

**Essex Child and Family Wellbeing Service: An update for Essex County Council's
People and Families Policy Scrutiny Committee, 2nd August 2018**

1. Background and purpose

- 1.1 Prior to April 2017 there were four separate 'health' and six 'family support' provider agencies delivering different elements of care, including but not limited to: Children's Centres, School Nursing, Health Visiting, Family Nurse Partnership, Healthy Schools and the National Child Measuring Programme.
- 1.2 The Early Years Review conducted by Essex County Council in 2015-16 found that families felt that they did not require more services but that those existing services needed to be more joined up so that they were easier to access and navigate and so that the families didn't need to repeat their story to every professional they met.
- 1.3 In April 2017, following a public tender exercise, Essex County Council began commissioning Virgin Care Services Limited, in partnership with Barnardo's, to integrate and deliver the collective range of services to meet the needs of children and families (pre-birth to 19) across the county, excluding Thurrock and Southend unitary authorities.
- 1.4 In West Essex, Essex County Council, in partnership with NHS West Essex CCG co-commissioned Virgin Care and Barnardo's to deliver pre-birth to 19 services, alongside and operationally integrated with, the children's community health provision, which includes but is not limited to: Paediatricians, Children's Community Nurses, Speech and Language Therapists, Occupational Therapists, Physiotherapists, Allergy Specialists, Dieticians, Continence Nurses and Paediatric Liaison Nurses at Princess Alexander Hospital. It was anticipated that such integration would provide considerable benefits to children and families whilst also serving to reduce the burden on primary care and West Essex-serving acute hospitals.
- 1.5 Between July 2017 and October 2017 Virgin Care and Barnardo's undertook a large-scale service redesign and transformation exercise resulting in the delivery of the new integrated Essex Child and Family Wellbeing Service (ECFWS).
- 1.6 A key feature of this contract, and one that distinguishes it from many current national contracts, is the introduction of innovative outcome measures-based key performance indicators (KPIs). ECFWS is commissioned to deliver a positive impact for children, young people and families as measured against 22 Essex County Council and 5 NHS West Essex CCG outcomes. These include outcomes related to, for example, loneliness, child safety, school readiness, emotional wellbeing and confidence in managing health related conditions.
- 1.7 A large scale transformation project was undertaken in the first year of the contract to specifically make the changes necessary to move to an outcomes-based model of service delivery and to introduce processes for recording and reporting against these new KPIs. In this, the second year of the contract, ECFWS is undertaking a pilot exercise to test the outcome measures and to benchmark results to establish targets. ECFWS will be performance managed against these outcome measures from 1st April 2019.
- 1.8 The purpose of this paper is to provide elected members with an update on the performance of this new service, detail the positive impact Virgin Care and

Barnardo's work is having across Essex and to prepare members in advance of the People and Families Policy Scrutiny Committee scheduled to take place on 2nd August 2018.

