BEST START IN LIFE: CAMBRIDGESHIRE AND PETERBOROUGH

DARTINGTON SERVICE DESIGN LAB

collaborate for social change

PETERBOROUGH CITY COUNCIL

Cambridgeshire County Council

NHS

BEST START IN LIFE

Bringing together public and community health, maternity services, children's commissioning, early year's education and early help teams working together with voluntary sector partners to **develop a strategy** and **design a place-based delivery model** that supports outcomes for children pre-birth to 5.

WHY AND WHY NOW?

School readiness

71% of children in Cambridgeshire have achieved a good level of development by the end of reception. **For those children taking free school meals, it's 47%.**

Health

Obesity levels are relatively 'good' in Cambridgeshire, but **18% of children enter primary school overweight or obese**. Obesity doubles between the start and end of primary school.

Peterborough has a **statistically significantly high A&E attendance rate in 0 to 4 year olds** compared to England.

Child Maltreatment

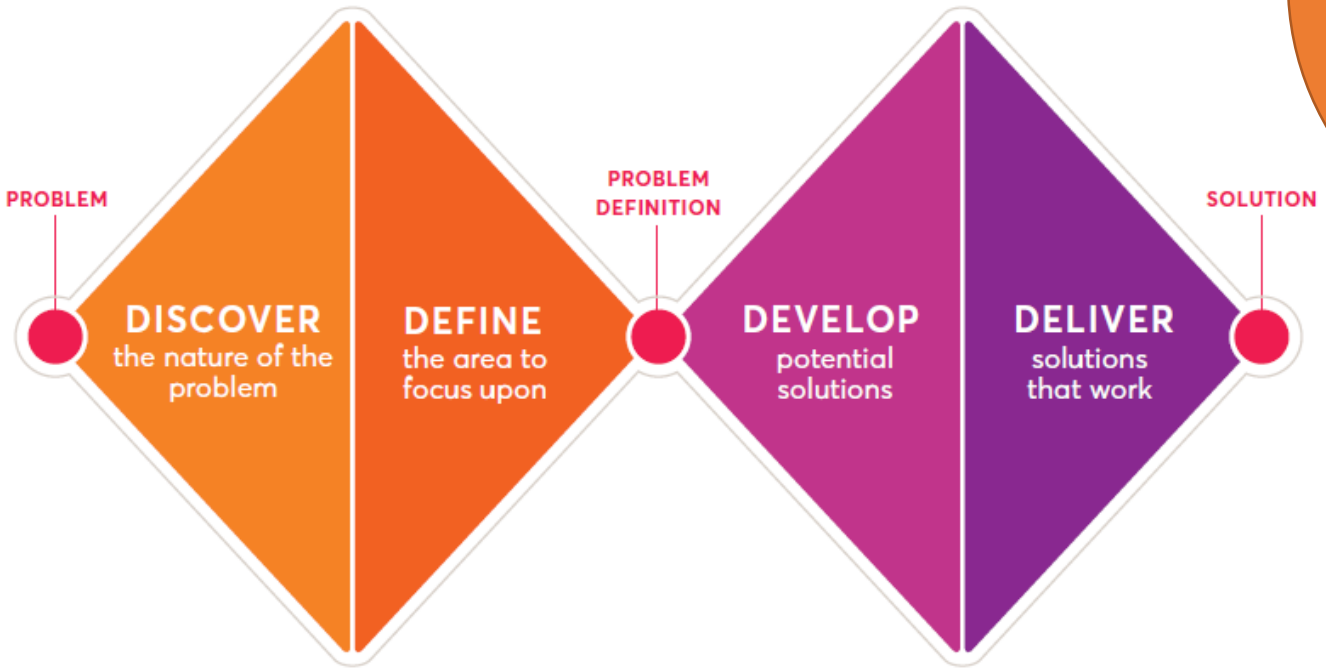
Domestic abuse, parental mental health problems are substance misuse are key risk factors for child maltreatment.

