

People Directorate
Early Years Health and Wellbeing Offer
Commissioning Strategy

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Section One: Introduction

This Commissioning Strategy sets out Birmingham City Council's plans for securing, specifying and monitoring services to meet the health and wellbeing needs of children and their families during their early years.

The strategy details how we intend to commission the services that will provide excellent outcomes for children and families in Birmingham. It describes how to best use the available resources and information in order to improve the outcomes achieved from the Early Years Health and Wellbeing offer in the most efficient, equitable and sustainable way:

- Commissioning is more than just about simply buying services. It is about understanding local need and designing services that meet those needs
- Commissioning is focussed upon providing value for money; this increases the overall impact of our expenditure and generates the confidence of our council taxpayers
- Commissioning includes a number of key activities; a needs analysis, service design, procurement (the buying of goods and services), the monitoring of contracts, the development of strategic relationships with suppliers and the development of local organisations or businesses to compete for procurement opportunities

In November 2015 Birmingham City Council set out its vision for Birmingham in 2020. The vision was grounded in partnership, innovation, and the empowerment of citizens to achieve outcomes and their goals with our values and behaviours at the heart of everything we do. Our broad goals are to

Prosperity Fairness Democracy	A strong economy	Safety and opportunity for all children	A great future for young people
	Thriving local communities	A healthy, happy population	A modern council

ensure that children and families thrive. This sits at the heart of our new vision and the provision of support to enable them to be resilient, healthy, safe and happy is a key priority.

This Early Years Health and Wellbeing Commissioning Strategy is a key document which sets out clearly for all who have an interest in Early Years Services, our vision for the future. It contains:

- A statement about the purpose and the commitments of the commissioning agencies in relation to meeting the needs of children and their families during their early years
- An analysis of relevant legislation, guidance and policy that frame the context within which Early Years Services must be delivered
- An analysis of the needs of children and their families during their early years, and how these are likely to change in future
- Information about the current market of Early Years Services and a statement about their strengths and limitations to meet needs and deliver excellent outcomes for children and families during their early years
- A review of relevant research and good practice on services to meet the needs of the relevant population
- Details of the service offer required in the future and information about how these services will be commissioned
- Information about the outcomes we want for our children and families along with information about how we will monitor these

This Commissioning Strategy is a key document for current potential providers of early years services in Birmingham. The document will enable providers to consider if they would like to play a part in delivering services in the future and to start the process of planning to tender to deliver the new Early Years Health and Wellbeing Offer.

Statement of Purpose and Commitment

Every parent wants the best for their children. We want to support this by providing every child living in Birmingham with an equal chance to have a really good start in life. Birmingham City Council feels this will be achieved if every child has a good level of development when they start school. Early Years Services are provided to support parents from the time a child is conceived up until the age of 5. How well a child does in their early years has a huge impact on how they do in the rest of their lives.

The commissioning of a new service model to meet the health and wellbeing needs of children and families during their Early Years is part of a major transformation programme to rethink the way that we deliver all early years services in Birmingham. This broader transformation programme considers not just health and wellbeing but also early education and childcare. The overarching aims of the transformation programme are to:

- Increase the number of children assessed as having reached a good level of development by the time they start school
- Ensure every child has an equal chance to have a good start in life by tackling the inconsistencies between outcomes for different children
- Ensure that children are protected from significant harm and their development and wellbeing are promoted.

- Promote take up of Early Education Services

A vision for a new Early Years Offer has been developed which draws together key services for the benefit of children and families as illustrated below



This commissioning strategy sets out our plans for delivering the Early Years Health and Wellbeing Offer. As such it sets out how we intend to deliver services in the future that are currently delivered through:

- Children's centre services
- Health visiting
- Parenting support services
- Pregnancy and breastfeeding support services

The purpose of this commissioning will be to enable our vision to provide every child living in Birmingham with an equal chance to have a really good start in life and to reach a good level of development by the time they start school. More specifically, this commissioning strategy sets out how we will develop the Early Years Health and Wellbeing Offer to deliver the following outcomes which we feel are key to fulfilling our vision:

- Increasing the percentage of children who are developing well and are ready for school
- Increasing the number of parents in work or training
- Increasing the number of children who develop age appropriate speech, language and communication
- Increasing the number of children who have age appropriate personal social and emotional development
- Parents have knowledge of, and apply good parenting
- Improved parental emotional health and wellbeing
- Reduced smoking during pregnancy and parenthood
- Increasing the number of children who are a healthy weight
- Increasing breastfeeding rates at birth and 6 weeks

- children are protected from significant harm and their development and wellbeing are promoted

Key to the delivery of our statement vision is our commitment to safeguard children and ensure that all children are protected from harm and to promote equality by ensuring that the improvements secured through the new service offer benefit all children.

Section Two: Understanding our current performance

The contents of this Commissioning Strategy and the proposals it contains to address the health and wellbeing needs of children and families during their early years has been informed by a baseline review of our current performance against our stated outcomes.

Good Level of Development (GLD)

Citywide performance

Supporting children to reach a Good Level of Development by the time they start school is at the core of our vision for the new Early Years Health and Wellbeing Offer.

The Department for Education (DfE) define children as having reached a GLD at the end of the Early Years Foundation Stage (EYFS) if they achieve at least the expected level in:

- The Early Learning Goals in the prime areas of learning (Communication and Language, Physical Development, Personal, Social and Emotional Development) and
- The Early Learning Goals in the specific areas of Mathematics and Literacy

Nationally the [EYFS Profile results for 2015](#) show that 66% of children achieved a good level of development at the end of Reception. Nationally performance is improving with an additional 6% of children reaching this level in 2015 compared to 2014. This means that an extra 38,600 children nationally achieved the expected standard by the time they started school. Nationally the gap between the lowest and highest attaining children has also decreased.

In Birmingham 62% of children achieved a good level of development at the end of Reception in 2015. This is on a par with Core Cities but 4% below the national average.

Birmingham's early years performance has also improved across recent years however our rate of improvement is slightly below the national rate of improvement for both the attainment levels of all children and the gap between the highest and lowest attaining children.

The opportunity for us to further improve our overall performance is significant as Birmingham is currently ranked 123 out of the 152 English councils.

Notably however our performance in relation to the attainment levels of children known to be eligible for free school meals have been consistently above the national average. Our performance is also above that of other core cities.

Table 1 - EYFSP All Pupils achieving at least expected level of attainment in all prime areas of learning by Free School meal eligibility

	Pupils known to be eligible for free school meals			All other pupils			All pupils		
Year	2013	2014	2015	2013	2014	2015	2013	2014	2015
England	36	45	51	55	64	69	52	60	66
Core Cities	36	43	50	54	61	65	49	56	62
Birmingham	39	47	53	54	61	65	50	56	62

This data highlights a need for Birmingham to build on the strong starting point to accelerate improvement in performance to ensure that the outcomes we want for children and families match or exceed national average.

District level performance

Birmingham is an extremely large city with a high level of diversity and a population of 1,118,285.

Birmingham's early years performance is variable across districts. Children's outcomes vary across the districts from 57% of children achieving a good level of development in Hodge Hill, compared with 76% in Sutton.

The increase in the proportion of children achieving a good level of development between 2013 and 2015 also varies across the districts, from 9.3% in Hodge Hill to 15.7% in Erdington.

As a general trend children living in the most deprived areas of Birmingham are the least likely to achieve a good level of development by the time they start school. It is notable however that this correlation is not entirely reliable and there are areas where deprivation levels cannot be used to accurately predict attainment levels. This is likely to be related to the needs of individual children, families and communities and the quality of local service provision.

Our over-riding priority in re-commissioning the new Early Years Health and Wellbeing Offer is to reduce the inconsistency in outcomes that is evident for children across Birmingham so that every child has an equal chance of the best possible start in life.

Table 2: Foundation stage results by district

% children achieving a GLD	2013	2014	2015	Increase 2013-15
Edgbaston	53.4%	60.8%	65.0%	11.6%
Erdington	45.6%	53.6%	61.3%	15.7%
Hall Green	49.2%	56.6%	61.7%	12.5%
Hodge Hill	47.9%	53.6%	57.3%	9.3%
Ladywood	48.0%	54.6%	59.2%	11.1%
Northfield	49.2%	56.1%	64.1%	15.0%
Perry Barr	47.1%	55.6%	61.3%	14.2%
Selly Oak	53.2%	58.8%	64.1%	10.9%
Sutton Coldfield	63.2%	69.8%	76.3%	13.1%
Yardley	50.5%	54.8%	60.8%	10.3%
Total	49.60%	56.40%	61.90%	12.30%

Good Start in Life

In Section One of this document we set out the outcomes that are key to ensuring that all children have an equal chance of the best possible start in life. Our current performance in relation to delivering these outcomes is shown below:

Table 3 Comparison against National and Core Cities for key issues

Key issues		National	Core cities	Birmingham
Infant mortality (per 1,000 births; 2013)		3.8	3.73	7.5
Excess weight Year 0 - school (2014)	Under Weight	1.0%	0.9%	1.5%
	Healthy Weight	76.5%	76.0%	75.2%
	Overweight	9.5%	13.1%	11.9%
	Obese	23.3%	9.9%	11.3%
	Over and Obese	22.5%	23.1%	23.3%
Breastfeeding (6-8 weeks; 2015)		43.80%	47.05%	52.20%
Hospital emergency admissions (per 10,000 children 0-14)		112.16	128.7	102.2
Low birth weight (% of all births; 2013)		7.4	7.7	9.5

Infant mortality

Birmingham has the third highest rate of infant mortality of all England's councils, at 7.5 per 1,000 live births in 2013. The national picture is of steadily reducing rate, as is the picture for the statistical neighbours group as a whole and for most of the core cities. This pattern does not pertain in Birmingham where the picture is of rises and falls year on year.

