Manchester City Council
Report for Information

Report to: Manchester Health and Wellbeing Board – 4 July 2012

Subject: Early Years and New Delivery Models

Report of: Mike Livingstone, Strategic Director Children's Services

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Summary

Getting the youngest people in our communities off to the best start is one of the eight strategic priorities of the Board. Therefore the joint work on early years currently underway in Manchester will be crucial to delivering successful outcomes under this priority theme. This report sets out the early years narrative for Greater Manchester providing the broader context, as work continues on the development of a new local delivery model to be agreed by all partners.

The Strategic Director Children's Services and members of his team will work closely with the newly established Manchester Clinical Commissioning Groups Forum and the existing Children's, Maternity and Neonatal Commissioning Board and Health Visiting Task Force and bring a joint report on the development of the Manchester model to the September meeting of the Board.

Recommendation:

1. The Board is asked to note the report and agree to receive a full paper is September

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Contacts

Name: Mike Livingstone
Position: Strategic Director Children's Services
Telephone: 0161 234 3804
E mail: mike.livingstonemanchester.gov.uk

Greater Manchester Early Years Narrative

1. Vision

a) To increase the number of children in Greater Manchester who are school ready[1] and in so doing:
   - equip them long-term with the skills to access the jobs market, reducing economic inactivity and improving productivity in line with the MIER and GMS; and
   - reduce future demand and dependency on acute and expensive public services.

2. Policy objective

- To redesign public services where necessary to drive this improvement, focusing on evidence-based preventative activity, undertaken by a range of suppliers across the public, voluntary and private sectors, increasing choice for local people and promoting fairness – equipping all children in GM to get a foot on the social ladder and to move up it regardless of birth and background[2].

- Switching off the dependency tap at source which leads to reductions in the numbers of people contributing to Troubled Families, Criminal Justice System and Health and Social Care services.

3. Recommendation

Public Service Reform – Executive Wider Leadership Team to agree to the principle of a GM model for Early Years which will measure success against four clear outcomes:

- Responsive, sensitive care giving for infants;
- Supportive home learning environment;
- Improved health and engagement of all 0-4 year olds; and
- Economically active household.

We will achieve this by:

a) Working up a small number of exemplars, focusing on improvements to the existing system that are clearly evidence-based and represent good VFM interventions, and which can be rolled out across GM relatively quickly;
b) Developing a new GM service delivery model focussed on long term transformational change. This model will be capable of realising short term savings, enhanced customer service and improved long term outcomes for children and their families, including challenging behaviours and social norms; and
c) Developing a robust evaluation framework.

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[1] Measured according to the Early Years Foundation Stage Profile, which assesses a range of behavioural, educational and health indicators.
[2] In line with the Open Public Services White Paper of choice and control, decentralisation, diversity of supply, accountability and fairness, as also emphasised in the Government's Social Justice Strategy and the Social Mobility Strategy.

4. Stakeholders

a) Who are they?
[Local Authorities and Health professionals then Schools, Businesses, VCS]

b) What outcomes do the priority stakeholders want?

c) What mechanisms, systems, processes and changes does that indicate?
[National commissioning vs. regional/local, Health reforms, schools converting to Academies and introduction of Free Schools and potential for accountability for Eyes through Funding Agreements, Workforce process re-engineering]

5. Scope

a) Why is Early Years important?
A person's life chances are most heavily influenced by our early experiences. The physical development of our brains and our interactions with the world around us, particularly our relationship with our primary care-givers, set the foundations for our personalities, behaviours and our intellectual abilities. Our physical development and health before and after birth affect our health throughout our lives which, in turn, also influences the development of our brain and our behaviour.

By the time children arrive at school, these foundations have been set. The patterns set are difficult to change and any remedial work is far more difficult and less effective than early intervention would have been. Children's development at this point shapes their later progress throughout school, influencing their level of skills and qualifications, and therefore their job prospects, and even affecting their likelihood of developing chronic health conditions later in life.