2. How services are arranged and delivered

- 2.1 Essex County Council has commissioned Virgin Care in partnership with Barnardo's to deliver a 'service without walls' that engages with and reaches into local communities, particularly those vulnerable families who are most in need.
- 2.2 ECFWS is operationally divided into four quadrants each with two or three local authority districts: Mid Quadrant (Braintree, Chelmsford and Maldon), North East Quadrant (Colchester and Tendring), South Quadrant (Castle Point & Rochford and Brentwood & Basildon) and West Quadrant (Epping Forest, Harlow and Uttlesford).
- 2.3 Each quadrant has a Quadrant Manager, Health Visitor Clinical Practice Teacher, Quadrant Administrator and centralised administration team, who are supported by an Essex-wide senior management team made up of Virgin Care and Barnardo's staff and by the national Virgin Care and Barnardo's support functions. There is also an Essex-wide School Nurse Clinical Practice Teacher.
- 2.4 Each district is home to one main Family Hub (formerly known as a children's centre) with affiliated satellite Delivery Sites. There are 12 Family Hubs and 26 Delivery Sites county-wide, from which Essex County Council has mandated ECFWS to provide services.
- 2.5 Each quadrant has between five and nine multidisciplinary Healthy Family Teams (29 in total) who work from their respective Family Hubs and / or Delivery Sites in serving their local communities. They also 'out-reach' into family homes, schools and in other community spaces such as libraries and village halls.
- 2.6 Each Healthy Family Team consists of a Team Leader, Health Visitors, School Nurses, Healthy Family Support Workers, Healthy Family Support Assistants and Administrators.
- 2.7 Healthy Family Teams in each Quadrant are supported by a dedicated Safeguarding Children Team and Looked-After Children Team made up of Named Nurses, Advisors and Administrators.
- 2.8 Each Quadrant has a Family Hub Coordinator, Deputy Family Hub Coordinator and Volunteer Coordinator who engage with families, partners and stakeholders to use Family Hubs and Delivery Sites for providing family support interventions and activities. For example, the partnership with Safer Places has enabled the service to offer a rolling programme of Domestic Violence support to women and the partnership with Family Solutions has enabled the offer of non-violent resistance training to parents experiencing aggression from their teenagers. Furthermore, Midwives from local maternity units and psychiatric staff from the Emotional Wellbeing and Mental Health Service (EWMHS) are routinely providing appointments from these sites.
- 2.9 Each quadrant has a Volunteer Coordinator who is responsible for recruiting, supporting and supervising volunteers in Family Hubs and Delivery Sites as well as in other community sites where groups are run. As of June 2018, there are currently 67 registered volunteers who deliver a combined total of 728 hours per month.

- 2.10 Across Essex there is a Healthy Schools and Public Health Specialist Team who are largely devoted to supporting schools achieve foundation or enhanced Healthy School status. This team is led by a newly appointed Team Manager, who will work closely with the School Nurse Clinical Practice Teacher, and is made up of Healthy Schools Engagement Workers and Public Health Specialists who promote and support the Personal, Health, Social, and Economic (PHSE) education agenda.
- 2.11 A key feature of ECFWS as compared with traditional models is that the multidisciplinary teams have the ability to provide a continuous service from pre-birth to 19, which effectively means the same Healthy Family Team supports children and their families as they pass through the milestones of life. There is a particular emphasis for providing the right assessment and support at key development phases such as: antenatal support for women from 28 weeks pregnancy, development and school readiness checks for children aged two and a half to three and transition support for 11 year olds preparing to go to secondary school.

3. How services are governed

- 3.1 Each Family Hub (for each district) has an independent Advisory Board made up of stakeholders and interested members of the local community and who convene between two and four times per year. Advisory Boards review and make recommendations about the activities that take place in and around the Family Hubs and Delivery Sites. Each of the twelve Family Hubs has had an Advisory Board within the last 6-months.
- 3.2 ECFWS facilitates Citizens' Panels in each Family Hub (and district) to enable families and members of the local community to provide direct feedback and make suggestions about the services they receive. Citizens' Panels remain relatively new and are still developing their membership locally. It is intended for Family Hub Coordinators and the Family Engagement Manager to undertake a thematic summary of the feedback received which is to be presented to the corresponding Advisory Board for consideration. Each of the twelve Family Hubs has held a Citizens' Panel meeting in 2018 except for Chelmsford Central Family Hub, which was postponed due to severe weather earlier in the year.
- 3.3 Essex County Council's Community Partnerships Coordinators and Children's Community Development Offices work closely alongside ECFWS Quadrant Managers, Family Hub Coordinators and Community Development Workers and meet formally every two months.
- 3.4 ECFWS provides representation at each quadrant's Children and Young People's Partnership committees and the corresponding Essex-wide Children and Young People's Strategic Partnership Board.
- 3.5 Essex County Council and West Essex CCG hold a monthly Service Performance and Quality Review contract meeting with Virgin Care and Barnardo's.
- 3.6 ECFWS is registered with the Care Quality Commission and is also subject to Ofsted inspections.