Excess weight

The proportion of children in reception year who are obese or overweight has changed very little nationally or in Birmingham since 2007, remaining at just under a quarter. Birmingham performs similarly to both the other core cities and to its statistical neighbours.

National Child Measurement Programme (NCMP) data for 2013/14 shows that in Birmingham almost one in four children in Reception is overweight or obese (boys 23.7% and girls 22.8%).

Within Birmingham there is some variation in obese, over weight and underweight children between districts (table 7). Northfield, Hodge Hill, Erdington, Perry Barr and Ladywood districts all have above city levels of obese and overweight children. Ladywood, Hall Green, Hodge Hill and to a lesser extent Yardley districts have above average levels of underweight children.

Breastfeeding – birth and 6-8 weeks

The rate of initiation of breastfeeding in Birmingham is low, 62.3% compared with the national average of 74%. However mothers in Birmingham are more likely than average to continue breastfeeding at 6-8 weeks than those in other core cities except Bristol, and of the 72 councils with results Birmingham had the 14th highest rate of breastfeeding at 6-8 weeks in 2014. Within the city rates of breastfeeding are highest in Hall Green and Ladywood districts.

Hospital emergency admissions - unintentional and deliberate injuries

Data for emergency hospital admissions for unintentional and deliberate injuries is available for all children under 14, not specifically for children under five. The rate per 10,000 children has fallen in Birmingham and it is now lower than the other core cities. The crude statistics for A&E attendances for 0 to 4 year olds is 561.8 per 1,000 for Birmingham compared to 510.8 nationally.

Low birth weight

Nationally, the proportion of children born with a low birth weight remained at 7% between 2011 and 2013, the latest period for which figures are available for. In Birmingham, the proportion has gone up and down over the last five years, but remains significantly higher than the national average. Across the city the rate is highest in Hall Green and lowest in Sutton, which is the only area with a lower than national rate.

Low birth weight is linked to increased infant mortality; in 2011 36.5 deaths per 1,000 births occurred in babies with a low birth weight compared to 1.4 amongst babies with a normal birth weight (over 2,500g). In addition low birth weight is also linked to higher instances of motor and social developmental problems with longer term impacts.

The data confirms that in line with our performance against the GLD attainment our current performance against all other key outcomes is poor.

Early Education Entitlement:

The value of early education in providing children with opportunities to learn, play and develop well is clear. Uptake of early education is a key indicator of how well we are currently doing in supporting our children to access the services that they are both eligible for and would benefit from.

Table 4 shows the take up of Early Education Entitlement for 2 year olds across Birmingham's 10 districts. With the exception of Hall Green district, they are all below the Department for Education target.

Table 4

% of 2 year olds in Funded Early Education - Good or Excellent (OFSTED)				
	2013	2014	2015	Change 2014-2015
Birmingham	-	65.00	69.00	4.00
Statistical Neighbours	-	59.00	81.00	22.00
Rest of Core Cities	-	64.86	83.43	18.57
England	-	71.00	85.00	14.00

Table 5

% of 3/4 year olds in Funded Early Education - Good or Excellent (OFSTED)				
	2013	2014	2015	Change 2014-2015
Birmingham	-	74.00	82.00	8.00
Statistical Neighbours	-	70.70	82.20	9.50
Rest of Core Cities	-	76.29	86.57	11.43
England	-	76.00	85.00	9.00

There is a strong body of evidence to support the impact of children accessing their early education entitlement for as long as possible. Many children are entitled to an early education place from either January or April of the year of their third birthday. If those children access an early education place at the earliest time possible, they receive a four or five term early education entitlement. At present, too few Birmingham children benefit from these longer opportunities and it is a key priority for us to increase numbers accessing early education from the term after their third birthday, or in the case of vulnerable two-year olds, the term after their second birthday.

Section Three: Overview of Legislation and Policy Context

Key to the development of our Early Years Health and Wellbeing Offer is an understanding of both the legislative and policy context within which it is located.

Legislative Context

The Council holds a number of key duties in relation to early years services which will need to be complied with and delivered through the newly commissioned service model.

Childcare Act 2006: as outlined in the Sure Start Children's Centres statutory guidance 2013

Section 5A: Arrangements to be made by local authorities so that there are sufficient children's centres, so far as reasonably practicable to meet local need.

Section 1: To make arrangements to secure that early childhood services in their area are provided in an integrated manner to facilitate access to services, and maximise the benefit of those services to parents, prospective parents and young children

The Children's Centres Statutory Guidance 2013 defines a children's centre as a place or a group of places which is managed by or on behalf of, or under arrangements with, the local authority with a view to providing integrated early childhood services and activities for children.

It follows from the statutory definition of a children's centre that children's centres are as much about making appropriate and integrated services available, as it is about providing premises in particular geographical areas.

The core purpose of children's centres is described as "To improve outcomes for young children and their families, with a particular focus on families in greatest need of support in order to reduce inequalities in: child development and school readiness; parenting aspirations, self-esteem and parenting skills; and child and family health and life chances".

Early childhood services are defined as:

- early years provision (early education and childcare)
- social services functions of the local authority relating to young children, parents and prospective parents
- health services relating to young children, parents and prospective parents
- training and employment services to assist parents or prospective parents

- information and advice services for parents and prospective parents

A children's centre should make available universal and targeted early childhood services either by providing the services at the centre itself or by providing advice and assistance to parents (mothers and fathers) and prospective parents in accessing services provided elsewhere. Local authorities must ensure that children's centres provide some activities for young children on site. Children's Act Section 5A (4)(c)

Apprenticeship, Skills, Children and Learning Act 2009

The Act in the main is an amending act and has 13 parts which include:

- Arrangements for apprenticeships, including release of employees for study/training;
- Local authority functions regarding commissioning learning and skills for 16-19 year olds and up to 25 for those with learning difficulty/disability assessment, including provision of transport to learning establishments;
- Arrangements to promote cooperation to improve the wellbeing of children, including safeguarding targets, and arrangements for children's centres and early childhood services.

Health and Social Care Act 2012

The Health and Social Care Act 2012 transferred the responsibility for Public Health from the NHS to local authorities from April 2013. The Council therefore has a statutory duty to improve population health and wellbeing and ensure provision of the Healthy Child Programme. To support this the Health Visiting contract was transferred to the local authority in October 2015 and the Council become responsible for ensuring that the 5 mandated health visitor contacts are delivered to every child.

Statutory Framework for the Early Years Foundation Stage (2014)

The Framework for the Early Year Foundation Stage (EYFS) became effective in September 2014, covering all children from birth to until they are 5 years old). It sets the standards that all early years providers must meet to ensure that children learn and develop well and are kept healthy and safe. It promotes teaching and learning to ensure children's 'school readiness' and gives children the broad range of knowledge and skills that provide the right foundation for good future progress through school and life. This framework is mandatory for all early years providers (from September 2014). It covers learning and development requirements, as well as safeguarding and welfare requirements (both via section 39(1)(a) of the Childcare Act 2006).

A progress check for all children is required, when they are between age 2 and 3. From this practitioners must provide a short written summary to parents and/or carers of their child's development in the primary areas. This summary identifies a child's strengths and areas where progress is less than expected. The framework document also states what actions to take where more significant concerns or other educational need is identified. The framework also details safeguarding and welfare requirements.

Special educational needs and disability code of practice: 0 to 25 years

Chapter 5 of the code of practice explains the action early years providers should take to meet their duties in relation to identifying and supporting all children with special educational needs (SEN), whether or not they have an Education, Health and Care (EHC) plan.

All early years providers are required to have arrangements in place to identify and support children with SEN or disabilities and to promote equality of opportunity for children in their care. These requirements are set out in the EYFS framework.

Starting early

When a child is very young, or SEN is first identified, families need to know that the great majority of children and young people with SEN or disabilities, with the right support, can find work, be supported to live independently, and participate in their community. Health workers, social workers, early years providers and schools should encourage these ambitions right from the start. They should seek to understand the interests, strengths and motivations of children and young people and use this as a basis for planning support around them

Children's Act 1989 & 2004

Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area. This includes specific duties in relation to children in need and children suffering, or likely to suffer, significant harm, regardless of where they are found, under sections 17 and 47 of the Children Act 1989. Whilst local authorities play a lead role, safeguarding children and protecting them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play

Children and Families Act 2014

The Children and Families Act 2014 seeks to improve services for vulnerable children and support strong families. It underpins wider reforms to ensure that all children and young people can succeed, no matter what their background. The changes to the law to give greater protection to vulnerable children, better support for children whose parents are separating, a new system to help children with special educational needs and disabilities, and help for parents to balance work and family life.

Equality Act 2010

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone.

Additional Equality Act provisions came into force in April 2011:

- positive action - recruitment and promotion
- public sector Equality Duty (see section below)

The Public Sector Equality Duty

The public sector equality duty is made up of a general equality duty which is supported by specific duties. The general equality duty requires the Council to have due regard to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Equality Act;
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it;
- Foster good relations between people who share a relevant protected characteristic and those who do not share it

The Council is able to demonstrate understanding of the effect of its policies and practices on people with different protected characteristics by carrying out Equality Analyses on all aspects of the development of the new offer.

Public Services (Social Value) Act 2012

The Public Services (Social Value) Act 2012 places a duty on Local Authorities at the pre-procurement phase of procuring services to consider how what is being procured might improve the economic, social and environmental wellbeing of an area and how the authority might secure that improvement in the procurement process itself. There is also a requirement that authorities consider whether to consult on these matters. In essence it is about factoring in 'social value'.

National Policy Context

United Nations Convention on the Rights of the Child

The United Nations Convention on the Rights of the Child is the most complete statement of children's rights ever produced and is the most widely-ratified international human rights treaty in history. The Convention has 54 articles that cover all aspects of a child's life and set out the civil, political, economic, social and cultural rights that all children everywhere are entitled to. It also explains how adults and governments must work together to make sure all children can enjoy all their rights.

