ACTING EARLY for children aged 0-5 years in Coventry

ACTING EARLY INTEGRATED MODEL OF CARE FOR CHILDREN AGED 0-5 YEARS EVALUATION REPORT – APRIL 2017

EXECUTIVE SUMMARY

Research suggests that the first 1001 days are a crucial time to increase a child's life chances and enhance outcomes for children, therefore early intervention and identification of need during this time is crucial[i]. Nationally, there is a drive to improve the way families are supported through provision of integrated care. We know that when a person or family's care is provided by several different professionals from different organisations, care can become fragmented and can lead to delays in support being provided, unnecessary repetition of information and to people getting lost in the 'system' [ii]. By integrating care these problems can be reduced and better quality of care is provided[iii]. This ultimately leads to improved outcomes for children and families.

Acting Early is a programme of work in Coventry that has led to the development of locality based, integrated teams of midwives, health visitors and children centre workers. The new service delivery model was designed and implemented within existing resources. Additional funding was only required for workforce development and independent evaluation of the programme.

Key achievements:

Since the work began in 2013 the following has been achieved:

- Reconfiguration of midwifery and health visiting teams into smaller locality based teams aligned to the 17 children centres.
- Brokering of an information sharing agreement allowing, for the first time, key partners to have access to new-born children resident data. This enables teams to understand the location and profile of new-born residents and to provide a more localised service.
- Monthly management meetings to discuss locality specific data and local improvement plans established.
- Weekly child case meetings established to share information about early concerns and early help strategies, alongside social care colleagues.
- Joint training/workforce development to provide practitioners with the confidence to drive new ways of working and build strong relationships.

Professionals are seeing the benefits of the integrated working. One member from social care made the following comments about how the programme has helped relationships and promotes early help for children and families:

"It is reassuring that staff will go out and knock on the families' doors following the meetings and bring back updates to the following case meetings. The positive relationship with the CAF coordinator is a key strength. Also, health visitors would know families from previous children and share a lot of information that is not written down about the family in the notes."

Other staff have also mentioned the positive improvements in the timeliness of care being provided:

Families are now getting a joined up service which flows between organisations more fluidly. For families the system is quicker and referral turnaround is faster. The joined up working means that families are not repeating their story to each organisation and the outcome is that the right services are involved using their specialised skills and knowledge to best support the families.

Key benefits:

Three years into the programme, significant benefits are being felt amongst staff groups and the quality of care has improved. The early pilot sites have been live for 32 months and the impact on outcomes is promising.

- **Improvements** have been seen in **early booking, smoking in pregnancy and breastfeeding initiation and 6-8 week figures.**
- **Child case meetings are preventing inappropriate social care referrals.** An in-depth audit of referrals to social care (from one mature site) has shown that of cases discussed, 10% went on to be referred to social care, with 82% of the referrals being appropriate. **Data from another site was collected but due to issues around data quality could not be used.** This one example is indicative of the potential for mature developed teams to impact on both improving early support for families and reducing demand on social care.
- Statistically **significant improvements** have been achieved in **front line staff's agency knowledge, effective communication, increased root cause analysis, ability to lead across most groups, faster responses to families, a more holistic approach, improved efficiency at work and reduced midwifery sickness levels.**
- **Positive parental feedback** includes better awareness about the children's centres services, more consistent advice across professionals and awareness of how to contact their midwife or health visitor.
- **A parent leadership programme** has equipped parents to have the confidence to shape and influence service delivery and are now widely supporting Local Authority and partner initiatives across Coventry.
- The Acting Early programme was developed **with minimal additional resource** – including the cost of team and leadership development and leadership resources within the public health team.

Moving forward

Acting Early champions were appointed in spring 2016 to take on leadership responsibilities for the programme. This has enabled a shift in leadership from Public Health back to the integrated teams themselves. This will ensure the programme is sustained in the long term.

Public Health are now leading an exciting programme of work to commission an integrated early help/preventative offer that will see Acting Early structurally embedded within the Family Hubs, a redesign of family support which integrates services from a broad range of partner agencies.

1. WHY DO IT?

The health and well-being of Coventry's children is worse than the England average. There is a wealth of evidence that embedding positive change in the early years gives children the foundations to live healthier, happier, more successful lives. Intervening in childhood has wider benefits for the education, social care and youth justice systems, as well as reducing future costs associated with poor health and social problems. As a Marmot city, Coventry City Council has committed to taking action to give every child the best possible start in life.

Evidence shows that integrating care for children leads to the provision of better quality support and improved outcomes. The development of integrated teams however is extremely complex and involves a significant amount of change in the way people behave, over a number of years.

