Improving children’s outcomes through collaboration and working in partnership in a locality

Children and Young People Scrutiny Committee
4th March 2020
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Introduction - Children’s Services Locality Programme

The Children's Locality Model Programme is reforming Children’s Services to deliver local, place based services on a 1-3-13 footprint; aligned with Bringing Services Together and Manchester’s Multi Agency Safeguarding Arrangements (MMASA).

The aim of the programme is to change the way services are provided to achieve the vision and objectives set out in the Our Manchester, Our Children plan. Changing how services are delivered with partners committing to an integrated, multi agency place based teams centred around locality partnerships and understanding and resolving of the specific complexities of each geographical area.

The vision for the programme is:

“Practitioners working together in a locality, having conversations to agree effective, right and timely interventions resulting in positive change for our children to have safe, happy, healthy and successful lives.”

The “Our Manchester” behaviours underpin integrated working practices with a focus on person (child and family) centred outcomes.

Improving resilience with families and Outcomes  

Reduces Unnecessary Demand
Introduction

- 1
  - Citywide
  - Permanence Teams
  - Leaving Care Service
  - Complex Safeguarding Hub
  - Single point of contact - public

- 3
  - North Locality
  - Central Localit
  - South Locality
  - 3 x Early Help Hubs
  - 3 x Social Work Locality Teams
  - Single point of contact - Advice and Guidance Service for professionals N, C, S
  - Youth Justice Service

- 13
  - North 1
  - Central 1
  - South 1
  - North 2
  - Central 2
  - South 2
  - North 3
  - Central 3
  - South 3
  - North 4
  - Central 4
  - South 4
  - Central 5

- 12 x School Clusters
  *No schools in city centre neighbourhood*

- 12 x Early Years Clusters
## Programme Update - Workstreams

### Workstream 1 - Complex Safeguarding:
- Complex safeguarding hub has been operational since October 2018 with operational practice overseen by the Manchester Safeguarding Executive
- ACT model has been implemented with a small cohort of young people and evidences good impact
- LGA Peer Review completed and positive feedback from Ofsted inspection
- Increased disruption and number of investigations

### Workstream 2 - Front Door Reform
- Advice and Guidance Service with colocated multi agency teams operating in localities since July 2019. Operational practice now overseen by the Manchester Safeguarding Executive.
- Multi agency audit processes agreed and in place to ensure consistency of practice
- David Thorpe model evidencing stronger partnership working and approximately 20% reduction in unnecessary referrals to social care.

### Workstream 3 - Early Help / Early Years
- Start Well Board established providing the strategic partnership approach to first 1,000 days, with work underway to develop risk stratification model.
- Early Years refocused to a place based approach, delivering to the 13 neighbourhoods.
- Development of thrive approach to service delivery
- LCO, Early Years and Early Help Task and Finish Group has identified potential theme to develop partnership pilot.
Programme Update - Workstreams

### Workstream 4 - Social Work Delivery

- Engagement with social workers in review of practice and workflow in to inform resource modelling against outcomes for children.
- Team structures and resource allocation model for localities agreed according to need based on analysis of caseloads and caseload complexity.
- HR succession planning underway to map social workers to roles in Duty and Assessment / Court and Locality and Permanence Teams under new structure.

### Workstream 5 - SchoolClusters

- 12 school cluster groups established with the first meetings of 10 clusters having taken place by January 2020.
- Presentation at next special schools heads to discuss membership of city wide school cluster for special schools/PRUs
- Development of Bridging the Gap - effective in south locality, re-established in central and commenced in north in January 2020.

### Workstream 6 - Youth Justice

- Staff and service user consultation has been completed and will be ongoing including a focus on strengthening and engagement and participation with young people.
- Design of new delivery and practice model
- Vision and communication plan completed.
- Refurbishment of accommodation at Commercial Wharf underway.
Work to date has aligned to the principles of the Children’s Services Locality Programme:

- Our Manchester behaviours underpin integrated working
- Focus on person (child and family) centred outcomes across all sectors
- Improved communication and joint working; removing duplication
- Strengthen relationships to support practitioners to work effectively together
- Develop seamless access to services for children and their families to receive a timely and ‘right’ intervention, reducing unnecessary escalations and long term conditions developing
- Engage our workforce to engender investment/ownership
- Deliver of a safe effective and efficient service

These principles will be tested across the Partnership to develop a shared set of principles around partnership working including defining relationship between commissioning and service providers.
Delivering a targeted Children’s Services ‘together’ in a locality

“Practitioners working together in a locality, having conversations to agree effective, right and timely interventions resulting in positive change for our children to have safe, happy, healthy and successful lives.”