Marmot review

The Marmot review is an independent review commissioned with the purpose of identifying the most effective evidence based strategies for reducing health inequalities in England from 2010. The key messages of the review included:

- Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health
- Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently
- To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage
- Reducing health inequalities will require action on six policy objectives, including:
 - Give every child the best start in life
 - Enable all children young people and adults to maximise their capabilities and have control over their lives
 - Ensure healthy standard of living for all
 - Create and develop healthy and sustainable places and communities

Public Health Outcomes Framework

The Public Health Outcomes Framework *Healthy lives, healthy people: Improving outcomes and supporting transparency* sets out a vision for public health, desired outcomes and the indicators that will help us understand how well public health is being improved and protected. The extensive list of indicators includes the health issues reflected in the outcomes for the Early Years Health and Wellbeing Offer – low birth weight, low incidence of breast feeding and excess weight in children.

Healthy Child Programme (HCP)

The HCP is a public health programme for children, young people and families, which focuses on early intervention and prevention. It offers a programme of screening tests, immunisations, developmental reviews, information and guidance on parenting and healthy choices. Due to its universal reach the HCP aims to identify families who need additional support or are at risk of poor health outcomes.

The recommended standard for the delivery of the HCP depends on services for children and families being fully integrated. If effectively implemented, in terms of overall aims, the HCP should lead to:

- Strong parent-child attachment and positive parenting, resulting in better social and emotional well-being in children
- Care that helps to keep children healthy and safe
- Healthy eating and increased activity, leading to a reduction in obesity
- Increased rates of initiation and continuation of breastfeeding
- Readiness for school and improved learning
- Identification of factors that could influence health and well-being in families
- Better short- and long-term outcomes for children who are at risk of social exclusion

A core element of the programme is the delivery of commissioned service provision through a HCP Team. This team is described as being a single provider, multiple providers, or a partnership arrangement that can involve a number of agencies: “A cross-locality, multi-disciplinary team delivering the HCP across a range of settings: primary care, education, the community, secure accommodation for children and young people.”

Health Visitor Implementation Plan

The Health Visitor Implementation Plan set out a call to action to expand and strengthen health visiting services. The Plan defined the health visiting service that all families can expect to access. The service defined availability across a range of convenient local settings, including Sure Start Children’s Centres, and health centres, as well as through home visits. The service offer also called for better integration at a local level with health visiting working alongside children’s centres, family support teams and other related functions.

Local Policy:

A city with 2020 vision

With a developing vision for how it will look in the year 2020. The council is changing, it is transforming what it does and how it does it in response to the changing needs of citizens and because there is a need to adapt to not having the money to do all the things that have been done previously.

The vision for your future council is based on the fundamental ideals of prosperity, fairness and democracy, and, within that, to have a strong economy; safety and opportunity for all children; a great future for young people; thriving local communities; a healthy and happy population; and a modern council.

Early priorities include keeping the children’s and education improvement plans on track and successfully concluding the work set for the council by the Birmingham Independent Improvement Panel.

The proposals for change are divided into six key themes which aim to better meet citizens' needs, make substantial savings and improve our performance. They include:

- **Prevent family breakdown** – seeking to support disadvantaged families through a range of interventions so their children can thrive
- **Sustainable neighbourhoods** – creating an environment which is more sustainable, reduces costs and is better for the health and wellbeing of residents

Birmingham Health and Wellbeing Strategy

The vision of the strategy is:

“Birmingham is a City that sets the health and wellbeing of its most vulnerable citizens as its most important priority. In order to improve the health and wellbeing of all residents, Birmingham has built an integrated health and social care system that is both resilient and sustainable.”

The aims of the strategy are to:

- Improve the health and wellbeing of our most vulnerable adults and children in need
- Improve the resilience of our health and care system
- Improve the health and wellbeing of our children.

Early Help Strategy:

The Strategy for Early Help comprises a range of interventions broader than that which early years covers, but its 6 main principles are still applicable to this commissioning process. They are:

- It is everyone's responsibility
- Wherever possible all children and families' needs will be met by universal services
- Listen to children and families and treat them as partners
- Understand the needs of the child and young person and ensure their welfare is the main priority
- All services that work with children and adults must work together to deliver early help
- Early help resources will be deployed based on an understanding of the needs of children, young people and families

The strategy seeks to ensure all services are commissioning within the “Right Service Right Time Framework”.

Improvement Plan for Early Help and Children's Social Care (2015-2017):

The plan's primary purpose is to ensure children are protected from significant harm and their development and wellbeing are promoted. It contains outcomes across several relevant work areas, which while focused on the full age range of children still applies to the early years services to be commissioned.

Safeguarding Children

The Commissioning Centre of Excellence, in partnership with the Birmingham Safeguarding Children Board has developed a S11 safeguarding checklist to be completed by all contracted providers of services for children and families.

S11 Children Act 2004 places a duty upon the Council and other named organisations to make arrangements to ensure that in discharging their functions the Council and the named organisations have regard to the need to safeguard and promote the welfare of children. The Chair of the Birmingham Safeguarding Children Boards (BSCB) has a statutory duty under S14A of the Children Act 2004 to publish an annual report on the effectiveness of child safeguarding and promoting welfare of children in the local area.

Contracted providers of services for children and families shall comply with the statutory guidance Working Together to Safeguard Children published March 2015 (or as amended by any future guidance or statute) and shall have in place such arrangements that reflect the importance of safeguarding and promoting the welfare of children as specified by the guidance. In particular it shall comply with the requirements set out in Chapter 2, paragraph 4 of the guidance.

The Service Providers will carry out and submit to the Council each year a self-assessment, together with supporting evidence detailing:

- the arrangements they have in place ensure the safeguarding and promotion of the welfare of children; and
- how well the Service Provider has safeguarded and promoted the welfare of children over the year.

The Council may also inspect the Service Providers' processes in connection with safeguarding and the promotion of welfare of children.

The Service Providers will work with the Council and the BSCB to develop an action plan to address any issues concerning their ability to safeguard children as identified upon review of the Service Providers self-assessment.

Birmingham Domestic Abuse Strategy 2016-20

Domestic abuse profoundly affects many young children's lives in the city. This new strategy seeks to strengthen city-wide prevention of abuse and seeks to reach individuals and families earlier in their experience of abuse, before the abuse escalates and before the harm to children shapes their future lives.

The strategy will focus, not just on the specialist services that we need, but on the need for all agencies, particularly those working with young families, to develop their understanding of domestic abuse, coercion and control and know how to respond earlier and more effectively.

Birmingham Education Services Delivery & Improvement Plan 2016/17

This is a one-year plan, focussing on the quality of education, the safeguarding of children, extending opportunities for vulnerable children and harnessing exceptional leadership across and beyond the educational system. The plan recognises Birmingham City Council's (BCC's) role as a champion for all of Birmingham's children, young people and their families and sets out how BCC will provide education leadership by influencing, shaping and partnering.

The Education Services Delivery Plan includes a specific Early Years Service Plan that outlines key priorities and performance measures for the existing Early Years Service. While some elements of the existing Early Years Service will be re-commissioned through the Health and Well-Being offer, key elements will be retained by the Council in relation to early education and childcare.

Birmingham Skills Investment Plan

This plan tackles the long-standing issue of low skills in Birmingham by ensuring people of all ages are equipped with the skills they need to secure sustainable and well-paid jobs. Developed in conjunction with partners, the Birmingham Skills Investment Plan sets out the challenges relating to low skills and unemployment in the city and how these will be addressed in the long-term.

Birmingham Childhood Obesity Strategy

This strategy describes the strategic objectives needed to reduce childhood obesity during the first decade of life; a target set by the Birmingham Health and Wellbeing Board as part of the 2013/14 Health and Wellbeing Strategy. The board have prioritised action to tackle childhood obesity in recognition of the increasing prevalence in Birmingham as well as the clear need for a Citywide, multifaceted solution to this complex problem.

Birmingham Business Charter for Social Responsibility

This Charter is a set of guiding principles to which Birmingham City Council (BCC) will adhere to and to which it will invite its contracted suppliers, the wider business community, other public sector bodies (including schools), and third sector organisations (including grant recipients), to adopt. Charter signatories will consider and describe how they can improve the economic, social and environmental well-being of Birmingham that result from their activities. This includes indirect outcomes through commissioning and procurement.

Charter signatories will commit to the principles below, either by fully adopting the Charter at the time of signature or alternatively making a commitment to full adoption within a clear timetable.

Future commissioning and contracting decisions will take account of the principles of this charter and it forms part of the terms of BCC contracts. All the principles and policies of the Charter will be mandatory for organisations with individual contracts or grants over £200,000 per annum and for those that have aggregate annual contracts or grants above £500,000. Contracts and grants below these thresholds have aspects of the Charter that are mandatory and aspects that are voluntary. Charter Principles:

- Local Employment
- Buy Birmingham First
- Partners in Communities
- Good Employer
- Green and Sustainable
- Ethical Procurement

Living Wage Policy

Birmingham City Council has implemented the Living Wage, as part of a Business Charter for Social Responsibility, for Council employees and the promotion of this amongst Birmingham businesses.

The Living Wage Policy ensures that people working on behalf of the Council are paid the same minimum rate as if they worked directly for the Council. We also believe that since our procurement policies mean that more of them will be Birmingham residents, putting more money into those

people's pockets will help local shops and businesses, creating a virtuous spiral that can treble its value to the local economy.

The Living Wage within the UK (excluding London) is currently £8.25 per hour. This rate is higher than the national living wage introduced by central government in April 2016.

Section Four: The Current Market

The new Early Years Health and Wellbeing Offer is being created by remodelling existing services to deliver improved outcomes for children and families.