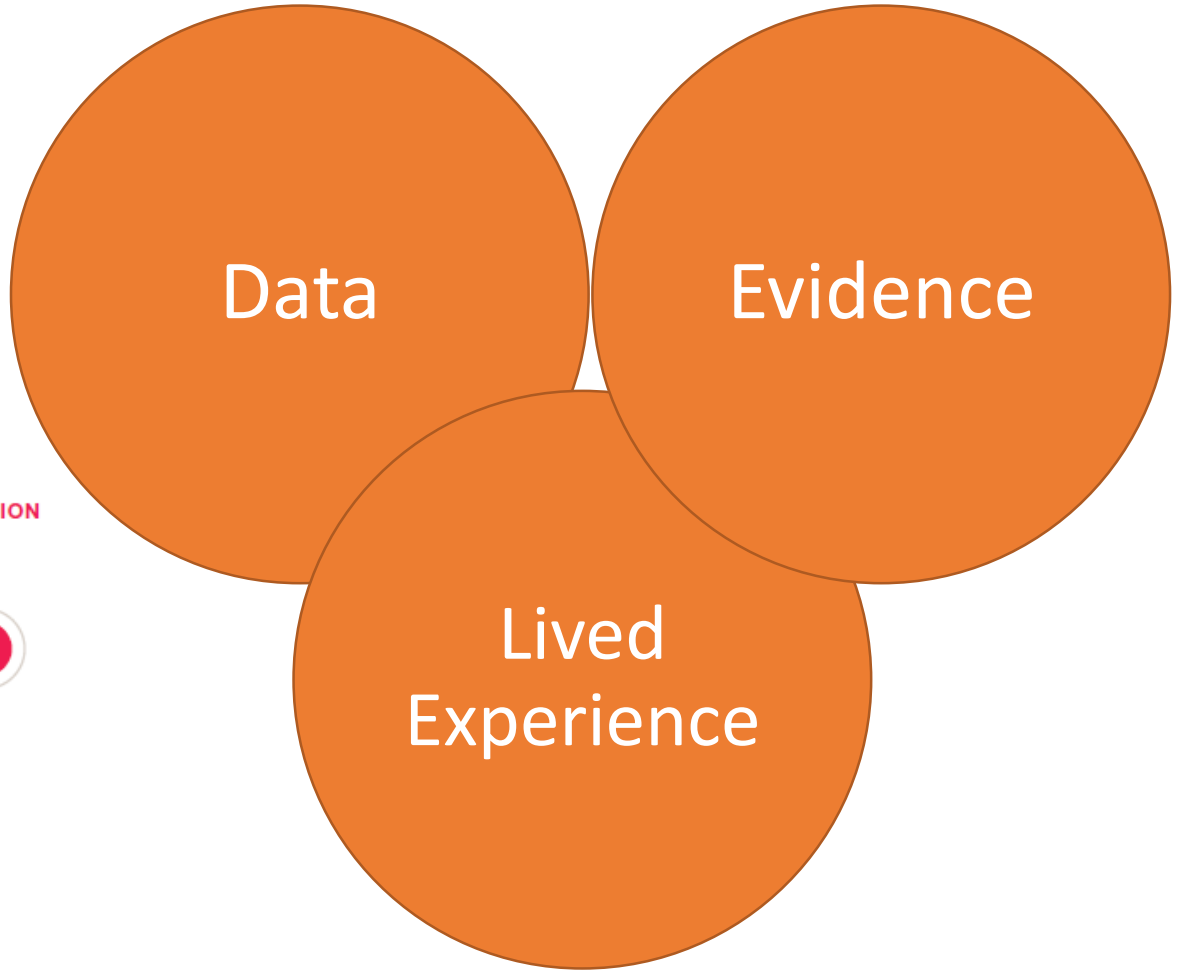
32% of children (~21,000) in Cambridgeshire and Peterborough are estimated to be living in a household where an adult has a moderate or higher mental health problem.