Acting Early 0-5 years began in 2013 with the Coventry Partnership Joint Children's Commissioning Board approving the case for change. The model focuses on bringing together midwives, health visitors and children centre staff to work in locality based teams. This work has been led by Public Health at Coventry City Council and has been developed in partnership with University Hospital Coventry and Warwickshire NHS Trust (responsible for midwifery), Coventry and Warwickshire Partnership NHS Trust (responsible for health visiting) and Coventry City Council (responsible for 17 children centres). The Acting Early programme was delivered within existing resources and additional funding was only required for workforce development and independent evaluation of the programme.

The purpose of this evaluation is to provide all the evidence to date (January 2016) on the impact of Acting Early. An independent interim evaluation was carried out on the two pilot sites in 2014/15. Since that evaluation, Acting Early has been rolled out across the whole city.

2. WHAT IS ACTING EARLY TRYING TO ACHIEVE?

The Acting Early programme began in Summer 2013 with the following aims and objectives:

Aims:

- Improving outcomes for children aged 0-5 in Coventry (including long term outcomes - reduction in the number of looked after children and children on child protection plans, school readiness, obesity at age five, normal development at one and two years, reduction in 'small for gestational age' babies)
- Improving the quality of early help support to the 0-5s

Objectives:

1. Coproduce a new model of integrated care with parents and staff
2. Support newly established integrated teams from infancy through to maturity
3. Support teams to adopt evidence based early help approaches that target local need

3. WHAT APPROACH WAS TAKEN TO DESIGN THE PROGRAMME?

The Acting Early programme is looking to make improvements on a large scale, across the city. This involves looking to change the way a number of organisations work across a system. The more organisations there are, the more complex the interactions tend to be. We know that a large majority of change programmes in the health sector (70%) will fail [ii]. Reasons for the failure can sometimes be caused by the approach taken, which is normally top down. This can lead to solutions being imposed before the real issues are understood. Also, failure to design solutions with those responsible for day to day delivery of the services, and users themselves, means opportunities to identify solutions that will work are missed. Also, by failing to co-design solutions staff aren't bought into the change. In a large number of cases, the efforts that go into making change happen stop once the first signs of benefits are seen, meaning the programme does not become sustainable long term.

Taking on board these considerations the programme adopted the following principles:

1. The model of care (how the integrated teams would work in practice) would be co-designed with parents and with frontline staff;
2. The investment of the programme team would be long term and would support the teams until 'maturity' had been achieved;
3. Time, energy and resources would be invested in supporting frontline staff and service users to think differently about early help.

In order to create the environment where the above principles could work in practice, it was essential that there was a good level of commitment from commissioners and strategic leads of the services. A project board, consisting of strategic leads and commissioners, as well as an operational group consisting of service managers, was put in place. Importantly, when activities were signed off at the project board or operational group, it provided integrated team members with a clear mandate to engage and empower staff to implement activities. Areas of focus were identified, and smaller working groups were established. This included a data working group and a parental engagement working group.

The model designed by staff and parents included four core elements:

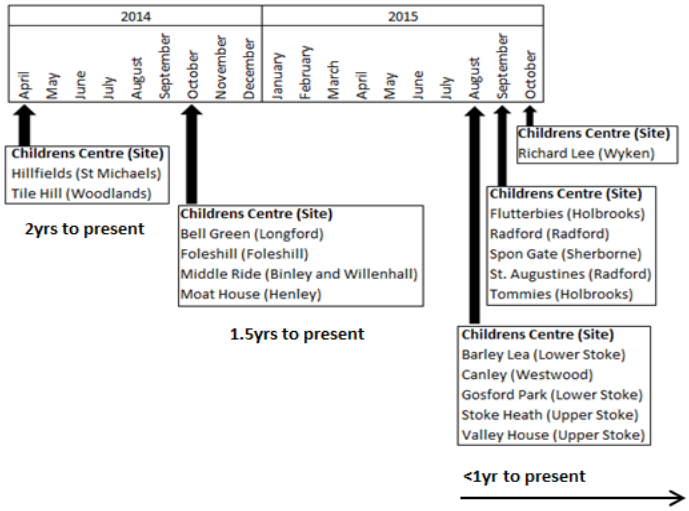
- The reconfiguration of midwifery and health visiting teams into smaller locality based teams aligned to the 17 children centres;
- Weekly management meetings to discuss locality specific data and local improvement plans;
- Weekly child case meetings to share information about early concerns and early help strategies, alongside social care colleagues;
- Joint training/workforce development to provide practitioners with the confidence to drive new ways of working and build strong relationships.

