

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

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.

Locality Programme: Guiding Principles

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
- 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.

Timeline: Senior leadership & Task & Finish Group sessions

(19th)
Collaborating for
Outcomes for
Children Workshop

Nov 19

(3rd)
Integrating Health and
Social Care session
with David Williams

Dec 19

✓ (13th)
1st Task & Finish
Group Meeting

Jan 20

✓ (24th)
2nd Task &
Finish Group
Meeting

✓ (3rd)
3rd Task & Finish
Group Meeting

Feb 20

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

Learning from David
Williams, 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

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

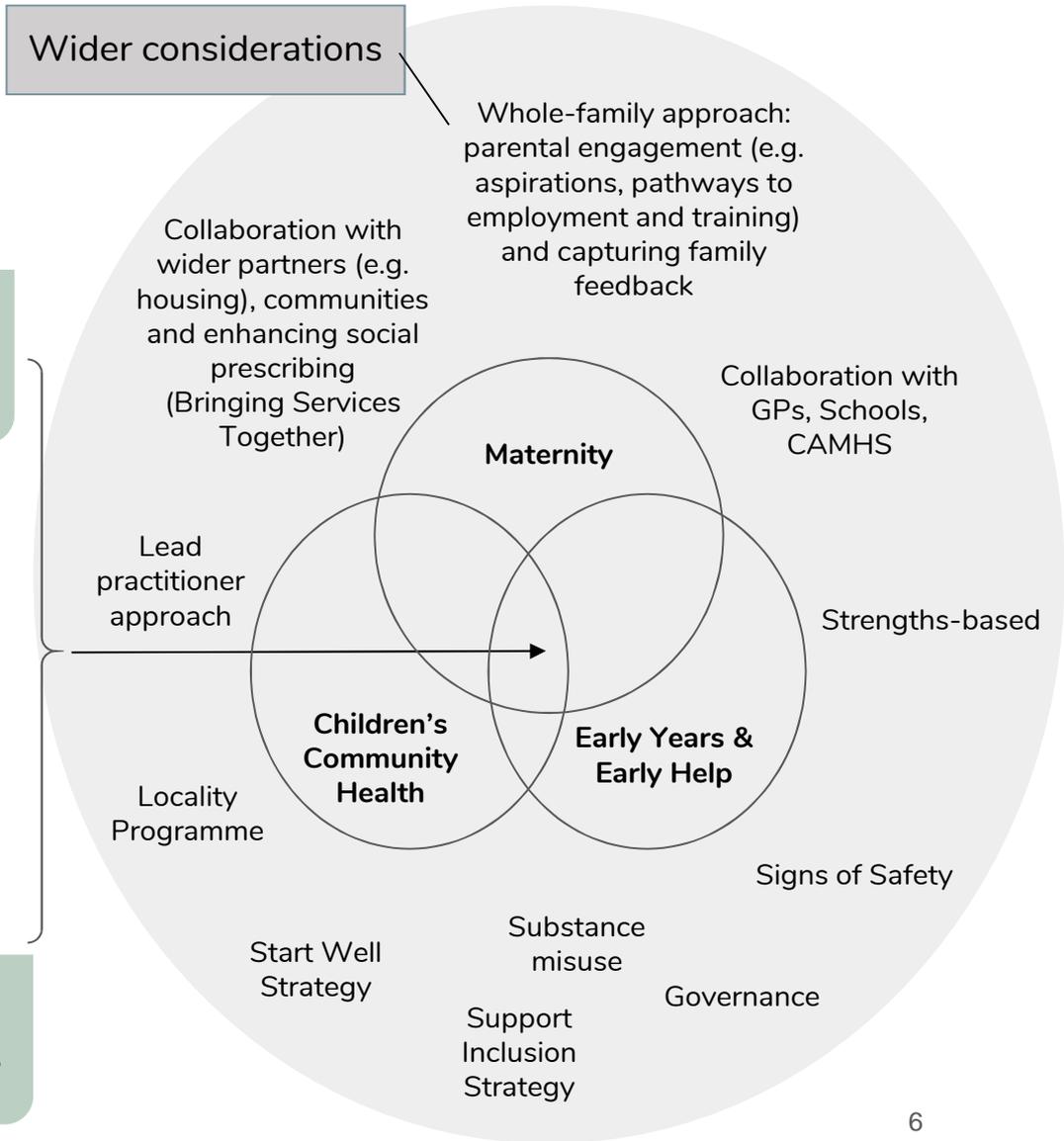
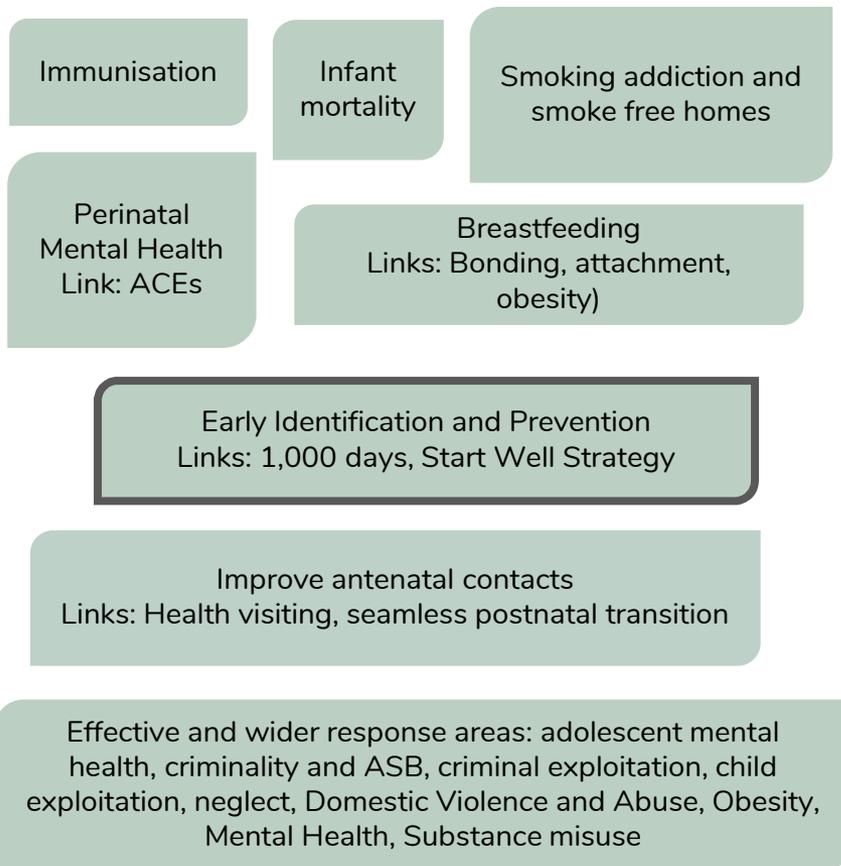
Jointly achieved