(The expert consensus is, therefore, that a significant shift of focus and resources is needed to ensure that children arrive "school ready".)

Improving the start in life for children in GM therefore has the potential to significantly improve educational attainment and the levels of economic activity in GM, enabling GM residents to access the future jobs market, and decreasing dependence on the State in terms of benefits, health spending and the criminal justice system.

b) What are we prepared to do?

- Ensure service provision is fit for the coming financial challenge and any increases in demand by introducing joint commissioning, ensuring the workforce is fit for purpose.
- Reduce the flow of children who need more targeted and costly interventions by ensuring accurate data sharing to enable 100% screening of cohort to allow the appropriate tier of services to be provided:
    - Universal: increasing take-up to 100% of children and families;
    - Universal plus: specific provision for approx 25% of cohort to address low-level issues;
- Take demand out of downstream acute public services by identifying high-level needs early in life and ensuring access to the appropriate targeted services, intervening early to prevent more serious

developments later in life (e.g. tackling aggressive behaviour in children to avoid a trajectory into anti-social behaviour and eventual entry into the criminal justice system);
- Allow planned de-commissioning /reprioritisation by reducing the level of need rather than reactively constraining access.

c) Early Years in GM
Early Years public services in GM will need to reflect the places people live and in turn help shape those physical places and our communities, creating a virtuous circle:
- by encouraging supply from the voluntary sector and with a greater role for schools, early years services will help build on existing community assets;
- by challenging social norms around parenting and worklessness, we will strengthen families to contribute more positively to their local community;
- by encouraging families to take more responsibility for themselves and each other, our communities will become stronger and more resilient;
- supportive and resilient communities, where people are economically active and with good public service provision, will give people a stake in their neighbourhoods, reducing population churn, improving cohesion, and improving productivity across GM.

Success Criteria

a) Pre-conditions of success?
- To develop proposals: co-design of the new delivery model for Early Years fully integrated with partners, especially health, schools and the VCS, and with an associated investment agreement which incentivises and gives responsibilities to them;
- To implement proposals: buy-in from organisations at all levels, with key influencers becoming champions of change within their organisations;
- To deliver real change: communicating and implementing a robust Workforce Development Strategy to ensure staff are skilled to deliver the new service and have clear career progression pathways; and a shift in social norms in our communities.

b) What do we need from others?
- To develop proposals: a willingness from all of us in GM to take difficult decisions based on evidence and confront vested interests, and to take those arguments to Whitehall;
- To implement proposals: a willingness to change our own ways of working, and focus relentlessly on improving outcomes for children in GM;
- To deliver change: the support of our communities and commitment to play their part in giving children in GM the best possible start in life.

6. Products

Home based universal model:
- A range of communications tools to include an integrated approach to developing a public health campaign that advocates that every pregnancy and infant matters as human potential can begin to be realised during the last

trimester of pregnancy and the first three years of life when the brain grows to 90% of it's life potential.
- The approach must be assertive at the universal level. Non-engagement is not an option. Families must not slip through the net. The approach has to be water-tight to ensure all families are accounted for, if not fully engaging with services to ensure the right triggers are actioned for a more targeted approach to ensure engagement, screening and assessment, if needed.
- Information must be shared between key universal and targeted services to ensure a seamless joined-up approach to families and to ensure families that do not engage, will be found.
- Screening tools should include screening for responsive care giving, a supportive home learning environment, health improvements and the house becoming or maintaining it's economic active status must be used for all families.
- Evidence based screening and assessments must be carried out by a trusted, professional staff in the home for all families to identify issues which may not yet be observable in infants to the naked eye, but the potential risk for poor outcomes if these remain as is, is evident. Such specialist assessments cannot be done in a building; context matters to family assessments.
- Age-appropriate, timely advice on parenting and child development must be made available in the home for all families, these can't be buildings based.
- Workforce Strategy to include continuous professional development.

