

Birmingham Forward Steps

Progress Report

Health & Wellbeing Board, March 2020



Best Care
Healthy Communities

Background

- This progress report provides a short update for the Birmingham Health & Wellbeing Board on the delivery of **Birmingham Forward Steps** – the universal and targeted early years partnership for the city.
- Birmingham Forward Steps provides universal health and wellbeing services for children aged 0-5 years and their families. The service aims to support children to achieve the best possible start in life delivering the national Healthy Child Programme and a range of supporting services and activities for children and their families. The service aims to be **community-based and family-centred**.
- Birmingham Forward Steps aims to serve the c. 86,000 **children aged 0-5 years** in the city (7.6% of the population).
- The service is **commissioned by Birmingham City Council** as part of the Public Health Programme and Early Years Offer. The current contract commenced in January 2018 for 5 years plus the option to extend for a further 2.
- The service is **provided by a partnership** of BCHC, Barnardo's, Spurgeons, The Springfield Project and St Paul's Community Development Project. The service brings together the NHS health visiting service with Children's Centres and a range of family support and early years worker provision. We also work with Homestart, KIDS, Thrive and Early Years Alliance to deliver our services.
- The service is **delivered in 10 Birmingham districts** and operates on a local authority resident (rather than a GP registrant) basis. It includes c. 20 children's centres plus staff working from health centres and primary care bases. c. 500 staff work across the 10 districts.
- The service has an annual **budget** of c. £33m



The Wider BFS Offer

- Birmingham's BFS Children's Centres are delivering a range of preventative and early intervention services to children and families in the city. The BFS Children's Centre staffing model and service provision offers a consistent service to the children and families across the city targeted to the areas of highest deprivation and the most vulnerable children and families.
- Our Children's Centres offer:
 - Parenting Programmes
 - HENRY programme and other healthy lifestyle support
 - Language through play groups and 1-1 services
 - Parental emotional wellbeing groups and 1-1 support
 - Ante-natal and breastfeeding support in groups and 1-1
 - Freedom Programme and 1-1 support around domestic violence
 - Volunteering opportunities and support
 - Employment and training support for parents
 - Targeted family support
 - Targeted stay and play provision
 - Specific services based on local need (i.e. English classes)
 - An action plan to increase the take up of EEE provision
- **KIDS** - providing group support to children with special needs and their parents/ carers including a range of workshops, advice, support and guidance.
- **HomeStart** - providing long term family support through their intensive volunteer support packages.
- **Early Years Alliance (EYA)** - supporting community-run stay and play groups across the city with advice and support around quality play provision, accessing funding, infrastructure development, partnership working, responding to families with needs, signposting etc..
- **Thrive Together Birmingham** - work with EYA to engage specifically with faith-based organisations.

Challenges

- Birmingham Forward Steps faces [a series of challenges](#). The service was established as a new model of care bringing together a range of services to deliver an innovative and integrated model. Whilst this vision remains the right one, getting it working well in practice has proved more challenging.
- As the 2018 Director of Public Health's report for Birmingham set out, Birmingham is [a young and diverse city](#): one in four children in the city live in poverty, many face poor housing conditions, childhood obesity is higher and immunisation rates are lower than the national average.
- [Health visitor recruitment](#) is a national challenge exacerbated by local pressures. At January 2019 the city has 162 WTE health visitors in post out of an establishment of 227 WTE. Caseloads are 443 compared to a fully-established plan of c. 350 and contain a high proportion of children at high risk (Universal Partnership Plus and Universal Partnership). Three districts face particular pressure: Northfield, Ladywood and Yardley.
- In September 2018, [Children's services at BCHC were rated "Inadequate"](#) by the Care Quality Commission largely as a result of pressures facing health visiting. In July 2019 the CQC imposed Section 31 conditions on the service including weekly reporting although these were revised in September 2019 to monthly reporting as a result of the response from the service. The service has been recently re-inspected in February 2020 and the CQC's assessment is awaited.
- [Data quality](#) and reporting issues have presented challenges that have had to be addressed in order to track progress on some key metrics e.g. breast feeding.
- The staffing pressures facing the service have [slowed down the full delivery](#) of the integrated service model across health visiting, children's services and family support and early years services.