BEST START IN LIFE: APPROACH

WIDE AND GROWING STAKEHOLDER ENGAGEMENT

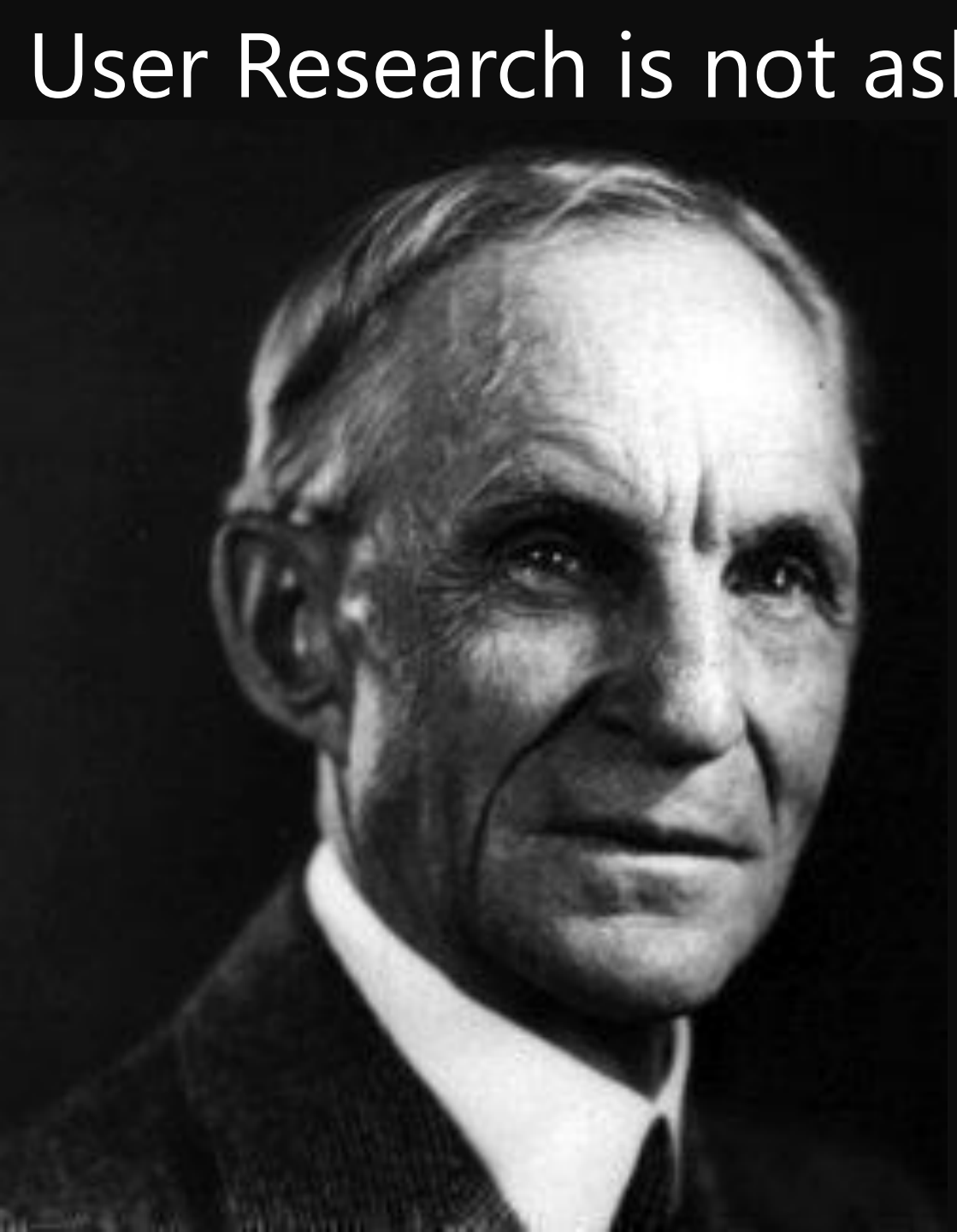
FINDING THE RIGHT PROBLEM





Best Start in Life
User Research

User Research is not asking people what they want…



"If I had asked people what they want, they would have said faster horses" – Henry Ford

The process we used to conduct the research was just as important as the outcome

Some of the things we learned

- **People go to 'where the energy is'** – there is a wealth of available activity and support for children pre-birth to 5. Also, powerful examples of where community provision is well linked to the public sector offer.
- **People like being helped by people they trust**, and whenever possible by people like themselves.
- **The feel of a space matters** – it sends important signals, and can facilitate emotional safety.
- Regardless of personal circumstance, **all parents needed some type of support at different stages**.
- There are some **very clear barriers** families faced in accessing public sector support, and a lot we can learn from these barriers.