3.1 How was the programme rolled out across the city?

Two demonstrator sites (Hillfields and Tile Hill), piloted the approach from April 2014. The programme was rolled out in a phased approach over 18 months with the last set of sites going live in October 2015 (see figure 1). Acting Early now covers over 23,500 children, representing 100% of the 0-4 population and involves over 200 frontline staff[iii]. A phased approach was taken to enable the model to be developed and tested with a small number of staff. In total there are ten teams covering 17 children centre reach areas. The timeline detailing the programme roll out is demonstrated in figure 1.

iii. Based on ONS 2015 Mid-year population estimate of 23,714 0-4 year olds in the Coventry population.

Figure 1: Timeline presenting the roll out of Acting Early



4. WHAT HAVE WE BEEN DOING OVER THE PAST THREE YEARS?

4.1 Creating Locality Based Teams

A core element in achieving the aims of Acting Early was to improve continuity of care and communication between professionals. Midwifery and health visiting staff were reconfigured to align with the 17 children's centres in the city. Locality based working enables stronger partnerships to be formed and the care offer to be tailored for local need. This resulted in ten integrated teams.

4.2 Workforce development

A training programme was commissioned for the ten integrated teams and delivered over a period of 19 months to help the teams drive new ways of working. A baseline skills assessment was undertaken to determine the current levels of knowledge/skills amongst the teams.

The training sessions focused on:

- Communication
- Problem solving
- Leadership
- Working in teams
- Health/social care improvement techniques
- Patient/service user engagement.

4.3 Locality data driven action planning

Prior to Acting Early, the teams did not receive locality based data and therefore failed to understand the priority issues in their area and how they were performing. The teams now review locality specific data on a monthly basis. An example of this information is detailed below in Table 1. Progress is measured using the following principles to help the teams with their local action planning: The data is RAG rated
A tick is shown if the figure is better than the target by 1% or more
N/A is shown if the figure is less than 1% above or below target
A cross is shown if the figure is worse than target by 1% or more

This data enables the integrated teams to better understand the issues in their local communities and to focus their efforts to support families in the right area.

Table 1: Example data dashboard used by teams

Organisation	Indicator	Mean for last year 2013/14	progress mean last year and target
UHCW	Early booking	83	✗
UHCW	Percentage smoking at delivery	15	✗
UHCW	Breast feeding initiation	79	✓
CWPT	Breast feeding 6-8 weeks	51	✓
CWPT	DPT Immunisation coverage at 2y	97	✓
CWPT	MMR Immunisation coverage at 5y	90	✗
CWPT	New birth review	97	✓
CWPT	6-8 Week Review	97	✓
CWPT	8 months-1 Year Review	96	✓
CWPT	2.5 Year Review	89	✓
CCC	Number of children subject to a child protection plan under 5s	14	
CCC	CAF data under 5s with a open CAF episode (level2/3)	54	
CCC	Number of LAC resident in Hillfields under 5s (placement address)	*3	

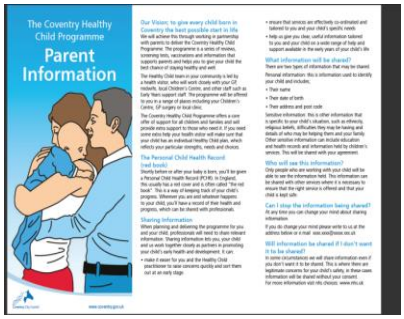
*total for placement addresses between 13/14 has been used

During monthly multiagency management meetings the teams review and discuss joint action plans, resolve any team issues and discuss joint training and parental feedback. Suggested areas of focus were given to the teams at the beginning of the programme. This is important in ensuring that continuous improvement becomes an everyday activity and not an 'add on'. Some examples of the areas identified for action include:

- Mapping out services to highlight gaps and take action to address issues identified;
- Co-location of clinics within children's centres;
- Promotion of support available from the integrated team;
- Linking in with voluntary and community sector agencies;
- Consider the sustainability of the integrated team work.

4.4 Redesign information sharing

All families with a newborn infant, as well as those with children aged under 5 in Coventry, are seen by either a health visitor or midwife. These clinicians are extremely well placed to identify early warning signs of difficulties. Before Acting Early, their ability to bring information together from various sources and to collaboratively support families was limited to those where consent had been gained, for example via a Common Assessment Framework (referred to as CAF) or where a safeguarding concern existed. This meant that opportunities to intervene very early were missed.


The Coventry Healthy Child Programme

Parent Information

To address this, an information sharing agreement was put in place by the three partner agencies (Coventry City Council, University Hospital Coventry and Warwickshire and Coventry and Warwickshire Partnership NHS Trust). As part of this new agreement expectant mothers are asked to consent to basic information being shared between the agencies, at the beginning of their pregnancy. This enables all new-born children resident to be identified and for parents to be encouraged to participate in the Healthy Child Programme (a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices). It has been live since September 2014. In June 16, 99 % of women asked consented for their information being shared with partner agencies.