4. What has gone well

- 4.1 Over and above the enormous and highly complex service redesign exercise and logistical change that has been successfully delivered, a significant amount of

positive change occurred in the first year of the contract to improve services for children and families across Essex. Examples include:

- 1) The integration of provision and co-location of professionals has meant that children and families experience a more streamlined and accessible service.
- 2) Centralised administration hubs in each quadrant act as single points of contact and families and stakeholders are immediately responded to and sign-posted to the right support for their query.
- 3) Availability of Duty Practitioners (Health Visitors and School Nurses) for each area has improved as all of the professionals are now part of a single organisation.
- 4) The service now delivers immediate, robust and consistent response to Safeguarding issues by quadrant-based Safeguarding Teams. In addition, the huge gains from delivering training to the collective mix of multidisciplinary team members with the same training package.
- 5) There is less duplication during interactions with professionals. For example, the first appointment (antenatal) with a Health Visitor includes questions and support that would have been asked / offered during the first visit to a Children's Centre.
- 6) The roll-out of SystmOne electronic recording system to capture activities carried out by all staff, Virgin Care and Barnardo's, has resulted in there being one single record for each child and parent.
- 7) The launch of a new website in March 2018 which is dedicated exclusively to children and families in Essex. It includes postcode search functionality that directs families to services in their local vicinity. Each Family Hub has a 'live' activities calendar and a well maintained Facebook page, which has proven very popular. The application of this technology for engaging and support families has progressed further in Mid Essex where there is a 'real-time' topic-based conversation ('chat') referred to as Talk Back Tuesday.
- 8) The development of consistent set of governance systems across Essex, including: standard operating procedures; consolidation of incident reporting and management; complaints handling; and consistency of quality and safety measures including risk management and audit programmes.
- 9) The successful turnaround and improvement of the Braintree Central Healthy Family Team that had longstanding cultural and performance issues.
- 10) The integration and partnership working with sub-contracted partners - namely Home-Start Essex, Home-Start North East Essex and Youth Enquiry Service Colchester – who primarily provide volunteer help and peer mentorship.
- 11) The successful growth and development of individuals working in newly defined roles: Quadrant Managers, Healthy Family Team Leaders, Healthy Family Support Workers and Assistants, Family Hub Coordinators.
- 12) The ability of the combined workforce to sensitively balance the obligations, and public expectations, to deliver proportionate universalism of provision to all whilst increasing targeted provision to families most in need.
- 13) The integration of the pre-birth to 19 provision with children's community health provision in West Essex, that has seen significantly improved child and family experiences and outcomes in areas such as allergy, neurodevelopmental conditions and speech and language.

5. Challenges encountered along the way

- 5.1 Invariably, a change programme of the size and complexity required to develop such an innovative service is always expected to encounter challenges and obstacles on its journey, particularly in the early stages. The challenges of note, encountered and broadly addressed in the first year of the contract (April 2017 – March 2019) were:

- 1) Introducing a single reporting dashboard that was accurate, reliable and meaningful to staff and Commissioners. This was particularly difficult as previous providers developed different reporting templates and different interpretation of the definitions of the same KPIs, including denominators and numerators.
- 2) Creating a single workforce culture when bringing together staff from ten previous provider organisations and the transfer of employment to either a charity (Barnardo's) or a private organisation (Virgin Care) was not an easy adjustment for some staff initially.
- 3) Defining job roles and introducing multidisciplinary working when many staff had previously worked in single professional teams.
- 4) Retaining and recruiting staff in areas such as Basildon and Epping, where turn-over is typically higher than other parts of Essex, while undergoing a change programme which naturally precipitates increased attrition.
- 5) Logistical challenges such as IT networking in Family Hubs and the shortage of office space in Family Hubs, which limits co-location of multidisciplinary workers and team work.
- 6) The belief by some staff that in implementing the newly commissioned model they have reduced their personal offer to families who only require universal provision and do not require additional support. This work has meant that they can prioritise and target families from vulnerable groups.