7. Resource availability and assumptions

a) Future funding for health visiting will reside with GP commissioning consortia. Dedicated Schools Grant (DSG) will go direct to schools. The Early Intervention Grant (EIG) comes to local authorities and requires local authorities to meet their OFSTED requirements for designated Children's Centres. If designated Children's Centres close, local authorities may be subject to claw-back from Department of Education.

b) Constraints
   - OFSTED will inspect local authorities for their early years core purpose and it will stipulate universal elements and an outreach worker being attached to a designated Children's Centre.
   - At present, schools can undertake a great deal of work with children and families via the 3-4 year old statutory entitlement of 15 hours per week preschool/nursery provision as they directly control admissions to the offer. However, pre-school placement has no weighting in current admissions policies. Therefore schools can invest in 3-4 yrs olds and then lose the benefits and have brand new children begin at their school who are likely to be disadvantaged and not school ready.
   - School admissions for reception age and primary could be devolved to schools or school clusters to administer themselves. Alternatively, if local authorities do retain this function, admission criteria and weighting issues need to be explored to see whether there are opportunities to remove address as an essential criteria and replace it with a pre-school/nursery place attachment/coding instead, so thereby enabling schools to own the benefit.

8. Barriers to success

a) What are the likely consequences and side effects to our success?
b) Who/what is likely to be disadvantaged by our success?
c) What are they likely to do that would cause problems?
d) Likely probability and impact of each risk?
e) What should we do to reduce the probability and/or impact?
f) What contingency arrangements do we need?

9. High level plan

We have identified seven workstreams which will need to carry out key pieces of work to enable us to deliver an implementation plan to achieve the vision by October:

- Workforce
- Communications
- Data
- Review Universal provision, Universal Plus provision and Targeted provision
- Review screening and assessment tools
- Identify quick wins and plan for roll out (such as the Baby Express publication)
- Implementation Plan (post Oct)

[Need to include high level timeline here and deliverables for the workstreams]

10. Evaluation framework for school readiness

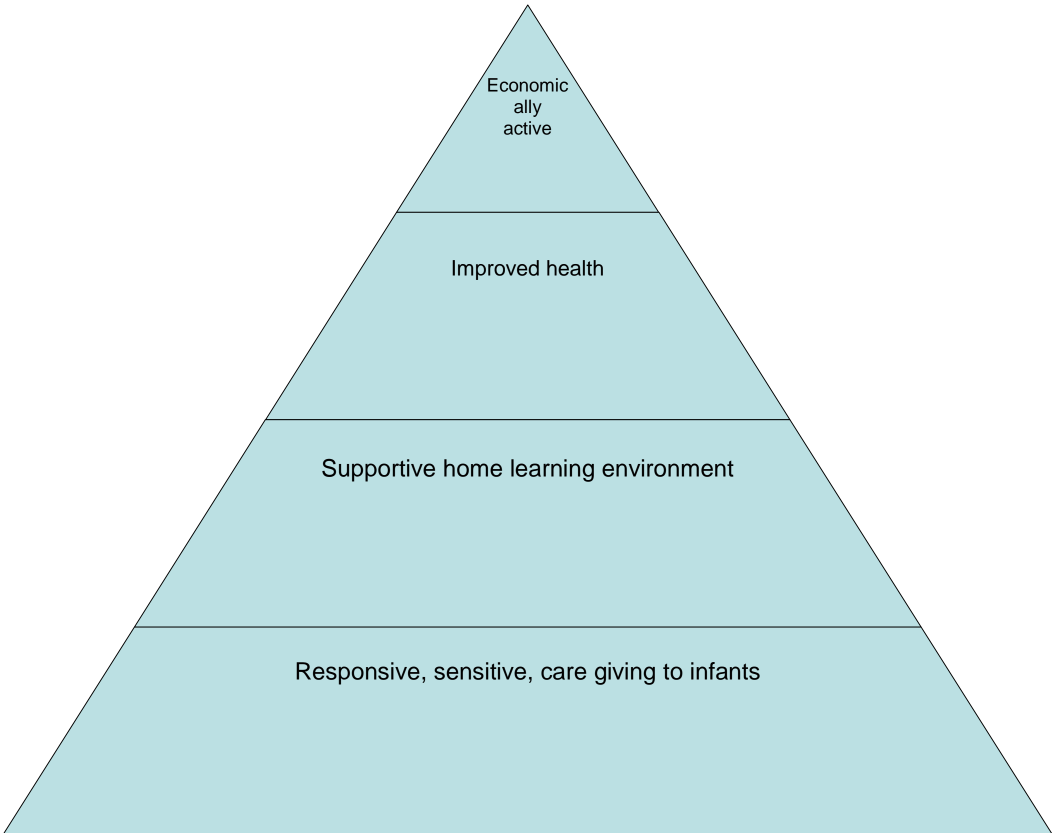
a) It is a given than children develop and mature at variable rates and that they are capable of change over time and so it can be hard to effectively track school readiness at such a young age with so many variables. However, this does not detract from trying to develop and evaluate a framework for tracking an infant’s journey from birth to school to better understand what we mean by “school readiness”.