The following services form part of the current service map and will be in scope for remodelling in line with the proposals contained within this Commissioning Strategy.

- Children's Centre Services and the management and support infrastructure
- Health Visiting and Family Nurse Partnerships
- Parenting support services
- Pregnancy and breastfeeding support services

The tables below describe the current set of early years health and wellbeing services which are in scope of the new offer.

Central Early Years Team	
Current Provider	Birmingham City Council
Aim of service	To provide central support, management and leadership to the network of Early Years Services to include Childrens Centres
Target Group	Providers of Early Years Services
How service is organised/delivered	<p>The central support services provide strategic management and delivery of sufficient Children's Centres and Early Education Entitlement (EEE) places, and ensuring those places are good quality. The services include:</p> <ul style="list-style-type: none"> • Strategic oversight and support • Managing corporate funded places for vulnerable children • Support, advice and challenge alongside business support processes to private, voluntary and independent providers and schools • Day to day delivery of the EEE strategy, systems and processes for commissioned places • Safeguarding support and guidance and overseeing of processes • Commissioning support access to services for special educational needs and disabled children and providing support, advice and guidance • Overview of early years workforce qualification status; and IT support
Service usage/engagement	The service supports 60 children's centres and over 2000 childcare and early education providers.

Children's Centre services (a) Children's Centres																					
Current Provider	Birmingham City Council, Private, Voluntary and Independent sector																				
Aim of service	To improve outcomes for young children and their families, with a particular focus on the most disadvantaged families. To reduce inequalities in child development and school readiness by improving parenting aspirations, self-esteem parenting skills and child and family health and life chances.																				
Target Group	Children's centres work with children and families from minus nine months to five years. Children's Centre Services however target support to children under the age of 3 and promoting take up of the Early Education Entitlement for 2 year olds and 3 and 4 year olds.																				
How service is organised/delivered	Birmingham currently has 60 Children's Centres which are organised across the city into sixteen localities via a hub and spoke arrangement. There are currently 40 hub centres and 20 satellites. Each locality is required to submit a delivery plan for its children's centres that respond to three key outcomes: 1. <i>Improve education and health outcomes</i> 2. <i>Reduce child poverty</i> 3. <i>Close the inequality gap in terms of education and life chances.</i>																				
	<table><tr><th>Responsibility</th><th>Number</th></tr><tr><td>Attached to LA maintained nursery school</td><td>17</td></tr><tr><td>Attached to LA maintained school (without nursery)</td><td>3</td></tr><tr><td>Attached to Academy</td><td>8</td></tr><tr><td>Managed directly by Local Authority</td><td>24</td></tr><tr><td>Private, Voluntary or Independently managed</td><td>8</td></tr><tr><td>Total</td><td>60</td></tr></table>			Responsibility	Number	Attached to LA maintained nursery school	17	Attached to LA maintained school (without nursery)	3	Attached to Academy	8	Managed directly by Local Authority	24	Private, Voluntary or Independently managed	8	Total	60				
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	Total	60																			
	There is a varied range of co-location and service integration arrangements across the existing children's centre sites. For example:																				
11 of the existing children's centres are integrated in single staff teams operating within nursery school settings.																					
13 children's centres currently house Children's Social Care family support and Safeguarding teams; 3 of these are in integrated children's centres on school sites.																					
Day-care is provided within 37 children's centre sites, 10 of which are BCC run day nurseries with the remaining 27 PVI nurseries.																					
Children's Centre services are also regularly delivered out of a further 13 sites.																					
Service usage/engagement	<table><tr><th>Engagement</th><th>Total</th><th>Percentage</th></tr><tr><td>Registered under 5s</td><td>71,576</td><td>83.3%</td></tr><tr><td>Seen under 5s</td><td>40,382</td><td>47%</td></tr><tr><td>Registered under 3s</td><td>39,367</td><td>76.7%</td></tr><tr><td>Seen under 3s</td><td>30,149</td><td>58.7%</td></tr><tr><td></td><td></td><td></td></tr></table>			Engagement	Total	Percentage	Registered under 5s	71,576	83.3%	Seen under 5s	40,382	47%	Registered under 3s	39,367	76.7%	Seen under 3s	30,149	58.7%			
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Case studies	<p>63 child and family case studies were submitted from children's centres across the city. Analysis of the studies identified that:</p> <ul style="list-style-type: none"> • All of the centres offer a varied menu of support for children and parents which is inconsistent? across the city • Multi-agency working is embedded across the city • Support is provided to parents who are experiencing and managing complex issues including domestic abuse, NRPF, parental or child disability, parental mental health, children on statutory plans, LAC teenage parents, historic child sexual abuse. • Increased attendance at core group and child protection conferences <p>Underpinning the activity is an understanding of the importance of relationship building for both initial engagement of parents and then sustaining the engagement as support is provided.</p>
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Health Visiting	
Current Provider	Birmingham Community Healthcare NHS Foundation Trust
Aim of service	The aim of the service is to provide a universal health visiting service which gives more families valuable help and support. By working with, and supporting families during the crucial early years of a child's life, health visitors have a profound impact on the lifelong health and wellbeing of young children and their families.
Target Group	All children 0 - 5
How service is organised/delivered	<p>Health visitors are organised across 19 Health Visiting Teams in Birmingham. These teams consist of Health Visitors, Community Nursery Nurses and Support Workers. There are currently 274 Health Visitors. They deliver these services from a range of venues including Children's Centres, Health Centres, GP surgeries and via home visits.</p> <p>The health visiting service provides a universal offer to all children which consists of 5 mandated contacts. These are the antenatal health promotion visits, new baby review, 6-8 week assessment, one year assessment and 2-2.5 year old review.</p> <p>The majority of work undertaken by the health visiting services however is working with families identified as needing additional support at either the universal plus or universal partnership plus levels</p> <p>The packages of care a family may receive at the universal partnership plus includes help with:</p> <ul style="list-style-type: none"> • Sleep problems • Children with developmental delay and disability • Behaviour management • Minor illness and prescribing • Accident prevention • Families living in hostels and refugees • Family nutrition and healthy weight • Preterm babies • Maternal mental health • Breastfeeding • Speech and language delay

	<ul style="list-style-type: none"> School readiness <p>The health visiting service work with families with a variety of complex needs. This will involve working with a variety of partners and agencies. Where a child has significant developmental or medical needs the health visitor is key in the multidisciplinary approach to meeting the family's needs.</p>																										
Service usage/engagement	<p>The number of visits required by health visiting teams across the city is shown in table 5. Despite the scale of the challenge, the vast majority of new born infants receive a visit soon after birth. However a minority do not receive a visit and this is an area for further improvement. Equally keeping children engaged with health visiting services for 12 month and 2.5 year visits is another area where progress needs to be continued. Both of these will help identify issues during a child's early years and enable the most appropriate assistance to be provided to ensure that all children gain the best start in life.</p> <table border="1"> <thead> <tr> <th colspan="2">Health Visiting 2014/15</th></tr> </thead> <tbody> <tr> <td>14 day visits</td><td>2014/15</td></tr> <tr> <td>Total number of infants who turned 30 days in the year</td><td>16208</td></tr> <tr> <td>New birth visit within 14 days</td><td>79%</td></tr> <tr> <td>New birth visit after 14 days</td><td>15%</td></tr> <tr> <td>No Visit</td><td>6%</td></tr> <tr> <td>12 Month Visit</td><td>2014/15</td></tr> <tr> <td>Total number of children turning 12 months in the year</td><td>17103</td></tr> <tr> <td>% having visit at 12 Months</td><td>60%</td></tr> <tr> <td>% having visit by 15 months</td><td>71%</td></tr> <tr> <td>2 and Half year Visit</td><td>2014/15</td></tr> <tr> <td>Total number of children aged 2.5 years, in the year</td><td>17450</td></tr> <tr> <td>% receiving visit</td><td>62%</td></tr> </tbody> </table> <p>Source: Public Health 2015</p>	Health Visiting 2014/15		14 day visits	2014/15	Total number of infants who turned 30 days in the year	16208	New birth visit within 14 days	79%	New birth visit after 14 days	15%	No Visit	6%	12 Month Visit	2014/15	Total number of children turning 12 months in the year	17103	% having visit at 12 Months	60%	% having visit by 15 months	71%	2 and Half year Visit	2014/15	Total number of children aged 2.5 years, in the year	17450	% receiving visit	62%
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Performance/Quality	<p>A report by England's Chief Inspector of Hospitals, Professor Sir Mike Richards, has judged the quality of care provided by Birmingham Community Healthcare as 'good'.</p> <p>The Care Quality Commission (CQC) inspection, which took place between 23 and 27 June, found the Trust was well led, effective, responsive, caring and safe, rating the trust as 'good' overall.</p>																										

Family Nurse Partnership	
Current Provider	Birmingham Community Healthcare NHS Foundation Trust
Aim of service	<p>The FNP is a preventive programme which aims to enable first time young parents to:</p> <ul style="list-style-type: none"> improve their pregnancy outcomes so that their baby has the best start in life improve their child's health and development by developing their parenting knowledge and skills

	improve parents' economic self-sufficiency, by helping them to achieve their aspirations (such as employment or returning to education)
How service is organised/delivered	The Family Nurse Partnership is a maternal and early year's public health programme, which is targeted at teenage parents. It comprises of a programme of structured home visits which are delivered by highly trained nurses and start in early pregnancy, continuing until the child's second birthday. There are 21 family nurses based in 4 teams across the city. Referrals predominantly come from midwives.
Service usage/engagement	The service is commissioned to deliver support for 520 young parents per year.