6. How the service is performing now

- 6.1 Essex has an overall estimated population of 1.6 million people. There were 16,178 babies born in 2017-18 (approximately 1,348 per month). Mid Essex averaged 349 (26%), North East averaged 295 (21%), South averaged 403 (30%) and West averaged 301 (22%) per month.
- 6.2 As there were four previous health providers, each with their own contracts and individual interpretation of KPI definitions, the process of centralising data systems highlighted vast inconsistencies in the true performance of services in different parts of Essex. Therefore, it has been particularly difficult to establish a true baseline of performance from the previous provider organisations.
- 6.3 ECFWS is contracted to deliver against more than 100 KPIs - sometimes referred to as 'surveillance measures' – and to maintain the same level of activity as the previous providers until the new KPI outcome measures are reported on in April 2019.
- 6.4 Of the vast number of KPI surveillance measures being delivered those presented in this report provide a summary temperature check on how ECFWS is performing as they are deemed to be the most meaningful.
- 6.5 At June 2018, 64% (target 80%) of antenatal checks were conducted after 28-weeks pregnant. (KPI 2.01). This has proven to be a particularly challenging target for the following reasons: historically, many of the previous providers only undertook antenatal checks on 'targeted' families, which accounted for approximately 10% of the overall cohort; acute hospitals have not always notified ECFWS of verified pregnancies or when they do they might be too early or too late in the pregnancy to make contact. A number of actions have been put in place to prioritise this KPI.

- 6.6 At June 2018, 98% (target of 96%) of checks, including emotional wellbeing of mothers were undertaken when baby is 10-14 days old with exceptions removed. (KPI 2.02)
- 6.7 At June 2018, 97% (target of 96%) of checks undertaken when baby is 6-8 weeks old with exceptions removed. (KPI 2.33)
- 6.8 At June 2018, 81% (target of 90%) of 1-year review assessments were conducted once exceptions were removed; North East and Mid Essex Quadrants exceeded the target but West Essex and South Essex failed to achieve the target. Low staffing numbers in these quadrants have contributed to under achievement. (KPI 2.34)
- 6.9 At June 2018, 89% (target is 90%) of children have received a 2-2.5 year check. (KPI 2.35)
- 6.10 As from July 2018, across Essex there are 85,355 children aged between zero and 4 years old and 233,439 aged between 5 and nineteen. Of these there are 124,238 primary school-aged children and 78,867 secondary school-aged children registered with ECFWS.
- 6.11 In 2017-18, across the 450 primary schools in Essex, there 16,499 primary school in Reception and 15,860 in Year 6 (32,359 total). As part of the National Child Measuring Programme (NCMP) ECFWS undertook height and weight measurements of 31,602 (97.7%) with 8,201 (97.9%) from Mid, 6,897 (97.5%) from North East, 9,656 (98.1%) South and 6,848 (96.9%) from West Quadrants. Please note that these figures are subject to change as they were gathered before the school year ended.
- 6.12 In West Essex, all waiting times targets relating to children's community health provision have been met since January 2018. This includes, for example: paediatrics, speech and language, continence, physiotherapy.

7. Infant feeding

- 7.1 Breastfeeding is not only a source of nutrition it has lifelong health benefits for mothers and babies. Research has proven that breastfeeding can protect long term health, reduces the risk of diabetes and obesity in children and for mother reduces the risk of breast and ovarian cancer and reduces the risk of osteoporosis.
- 7.2 ECFWS has committed to instilling Unicef's Baby Friendly Initiative across Essex, by protecting, promoting and supporting breastfeeding and close, loving parent-infant relationships.
- 7.3 In 2017-18, 41% new mothers were contacted and offered breastfeeding support within 2 days of giving birth. ECFWS is dependent on the acute hospitals' providing notification of the new birth within the 2-day target period. Of the 41%, 31% were exclusively breastfeeding and 10% partial breastfeeding. (KPI 2.30)
- 7.4 In 2017-18, 51% of new mothers were breastfeeding at 2 weeks from giving birth. 38% were exclusively breastfeeding and 13% were partial breastfeeding. In June 2018 this increased to 63% and is above target (KPI 2.23)
- 7.5 In 2017-18, 38% were breastfeeding at 6-8 weeks with 27% exclusively breastfeeding and 11% partially breastfeeding. In June 2018 the number of mothers exclusively breastfeeding increased to 34% and is above target. (KPI 2.25)