- ✓ 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

An agreed set of priorities

Agreed shared areas of focus/priorities

Agreed initial priority was to focus on smoking addiction



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.

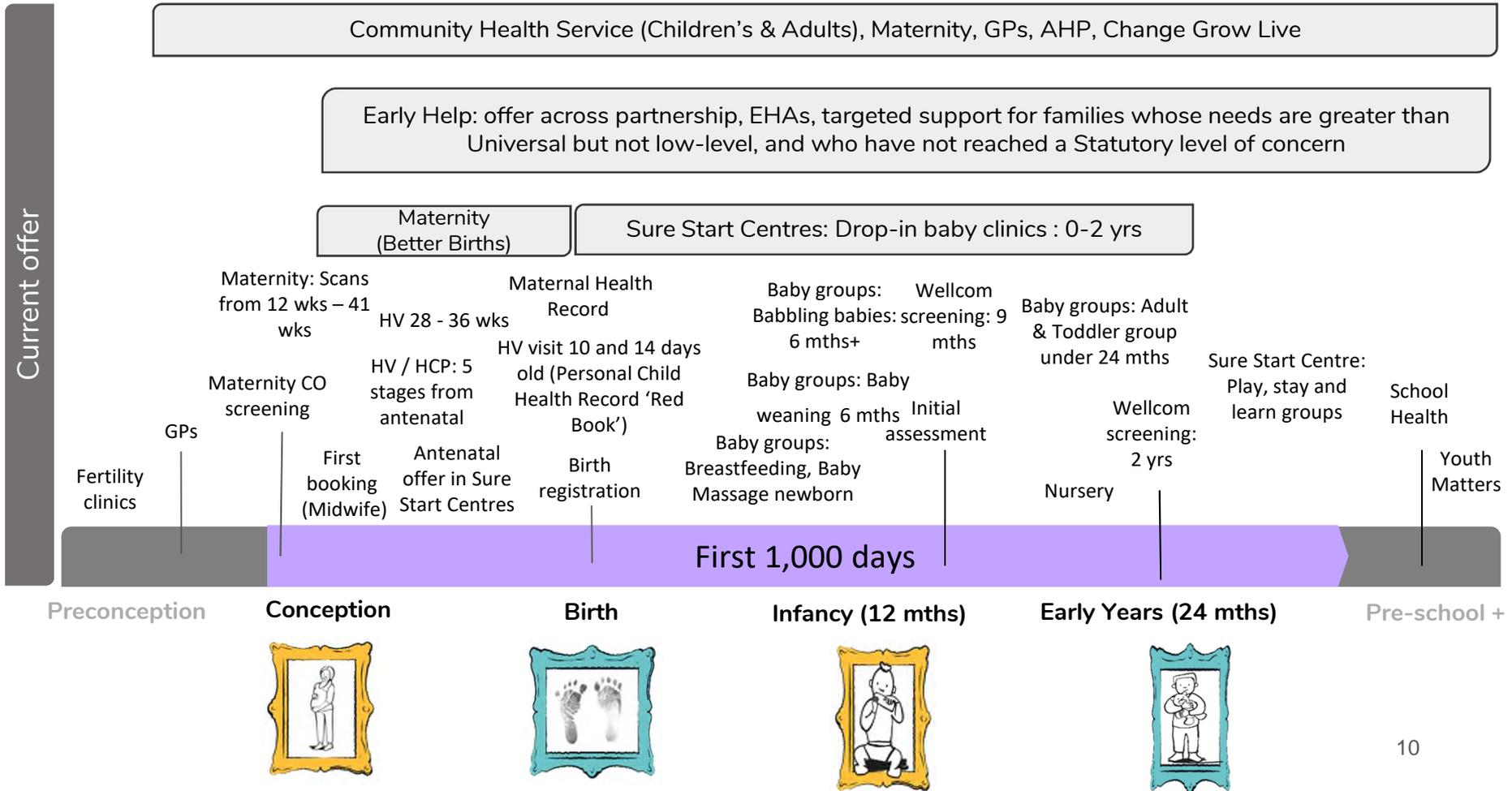
This will include an **Our Manchester approach** including working with dads-to-be, significant others and family friends. Buzz Service has offered to undertake engagement specifically with dads. This will inform the approach to identify the ways of working or approach that might best engage dads in 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.