b) At the following key universal check points, measures for school readiness should be taken and the assessments should be passed on and shared with the next universal providers on an infant’s journey from birth to school:
   - School readiness tracking data should be evaluated at the 10-14 day check, the 8 month check and the 2 year check and then shared with the providers of the 3-4 yr old 15 hours per week statutory entitlement to preschool/nursery provision.
   - Providers of the 3-4 yr old universal entitlement of 15 hours per week should then assess their own pupil/child baseline entry of nursery which can be tracked for school readiness.
   - Providers of the 15 hours per week statutory entitlement for all 3-4 yr olds must also track the end assessment and send this to school reception place providers.
   - All schools must then compare their entry measures at reception to their Foundation Stage Profile scores at the end of reception before entry to Key Stage One.

Annex A - DRAFT Greater Manchester Early Years New Delivery Model Specification for commissioning for outcomes

It is strongly recommended that an outcomes based accountability model of either provision or commissioning is used for ensuring a quick-paced cultural shift in early years across Greater Manchester.

The short term outcome impact we need demonstrate a concerted shift on is school readiness. In order to achieve an improvement in school readiness, providers and commissioners must impact on the outcomes cited in the triangle below from the family perspective. The bottom level is the most significant one which directly impacts on the other levels.



The table below and continued overleaf details what these outcomes mean in greater detail, taking full regard to safeguarding.

Table of high level and sub outcome measures for early years

High level outcomes	Sub outcome measures
Responsive, sensitive care giving to infants	Increase in parental confidence about being a parent Increase in understanding their baby/child and "normal" child development Increase in understanding what their baby /child needs Reduction in parental social isolation Improvement in the emotional health and well-being of the baby/child Reduction in conflict within the family

	Improved stability and security in family life Reduced depression/anxiety, substance abuse, other mental health issues
Supportive home learning environment	Home conditions including Hygiene/cleanliness and hazards/safety are good enough Higher aspirations for their child's education Going to the library with their baby/child Playing with letters and/or numbers (playing age appropriate games with their baby/child) Painting and drawing (creative activities with their baby/child) Reading to and with their baby/child Learning activities with words/talking to their baby about what you are doing, thinking, feeling Learning activities with numbers/talking to their baby/child about numbers Singing, poems and/or nursery rhymes to their baby/child
Improved health and engagement of all 0-4ys	A reduction in the risk of repeat teenage pregnancy Increase in uptake of healthy child programme health visitor visits Increase in uptake of first 3 months of life GP Surgery administered immunisation and vaccination programme
Economically active household	An increase in adult access to employment and training opportunities Increase in involvement in voluntary work/ take up of accredited learning opportunities

Implications for providers and commissioners of services for pregnant families and infants

All key services must be involved in the design of an integrated, consistent approach to the cohort to ensure that the system operates in an integrated, concerted way that meets the full needs of the customers (as appropriate) at the earliest possible opportunity.