- 7.6 Breastfeeding rates across Essex are above target and slightly higher than national averages, however South Essex is below the national average and is an area specifically targeted for improvement.
- 7.7 A number of initiatives have been launched to improve breastfeeding rates, including: training Breastfeeding Champions in each quadrant, roll-out of the 'Breastfeeding Welcome' initiative for businesses, development of the 'Baby Beginnings' social media campaigns on Facebook and Twitter.

8. Family support interventions (Registration and Reach)

- 8.1 The performance of Children's Centre providers was historically measured by the number of families 'registered' with a particular Children's Centre and the number 'reached' for particular support interventions, either in the centre or outreached to their home. There were targets set for the number of families to be registered and the number to be reached, with specific targets for families fulfilling certain vulnerability categories.
- 8.2 During 2017-18, whilst transforming and developing ECFWS, it was necessary to dual-run eStart and SystmOne for recording the number of families registered and support interventions provided (reach).
- 8.3 The Essex County Council-run eStart system has been the primary source of information used for performance management in relation to family support interventions by Children's Centre providers. The absence of activity from eStart, which staff had begun to report on the SystmOne provider-managed system, negatively skewed the overall performance of the new integrated service and in December 2017 Commissioners issued Virgin Care and Barnardo's with a formal Contract Performance Notice.
- 8.4 In subsequent contract-related meetings an agreement was reached between the parties to allow Virgin Care and Barnardo's to integrate data from the two reporting systems to provide a full and accurate picture of performance across 2017-18.
- 8.5 In February and March 2018 Virgin Care and Barnardo's undertook a complex piece of work to merge data from the two systems to reflect the performance of the whole service.
- 8.6 Overall, in 2017-18 the new service oversaw a 7% decrease in family support interventions across Essex compared against 2016-17 figures.
- 8.7 Virgin Care and Barnardo's have attributed the small reduction in performance down to the significant service transformation undertaken in 2017-18. This includes entire workforce change consultation and restructure, change in model of delivery, closure of 12 children centre sites immediately before the contract commenced in April 2017 and staff vacancies following the change process.
- 8.8 An action plan that is in place to improve performance is reported to Commissioners at the monthly Service Performance and Quality Review meeting. All Registration and Reach data is expected to be reported from SystmOne from April 2018, thus removing the need for data merging in future. However, due to a delay in ratifying the associated contract variation between Essex County Council and Virgin Care staff are behind in uploading data into SystmOne. This has artificially reduced reach figures for the first quarter but this is improving, particularly as historic data is

uploaded and new users of SystmOne become more adept at using the program. A further piece of work is underway to agree a new definition of reach to capture the activities of the new integrated service and is expected to be completed by September 2018.

- 8.9 Essex County Council has placed a high expectation on ECFWS to help communities to take ownership and become more active in addressing health and social care issues. This is loosely referred to as community 'asset building' or 'resilience building'. Whilst all staff working in ECFWS are actively promoting community resilience during individual and group contacts it is Community Engagement Workers who are strategically developing a range of community-owned and community-led activities at a district level. It needs to be recognised that the increasing success of such schemes will conversely result in a reduction in reach activity figures.
- 8.10 For the spring term (2018) there were 4,383 children eligible for Free Early Education Entitlement for 2-year olds (FEEE"). 2,905 (66%) were registered with the service on Essex County Council's e-Start system, 1,673 (38%) had been 'reached' and a total of 3,139 (72%) took a placement.
- 8.11 100% of under 5s of the under 5 population living in the reach area now registered due to a single record being used. The target is 80%. (KPI 2.45)