Pregnancy Outreach Workers (POWs)	
Current Provider	Gateway Family Services
Aim of service	The aim of the service is to improve the health outcomes of both mother and baby by increasing engagement with antenatal services.
How service is organised/delivered	The Pregnancy Outreach Worker (POWs) service works with women who are identified as having a social risk. The main source of referrals for this service is midwifery. Additional support of this nature improves women's mental health, which in turn has a positive impact on the child. Pregnancy Outreach Workers deal with issues including: isolation, poor housing, domestic abuse, past or present mental health issues, missing antenatal appointments and problems linked to being new to the country. There are seventeen FTE POWs in Birmingham who predominantly deliver their services via home visits.
Service usage/engagement	This service is commissioned to work with 400 women per year.
Performance/Quality	The service continues to achieve contracted outputs and outcomes.

Breastfeeding Peer Support service	
Current Provider	Health Exchange
Aim of service	Breastfeeding peer support aims to improve breastfeeding initiation rates and 6-8 week breastfeeding rates.
How service is organised/delivered	Evidence shows that breastfeeding promotes health and prevents disease in both the short and long term for both infants and mothers. One advantage this service offers is that the supporter will often have experiences similar to those women being supported and comes from the same community. Breastfeeding support services are delivered through hospitals; Heartlands, Birmingham Women's Hospital and Sandwell and Birmingham. There are presently twenty-one FTE posts providing this service.
Service usage/engagement	The service works with 1000 women per year.
Performance/Quality	The service continues to achieve contracted outputs and outcomes.

Healthy Start Vitamin co-ordination	
Current Provider	Birmingham Community Healthcare NHS Foundation Trust
Aim of service	Healthy Start is a UK-wide government scheme which aims to improve the health of pregnant women and families on benefits or low income.
How service is organised/delivered	Growing children, especially those not eating a varied diet, often don't get enough vitamin A, C and especially vitamin D. Given the UK climate, the geographical position of Birmingham, the ethnic mix of the population, the high proportion of women who cover most of their skin when outdoors, and

	<p>the low number of dietary sources of vitamin D, the only practical way to tackle vitamin D deficiency is through supplementation.</p> <p>Families are provided with vouchers to spend on cow's milk, fresh or frozen fruit and vegetables and infant formula milk. It also provides pregnant women, new mothers and young children on the scheme with free Healthy Start vitamins.</p> <p>In Birmingham, Public Health currently fund universal free distribution of Healthy Start Tablets for all women who are pregnant and up to the baby's first birthday, and Healthy Start vitamin drops for children under 4 years old, living in Birmingham. Healthy Start Vitamins are provided via Children's Centres, Pharmacies, Health Visitors and Midwives, amongst other locations.</p>
Service usage/engagement	All pregnant women.
Performance/Quality	The service continues to achieve contracted outputs and outcomes.

Startwell	
Current Provider	Birmingham Community Healthcare NHS Foundation Trust & Billesley Primary School
Aim of service	Startwell is an award programme that has 3 levels that will enable settings to make and embed changes in their practice to ensure that children have opportunities to participate and learn about healthy eating and physical development.
How service is organised/delivered	<p>The Startwell programme offers a range of support that has been designed to improve the knowledge, skills and confidence of early years professionals, and is tailored to each early years settings.</p> <p>Settings will receive support from Children's Centres and Startwell consultants to work towards the Startwell programme and achieve level 1 of the award. Training and resources will be provided to settings to support them. Startwell will be discussed regularly at locality early years network meetings.</p>

Parenting Support services: Foundation Years Parenting Support	
Current Provider	Birmingham City Council
Aim of service	The aim of the service is to improve parenting skills.
How service is organised/delivered	<p>The Foundation Years Parenting Support Team work to deliver and support delivery of a range of evidence based early year's interventions. The services include:</p> <ul style="list-style-type: none"> • Delivery and support for a range of speech, language and communications activities within the early years setting and in family homes on a one to one and group basis; • Targeted parenting support, in particular delivery of the Incredible Years Parenting programme; • Training and support to practitioners to deliver high quality parenting support programmes; and <p>Targeted support to groups not engaged with local services, for example, families of prisoners.</p>

Home Visiting Service	
Current Provider	Home-Start
Aim of service	To provide support to isolated families where there is at least one child aged under 5

How service is organised/delivered	<p>There are currently six home-visiting services provided by Home-Start which are commissioned by the Council. The service supports families with at least one child under 5. Referrals are received from a range of professionals. Families can self-refer.</p> <p>Trained parent volunteers offer 1-1 home-visiting support to families, including:</p> <ul style="list-style-type: none"> • Advising families about how to maintain a safe home environment • How to manage children's behaviour • Developing parenting skills • Promoting healthy lifestyles <p>These projects attract additional funding from NHS, by fund raising and by some small commissions from other service providers (Children's Centres).</p>					
Service usage/engagement	2015/16 April - September	Families	Children	Home Visits	Child Protection Plans	
	Bartley Green & Quinton	45	113	514	5	
	Birmingham North West	37	51	88	7	
	Castle Vale	24	153	122	13	
	Cole Valley	72	150	118	6	
	Stockland Green	150	315	286	17	
	Northfield	53	71	193	15	
Performance/Quality	The services consistently over achieve against contracted outputs and outcomes.					

Early Years Short Breaks	
Current Provider	KIDS
Aim of service	<p>The aim of the service is</p> <ul style="list-style-type: none"> • To build capacity within Children's Centres to support children with a disability or complex need, • 2 To provide time limited support to Children's Centres to develop inclusive services children with a disability or complex need. • Provision of specialist short breaks for children with a disability.
How service is organised/delivered	<p>The Early Years Short Breaks service is delivered in Children's Centres and at the provider's base in Wylde Green.</p> <p>Early Years Short Breaks is integral to holistic packages of specialised support for babies and very young children with highly complex needs, their siblings and their parents/carers. It is not available from any other provider in the city. The on-site short break provision is all about coordinated multiagency work with specialist health and education services and leading towards transitions either into universal settings or into specialised settings according to individual profile of needs of children.</p>
Service usage/engagement	The babies and children who access the Short Breaks service are some of the most vulnerable children in the city because of their age and the complexity of their needs, and, for some, the complexity of their family circumstances as

	well. All of the children require a range of specialised education and health services according to their individual profile of needs.
Performance/Quality	The service continues to achieve contracted outputs and outcomes.

Pre-school Playgroups and stay and play (unregistered settings)	
Current Provider	various
Aim of service	To provide access to play opportunities for children whose parents are less likely to require childcare.
How service is organised/delivered	There are approximately 250 *unregistered playgroups and stay and play sessions across the city. Previously the Council has commissioned the Pre-School Learning Alliance to provide support to these settings but this was decommissioned in 2015. The groups are often parent organised and led and are run from a range of community venues including some children's centres. *unregistered because the frequency of the provision falls below Ofsted thresholds.
Service usage/engagement	Whilst accurate data is unavailable it is likely that several thousand children regularly access this provision, especially under 2s.
Performance/Quality	Data unavailable

Strengths and Limitations of the Current Service Map

Birmingham's Early Years Sector is well established, with a number of providers having delivered services for a number of years. The quality of the current services is generally good and the level of complaints about services low.

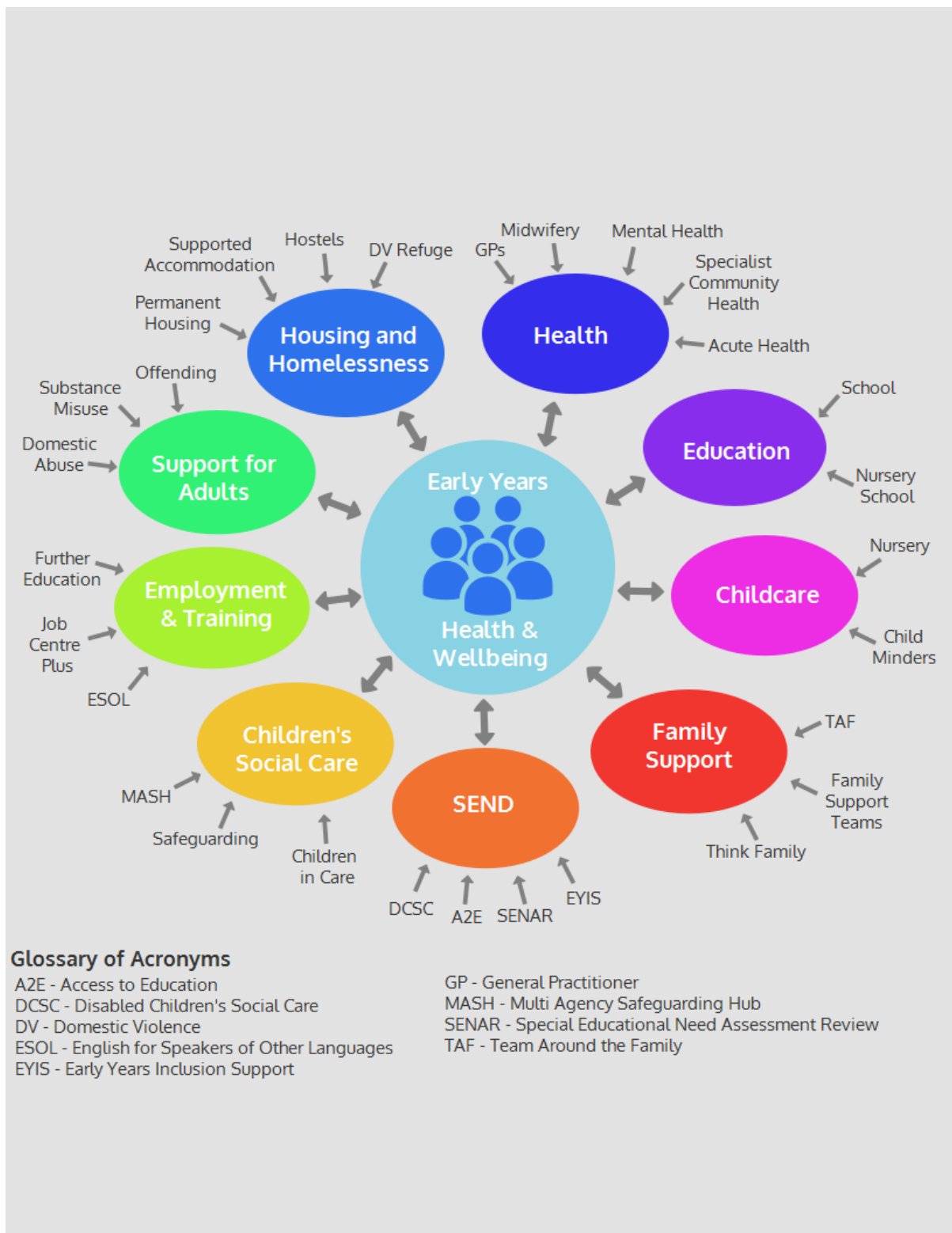
The service uptake figures show that whilst many children do access the services that are available a significant percentage do not. This highlights potential problems with the accessibility and reaches of current services and could indicate that some of our most vulnerable preschool children are missing essential services.

