

Report

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Report to:	Community Services Committee
Date of Meeting:	4 June 2013
Report by:	Executive Director (Education Resources)

Subject:	Early Years' Collaborative Update
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1. Purpose of Report

1.1. The purpose of the report is to:-

- ◆ provide information to the Committee regarding progress on the Early Years' Collaborative

2. Recommendation(s)

2.1. The Committee is asked to approve the following recommendation(s):-

- (1) that progress in initiating the Early Years' Collaborative be noted; and
- (2) that the proposed further actions to support the Early Years' Collaborative, as outlined in the report, be supported.

3. Background

3.1. The Early Years' Framework was published in December 2008 and set out ten areas of transformational change that would have a long lasting, positive impact on Scottish society. In October 2012, the Scottish Government held an event to launch the Early Years' Collaborative, which builds on the Framework and other existing work relating to early Years', as well as a wide research agenda on how to effect change. The Early Years' Collaborative is intended to be led by the Community Planning Partnership and in South Lanarkshire will operate under the Getting It Right for Every Child in South Lanarkshire strategy. It is seen as a methodology for delivering Getting It Right for Every Child. The Collaborative involves a number of 'learning sessions' to support partnerships across Scotland, the first of which was held on 24 and 25 January 2013. At this Learning Session, Community Planning partners from across Scotland were introduced to Improvement Science, an approach that has been promoted within parts of the NHS and is an evidence based approach to facilitating change. The focus is on learning from improvement in a systematic process of Plan, Do, Study, Act (PDSA.) Improvement Science is central to the Collaborative approach.

3.2. The agreed Ambition for the Early Years' Collaborative is

"To make Scotland the best place in the world to grow up in by improving outcomes, and reducing inequalities for all babies, children, mothers, fathers and families across Scotland to ensure that all children have the best start in life and are ready to succeed"

The Collaborative approach is linked to the Single Outcome Agreement and involves three age related work streams covering:

- ◆ conception to 1 year
- ◆ 1 year to 30 months
- ◆ 30 months to starting primary school

There is also a fourth workstream dealing with leadership.

The framework has a clear set of outcomes and indicators which will be used to measure success. The outcomes and measures for each workstream were clarified at the first Learning Session and are attached as Appendix 1. This includes the three “stretch aims” which have been agreed nationally as the focus for the Collaborative. However as the Collaborative progresses, Community Planning partners will be able to decide which measures are most useful locally to help achieve the stretch aims.

4. Update on progress in South Lanarkshire

4.1. Prior to Learning Session 1, officers from Education, Social Work, Finance, Community Planning and across NHS Lanarkshire met on a number of occasions to prepare partners. The pre-work requested by the Scottish Government was undertaken and a “storyboard” relating to this work was prepared. At this stage, the three stretch aims had not yet been published. The storyboard focused on three aspects of current children’s services work which partners believed would contribute significantly to improving outcomes for young children and their families, together with a brief self-evaluation on leadership relating to the fourth workstream. The aspects of work covered by the storyboard included:-

- ◆ Workstream 1: babies born with neonatal abstinence syndrome
- ◆ Workstream 2: children who became looked after at age 2
- ◆ Workstream 3: children who were assessed at age 3 as having insecure attachment on entry to early learning settings.