9. Safeguarding and Looked After Children

- 9.1 ECFWS has heavily invested in Safeguarding and Looked After Children (LAC) provision across Essex with dedicated teams of each specialty in each quadrant that is resourced in accordance with The Royal College of Paediatrics and Child Health's Safeguarding and Looked After Children Intercollegiate Documents.
- 9.2 The Safeguarding and LAC provision and delivery model significantly differs from that which existed before April 2017, by offering a consistent and equitable service across Essex, that is accessible for all staff at all times due to the removal of organisational, contractual and geographical boundaries.
- 9.3 100% of staff have completed Level 1 Safeguarding Children Awareness training, 93% have completed Level 2 training and 93% have completed Level 3 (This would be 99% by removing those who are exempted such as on maternity leave). Training on Workshop to Raise Awareness of Prevent (WRAP), which aims to address all forms of terrorism and non-violent extremism in young people is at 77%. A new e-learning programme was launched in May and it is anticipated completion rates will increase significantly over the summer.
- 9.4 Year-to-date, 99% of Section 17 and 49 requests were responded to within the targeted time (2 working days and 1 working day respectively). (KPI 2.12)
- 9.5 Year-to-date, 100% of case conferences requested by Essex County Council's Social Care Team was attended by a staff member from ECFWS. (KPI 2.13)
- 9.6 Year-to-date, 97% of Looked After Children aged 0-5 years have had a 6-month Review Health Assessment. (KPI 2.19)
- 9.7 Year-to-date, 99% of Looked After Children have immunisation. (KPI 2.20)

10. How service users are engaged, listened to and responded to

- 10.1 ECFWS formally engages with, listens to and learns from service users using a range of different methods, including; Citizens' Panels, 'You Said, We Did', NHS Friends and Family Test and responses to Complaints & Compliments.
- 10.2 A campaign for actively seeking and responding to feedback from individual service users – known as You Said, We Did – has resulted in service improvements. For example, in December 2017 new mothers said they needed more breastfeeding advice in the maternity unit at Colchester Hospital. Seven Healthy Family Support Workers were subsequently given breastfeeding support training and provide immediate assistance to new mothers, which has had a considerable impact and received positive media coverage. In March 2018, parents attending Brambles Family Hub in Epping suggested it provide a community notice board to advertise jobs, services and activities to share information. This has encouraged connectivity amongst parents and their communities.
- 10.3 ECFWS applies the NHS Friends and Family Test whereby service users are encouraged to complete the main question and add optional comments. The main question is: How likely are you to recommend this service to a family member or friend? The options are: Extremely Likely, Likely, Neither Likely or Unlikely, Unlikely, Extremely Unlikely, Null or Not Given. Responses can be made on paper returns, by logging onto an online response tool, or by SMS text. The majority of responses for the ECFWS are on paper. Responses are anonymous unless the person giving feedback chooses to include identifiable information. Each month a quality report is submitted to Commissioners which includes scores and comments. Between October 2017 and June 2018 there was an average of 700 responses per month for the pre-birth to 19 component of ECFWS. In June 2018 there was a record high 940 response with 785 Extremely Likely, 135 Likely, 9 Neither Likely or Unlikely and 5 Unlikely to recommend the service to a family member or friend. An example of one of the many comments received from a parent in Mid Essex Quadrant in June 2018 stated: *My experience so far is I've had great continuity meeting the same professionals in the home and at Heybridge drop in session. The ability to contact these professionals via text is a great service as well as the ability to contact the main office for advice.*
- 10.4 From April to December 2017 there were 5 formal complaints relating to the Essex County Council-commissioned part of ECFWS (4 in Chelmsford and 1 in Colchester). From January to June 2018 there have been 4 formal complaints (1 in Chelmsford, 1 in Chigwell, 1 in Colchester and 1 in Thundersley). General themes to emerge related to poor communication and professionalism from Health Visitors and requests for children to be excluded from the National Child Measuring Programme not being actioned.
- 10.5 Since taking on the contract, Virgin Care and Barnardo's have received a number of pieces of positive feedback from service users about the good services they have received. Often these are by way of letters or emails to local managers or to the Customer Services desk. A large proportion of compliments received relate to the care and attention provided to families by individual members of staff who have gone over and above their call of duty. The following example received in June 2018 from a mother in Braintree illustrates the type of feedback:

I would like to praise the wonderful support and care myself and my young family have received from our amazing Health Visitor, XXXX.