Improving resilience with families and Outcomes

Reduces Unnecessary Demand
An enhanced partnership that collaborates to improve children’s outcomes

‘Integration must be about much more than the structures that support it. The behaviours of [...] members and officers of the parties must reflect these values. It is only by improving the way we work together that we can in turn improve our services and the outcomes for individuals who use them.’

Integration between Glasgow City Council and NHS Greater Glasgow and Clyde, Feb 2018

Date: 12/02/20
Organisational Vision and Priorities

“Our Manchester – building a safe, happy, healthy and successful future for children and young people. …that partners across the city work together with children and young people to improve people’s lives. …developing and embedding new ways of working… along with genuine co-production.”

Our Manchester, Our Children: Manchester’s Children and Young People’s Plan 2016-2020

“Working together to enable every child to have the best health possible. Community Health Services, together we make a difference.”

Children’s Community Health Services Directorate Strategy 2015 – 2020

“…every woman has access to information to enable her to make decisions about her care… she and her baby can access support that is centred around their individual needs and circumstances.

...staff to be supported... in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries.”

Better Births: Improving Outcomes for Maternity Services in England
A common purpose and aim to test proof of concept

Following the session on the 19th November 2019 a task and finish group was established to develop an approach to test strengthened partnership working across Maternity services, Children’s Community Health, Early Help and Early Years services to inform future relationships, by:

- Identifying a thematic approach using one issue where partners can work together differently
- Enabling and empowering the workforce to make changes
- Improving outcomes for children across the system

The group has met three times to date and has taken an Our Manchester approach, putting service boundaries aside and focussing on the needs of residents and families to identify opportunities to improve outcomes, rather than service structures and governance.
Timeline: Senior leadership & Task & Finish Group sessions

(19th) Collaborating for Outcomes for Children Workshop
(3rd) Integrating Health and Social Care session with David Williams

Nov 19

Overview of current partnership working & future ideas: Start Well Board, Thrive, Hertfordshire Model

Jointly agreed
✓ Co-design shared vision
✓ Adopt thematic approach to a shared Health and Social Care objective (ie. obesity) and shape services around this
✓ Develop by working group

Jay Van Leeuwen, Director Health & Social Care Integration, Glasgow

Jointly agreed
✓ Identify shared areas, common features and common purpose that enable us / require us to work together
✓ Enabling and empowering the workforce to make a cultural change

Jan 20

Jointly achieved
✓ Identified shared strategic priorities and common purpose
✓ Identified potential thematic area
✓ Strengthened partnership working
✓ Explored wider service determinants that required joint consideration

Jointly achieved
✓ Extended membership
✓ Mapped pathway and support services
✓ Identified potential windows of opportunity to develop pilot on smoke free family / homes
✓ Explored feasibility for linking key messages from pilot into professional record: Maternal Health Record
✓ Identified new Ways of Working in partnership and enablers

Jointly achieved
✓ Explored learning from GM Smoking in Pregnancy Programme
✓ Agreed training and cross service workforce development incl. Very Basic Advice (VBA)
✓ Explored options for place based or cohort pilot
✓ Explored feasibility for linking to PHE: Maternal Health Record pilot
✓ Developed logic model

Feb 20

(24th) 2nd Task & Finish Group Meeting
(3rd) 3rd Task & Finish Group Meeting
An agreed set of priorities

Agreed shared areas of focus/priorities

Agreed initial priority was to focus on smoking addiction

- Immunisation
- Infant mortality
- Smoking addiction and smoke free homes
- Perinatal Mental Health Link: ACEs
- Breastfeeding Links: Bonding, attachment, obesity)