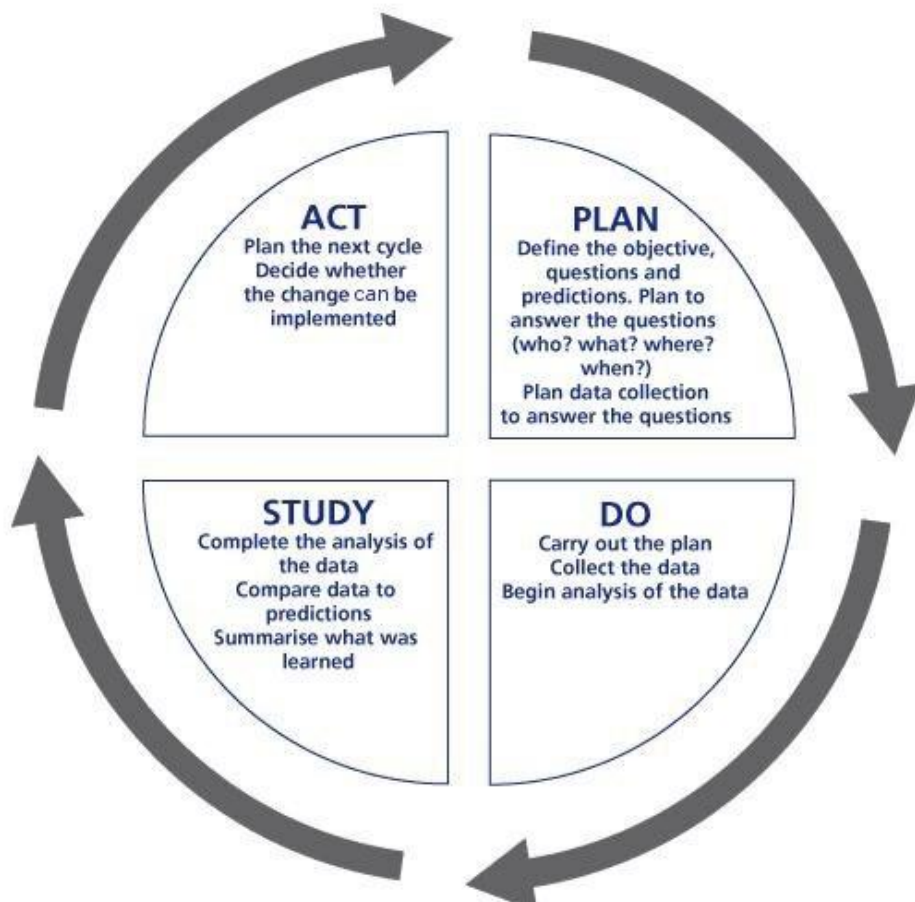
Children’s services’ progress in considering issues relating to this work was described in the storyboard in terms of a green/amber/red traffic-light system. The storyboards were displayed in the SECC at Learning Session 1 along with those of other Community Planning Partnerships.

4.2. At Learning Session 1, partners were introduced to the ambition of the Collaborative and the national stretch aims by leading figures including the Minister for Children and Young People, the Chief Medical Officer, the Directors-General of Health and Social Care, and of Learning and Justice, senior representatives for COSLA, SOLACE, Police Scotland and the NHS Chief Executives’ Group and the CEO of Children 1st. In particular, the presentation made by Sir Harry Burns, the Chief Medical Officer, had a significant impact on the seminar. Amongst the evidence put forward was the importance on outcomes of a chaotic early Years’ experience as well as intergenerational effects, and the mother’s behaviour before conception. Unless the early Years’ environment children grow up in is stable and nurturing, Scotland will not deal with the root causes of poverty and disadvantage. This analysis suggests that the Early Years’ Collaborative cannot only involve early Years’ professionals and services, but must understand the important role that housing, employment services and services for adults and young people and communities have in ensuring positive outcomes. This is why Community Planning Partnerships are seen as key to addressing the challenges. Partnerships were also encouraged to

use assets-based approaches which identify and build on the strengths of communities through engaging service users in taking forward the Collaborative.

- 4.3. Partners were provided with an introduction to Improvement Science, its methodologies and some examples of the difference it has made to outcomes, particularly for patients. To use the Improvement Science model, it is necessary to answer the three questions below and then, starting small but scaling up, use the PDSA test cycle to test the impact of the change continuously until there is evidence that it works and then roll it out.

What are we trying to accomplish?
How will we know if a change is an improvement?
What changes can we make that will result in improvement?



To ensure that the changes are evidenced, the approach involves the adoption of Run charts. These plot changes over time and can show whether any intervention has had a positive or negative impact compared to the 'standard' approach. The principle of using PDSA test cycles and run charts is to help involve practitioners in utilising their skills to suggest small improvements in practice which might make a difference to overall outcomes, if successful. Practitioners as well as managers will be encouraged to demonstrate their progress by displaying their run charts so that not only they, but their service users, can see how well they are progressing in identifying changes which result in improvements. This promotes a learning culture and has been found by the NHS to be a highly motivating methodology which results in significant and lasting improvements if the changes are scaled up across the workforce. It also serves to "give permission" to try out new potential ways of working

which may challenge existing practice and procedures on a small scale to test the impact of any intervention.

- 4.4 Partners were encouraged to begin identifying potential PDSA tests in order to become familiar with the methodology. A series of Conceptual Driver Diagrams has been created for each workstream identifying for each Aim, the main drivers, or influencing factors, and the actions by partners which might impact on these. Partners considered these drivers and identified potential areas where hypotheses could be developed about small improvements which could be tested using the PDSA test cycle. The first tests identified related to the following aims:

Workstream 1:

First level driver - Maternal Health; second-level driver - Maternal Drinking;

Aim: to reduce the number of children born with foetal alcohol syndrome

Workstream 2:

First level driver - Maternal health and skills; second level driver - Mother's Level of Education;

Aim: to explore the knowledge of parents in relation to developmental milestones

Workstream 3:

First level driver - Children's Physical and Mental Activity; second level driver - Early Learning;

Aim: to improve the level of awareness of parents and nursery staff of language difficulties at age 3

Workstream 4:

First level driver - Early Years' is a Strategic Priority and underpins all policy, planning and operational activity; second level driver - CPPs Communicate the EYC with enthusiasm and consistency

Aim: to engage a range of practitioners and managers in the Early Years' Collaborative.