WORKFORCE FOCUS GROUPS – SEPTEMBER 2019

- **11 cross-organisational place-based focus groups across Cambridgeshire and Peterborough, ~150 participants.**

WHAT WE LEARNED:

- Overall, with little exception, a strong commitment to the key components of the integrated delivery model – 'when can we start?'
- Genuine desire for cross-organisational collaboration – but systemic barriers make it difficult
  - Data and information sharing a major issue
  - A new set of permissions and conditions are needed to enable an asset- and place-based approach
  - Free up workforce capacity – assessments, KPIs – Are we measuring what matters?

BEST START IN LIFE: STRATEGY & INTEGRATED DELIVERY MODEL

Best Start in Life Strategy

Our vision

Every child will be given the best start in life supported by families, communities and high quality integrated services

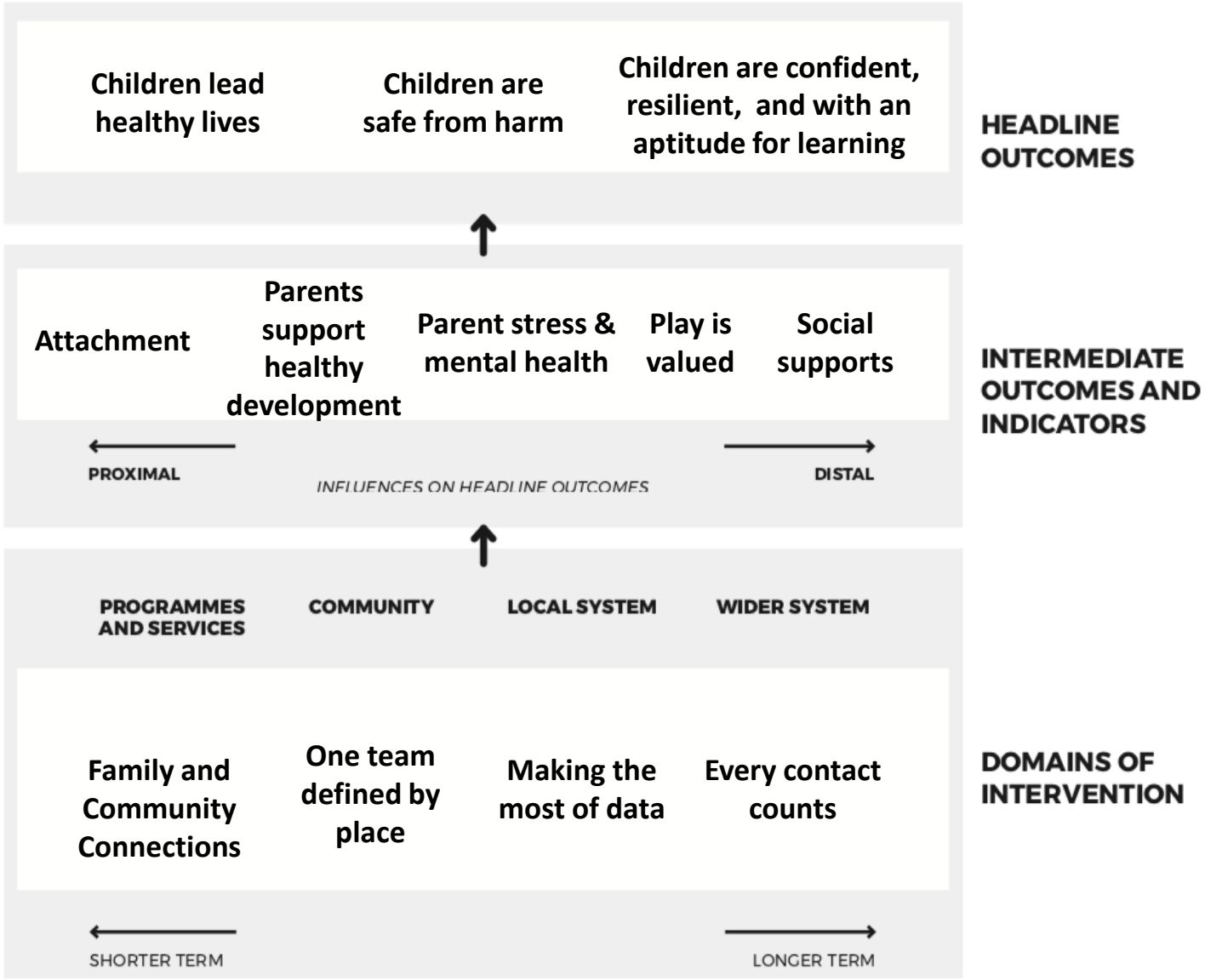
3 Headline Outcomes

Children live healthy lives
Children are safe from harm
Children are confident and resilient with an aptitude and enthusiasm for learning

9 Strategic Building Blocks

A collaborative leadership and governance structure	Place-Based Strategies & Plans	Outcomes & Accountability
Funding & Commissioning	Culture Change & People Development	Integrated Service Delivery
Data, Evidence & Evaluation	Collaborative Physical and Digital Platforms	Communications & Engagement

BEST START IN LIFE – PROPOSED INTEGRATED DELIVERY MODEL



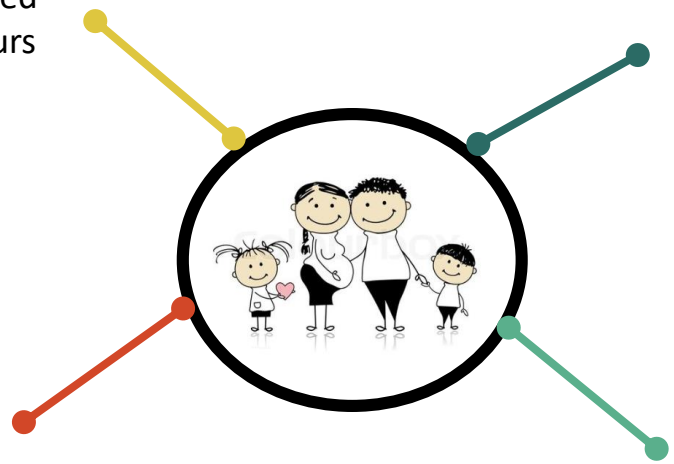
INTEGRATED DELIVERY MODEL COMPONENTS

One team, defined by place

Working across organisational and professional boundaries, with place-based teams united by shared vision, behaviours and infrastructure

Every contact counts