4.5 Weekly child case meetings

Weekly child case meetings form the cornerstone of the Acting Early programme. They aim to:

Identify cases where there are emerging problems and potential unmet need and ensure that appropriate interventions are put in place to safeguard children.

Midwives, Health Visitors, Children Centre workers and workers from Social Care (Children and Family First and Referral and Assessment Service (RAS) neighbourhood team) spend a maximum of one hour:

- Discussing new cases and identifying emerging problems and potential unmet needs for individual children and families;
- Sharing information with other professionals to support early identification and assessment of children and families;
- Putting in place appropriate interventions.

4.6 Parent leadership programme

In order to ensure parents were actively engaged in the Acting Early 0-5 programme, a parent leaders' programme was commissioned by Public Health. The city wide programme equips parents with the confidence and skills to drive improvements alongside the integrated teams. As well as this, monthly parent forum groups were created to monitor the programme.

The key aims of the parent leadership programme were to enable parents to:

- Become active leaders in their local communities;
- Work strategically with commissioners and service managers to develop action plans detailing how the local community will work with them to shape services.

Since the beginning of the programme, a total of 16 parents have been recruited, with more new parents being recruited on a continuing basis. On average, members have stayed engaged with the programme for 13 months. There are currently 6 members of the parent leadership programme.

5. WHAT HAVE THE BENEFITS BEEN SO FAR?

In order to determine the benefits of the programme, a range of evaluation and review activities have been completed. This has included a self-assessment of skills/knowledge/behaviours, self-assessment of site maturity, workforce development evaluation and qualitative feedback captured during one to one interviews or team review sessions. This has enabled the teams to understand how they are performing, enabling them to drive continuous improvement, as well as providing validation that the model built and approach taken is working.

5.1 Successful delivery of workforce development

The workforce development programme has been effective in empowering staff to lead the changes, providing them with the necessary skills and tools. In the demonstrator sites, 100% of participants felt more empowered to improve integrated team working after the initial round of training in 2014. 100% felt more equipped in using techniques to support action planning and more confident in planning out specific steps to make new ways of working a reality. Staff made the following comments:

- *"The group work was thought provoking and linked brilliantly to the subject matter."*
- *"Focused on solutions for our existing issues."*
- *"[I learnt] Skills and knowledge to proceed with acting early".*
- *"Working as a team – better understanding, learnt lots about my colleagues."*

5.2 Move towards maturity as integrated teams

The maturity of integrated working within the Acting Early teams has been measured by an Early Intervention Foundation Integration tool[vi] adapted for the Acting Early programme. This details the features expected in newly established teams, where progress is basic, to the features of a team where integrated working practices are fully embedded. Staff complete the maturity matrix quarterly and self-assess their workforce integration, leadership, engagement with other services and weekly case meetings on a scale of 0 to 5, with 0 representing no maturity to 5 representing full maturity. Data from June 2016[1] has shown that across the 15 'features' of integration:

- Two sites are rated as mature in 10-15 areas
- Four sites are mature in 5-9 areas
- Five sites are mature in less than 5 areas

The teams that rated the highest level of maturity were Tile Hill and Foleshill rating 10/15 areas as having made substantial progress or being fully mature. Other teams in the city such as Tommies and Flutterbies and Radford, Spongate St Augustines, which went live in September 15, also rated

[1] *Canley and Stoke Health have rated themselves separately to Tile Hill and Foleshill and results are not available for Richard Lee. Paired t test p value – shows statistical significance defined as a difference in score associated with a p value less than or equal to 0.05*

7/8 areas as being mature. This may be attributed to the fact that these teams started to meet regularly prior to the formal launch of acting early which has helped workforce integration.

5.3 Delivering earlier intervention and more appropriate social care referrals

Team members report a strong commitment from all partners to attend the integrated weekly meetings, and the inclusion of social care is seen as particularly valuable. Importantly, neighbourhood RAS workers reported a reduction in inappropriate RAS referrals and more confidence within the integrated teams to manage lower level needs, as a result of these meetings.

In order to explore this further, staff were asked to rate on a scale of 0-10 (ten being appropriate/excellent) their behaviours/skills relating to this before and after, Acting Early was implemented. In June 2016, 52% (94 out of approximately 181) Acting Early team members completed an online survey. Responses were received by 24 children centre managers, 22 children centre workers, social care staff (five Children and Family first and three RAS), 26 health visitors and 14 midwives. All of the professional groups believed that there had been a significant improvement in appropriate referrals and earlier intervention since Acting Early had been implemented. The results from the professional groups are shown in Table 2:

Table 2: Improvements in appropriate referrals and earlier inventions as a result of Acting Early.