South Lanarkshire partners developed a draft template to record the PDSA cycle and then adapted one which was later issued by the Scottish Government. Partners are currently working on recording the first test cycles using these.

Workstream 5: Planning and Data

This workstream has focused on how to determine from Run Charts whether an intervention had changed performance and the numbers of data points required to be able to be sure that a change has occurred.

Each Early Years' Collaborative in Scotland has been asked to provide details of their initial proposed tests of change which will be incorporated into an extranet to share learning and experience. Eventually, this will hold all the tests and be a central resource for the Early Years' Collaborative across Scotland. Tests are being sent to the e-mail address EYCollaborative@scotland.gsi.gov.uk and there is a commitment from the Scottish Government that comments will be given.

Partners are also asked to visit the Institute for Healthcare Improvement (IHI) website and register with the site at www.ihl.org to be able to access the Early Years' Collaborative Extranet which will hold all the documents and resources relating to the Collaborative.

- 4.5. Since Learning Session 1, a “core team” of workstream leaders and facilitators has been established which is now meeting approximately every two weeks to progress the workstreams and to plan roll-out of the Early Years’ Collaborative to wider groups of managers and practitioners. A member of the Scottish Government’s team joined a meeting of the core group on 14 February 2013.
- 4.6. Because not all the “away team” had places at Learning Session 1, a re-call seminar was arranged for 7 February to introduce the key themes of the Collaborative and to demonstrate the initiation of the first four test cycles. This seminar also proposed the next steps through an event to establish a wider “home team” and to raise awareness of the Early Years’ Collaborative across relevant services so that they would be familiar with the concepts as they are required at later stages to participate. This event took place on 25 February 2013.
- 4.7. A key factor in assuring the progress of the Early Years’ Collaborative has been the dissemination of information through reports to the Council’s committees and partnership meetings. This has included:-
- ♦ Community Planning Partnership Board on 30 January 2013 and
 - ♦ Getting It Right for Every Child Self-Evaluation and Performance Improvement Group on 31 January 2013
 - ♦ Getting It Right for Every Child Steering Group on 7 February 2013
 - ♦ Executive Committee on 13 February 2013

Reports are also being submitted to Resource and Service Committees and to Community Planning Partnership meetings such as the Community Regeneration Partnership. Partners are presenting updates to their own agencies on an ongoing basis.

5. Next Steps

- 5.1. The Government identified that, locally, partnerships would require a number of supports for implementation of the Collaborative. These have been agreed by the Executive Committee. An Early Years’ Champion has been agreed, and a job description for a short term, dedicated post of EYC Programme Manager to manage day to day progress has been approved at the Education Resources Committee. It has been agreed that, rather than appointing an EYC Data Manager who will be responsible for ensuring that real time data is available to support improvement, a team of managers currently involved in policy and planning will work together. Further information about data requirements is needed to develop appropriate monitoring arrangements locally. This will include expectations about monitoring real time data and reporting arrangements.
- 5.2. It has been agreed that the arrangements for Integrated Children’s Services in South Lanarkshire already include a high level partnership group of elected members and senior officers to oversee work on the children’s and early Years’ agenda, and that this group, the Getting It Right for Every Child in South Lanarkshire Steering Group, chaired by Councillor Davie McLachlan, will be responsible for progressing the Collaborative. The review of the membership and remit of the Steering Group and of key groups reporting to it, such as the Early Years’ Framework implementation group, is underway to ensure that they remain fit for purpose.