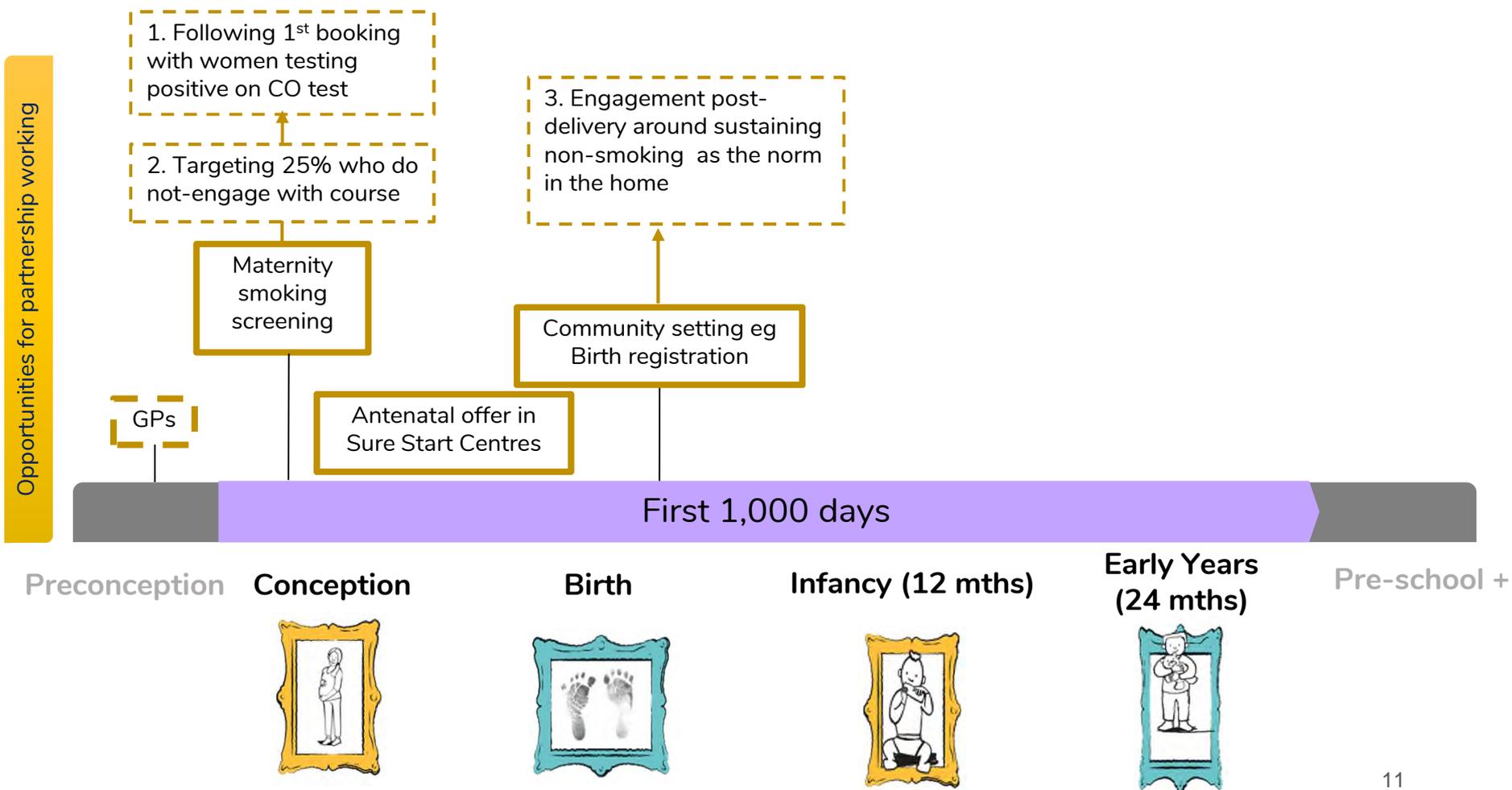
Current pathway

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.



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:



Potential benefits

First Booking

25% non-engagement with Smoking in Pregnancy Programme

Sustainability post-delivery

Partnership workforce development

Our Manchester approach collectively adopted

Improved reach of service and engagement with families

Strengthened trusted relationships through Partnership working

Early Years

Engagement with dads, wider family and friends

Broader and better informed evidence base

Joint messaging and communications across services

Midwifery