Professional	Category	Scores		
		Before Acting Early	After Acting Early	Paired t test p value for difference
Childrens' centre manager	Appropriate referrals	4.5	6.7	**<0.0001**
	Earlier intervention	4.1	7.0	**<0.0001**
Childrens' centre worker	Appropriate referrals	5.4	8.0	**<0.0001**
	Earlier intervention	5.2	8.2	**<0.0001**
Health Visitor	Appropriate referrals	5.8	7.6	**=0.0003**
	Earlier intervention	5.6	7.4	**=0.0002**
Midwife	Appropriate referrals	4.9	7.6	**=0.002**
	Earlier intervention	4.9	8.3	**=0.002**
RAS	Appropriate referrals	5.7	7.3	=0.051
	Earlier intervention	5.4	7.7	**=0.02**

Findings from a one to one interviews (with four RAS workers) provide further detail on the benefits of the child case meetings:

"This is an ideal way to ensure early intervention. They [the meetings] are valuable- it gives an arena for concerns to be discussed prior to referrals being made into social care so only appropriate ones are made."

"The meeting does help to ensure timely and appropriate referrals are made."

"The positives about the meeting are the input from the children and family first CAF coordinator who is able to go on home visits quickly to help identify need once the referrals have been brought by the health professionals"

"It is reassuring that staff will go out and knock on the families' doors following the meetings and bring back updates to the following case meetings. The positive relationship with the CAF coordinator is a key strength. Also, health visitors would know families from previous children and share a lot of information that is not written down about the family in the notes."

In order to explore if the perception that referrals into social care were more appropriate as a result of Acting Early, an audit was carried out. Data was collected from Foleshill integrated team between April 2015 and March 2016. The audit showed that 123 cases were discussed in the Acting Early meetings over the course of a year. 11 (10%) of these cases were referred through to social care by the team, and of these nine (82%) went on receive a child and family assessment (with the remaining two moving out of area). Only one case was referred back to the team as not meeting the threshold for social care assessment or support. This demonstrates that the child case meetings, as a forum to draw down expertise from social care and better manage risk at lower levels, is working in Foleshill. A further audit covering a larger number of sites would be helpful to determine if this is also the case for other sites. The full details regarding this audit are written up and available in a separate report.

5.4 Improved early help and partnership knowledge/behaviours

The Acting Early team were asked to rate how effective their knowledge/behaviours were before and after the Acting Early had been established. The teams reported statistically significant improvements in areas such as agency knowledge, effective communication, increased understanding of root causes, ability to lead across most groups:

Table 3: Improvements in skills/behaviours as a result of Acting Early

Professional	Category	Scores		Paired t test p value for difference
		Before Acting Early	After Acting Early	
Childrens' centre manager	Agency knowledge	7.2	8.6	**<0.0001**
	Communicate effectively	5.0	7.4	**<0.0001**
	Root causes	6.0	7.7	**<0.0002**
	Ability to lead	6.0	7.5	**<0.0001**
Childrens' centre worker	Agency knowledge	7.1	8.4	**<0.0001**
	Communicate effectively	6.1	8.1	**=0.0001**
	Root causes	6.6	7.9	**<0.0001**
	Ability to lead	5.9	7.6	**<0.0001**
Health visitor	Agency knowledge	5.8	7.7	**<0.0001**
	Communicate effectively	5.8	7.8	**=0.0001**
	Root causes	7.4	8.2	**=0.02**
	Ability to lead	6.3	7.6	**=0.003**
Midwife	Agency knowledge	5.1	7.7	**=0.005**
	Communicate effectively	6.2	8.4	**=0.02**
	Root causes	6.0	7.8	**=0.01**
	Ability to lead	5.5	7.6	**=0.006**
RAS	Agency knowledge	6.1	7.0	**=0.045**
	Communicate effectively	6.7	7.4	=0.094
	Root causes	7.6	7.7	=0.356
	Ability to lead	6.6	7.1	=0.172

Paired t test p value - statistical significance defined as a difference in score associated with a p value less than or equal to 0.05