Early Identification and Prevention Links: 1,000 days, Start Well Strategy

Improve antenatal contacts Links: Health visiting, seamless postnatal transition

Effective and wider response areas: adolescent mental health, criminality and ASB, criminal exploitation, child exploitation, neglect, Domestic Violence and Abuse, Obesity, Mental Health, Substance misuse

Wider considerations

- Collaboration with wider partners (e.g. housing), communities and enhancing social prescribing (Bringing Services Together)
- Whole-family approach: parental engagement (e.g. aspirations, pathways to employment and training) and capturing family feedback
- Collaboration with GPs, Schools, CAMHS
- Strengths-based
- Lead practitioner approach
- Locality Programme
- Signs of Safety
- Start Well Strategy
- Substance misuse
- Support Inclusion Strategy
- Governance
Improving outcomes and long-term health conditions: Tobacco Addiction

Case for Change: Impact on Manchester residents
- Reducing smoking in pregnancy is the single most important factor in reducing infant mortality, with most infant deaths occurring in the first 28 days in Manchester.
- Smoking is the single largest cause of health inequalities in Manchester. Manchester has above-average rates of smoking in all age groups and the highest premature mortality rate in the country for the three major smoking-related conditions: lung cancer, heart disease and stroke.
- Alongside health effects of smoking, a small scale report undertaken by Early Help in 2013 showed the impact of smoking on budgeting and finances. Since 2013, price of cigarettes have increased significantly which has led to an increase in the illegal tobacco market.
- Reducing smoking and creating smoke free homes is a significant strategic priority for the health and social care system in Manchester. Featuring within the Manchester Population Health Plan, Reducing Infant Mortality Strategy, Saving Babies Lives and Manchester’s Tobacco Plan.

Current provision:
- There is current a GM Smokefree Pregnancy Programme operating across Manchester which is a gold standard programme that has had a positive impact on Smoking at the Time of Delivery statistics, which have decreased to below the national average. In addition a new smoking addiction service is due to start in April 2020 this provides support for residents in the community.
- Although smoking rates in Manchester have decreased, every neighbourhood is above the national average.
- Although smoking at the time of delivery has reduced there are a high number of women who will restart after finishing the programme.
- Messages about Smoke Free Homes are not consistently understood across professionals.

Raising awareness of smoke free homes across professionals and increasing uptake and engagement with the commissioned support services presents potential opportunities to take a whole system, partnership approach through a thematic area.
Proof of concept
Proof of concept : Smoke Free Family

**Aim:** to test an improved, partnership approach that builds on and strengthens work already taking place across maternity, health visiting, early years and early help services. Developing a pilot that touches on each service, targeting a point where working together will improve the offer for families and improve outcomes.

Thematic area identified so far as a potential cross cutting priority area; tackling smoking to create smoke free homes.

As part of the partnership approach, the pilot will link and signpost to the new Manchester Tobacco Addiction Treatment Service once this service ‘goes live’ April 2020. Complementing the current gold standard, GM Smoking in Pregnancy programme.

The future pilot will involve joint workforce development and training. Including a trauma informed approach via (Adverse Childhood Experiences), for more targeted cohort alongside, Very Basic Advice module to support effective behaviour change techniques around reducing smoking. Alongside this the GM Smoking in Pregnancy Programme lead has offered to provide all professionals on Baby Clear key messages.

‘Smoke free home / Smoke free family: Will involve a whole family approach to ensure a smoke free home environment for babies and young children.

This will include an Our Manchester approach including working with dads-to-be, significant others and family friends. Buzz Service has offered to undertake engagement specifically with dads. This will inform the approach to identify the ways of working or approach that might best engage dads in the pregnancy and stopping smoking. This could also be expanded to other members of the extended family e.g. grandparents.

**Cohort:** The pilot will have a narrow focus to begin with, starting small to test and learn, potentially:

**To target specific neighbourhood** where there is higher than average smoking rates, where pregnant women have been referred to the Smoking in Pregnancy Programme and identify Sure Start Centres within that Neighbourhood.
The group shared the current ‘touchpoints’ where services will interact with families, the pathway below demonstrates some of the many interactions between services and families during this time. This also highlighted some of the key transition points between services and the potential opportunities to take a more joined up approach across services.