Common evidence-informed messages and digital tools to enable families to access quality advice and support



Family and Community Catalyst

Shifting the make up of the workforce to create more dedicated relational roles focused on prevention.
Linked to Think Communities.

Making the most of data

Data and systems along with relational insights enable teams to focus resource where it is needed

ONE TEAM DEFINED BY PLACE

BSiL One Team purpose: To achieve the BSiL vision through relational, holistic, joined-up support

BSiL core team: Multi-agency, providing the core support offer to families, including midwives, health visitors, community nursery nurses, child and family workers and family and community connections.

BSiL wider team: For example peri-natal mental health or domestic violence. These provide informational support for Core team and engage in care where needed.

BSiL Alliance: Place and context relevant. All those working in early years and with families, including teachers and educators, libraries and community groups.

The wider system: Different groups, orgs, and support systems drawn in as required

BEST START IN LIFE: DISCUSSION & NEXT STEPS

KEY QUESTIONS

- What's the best vehicle for the BSiL one team?
- How does BSiL link with Continuity of Carer within Better Births?
- How does BSiL impact on social care?
- How does BSiL impact on the delivery of the new children's hospital?
- How does BSiL link with broader 0-25 initiatives?

NEXT STEPS

- One team, defined by place
- Making the most of data
- Communication, engagement & co-design
- Link to Think Communities
  - Family and Community Connectors
  - Place-based prototypes

What's the best we can do with our combined resources?