Increased connectivity into Targeted interventions

Whole system approach to thematic area

Health Visiting

Early Help

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.

Draft - Further detail TBA, dependant on preferred option.

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]

Draft - Further detail TBA, dependant on preferred option.

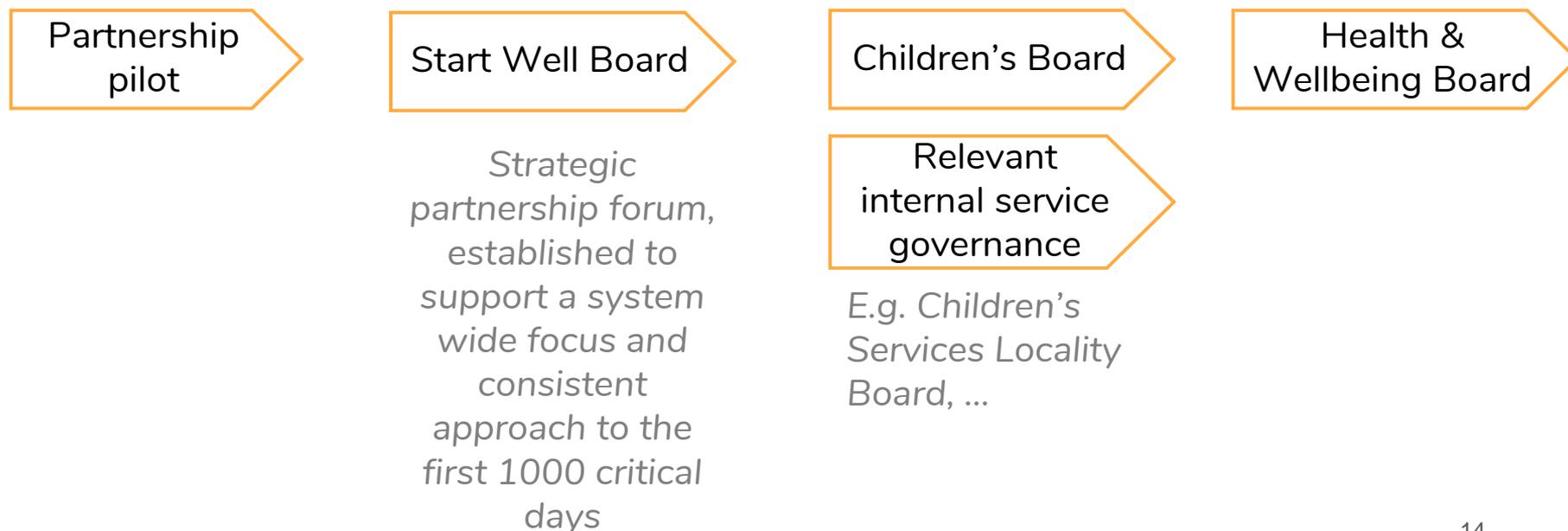
IMPACTS - potential wider impact

- 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

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 organisations 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.

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