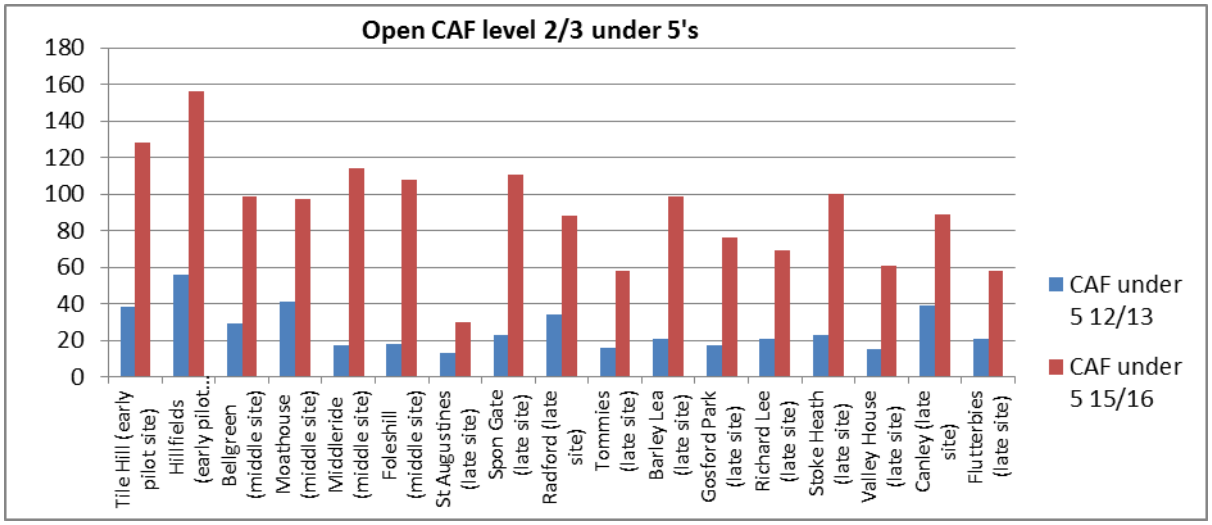
5.5 Positive impact on long term outcomes

The ultimate long term goal of Acting Early is to improve children's overall health and development, with a specific focus on improving school readiness in the early years. Reporting on the programme outcomes, we can see there has been improvements in the majority of areas. This follows the

general trend across the City. As the outcomes detailed will be impacted by many programmes of change occurring simultaneously, it is not possible to determine the extent to which Acting Early has contributed towards these improvements in isolation.

Looking at trends in CAF rates according to the Acting Early sites, it is clear that there has been a **considerable increase in the number of CAFs** being undertaken since Acting Early has been implemented (comparing 2012/13 to 2015/16) however it is unclear which agency these have been led by.

Figure 2: Number of CAF's for under five year olds since 12/13 to 15/16



*acting early report ccc data used

There has been a **decrease in child protection cases** over recent years. There has been a decrease of 13 % in children aged under 5 on child protection plans from 13/14 and 15/16

Table 4 shows that when comparing Coventry percentage of children achieving a good level of development at the end of reception year on year there has been an improvement from 2015 to 2016. However it is not improving in line with the national average rate.
Obesity in children aged 4-5 is higher than the national average and this has been the general trend over the past few years.

The data for small for gestational age babies is incomplete, however there appears to be reduction from 2014/15 to 2015/16.

Table 4: Long term outcomes for the acting early programme (2013 to 2016)

Outcome	2013	2014	2015	2016
Children achieving a good level of development at the end of reception local value [vii]	61.7%	55.4%	59.6%	63.9%
Obese children (age 4-5 years) local value [vii]	11.2%	8.7%	11.3%	9.9%
No of babies classed as small for gestational age[ix]	No data available	Data incomplete	1015	719
No. of looked after children at period end under 5s [x]	68	82	88	101
child protection plans (CP plans) at period end (under 5s) [x]	494	575	672	501

The data provided to the teams on a quarterly basis can offer useful insight on changes in the shorter term. A proportion of the indicators which the team focus on are process based and are therefore not included in this analysis. Table 5 below shows the positive impact on outcomes in the early demonstrator sites. In sites that went live in Autumn 15, it is still relatively early days to be able to measure a significant impact, ongoing monitoring as they mature will be key. The average performance of these indicators was calculated, in order to reduce the natural changes that you would expect to see in indicators from month to month.