The review of services provided above also reveals that there is a considerable overlap between the aims and target groups supported. This indicates that there is likely to be a high level of duplication between services which is not efficient and can be confusing for children and families to navigate.

The above service descriptions do not show the diversity of working arrangements that exist at a local level and the variance in practice quality. In some areas health visiting services and children's social care teams have already co-located with children's centres on education sites to provide a fully integrated model, in other areas practice is still disconnected and referral links are poor. This has led to an inconsistency in terms of the service offer and delivery which in turn has contributed to the inequality of outcomes for children and families during their Early Years.

The Current Service Map in Context

The range of current services operate as part of a broader model of inter-agency working arrangements with children's social care, early years and primary education, health services including midwifery services and Think Family, and providers of services for adults affected by domestic abuse, substance misuse, mental health, housing and homelessness and offending.



Wider service engagement

The new Early Years Health and Wellbeing Offer will form part of the early years system placed within the broader landscape of universal, targeted and statutory services that are essential to keep children and families safe and healthy. At its core, it will be a requirement of the service specification that the new offer fully exploits all opportunities to co-ordinate, collaborate and integrate with early education and child-care in order to create a coherent and effective early years system. It will also

be a requirement of the service specification that the new offer engages with a wider range of health partners, Children's Social Care, Job Centre Plus, and a range of adult lifestyle services.

Early Years and Childcare

The Childcare Act 2006 places a duty on the Local Authority to ensure sufficient, affordable, high quality childcare provision is available to parents in employment and training. The BCC Early Years and Childcare (EYCC) Service is responsible for providing support to improve the quality of early years and childcare provision ensuring that statutory requirements as outlined in the Early Years Foundation Stage Framework that includes best practice in safeguarding are met. Furthermore, the service commissions partner organisations to offer additional identified support for settings, and also manages the implementation of Nursery Education Funding from Central Government.

Currently there are over 2000 Private, Voluntary and Independent (PVI) early years and child care settings. The team of EYCC Early Years Consultants (EYC) work closely with the settings and provide statutory support, advice and challenge to improve and maintain and monitor quality in settings where the Ofsted rating is either "requires improvement" or "inadequate".

Early Education Entitlement

All three and four-year olds, and 2 year olds who meet specific criteria, are entitled to 15 hours of free early education per week for 38 weeks of the year. Childcare providers who are rated Good or Outstanding by Ofsted automatically become eligible to offer early education entitlement places on behalf of the local authority. Childcare settings that are rated as satisfactory are required to work with the local authority to improve standards and can provide places whilst doing so, with an expectation of improving standards at the time of the next inspection. Inadequate providers will not be able to offer early education entitlement funded places. Places will only be offered for 2 year old eligible children in settings rated good or outstanding by Ofsted, and in those rated as satisfactory only in areas where there are insufficient places. This is in recognition that it is only good quality childcare provision that has a positive impact on a young child's outcomes. There will be a role to support childcare providers in implementing the introduction of the 2 year old checks, a new requirement within the revised EYFS for nurseries, pre-schools and child-minders to give parents a short written summary of their child's progress around the age of two..

Early Years Inclusion Support

The Early Years Inclusion Support teams (the Early Support Service and the Area SENCO Team) are specialised teaching teams with responsibility to ensure babies, young and pre-school children with special educational needs and/or disabilities (SEND) receive timely assessment, early educational support for their complex learning and developmental needs, and coordinated multiagency (TAC) support, either at home or in the local settings they attend.

Intervention is delivered in accordance with the principles of the Early Support Programme and graduated approach outlined in the Special Educational Needs and Disability Code of Practice 0-25 (Department for Education and Department of Health January 2015). The early educational support leads towards school placement and, where necessary, includes statutory EHC needs assessment working closely with Educational Psychology, SENAR and other A2E and health teams as required. The teams work in liaison with DCSC, Health Visiting and family support teams to ensure that children and families are appropriately supported and to ensure children are safeguarded within the principles of the Early Help strategy and 'Right Service Right Time' framework.

Access to Education (A2E)

Access to Education works within the Local Authority as one integrated organisation bringing together those teams working to support children and young people with additional educational

needs; Communication/Autism (CAT), Education Psychology, Physical Difficulties Support, Pupil & School Support and Sensory Support.

Health Services

Alongside the inclusion of health visiting, breastfeeding peer support and family support services (including pregnancy) as key partners in the new offer it is expected that there will be closer working with other health services. This will be especially with G.P.s and midwifery services but also other health service providers such as adult and children mental health services, specialist community health services and acute health providers such as Birmingham Children's hospital.

Children's Social Care

The Council's top priority is protecting and promoting the welfare of Birmingham's children. The Improvement Plan for Early Help and Children's Social Care (2015 to 2017) describes the ongoing progress made over the last 2 years for which the current health and wellbeing services make a significant contribution:

- better assessing children's needs when they are referred for help through improved screening and purposeful partnership working with MASH.
- taking a third more referrals about children needing help from October to December 2014 when compared to the same period in 2013 as a result of our work with partners to tackle unidentified risk. Partners support the achievement of actions required for statutory and other plans.
- delivering Think Family (DCLG troubled families programme) targets.
- agreeing a multi-agency Early Help Strategy with partners, alongside a new multi-agency agreement about levels of need for children – Right Service, Right Time.

Table 6

Vulnerable Children under 5 by Current Address

rate per '000 children under 5

District	Rate/'000	Count
Edgbaston	14.3	95
Erdington	18.0	141
Hall Green	8.8	89
Hodge Hill	8.8	115
Ladywood	12.8	148
Northfield	18.0	134
Perry Barr	9.4	81
Selly Oak	19.2	126
Sutton Coldfield	6.7	34
Yardley	11.5	103
Total	12.4	1066

Source: BCC January 2016

Think Family

Birmingham's Think Family programme helping troubled families (table 6) and the number of vulnerable children (table 7) highlights the scale of referral to universal plus and more intensive services for under 5s. The Think Family data focuses on issues associated with the under 5, rather than whole family issues and is a snapshot over the last year, while the vulnerable children is a combination of all children currently known to Children's services.

Table 7**Think Family Interventions with Under 5s (Apr15-Mar16)**

Area	Under 5s (Count)	Under 5s as proportion of all
Edgbaston	67	6%
Erdington	159	9%
Hall Green	48	7%
Hodge Hill	106	9%
Ladywood	139	7%
Northfield	136	8%
Perry Barr	72	7%
Selly Oak	69	10%
Sutton Coldfield	15	6%
Yardley	90	6%
City	903	7%

source: BCC Think Family programme 2016

Employment and Training

There is a duty for Jobcentre Plus, as a relevant partner, to work together with the Council in the arrangements for improving the well-being of young children and securing integrated early childhood services. Through links to Jobcentre Plus parents are able to access employment support and advice; improve their skills, employment prospects and financial situation; for example, through local skills and training providers, voluntary organisations and volunteering, debt advice and other services, depending on the needs of their communities. Local authorities should give consideration to the local childcare market and to their duty to secure sufficient childcare, as far as is reasonably practicable, for working parents or parents who are studying or training for employment.

Support services for vulnerable parents

Adults' behaviours and health can be directly harmful to the health and wellbeing of children. Parents who are experiencing domestic abuse, have poor mental health, are misusing alcohol and drugs require support to address these issues to improve their own health and safety but also to improve the life chances of their children. There are a range of services available to support parents which early years health and wellbeing services must be connected to, or able to refer to as needed. The Council commissions services for substance misuse treatment, parents and children affected by substance misuse, support for adults experiencing mental ill health.

Homelessness and Housing Support

Securing and maintaining suitable and affordable housing is a key concern for many families living in Birmingham. The absence of a stable and secure base to raise a family within can have a significant impact on the outcomes that children achieve. Currently there is a strong correlation between poor outcomes for children and areas of high social housing stock in Birmingham which points to a potential need to strengthen the Early Years offer into these areas and work more closely with housing providers.

Similarly families living in temporary accommodation either because they have experienced homelessness or because they have newly arrived into the country are amongst the most disadvantaged in the city. Many are required to move regularly and at short notice to retain accommodation, this compromises their ability to maintain links with key universal and specialist

services which may become too far to travel to as a consequence. It is critical that the providers of Early Years Services work proactively with families in this position to ensure that they do not lose links to essential services.

Section Five: What have children and families told us are important to them during their early years?

Outcomes for children and families are at the heart of our ambition for an excellent Early Years Health and Wellbeing Offer.

Key to the development of this Commissioning Strategy has been securing an understanding of the perspective of parents with children in their Early Years to ensure that our new service offer is relevant and appropriate to their needs and service preferences.