Progress

- **Recruitment.** The service is on track to deliver additional health visitors resulting in c. 210 WTE health visitors by March 2021 in three phases: 20 newly qualified health visitors graduated in February 2020; 20 trainees commenced in November 2019; a further 20 trainees commenced in February 2020.
- **Council Employees.** Working closely with the Council and our partners we have resolved the long-standing issue of the transfer of c. 100 BFS staff from the Council to the partnership.
- **Managing Risk.** The service is prioritising the highest risk children using a team-level prioritisation matrix. In January we delivered the standard we had set for UPP children with 96% of visits completed for this group. Our next priority is UP (Medium) children and we delivered 86% of their checks in January.
- **Caseload Reviews.** As a next step we are reviewing caseloads within the most pressured districts to identify scope for partners in the system to help support health visiting teams to manage risk.
- **Service improvement.** The service has an improvement trajectory with which, if successful will see us meet standards for the five mandated visits by the end of 2020. In January we were on track with 4 of the 5 visits. The full partnership is supporting this improvement – commencing early years and outreach workers accredited to support the 2 ½ year check pathway from February 2020.
- **Engagement and leadership.** We have commenced a leadership development programme for BFS districts and teams and continue to engage fully with our health visitors.



Improving Outcomes

- There are a **number of positive outcomes** that BFS are in the process of delivering:
 - consistent city-wide delivery of early years services to support every child to achieve the best start in life, reducing the risk of fragmented care within Early Years.
 - improved delivery of the Universal health and development reviews (Healthy Child Programme)
 - wider engagement and take up of the Healthy Start scheme.
 - encouraging engagement and measuring effectiveness of the service on the first 2 years.
- A number of measures have been prioritised to support measuring the successful delivery of the BFS model. Measuring progress of individuals from **entry into the service and up till the point they are ready for school**:
 - Early Help Assessment (EHA)
 - Ages & Stages Questionnaire (ASQ) Early Education Entitlement (EEE)
 - Number of completed year 1 and 2 reviews completed by BFS Partners
- We continue to focus on making sure we are keeping children safe, and that they are able to access our services.



Oversight

- There are a set of organisational and system wide arrangements in place to ensure continued progress with improvement.
- Within BCHC, a monthly Children's Improvement Group drives progress reporting to the Quality & Safety Committee and every other month to the Trust Board.
- BCHC leads programme board to develop the integrated BFS service model and ensure delivery of our commitments to commissioners.
- At system level:
 - there is a fortnightly CCG-chaired group overseeing progress that includes Public Health and Council children's commissioning input;
 - contract meetings between BCHC and the Council continue to ensure progress with improvement;
 - the CCG has led quarterly more senior review meeting that have provided assurance of progress and an opportunity for partners to support improvement.



Next Steps

We have a clear view of the next steps we need to take to continue to ensure that we can provide a safe and effective early years service to children and their families. This includes the action set out here.

1. Continue to provide [short-term support](#) to our teams to minimise the risk to children especially in the three districts most under pressure.
2. Ensure that we see through successfully our plans for [health visitor recruitment and retention](#) to reduce workload and caseload pressures by March 2021.
3. Ensure we deliver successfully the agreed [improvement trajectory](#) for the five mandated visits resulting in significant improvement by the end of 2020.
4. Build on existing work to improve [pathways for some of the most vulnerable children](#) including children in migrant and refugee families, children in families facing homelessness and children with safeguarding.
5. Progress with a [further range of indicators](#) of child health including Early Help Assessments completed where appropriate, use of Ages & Stages questionnaire to track progress and ensuring access to Early Education Entitlement for children for whom this is appropriate.
6. Continue with our work to [fully deliver the integrated service model](#) for health visiting, children's centre and family support services as originally designed. As partners, we remain committed to the original, integrated community-facing model and 2020 will be a key years in its development in practice.