Table 5: Progress against key performance indicators measured as part of the Acting Early Programme

Percentage (%)	Early Pilot sites		
	2013/14	2015/16	% difference
Early booking	88.5	89.8	1.3
Smoking at delivery	13.4	13.0	-0.4
Initiation within 48 hours	74.9	78.3	3.4
6-8 weeks	43.1	49.2	6.1
DPT coverage (2yrs)	97.4	96.8	-0.6
MMR coverage (5yrs)	93.0	91.8	-1.2

Key		
	Red	worse than 2013/14 value
	Green	better than 2013/14 value

5.6 Improved quality of care - parental feedback

Regular feedback from parents is important to ensure the services meet their needs. Prior to Acting Early, low satisfaction rates were reported. Users reported receiving a lack of information and continuity of care; 25% of parents reported not seeing the same midwife. Parents also wanted earlier introduction to the health visitor. The independent evaluation of the two pilot sites in 2015, found that parents reported higher levels of satisfaction - staff were described as 'friendly' and 'welcoming'. There was better awareness about the children's centres services and parents knew their midwife or health visitor by name, how to contact them, and parents reported receiving more consistent advice across professionals. This will build more trust between professionals and service users which in turn will lead to changes in behaviour with users accepting advice from professionals. They also noted greater use of technology and communications, including appointment reminders.

5.7 Improved efficiency and continuity of care

Staff felt the programme had helped them become more efficient in the services they provide:

> *"For staff having midwifery and health visitors on site each week means less time spent on the telephone, leaving messages and chasing responses. Face to face discussion and the ability to book joint visits means that actions are being achieved more quickly. Without acting early the midwifery and health visiting team would not be on site as often as it is now and so this would not have happened so effectively".*

A key outcome reported from the after action reviews was that co-location had greatly assisted the handover process between midwives and health visitors; practitioners involved in the after action reviews cited fewer perceived barriers between the services, with joint visits being undertaken more frequently.

> Initially, we (midwifery) didn't know who the health visitors were unless we'd been to a CAF meeting. The verbal handover used to be difficult but now that the health visitors are on the same site they are accessible to midwives. We also introduce health visitors to women in their 20th week of pregnancy…and we share information."

Staff reported working together had made them feel better supported and had led to reduced staff sickness in midwifery. In Tile Hill, no midwives were off with sickness in the past six months, staff reported this was due to good team work and morale.

It was also reported there were improvements in the continuity of care for families, with care provided by named professionals, and that parents and parents-to-be had a greater level of understanding of the process ahead.

> *Families are now getting a joined up service which flows between organisations more fluidly. For families the system is quicker and referral turnaround is faster. The joined up working means that families are not repeating their story to each organisation and the outcome is that the right services are involved using their specialised skills and knowledge to best support the families.*

5.8 Better understanding of roles and responsibilities and team identity

Teams reported that they now have a better understanding of roles and responsibilities and what other agencies provide.

> *"Integrated working without acting early would not have happened. Closer links between health and social care, CAF workers, children's centres and nurseries enables sharing of responsibilities. [It means], less duplication of work as designated team members have clear actions and work isn't duplicated by anyone doing the same task".*

Staff acknowledged that the new way of working has led to an increased workload, but lack of capacity has been overcome through fostering a sense of team ownership and of collectively working together. Continuing with the monthly management meetings and the after action reviews will help to ensure any learning and reflections are identified and acted on. Any specific aspects that need evaluation can also be implemented through this approach.

The programme was felt to be embedded into daily practice with staff reporting 'we've all bought into it now we wouldn't go back'.

5.9 Partnership working with general practice and the voluntary sector

Staff have engaged with voluntary organisations and invited them to management meetings to understand more about the support they offer families.

The project has developed good links with wider community groups, which has increased awareness of, and referrals to the team. This includes St. Peter's church, the Children's Society, the Salvation Army and the Refugee Council.

As part of local team action planning, efforts have been made by each integrated team to secure closer links with GP practices. Tile Hill are a leading example of GP engagement having undertaken the following:

- Levering local relationships and health visitors attached to GP practices;
- Attending practice team meetings to raise awareness about Acting Early;
- Developing a GP referral pathway, making it explicit when they should refer, produced as a laminated sheet to act as a reminder.

Feedback from a GP practice in this area demonstrates improved GP engagement:

"We find the integrated meetings most useful - it is a chance for the various service users to share their concerns. If we have any concerns, we are able to contact team members before the meetings and raise these. "I now have the children centre partnership coordinators email address and if we have any concerns about our vulnerable children, I will email them and set up a dialogue - this means we do not have to wait until the meetings to discuss concerns. We have always had a good relationship with our health visitor; we are at an advantage with sharing the same premises so access is easier for our practice to the team. "The sharing of information is very important to keep our practice "at risk" registers up to date and discuss any new worries we may have about patients."

It is recognised that GP engagement in Tile Hill is more advanced than elsewhere in the city. Work is currently underway to develop better links between GPs and the Acting Early teams across the city.

5.10 Improved parent leadership

Parents involved in the parent leadership programme have reported being more confident, having met new people and being able to speak confidently with professionals to shape services.

"Realising my skills are transferable and can be used in new places"
"I have met new people, it gives me a chance to listen/speak English. At home I don't get this. I feel more confident"
"I feel more confident to speak up in meetings and when speaking to professionals."
"I am definitely more confident, especially around professionals. I am so exciting about volunteering in the nursery."