She has gone out of her way to visit us frequently, supported me through my post natal anxiety, provided a listening ear and she strives to solve

any problems we have encountered along the way following the birth of our second son in April. She is caring, approachable, completely professional and always come equipped with everything we could possibly need during her visit. For example, just in one visit today, XXXX was able to provide me with a contact for referring myself for assistance with my anxiety, completed an anxiety questionnaire for me, offered to contact my GP to request medication for an ongoing breastfeeding infection, demonstrated to me how the plates of a newborn's skull come together to ease my worries about an anomaly I thought I'd discovered with my son (and show me pictures on her laptop). In addition she measured and weighed my son and provided comfort and reassurance throughout her visit. I really feel like I'm talking to a family member! She is absolutely one in a million, and has made the transition into having two children so so much easier for me. I am beyond thankful for her, and just wanted to express my thanks and appreciation.

In addition, my firstborn son adores her!

Many thanks and best wishes,

- 10.6 Virgin Care provides all staff working with ECFWS with the opportunity to apply for grants from its *Feel the Difference* fund to address particular need in a given area. The Feel the Difference Fund is a £100,000 ring-fenced fund reserved for empowering staff to deliver improvements they have identified locally. Small or big, applications to the fund can be made by anyone at any level within the organisation. This has extended to Barnardo's employees working in ECFWS. Applications are considered by a panel of peers and Citizens' Panel members from across Virgin Care. Examples include; a School Nurse in Basildon received £400 to procure the National Behaviour Support Service's *Why Try* programme for a targeted group of young people to address areas of truancy, behaviour, and academic commitment. A Children and Young People Practitioner working in Braintree received £3,000 to run a cookery club focusing on the health gains from basic nutritious ingredients for local families on small budget.

11. Workforce

- 11.1 There are approximately 800 paid employees and 67 volunteers working in ECFWS.
- 11.2 As part of the integrated pre-birth to 19 (Essex County Council-commissioned) part of the service, 420 staff are employed by Virgin Care in roles such as School Nurses and Health Visitors, and 265 staff are employed by Barnardo's in roles such as Healthy Family Support Workers and Assistants, Family Hub Coordinators, Volunteer Coordinators, School Engagement Workers and Community Engagement Workers.
- 11.3 As part of the children's community health (West Essex CCG-commissioned) element of the service, there are approximately 100 staff working in roles such as Paediatricians, Community Children's Nurses, Speech and Language Therapists, Occupational Therapists, Physiotherapists, Dieticians and Allergy specialists.
- 11.4 By working closely with Essex County Council's Leaving and After Care Employability Officers, ECFWS has begun to recruit young people who are preparing to leave the Looked After Care system into apprenticeship administrator roles. Two are expected to be in post by August 2018.