To secure views from all stakeholders a 90 day period of consultation was held from 30 November 2015 until 28 February 2016. The consultation documentation was made available to all Birmingham Citizens via Beheard and circulated via social media, local stakeholder groups, interested parties and Children's Centres.

The consultation received 3428 completed questionnaires of those 1428 were from parents of children aged 4 or under and expectant parents.

The consultation secured the views of parents in response to a number of key questions. Their responses are summarised below:

- ***Our vision is to provide every child with an equal chance to have a really good start in life. To what extent do you agree with this vision?***

87% of parents with children in their early years indicated they agreed/strongly agreed with this vision. Some parents voiced concerns about positive discrimination initiatives which they felt could disadvantage some children who did not fall within specified target groups.

To realise this vision training for staff around autism and disabilities and improved understanding and support for children with difficulties/disabilities was cited by parents as important.

Some parents expressed concerns about the potential impact of service cuts or closures on our ability to deliver the vision.

- ***To what extent do you agree or disagree, with our proposals for a 'Universal Offer'***

68% of parents with young children agreed or strongly agreed with this statement. Parents supported a strong 'Universal Offer' to complement targeted service delivery.

- ***To what extent do you agree, or disagree, with the proposal to have 'universal plus' services targeted at children who need more support***

For parents of younger children 73% agreed. There was a general consensus that people who needed support should receive it. Some however did not want this to be at the expense

of those who would like more help but were not assessed as requiring it or were considered to be doing well.

To what extent do you agree, or disagree, with the Council's proposals to have a 'single system' with a lead agency?

68% of parents with young children supported this proposal. Some parents felt however that the task could be too big for one agency to manage and would simply add bureaucracy. There was strong support from parents for services to be delivered in their community by local services.

- **To what extent do you agree, or disagree, with the Council's proposal to support local self-help services run by families for families?**

61% of parents supported the development of parent led groups recognising that they could provide valuable additional support and help particularly for those who were isolated or first time parents. However, there was concern that a peer led only group may disseminate poor advice or information and safeguarding issues would not be identified. Some parents expressed reluctance in leading such a service because they did not want the responsibility and stated that they may be uncomfortable if support was not available for them.

To what extent do you agree, or disagree with the Council's proposal to deliver services in places that children and families use most regularly?

78% of parents were in favour of this and agreed that access should be made as easy as possible by utilising local services and community venues. It was suggested that children centres were vital community hubs and maybe best placed to house other services. Additional utilisation of other settings such as GP surgeries was welcomed. Settings must be safe, accessible and well-advertised.

Health and Wellbeing Services

The following services ranked in the top three most important services from the listed services:

- High quality advice and information to children and families
- Help for children and families to access Early Years Services
- A range of services to meet the needs of local children
- The least important services were identified as advertising of local Early Years services and support for the development of local self-help services run by families for families.

Children's centres were consistently cited as being valued, supportive and already working in partnership with other services to offer a holistic and whole family approach. Parents suggested that children centres could offer the opportunity to bring services together in one place.

In addition to the formal consultation a series of focus group sessions have been held with interested parents and the following supplementary information about what is important to a parent/expectant parent was secured:

- The importance on parents wellbeing of meeting and socialising with other parents

- Children's centres were again referred to as being beneficial for both the contact and support it provides – it is felt to be a safe and secure environment
- Children's centres allows for greater integration and for parents and children's to mix with people from all backgrounds and cultures which is important and doesn't always happen in parents/community groups
- Some more resources should be aimed at the health and wellbeing of parents. If support is given to parents, particularly mothers, to help main a healthier life style and lose any weight gained by pregnancy by being able to attend exercise classes during and after pregnancy. Maintaining the health of parents is paramount to the health of their children.
- The need to ensure there are a spread of parent led groups across the City, it is highly likely that these groups will run in the more affluent parts of Birmingham and not in the areas that need them the most
- If money was to be spent on training etc. for the parents running the groups would this make financial sense? Some parents may be doing this for a short period of time before they return to work/take up work. Therefore, would parent groups actually save money?
- If services are targeted parents may be more reluctant to attend in fear of being judged as a bad parent
- Clear support for retaining what's working well
- Opportunities to involve parents more in running elements of the Early Years offer supported by professionals

Section Six: Needs analysis

An early years offer is being developed focusing on the health and wellbeing of children and parents. A needs assessment has been conducted to provide part of the evidence base in shaping that offer.

The analysis uses data on the demographics of Birmingham and population projections to give a picture of the potential demand for service both now and in the future.

It also provides information about the factors for the child, family and community they live in that are evidenced to impact on the outcomes that a child achieves to inform how services should be organised and targeted in the future.

Section Seven: Drivers for Commissioning

The previous sections provide an array of information and data to arrive at a range of drivers to inform and influence the commissioning of the Early Years Health and Wellbeing Offer. These are:

- Improving outcomes for children and families
- Increasing parents resilience, skills and employability

- For services to be delivered with the child by the parent supported by professionals
- Improving inclusivity and diversity
- The level of cost prevention offered by client groups
- Demand for services from different cohorts of parents and communities
- Addressing inconsistencies in service provision
- Seeking added social value from contracted spend
- Relevance to and delivering the city's priorities

One of the Council's broad goals, as listed in section one, is safety and opportunity for all children:

- Every child having a fantastic childhood and the best preparation for adult life. Children will benefit from an integrated, inclusive early years and health service, and be well prepared to start formal education.
- Families and children receiving targeted help as early as possible to overcome whatever issues are in their way and, if needed, with a team of great social workers and specialists to help the child and their family further.
- Preventing family breakdown. We seek to support disadvantaged families through a range of interventions so that their children can thrive. We want to target support to families so that where they are struggling we can help them to improve their parenting skills so that children are safer and can thrive. Working in this way will help reduce conflict within families and the need for children to come into care. We also want to ensure that we support adults into work through providing appropriate support and advice, underpinned by sufficient, quality, flexible and affordable child-care

Managing Demand

To pursue the vision and to better meet the changing needs of the city, we are improving our understanding of what drives the current and future demand for services, with a view to reducing that demand and reducing spend.

For example we need to:

- Intervene earlier to prevent the need for more expensive services later
- Consider whether others are better placed than the Council to deliver more effective and more cost-effective services
- Look at ways of working together, either in terms of Council departments or across a range of agencies, to improve services outcomes and reduce costs
- Encourage self-service where this is appropriate, particularly where this enables appropriate action to be taken more promptly
- Actively plan to avoid unnecessary service pressures and support people to be more independent
- Provide better access and reduce multiple contacts – getting it right first time

Section Eight: Commissioning Intentions

The options considered for future commissioning of a new health and wellbeing offer need to ensure that resources are directed to those children and families most vulnerable and in need. The offer we make to parents and families must be clear and easily understood and must be:

- To create a service model, which puts children at the heart and parents at the helm
- To create a service model which is well connected to local communities, which utilises and builds upon community capacity and assets and reflects well local issues and need
- To create an integrated service model within which services work in collaborative partnership for the benefit of children and families
- To create an inclusive service model, which promotes access for all children and families to the universal services available to them
- To create a preventative service model which identifies and responds to needs at the earliest opportunity and builds resilient families able to grow and thrive without the need for statutory support services.
- To create a targeted service model which ensures that the level of resources a receives is in line with their level of need and which works proactively to promote take up of services by the most vulnerable and hard to reach groups.
- An accessible service model which is valued by children and families and operates in locations children and families use the most and at times to promote choice and maximum service uptake
- To create a service model which is focused on and delivers real outcomes for children and families, ensuring that no child is lost to the system either during their Early Years or in transition to the broader network of support services.
- To create a service model which reflects good practice at a local and national level, ensures compliance with relevant professional, technical and legal guidance and promotes innovation
- To create a service model which is sustainable and cost effective, which reduces duplication, maximises resources for direct delivery and provides financial stability for service providers within the constraints of the available budget.

In determining the best arrangements locally to meet local needs, value for money and the ability to improve outcomes for all children and families, especially families in greatest need of support, should be important guiding considerations. Birmingham City Council is intending to commission organisations that have a track record of supporting children and families and achieving sustainable outcomes.

A Proposed Set of Outcomes and Measures for the Early Years Health & Wellbeing Offer

Introduction

The assessment of need for an integrated Health & Wellbeing Offer in an Early Years system is presented in Section 6 of the Commissioning Strategy. It is clear that we need to influence family health and wellbeing to improve Children's outcomes. The assessment reviews the influence of three broad areas on the child's Health & Wellbeing and development of physical/social/emotional/intellectual capabilities in readiness for a life of learning. These are:

- a) The family's economic circumstances, including the impact of worklessness and low income

- b) An environment that nurtures the child's physical, social, and emotional development through relationships with adults, especially parents, and opportunities to socialise with other children; and
- c) Adequate opportunity for structured play and learning to develop intellectual skills, especially communication

This proposed set of outcomes draws upon the work of the UCL Institute of Health Equity following the Marmot review¹ and The Children & Young People Health Outcome Forum². The outcomes are grouped to reflect the three broad areas of influence outlined.

The Vision and Overarching Outcome

The vision for the Early Years is "To give every child in Birmingham an equal chance to have the best start in life so they can achieve their full potential". The overarching outcome that best reflects this is one that captures an aspiration for children to be ready for their life of learning. In essence this is a measure that captures their readiness for school (**Outcome Area 1**). It is important to recognise that achieving this is dependent upon the successful implementation of the full Early Years System model, including the Early Education Entitlement offer - and the access of children who have, or are likely to have, special educational needs and /or disability to this and social and early educational inclusion in their local communities.

The Early Years System Outcomes

Outcomes, by their very nature, are not the same as service outputs and can be achieved by the efforts of a number of contributors. Hence it would be difficult to hold the Early Years System responsible for a beneficial change in family's economic situation but there are opportunities which can be used to assist a family towards that goal and this should be identified in the local offer made to families in partnership with other more responsible agencies or employers. This is the basis upon which **Outcome Area 2** is included.