### First 1,000 days

- **Maternity:** Scans from 12 wks – 41 wks
- **Maternity CO screening**
- **Antenatal offer in Sure Start Centres**
- **Birth registration**
- **HV visit 10 and 14 days old (Personal Child Health Record ‘Red Book’)**
- **Baby groups:** Babbling babies: screening: 9 mths
- **Wellcom screening: 2 yrs**
- **Sure Start Centre: Play, stay and learn groups**
- **School Health**
- **Youth Matters**

### Preconception
- **Fertility clinics**

### Conception
- **GPs**

### Birth
- **Maternal Health Record**

### Infancy (12 mths)
- **Baby groups:** Breastfeeding, Baby Massage newborn
- **Baby groups: Baby weaning 6 mths**
- **Initial assessment**

### Early Years (24 mths)
- **Sure Start Centre: Drop-in baby clinics: 0-2 yrs**
- **Baby groups: Adult & Toddler group under 24 mths**
- **Wellcom screening: 2 yrs**
- **Nursery**

### Community Health Service (Children’s & Adults), Maternity, GPs, AHP, Change Grow Live

**Early Help:** offer across partnership, EHAs, targeted support for families whose needs are greater than Universal but not low-level, and who have not reached a Statutory level of concern.
Approach to test and develop and embed a more collaborative and partnership approach to improving children’s outcomes.

Three potential points, along the first 1,000 days current pathway, have been identified to test a strengthened partnership approach:

1. Following 1st booking with women testing positive on CO test
2. Targeting 25% who do not-engage with course
3. Engagement post-delivery around sustaining non-smoking as the norm in the home

First 1,000 days

Preconception Conception Birth Infancy (12 mths) Early Years (24 mths) Pre-school +

Opportunities for partnership working

- Maternity smoking screening
- Community setting eg Birth registration
- Antenatal offer in Sure Start Centres
- GPs

Three potential points, along the first 1,000 days current pathway, have been identified to test a strengthened partnership approach:
Potential benefits

25% non-engagement with Smoking in Pregnancy Programme

- Improved reach of service and engagement with families
- Engagement with dads, wider family and friends
- Increased connectivity into Targeted interventions

First Booking

- Partnership workforce development
- Broader and better informed evidence base
- Whole system approach to thematic area

Midwifery

- Our Manchester approach collectively adopted
- Joint messaging and communications across services
- Increased access to community offer

Early Help

- Our Manchester approach
- Trauma informed ACE’s workforce

Health Visiting

Early Years

Sustainability post-delivery

- Strengthened trusted relationships through Partnership working

Whole system approach to thematic area

Joint messaging and communications across services

Engagement with dads, wider family and friends

Increased connectivity into Targeted interventions

Increased access to community offer

Our Manchester approach

Trauma informed ACE’s workforce

Strengthened trusted relationships through Partnership working

Engagement with dads, wider family and friends

Increased connectivity into Targeted interventions

Increased access to community offer

Our Manchester approach

Trauma informed ACE’s workforce
Partnership pilot: Smoke Free Family Logic model (examples used are illustrative)

Opportunities / aims:
- test an improved partnership approach that builds on and strengthens work already taking place across maternity, health visiting, early years and early help services in a neighbourhood
- add value to the work of the current Smoking in Pregnancy offer alongside the introduction of the newly introduced Tobacco Addiction Service (April 2020) with support and interventions aimed at whole-family approach to develop smoke free families
- develop universal and targeted offer from point of First Booking / first scan where working together will improve the offer for families and improve outcomes

INPUTS
- Multi agency Task and Finish Group
- Senior Multi agency strategic Support and Challenge group providing feedback
- Critical friends, Public Health commissioning providing feedback

Once Neighbourhood identified:
- Surestart Centre
- Maternity service
- Children’s Community Health Service (Health Visiting, School Nurse)
- Buzz
- Integrated Neighbourhood Team Lead
- School
- GP

ACTIVITIES
- Delivery of training and workforce development to all relevant staff identified within this Neighbourhood. To include, Baby Clear / Very Basic Advice.
- Development of short course to be provided in Children’s Centres to engage families that includes smoke free homes messaging alongside other key developmental messages to encourage behaviour change.
- Engagement activity with dad’s to be and wider family members to inform approach
- Develop methodology to capture impact

OUTPUTS
- Joint workforce development and training plan for services in a neighbourhood
- Engagement approach with Dads / significant others
- Short course for families involving multi agency input into key messages that includes smoke free homes to encourage behaviour change.
- Key learning about a partnership approach that adds value to maternity, health visiting, early years and early help, to inform future models of working.