All commissioning or provision of services to the cohort must agree to the high level and sub-level outcomes and agree on an auditable evaluation framework that needs to be put in place to measure impact of provision on outcomes.

The system makes a number of assumptions of all service providers/commissioners at every level including universal and targeted.

Universal approach

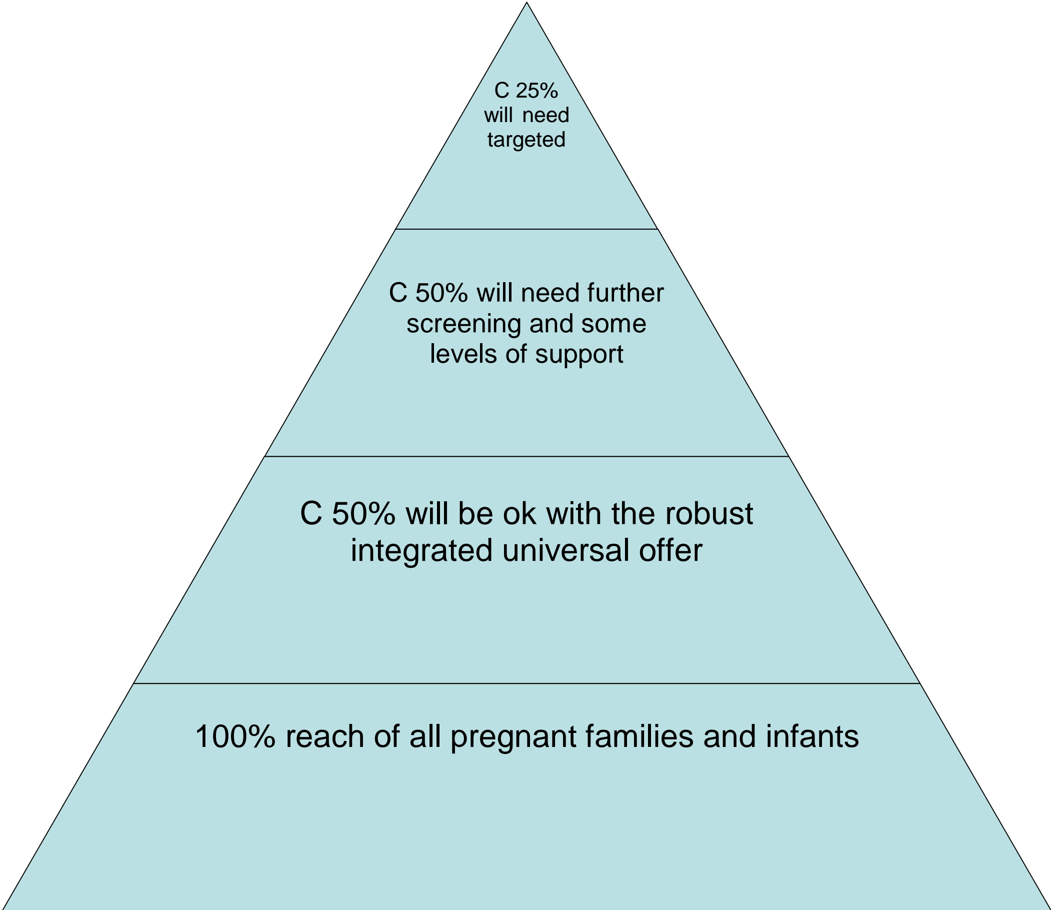
- The Integrated approach must develop a public health campaign that advocates that every pregnancy and infant matters as human potential can begin to be realised during the last trimester of pregnancy and the first three years of life when the brain grows to 90% of it's life potential.
- The approach must be assertive at the universal level. Non-engagement is not an option. Families must not slip through the net. The approach has to be water-tight to ensure all families are accounted for, if not fully engaging with services to ensure the right triggers are actioned for a more targeted approach to ensure engagement, screening and assessment, if needed.
- Information must be shared between key universal and targeted services to ensure a seamless joined-up approach to families and to ensure families that do not engage, will be found.