- 11.5 By transforming the service the majority of staff have had to adjust to considerable changes since October 2017, including job title, job role, office location, team membership, line manager, computer systems and an overall shift in the service delivery model they are working in. Most Healthy Family Teams have worked through these changes and have evolved and stabilised. A small number of teams that have found the transition difficult have been given additional management support and time to help move them into a steady state.
- 11.6 Critical to the success of the service has been the investment made to develop first-line senior leaders, many of whom were new to management positions. A seven module leadership programme was rolled out in October 2017 that aims to equip them with the skills and competencies required for their roles.
- 11.7 A comprehensive Training Needs Analysis has been undertaken to ensure the workforce are invested in to remain abreast of current practice. For example; ABCD (Assets Based Community Development) training was specifically funded for Community Engagement Workers and Volunteer Coordinators.
- 11.8 Virgin Care and Barnardo's hold quarterly Workforce Partnership Forums with elected staff members and union representatives to listen and address issues that are raised and to provide early sight of proposed changes and service developments.
- 11.9 ECFWS held a series of pre-service redesign staff consultation exercise and post launch Listening Weeks and Away Days to hear the views of staff and to adjust the service delivery model accordingly. The Away Days have been used as opportunities to thank and celebrate the achievements of all staff involved in the development of the ECFWS and to recognise certain individuals who have displayed leadership characteristics and innovative approaches in developing the service. The Listening Week conducted in October 2017 resulted in formal Whistleblowing investigation into Health Visitor staffing levels across the service. A report was published and findings were communicated to staff.
- 11.10 The main concerns raised by staff since the new integrated service was launched are: a) the number of School Nurses and / or Health Visitors allocated to specific areas, b) the change in job title of Nursery Nurses to Healthy Family Support Workers, c) the maintaining and protection of professional identity, d) the user-friendliness of IT clinical templates, and e) the space and suitability of estates in particular areas. ECFWS is addressing these points where it can and has, for example, established an Estates Improvement Group, ran a School Nurses conference on 11th June 2018 and flexibly reassigned vacancies to differed roles to address identified shortfalls.
- 11.11 To help develop the unique identity of ECFWS, staff fed-back that it should have bespoke branding, which has been developed. For example, a new badge lanyard was issued to staff in late July that has replaced Virgin Care and Barnardo's branded ones.
- 11.12 Health Visitor vacancies in Basildon and Epping are adversely impacting on the ability of ECFWS to meet local need. Both areas border London, which means the staff turn-over rate tends to be higher in these areas as staff seek London Weighting pay supplements by choosing to work in London boroughs. ECFWS (Virgin Care) have introduced pay incentives in these areas and in the week commencing 9th July eleven new Health Visitors were appointed. It is of particular interest that a number of Health Visitors who resigned before the service was redesigned have re-applied to return. Nevertheless, to pre-empt further turn-over, ECFWS has accepted 5 Health

Visitor students funded by Health Education England and a further 5 funded by Virgin Care. They will complete their training and be ready for employment in August 2019.

- 11.13 Team meetings, joint training activities and team building activities have strengthened relationships between professionals in Healthy Family Teams.
- 11.14 A monthly newsletter is circulated to staff sharing good news stories, recognising individual and team achievements and informing staff of new developments.
- 11.15 In June 2018 Virgin Care and Barnardo's conducted their respective confidential staff surveys and the results have just been circulated by the independent survey companies and are still to be analysed.

12. What is planned for the year ahead

- 12.1 ECFWS intends for year two of this contract to be a period of stability and consolidation. Staff working in their respective teams are still adjusting to the change and the new ways of delivering care, as defined in the respective new standard operating procedures. There will be a particular emphasis on building togetherness and team working culture in the respective Healthy Family Teams.
- 12.2 A particular area of focus will be for the delivery of the 27 outcome measure KPIs, in this the pilot year. Significant staff development is underway to imbed new ways of working to achieve these outcomes and in doing so make a distinguishable improvement to the lives of children and families in Essex.
- 12.3 The unique opportunity this contract provides specifically in West Essex will lead to further service developments, particularly in relation to the added benefits derived from the development of the Journey to Autism Diagnosis and Early Support (JADES) pathway as well as for dietetics, continence and allergy clinics.
- 12.4 ECFWS will continue working with partners across Essex to design a system-wide response to current and emerging issues facing young people such as the criminal exploitation of children, including drug trafficking and sexual exploitation of children, and the emotional wellbeing of school-aged children.

END

ATTACHMENTS

- 2017-18 Annual Quality Account (submitted to the Department of Health and Social Care)
- June 2018 Staff Newsletter