- 5.3. A re-call of an officer group comprising both children's services and finance officers has been arranged to consider the Early Years' Change Fund and the way the total resource for early Years' services provision is invested. This should also enable consideration eventually of any required shifts in investment as a result of the learning process and any successful outcomes from the Early Years' Collaborative. The group can also consider any potential bids for external funding which become available.
- 5.4. Links are being established with other key initiatives which can contribute to the Collaborative such as the Best Possible Start and the Family Nurse Partnership programmes.
- 5.5. For the Council, consideration is being given to mainstreaming the elements of the Early Years' Collaborative into Service measures in the IMPROVe system, and the potential role for IMPROVe in monitoring and reporting on the EYC could be considered. Workstream 4 will further consider this along with mechanisms to roll out the methodologies of the Improvement Science approach.
- 6. Employee Implications**
- 6.1. A report has been approved by the Education Resources Committee requesting formal approval to establish the post of EYC Programme Manager.
- 7. Financial Implications**
- 7.1. The Early Years' Change Fund sits within the context of the Collaborative and a shift in the balance of expenditure across partnerships from reactive services, towards prevention and early intervention informed by evidence of effectiveness, may be required.
- 8 Other Implications**
- 8.1. Implications relating to risk and sustainability will be monitored as clarity regarding the programme of work that might be expected to follow the Collaborative is received.
- 9. Equality Impact Assessment and Consultation Arrangements**
- 9.1. There is considerable discussion across the partners in South Lanarkshire with regard to this. At present, there are no indications that an equality impact assessment is required, but this will be reviewed as clarity regarding the programme of work that might be expected to follow the Collaborative is received.

Jim Gilhooly
Executive Director (Education Resources)

15 May 2013

Link(s) to Council Values/Objectives

- ◆ Raise educational achievement and attainment
- ◆ Protect vulnerable children, young people and adults
- ◆ Tackle disadvantage and deprivation
- ◆ Get it Right for Every Child
- ◆ Strengthen partnership working, community leadership and engagement

Previous References

None

List of Background Papers

None

Contact for Further Information

If you would like to inspect the background papers or want further information, please contact:-

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Early Years Collaborative:

To make Scotland the best place in the world to grow up in by improving outcomes, and reducing inequalities, for all babies, children, mothers, fathers and families across Scotland to ensure that all children have the best start in life and are ready to succeed.

Workstream 1

Conception to 1 year

Stretch Aim:

To ensure that women experience positive pregnancies which results in the birth of more healthy babies as evidenced by a reduction of 15% in the rates of stillbirths (from 4.9 per 1,000 births in 2010 to 4.3 per 1,000 births in 2015) and infant mortality (from 3.7 per 1,000 live births in 2010 to 3.1 per 1,000 live births in 2015).

How will improvement be achieved?

- Improved access to antenatal care
- Increase Smoking Cessation pre-/during pregnancy
- Reducing Substance misuse pre-/during pregnancy
- Improving Nutrition pre-/during pregnancy
- Better planning and decision making for LAC
- Supporting strong attachment

Workstream 2

1 year to 30 months

Stretch Aim:

To ensure that 85% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time of the child's 27-30 month child health review, by end-2016.

How will improvement be achieved?

- Supporting strong attachment
- Improving child and maternal mental health
- Improving nutrition / breastfeeding / dental health
- Supporting brain development
- Improving and promoting physical activity and Play
- Additional Support for the most vulnerable
- Better planning and decision making for LAC

Workstream 3

30 months to starting Primary school

Stretch Aim:

To ensure that 90% of all children within each Community Planning Partnership have reached all of the expected developmental milestones at the time the child starts primary school, by end-2017.

How will improvement be achieved?

- Supporting development of positive relationships
- Improving child and maternal mental health
- Improving nutrition and dental health
- Improving and promoting physical activity and Play
- Supporting brain development
- Better planning and decision making for LAC
- Supporting strong attachment

Led By: CPP Chairs, Local politicians, Local Authority CEx and Directors, NHS CEx and Directors, Directors of Finance, Chief Constable & Police Leadership, Third Sector leaders

Who will support the improvement?

- Communities within CPPs are the microsystem
- Maternity Services, GPs, Public Health Nurses, Family Support, Social Work, Police, 3rd Sector, Addictions Services, Community Learning & Development, Adult Public Health, Criminal Justice Social Work, Housing
- Parents, Families & Communities

How will we know if improvement has been achieved?

- Reduction in stillbirths rates.
- Reduction in infant mortality.

Who will support improvement?

- Communities within CPPs are the microsystem
- Public Health Nurses, GPs, Family Support, Social Work, Speech & Language, Physiotherapists, other AHPs, Education, Police, 3rd Sector, Addictions Services, Community Learning & Development, Adult Public Health, Criminal Justice Social Work, Housing
- Parents, Families & Communities

How will we know if improvement has been achieved?

- Reduction in the proportion of children who have not reached all of the expected developmental milestones by the time they reach 27-30 months.

Who will support improvement?

- Communities within CPPs are the microsystem
- Education, Public Health Nurses, GPs, Family Support, Social Work, Speech & Language, Physiotherapists, other AHPs, Police, 3rd Sector, Addictions Services, Community Learning & Development, Adult Public Health, Criminal Justice Social Work, Housing
- Parents, Families & Communities

How will we know if improvement has been achieved?

- Reduction in the proportion of children who have not reached all of the expected developmental milestones by the time they start Primary school.