- Screening tools should include screening for responsive care giving, a supportive home learning environment, health improvements and the house becoming or maintaining it's economic active status must be used for all families.
- Evidence based screening and assessments must be carried out by a trusted, professional staff in the home for all families to identify issues which may not yet be observable in infants to the naked eye, but the potential risk for poor outcomes if these remain as is, is evident. Such specialist assessments cannot be done in a building; context matters to family assessments.
- Age-appropriate, timely advice on parenting and child development must be made available in the home for all families, these can't be buildings based.
- Good quality assessment datasets must be shared with providers of the 3-4 yr old universal entitlement of 15 hours per week from the universal provision 0-3yrs so the baseline entry of nursery can be tracked for school readiness. 15 hours per week statutory entitlement for all 3-4 year olds must be accessible to all families and must be performance managed to ensure that all children are measured consistently for school readiness at the start and end of provision and full measures are then shared with reception school provision at aged 4 yrs.
- All schools must then compare their entry measures at reception to their Foundation Stage Profile scores before entry to Key Stage One.

Targeted provision

- For families who do not engage with the universal provision, despite concerted efforts to ensure engagement at the universal level, a referral should be referred into the targeted provision. The targeted provision will assertively try to engage the family using a triple track approach of support, challenge and enforcement.
- Once families are engaged and screened they will be supported as needed, to engage with the universal provision.
- For any additional unmet needs that are identified that are not delivered via the universal provision, will be met via the targeted provision acting as the role of Lead Professional co-ordinating what may be relatively small scale set of direct support with the family, through to case managing the family and co-ordinating other agency support as needed.
- For some of the families assessed and screened who have a Lead Professional package of support, may require an evidence based intervention to assist in addressing the presenting and underlying issues in the family.
- A suite of evidence based interventions will be available for families who need them.
- Targeted providers must access regular clinical supervision to ensure complex sets of assessment data are understood and families are triaged appropriately into the targeted evidence based interventions.

Diagram on how to screen and reach the population to effectively target and resource to ensure a C12% shift in the Foundation Stage Profile



Annex B- Place
[GM demographic] Early Years public services need to reflect the places people live and in turn help shape those physical places and our communities, creating a virtuous circle:

- with a greater role for schools, by encouraging supply from the voluntary sector, and by reaching people according to how they live their lives rather than provider convenience, early years services will reflect how people in GM live;

- by challenging social norms around parenting and worklessness, we will strengthen families to contribute more positively to their local community;

- by encouraging families to take more responsibility for themselves and each other, our communities will become stronger and more resilient;

- strong supportive communities, where people are economically active and with good public service provision, will give people a stake in their neighbourhoods, reducing population churn and improving productivity across GM.

Annex C
Emerging asks of Government:

- Call for action for health visiting to increase the numbers of health visitors, not necessarily the practice of health visiting – could be an ask of DH.
- OFSTED will inspect local authorities for their Early Years core purpose and it will stipulate universal elements and an outreach worker being attached to a designated Children's Centre – can we influence that? DfE.
- At present, schools can undertake a great deal of work with children and families via the 3-4 year old statutory entitlement of 15 hours per week preschool/nursery provision as they directly control admissions to the offer. However, pre-school placement has no weighting in current admissions policies. Therefore schools can invest in 3-4 yrs olds and then lose the benefits and have brand new children begin at their school who are likely to be disadvantaged and not school ready – can we influence this in DfE?
- School admissions for reception age and primary could be devolved to schools or school clusters to administer themselves. Alternatively, if local authorities do retain this function, admission criteria and weighting issues need to be explored to see whether there are opportunities to remove address as an essential criteria and replace it with a pre-school/nursery place attachment/coding instead, so thereby enabling schools to own the benefit – DfE?.