6. WHAT HAVE BEEN THE MAIN CHALLENGES?

The following observations and recommendations have been made in this report.

Acting Early team development session: Due to the difference in skills/experience it was sometimes difficult to 'pitch the training' for those who worked at an operational level and those who worked at a strategic level. However ensuring that the team came together despite this was essential if they were to form effective relationships and shared understanding.

Staff also had limited capacity to undertake training. It was essential that service managers committed to releasing and covering staff so they could attend workforce development sessions as well as communicating the importance of the training sessions to staff.

Increased workload: Staff have noted throughout the Acting Early implementation, that the new way of working has led to an increased workload. However, for the majority of practitioners, they have committed to undertaking the extra work knowing that it would have a long term positive impact on families. Moving forward it is important to ensure that time to reflect and continually improve services is built in to operational practitioners' time.

Administrative burden: The teams have had to undertake a large amount of programme activities, e.g. reviewing datasets, setting actions, reviewing actions, recording child case meetings and outcomes. This creates a large degree of administration that teams struggle to find the time for. For the majority of teams this responsibility has mainly fallen on the Children's Centre staff. Moving forward, this may not be a sustainable working practice.

Sustainability: Programme leadership has been provided by a dedicated core team of programme experts within Public Health. Their role has been to continually support/encourage/motivate the teams to adopt a culture of continuous improvement. Please see below for more information about how the sustainability phase of the programme is being proactively managed.

Communication: To deliver a large scale change programme it is necessary to create a compelling narrative that flows throughout organisations, from strategic leaders to operational staff. It can be a challenge, among competing priorities for communication messages to flow from the top down to operational staff. In order to overcome this the programme team spent a large proportion of time meeting with practitioners and working alongside them to influence and share key messages.

7. WHAT ARE THE NEXT STEPS?

The role of the programme team in Public Health is to drive the implementation of the programme. This support is time limited and the sustainability of the model relies on key leaders maintaining the model and continuing to learn and develop and continually improve practices.

A sustainability plan has been designed that details a range of activities that will see programme leadership shift away from the Public Health programme team to the Acting Early teams themselves. A core part of this plan is the development of Acting Early Champion roles. The role of Acting Early champions includes:

- Reviewing and implementing the sustainability plans;
- Escalating risk, issues and progress of the team to the heads of service;
- Ensuring action plans and key performance indicators discussions continue on a monthly basis (at the management meetings);
- Ensure action plans are fed into the operational working group;
- Reviewing parental feedback and taking appropriate action based on the feedback.

The Acting Early champions are midwives, health visitors and children centre staff from the Acting Early teams. The champions have been provided with further coaching and mentoring sessions to ensure they are confident in their new roles. A recent assessment of sustainability indicators and maturity amongst the teams showed that the model is on its way to being sustainable, with teams maturing at a good pace. Teams are meeting regularly and peer to peer promotion of Acting Early has helped embed the new ways of working with staff reporting they 'wouldn't go back'.

Currently a family hubs model is being proposed for the city. This will involve more agencies working in a joined up approach and span across 0-19 years services. There are challenges with integrating from 17 children's centres to 8 family hubs –there is a need to consider how staff ensure momentum is maintained of existing programme activities whilst implementing further changes. An operational working group is continuing to meet on a monthly basis which includes service managers and Acting Early champions, this will be key to ensuring the sustainability of the programme going forward.

CONCLUSION

Acting Early has been beneficial in maximising the potential for every child to get the best start in life. It represents an ambitious programme to shift cultures and establish partnerships on a large scale. A great amount of time, energy and commitment has been given to develop a new way of integrated working. A culture of continuously reflecting on practice and success has been required to implement the new model of care. The programme has led to:

- Reconfiguration of midwifery and health visiting teams into smaller locality based teams aligned to the 17 children centres.
- Brokering of an information sharing agreement allowing, for the first time, key partners to have access to new-born children resident data. This enables teams to understand the location and profile of new-born residents and to provide a more localised service.
- Weekly management meetings to discuss locality specific data and local improvement plans established.
- Weekly child case meetings established to share information about early concerns and early help strategies, alongside social care colleagues.
- Joint training/workforce development to provide practitioners with the confidence to drive new ways of working and build strong relationships.

The programme has entered the sustainability phase with Acting Early Champions taking on more programme responsibilities. Moving forward the learning from this work will directly inform the

development of family hubs. Bringing the operational learning around changing behaviours/ways of thinking into these developments will greatly benefit the design/development of family hubs, and offers an existing opportunity moving forward.

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