OUTCOMES – what we measure
- Workforce in neighbourhood trained in key messages, including smoke free homes and Very Basic Advice
- Workforce understand offer & confident in key messages
- Families engaged with short course that includes smoke free homes messages.
- Increased uptake in the Smoking in Pregnancy Programme
- Increase in numbers of smoke free homes
- Increase in Tobacco Addiction Service referrals for wider family members [TBC]

IMPACTS - potential wider impact
- Improved partnership working in a neighbourhood
- Earlier identification of families who might need support
- Workforce across partners trained consistently
- Business processes across partners are strengthened to supplement the Smoking in Pregnancy Programme and facilitate wider support offer
- Trend developing in smoke free families and communities
- Preventing avoidable hospital admissions

Draft - Further detail TBA, dependant on preferred option.
Proposed Governance Arrangements

Learning from the future pilot will help to inform future governance and accountability. This learning will be reported into the strategic partnership forum of the Start Well Board. This Board can respond to key learning and system challenges highlighted from the pilots with a collaborative citywide approach.

In addition to this, learning from the pilots can be communicated to each organisation’s relevant internal service governance.
Key learning: Partnership co-production

Achievements through partnership co-production

- Multi agency Task and Finish Group includes representation from Maternity, Children’s Community Health, Early Years and Early Help. New relationships have been built and strengthened from the Task and Finish Group.
- Developed a shared agreement of advantages of working in partnership and identified potential areas to test this.
- Gained insight into how service delivery can be more effective through system-wide collaboration. More opportunities for co-production will be developed by partners.

Lessons learned

- Timescales have been extremely tight. This has placed restrictions in terms of involvement of clinicians whose contribution and knowledge would be invaluable to developing an approach.
- Further time could be spent understanding and developing a shared purpose and priorities with all relevant stakeholders. This would also support building stronger relationships and trust.
- Work has not yet involved any front line or residents engagement on approach, this is partially due to timescales but also approach. This could be something to explore for future pilots.
- Clarity around roles and interface between providers and commissioners and where collaboration sits.
Future partnership pilot opportunity - Foetal Alcohol Spectrum Disorder

It is estimated that 1,195 children a year are born with Foetal Alcohol Spectrum Disorder (FASD) in Greater Manchester.

£1.6m GM transformation funding is being used to develop a 2 year ‘proof of concept’ programme to reduce alcohol exposed pregnancies and aim to end FASD.

Phase 1 started in April 2019 across 2 GM Foundation Trust footprints, covering 4 of the 10 GM localities - Bury, Oldham, Rochdale and Tameside.

Work includes:

- Raising public awareness of the harm associated with alcohol consumption during pregnancy and FASD through public awareness campaign
- Raising awareness amongst workforce through training
- Preventing alcohol exposed pregnancies through interventions prior to pregnancy,
- Providing specialist support during pregnancy for vulnerable women at increased risk

Future opportunity for Manchester to learn from phase 1 and use our partnership model to reduce alcohol-exposed pregnancies. Start Well Board will explore further in April 2020.
Next Steps:

March - April 2020:

● Identify place focus and cohort: 6th March 2020
● Agree measures of success and key milestones - 6th March 2020
● Engagement with parents, residents in March/April via focused collaboration
● Develop an agreed Leadership and Accountability framework
● Partnership planning session - mid March 2020

Following April: Indicative timescales included below, will be informed by input from the partnership

● Undertake pilot (potentially 6 month period)
● Identify key learning to inform future approaches and outcomes
● Develop integrated programme of activity based on learning from pilot, data and evaluation
Discussion

- How can Children and Young People’s Scrutiny Committee continue to support and challenge to ensure the successful delivery of the programme of work?

- What do you consider to be the opportunities and risks around working together across Manchester Local Care Organisation and Manchester City Council on outcomes for children?