Children's Centres have specialisms?
- could more targeted and specialist services be delivered in those areas with the most vulnerable families?

8. Financial Implications

8.1 The 2012-13 budget for Children's Centres is £17,596,375. NHS Kent & Medway expect to invest approximately £2.3 million in order to retain the required trajectory of Health Visitors in Kent by 2013. Year on year investment up to April 2015 will be required to deliver the overall increase in Health Visitor numbers.

8.2 There is a challenge in how the additional investment is managed and the related outcomes delivered whilst there are significant efficiency savings for Children's Centres.

8.3 The County Council has made a commitment that in the short-term the 97 Sure Start Children's Centres will be retained, serving families and communities across the county. Consideration, however, does need to be given longer term whether maintaining 97 buildings is the most appropriate and effective strategy to deliver Children's Centre services against significant budget pressures. Every effort is being made to minimise disruption to services, however some changes are required in order that the Council, Districts, health and key partners can continue reaching and supporting families within the budget that will be available for 2012/13. This means that centre managers and delivery partners are working hard to make choices about what they are providing to ensure that the right staff and services are in place to maintain the high standards to which Children's Centres work.

9. Conclusion

9.1 The following example recommendations are within in the HCP (Healthy Child Programme) and are suggested as key to the successful implementation of the programme across Kent:

- Continued development of the provision of health services in Children's Centres
- The need to ensure that there is a named Health Visitor for each Children's Centre
- The requirement to maximise the available resources from all agencies in order to deliver the Healthy Child Programme
- The need to deliver equitable health services, dependent on local need, in Children's Centres across Kent
- The need to bring together the various strands of work that relate to the Healthy Child Programme such as Think Family, Maternal and Infant Mental Health Service (MIMHS) and work that is taking place around breastfeeding
- The need to ensure that 'clinical governance arrangements and professional leadership is in place to ensure protection of the public and safe practice'. This includes processes for confidentiality and information sharing, assessment of competence of the workforce, clinical supervision and safeguarding.⁸

9.2 With 'Action on Health Visiting' 2011 and the increased capacity of registered HVs it seems timely whilst implementing the new national HV model to consider a new integrated approach/model to develop 'Children's Centre teams' with co-location of HVs in Children's Centres to improve outcomes for children and their families. It is suggested therefore:

- A core health specification is produced to outline the standard health services that can be delivered within a Children's Centre setting
- 'Children's Centre teams' be led in an integrated manner by HV and Children's Centre manager working closely together to lead their staff thus normalising the relationship between Health and Children's Centre staff. This relationship at a senior level to be mirrored by Health and Children's Centre staff who are the 'Children's Centre team' with HCP being led by HVs
- Data/information sharing protocol with a clear flowchart is utilised
- Clarity with regards to training (especially safeguarding and preferably joint – Health, Social Care and other agencies) for 'Children's Centre team' to include confidentiality, boundaries and roles and responsibilities with a period of induction which incorporates 'shadowing'
- Clarity with regards to the competencies of Children's Centre staff and the ability for health staff, namely HVs, to be able to see demonstrable

⁸ The Healthy Child Programme, Pregnancy and the First Five years of Life DH/DCSF 2009. pg 57

evidence of these in order that they can safely delegate work as appropriate as highlighted in 'Getting it Right for Children and Families'⁹

- A uniform approach to the governance arrangements to include recording of meetings, attendance and clear auditable pathways for actions with regards to allocation meetings and caseload discussions both of which are to be led by the Health Visitor
- Integrated links with the local GP surgery.

9.3 However the following needs to be noted that:

- The development of equitable health services within Children's Centres will need to be on an incremental / 'phased in' basis and will commence with universal provision
- As appropriate targeted health services will be added also on an incremental / 'phased in' basis
- Provision of health services from Children's Centres will need to be negotiated according to local capacity particularly with regards to midwifery services
- Consideration of the extent of health services in any one Children's Centre to be influenced by the size and capacity of that centre

10. Recommendations

This paper is for discussion. In addition to Section 7.3 the Health & Wellbeing Board may also wish to consider:

- The main principles for joint commissioning / provision of the Children's Centre programme
- How Children's Centres can help achieve public health outcomes
- How public health and health services can help deliver the core purpose of Children's Centres
- The proposed model for HV and engagement of CCGS and key health stakeholders in its development

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⁹ Getting it Right for Children and Families DH October 2009

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