However there are some areas of activity of the Early Years System that can be very influential in delivering the aim and vision and Outcome Area 1. These areas have been influential in shaping the remaining nine Outcome Areas.

Outcome Areas 3 & 4 are concerned with the development of the communication, social, and emotional skills of children during their Early Years. The measures are a mix of the currently available and the potential for measurement by the introduction of a 3.5 year assessment.

Outcome Areas 5 & 6 reflect the importance of children's' relationships with parents and the influence of these relationships have on Outcome Areas 3 & 4.

Outcome Areas 7, 8, 9, & 10 reflect the importance of what happens around the child in the womb and the home. **Outcome Areas 7, 8, & 9** are important factors in pregnancy and the new born period while outcome Areas 7 and 10 are important throughout the Early Years period.

Low birth weight (**Outcome Area 8**) is a serious issue that is discussed in more detail in the assessment of need but it increases the threat to survival in the perinatal and infant periods. However the role that the Early Years system could expect to play in first pregnancies is very limited.

¹ Marmot, M. (2010) *Fair Society Healthy Lives, The Marmot Review*;

² Report of the Children and Young People's Health Outcomes Forum *Children and Young People's Health Outcomes Strategy (2012)*

However there are opportunities to work with parents of first born children, especially if that child had a low birth weight, to reduce the influence of known parental behaviours on this in subsequent pregnancies. Hence the outcome measure is related to non-first born babies.

Safeguarding (**Outcome Area 11**) is an important golden thread of the contribution that the Early Years system makes to the Early Help & Safeguarding System. Improving outcomes in this area is dependent upon a number of partnering arrangements and the focus of other assurance systems of the Birmingham Safeguarding Children Board. Hence the outcome described here reflects a very specific measure to link into that assurance framework. Safeguarding has a separate section in the service specification which details the expectations on the provider.

	Outcome area	Measureable Outcomes for the Early Years System	Measures Proposed
1	Early learning	Children are developing well and are ready for school.	<ul style="list-style-type: none"> A. Early Years Foundation Stage (EYFS) Good level of development overall B. An increasing proportion of 2, 3 and 4 year old children are accessing the flexible free entitlement to EEE across the city
2	Low income households with under fives	<ul style="list-style-type: none"> 1. Parents are improving their basic skills, particularly in literacy and numeracy 2. Parents are working without the need for additional benefits 	<ul style="list-style-type: none"> C. Proportion of 2 yr olds eligible for targeted Early Education Entitlement
3	Communication/speech and language development	<ul style="list-style-type: none"> 3. Children are developing age appropriate comprehension of spoken and written language. 4. Children are building age appropriate use of spoken and written language. 	<ul style="list-style-type: none"> D. EYFS Communication Strand Good level of development for 4/5 year olds E. ASQ measure and EYFS Communication Strand from integrated two year check F. ASQ measure and EYFS Communication Strand from proposed integrated three and a half year check.
4	Personal social and emotional development	<ul style="list-style-type: none"> 5. Children have age appropriate self-management and self-control 6. Children are engaging in age appropriate play 	<ul style="list-style-type: none"> G. EYFS PSE Strand Good level of development for 4/5 year olds H. ASQ measure and EYFS PSE Strand from integrated two year check I. ASQ measure and EYFS PSE Strand from

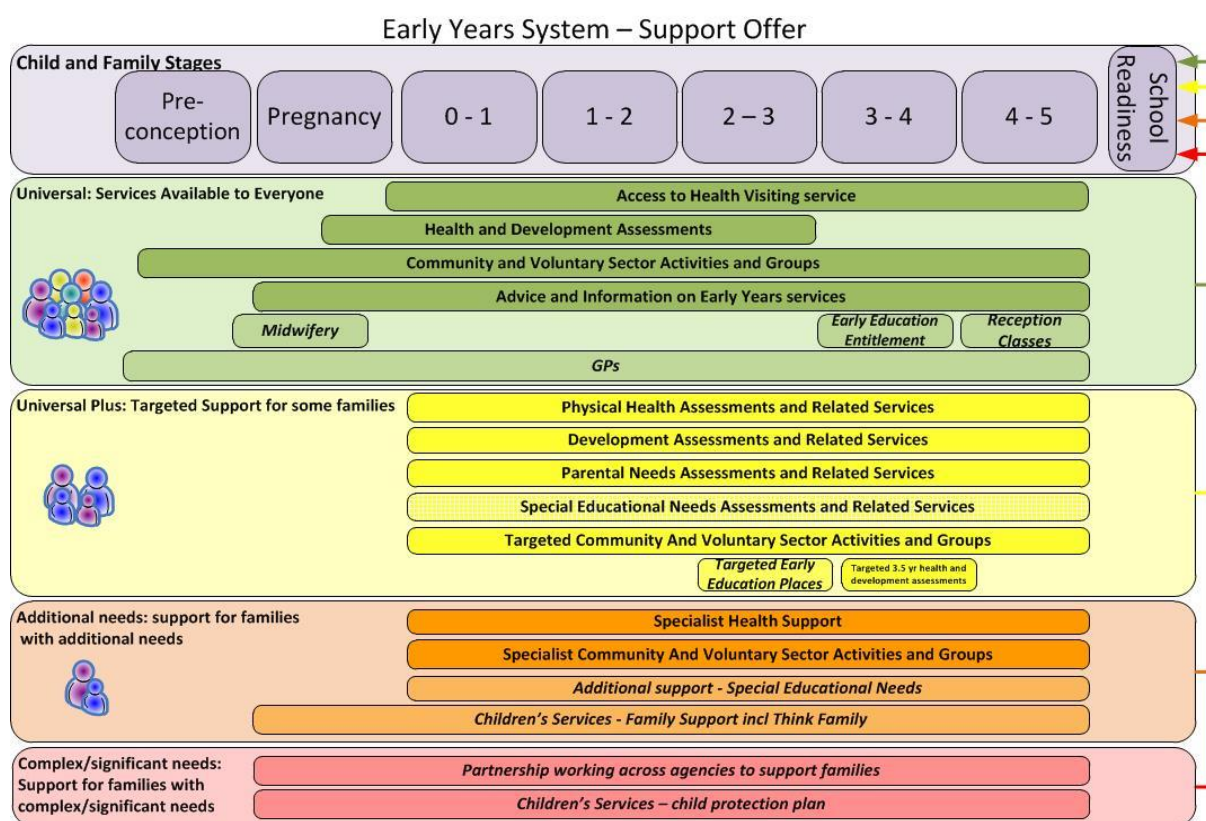
			proposed integrated three and a half year check
5	Parenting	<p>7. Parents are increasing their knowledge and application of good parenting</p> <p>8. Parents are regularly engaging positively with their children</p> <p>9. Improved parental responsiveness and secure parent-child attachment</p> <p>10. Parents are setting and reinforcing boundaries</p> <p>11. Parents are regularly talking to their child using a wide range of words and sentence structures, including songs, poems and rhymes</p> <p>12. Parents are reading to their child every day</p>	<p>J. Attachment assessment at 6-8 weeks</p> <p>K. ASQ:SE at 2.5 yr assessment</p> <p>L. Parenting Daily Hassles questionnaire</p>
6	Parental mental well-being	<p>13. Parents have good mental wellbeing</p> <p>14. Parents are experiencing lower levels of stress in their home and in their lives</p>	<p>M. Whooley questions as recommended by NICE</p> <p>N. Use of Edinburgh postnatal depression scale following Whooley questions</p> <p>O. Use of Parenting Daily Hassles questionnaire in families identifying difficulties.</p>
7	Smoking in pregnancy and childhood	<p>15. Children are born to mothers who don't smoke</p> <p>16. Children live in smoke free homes</p>	<p>P. Smoking at delivery</p> <p>Q. Smoke-free home at birth and at the 2.5 year check – health visitor collection</p>
8	Low birthweight	17. Non first born children are born at a healthy weight	R. Non first born children weighing <2.5kg at birth
9	Breastfeeding	18. Children are breastfed at birth and at 6-8 weeks	S. Breastfeeding audit data at birth and 6/8 weeks
10	Excess weight of children	19. Children are a healthy weight	<p>T. 2 ½ year assessment height and weight (BMI) measurement</p> <p>U. Child measurement programme BMI at Reception year</p>

11	Safeguarding	20. Children are protected from significant harm and their development and wellbeing are promoted	The Locality Early Years Offer submits a Section 175 audit to the Safeguarding Children Board annually Attendance at CP conferences.
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The model for a Whole System Approach

Integrated

The offer aims to provide a 'joined up' integrated service, bringing together health, education and social care so parents can have one point of contact rather than having to access a range of organisations. It will work closely with other services which help children and families such as GPs, hospitals, schools as well as voluntary groups. In addition there will be clear links to programmes such as Think Family.



Evidence suggests that the following universal services (i.e. available to all families who wish to make use of them) make a difference to children and families, when delivered in an integrated manner:

- High quality, inclusive, early learning and childcare
- Information and activities for families
- Adult learning and employment support
- Integrated child and family health services

Targeted

There will be targeted support for some families who have identified needs that may require an intensive or substantial package of support, but the concerns can be managed without the need for specialist or statutory intervention. This is premised on a universal service with paths for targeted support.

Delivered in the places children and families use the most

The new model will seek to provide access to services via a range of different venues in local communities. This will include children's centres, health centres, schools, community venues and other places which families can easily access and feel comfortable in using.

Responsive to the needs of local communities

While most services will be provided city-wide there will be local differences to ensure that services are responsive to issues which are more prevalent in some areas, or to meet the needs of different groups.

Maximisation of resources for direct services to children and families

The intended move away from a wholly building based service will allow for the available resource to be invested in direct work with children and families to maximise achieving positive outcomes.