

## APPENDIX B – Case for contract extension : How has the Essex Child and Family Wellbeing Service performed?

This appendix draws on a number of data sources, both internal to Essex and externally observed, to summarise contract performance over the last 6 years of the contract.

There are two ways in which performance must be considered.

Firstly, transformation from the previous status quo to genuine team integration and from activity to outcome measures.

Secondly, benchmarking against the nationally mandated activity measures which all Local Authorities are required to undertake.

It is important to understand that Essex is at the forefront of national practice on developing more meaningful outcomes than the nationally mandated measures of activity in section 2 below, and is working with the national Office of Health Improvement and Disparities (OHID) team which mandates current activity measures, the Family Hub Network, and more recently the Local Government Association to drive improvement in how LAs are meaningfully measured on performance.

### 1. Transformation to integrated teams and outcomes

This was a transformational contract to respond to what families told us about their experiences of services, and the need for better join up, and transform from activity measures to meaningful outcome measures as a more sensitive marker of the impact of our services for Essex children and families. Measuring outcomes, and integrated multi-disciplinary services, is inherently better value for money and more effective than by measuring a contract through activity alone or delivering through uni-disciplinary teams. The following points describe only a few of many achievements in this transformation journey as well as how ECFWS dealt with “curve balls” along the way:

Year	Transformation
2017/18	Consolidation of estates footprint giving better value for money– not just co-location but integration Synergising previously separate Barnardo’s and Virgin Care (now HCRG Care Group) workforces and processes, developing multidisciplinary teams to give a more holistic, effective and efficient service Technical system integration across organisations to single shared record for new outcomes-based model recorded and reported across multidisciplinary teams with shared outcome accountability
2018/19	Considerable effort invested in building a culture of multidisciplinary team integration across previously separate teams – (ongoing effort for contract duration) Pilot test new outcome measures and benchmark results to establish targets. ECFWS has been performance-managed against these outcome measures since 1st April 2019.
2019/20	ECFWS rated ‘Good’ by the Care Quality Commission (CQC) in July 2019
2020/21	Flexible and dedicated response to COVID response. Exceeded KPI targets throughout the pandemic: eg. 98% (target 80%) of Universal antenatal checks conducted, 99% (target of 96%) of Universal new birth checks conducted. Staff availability remained stable between 89% and 94%, higher than comparable workforces in LAs
2021/22	Successfully tendered for Southend, Essex and Thurrock Child and Adolescent Mental Health (SET CAMHS) Getting Help Service, providing therapeutic goal-based tier two mental health support for children and young people up to 18yrs, enabling better system join up between tier 1 (lower level) services provided by ECFWS as current universal service provider, and tier 3 (higher level) mental health support offered by CAMHS.

### Independent comment on Essex’s unique outcomes approach

Commissioners and the provider have sought independent objective review of the outcomes journey. This is important given the unique nature of the journey and having no blueprint to follow.

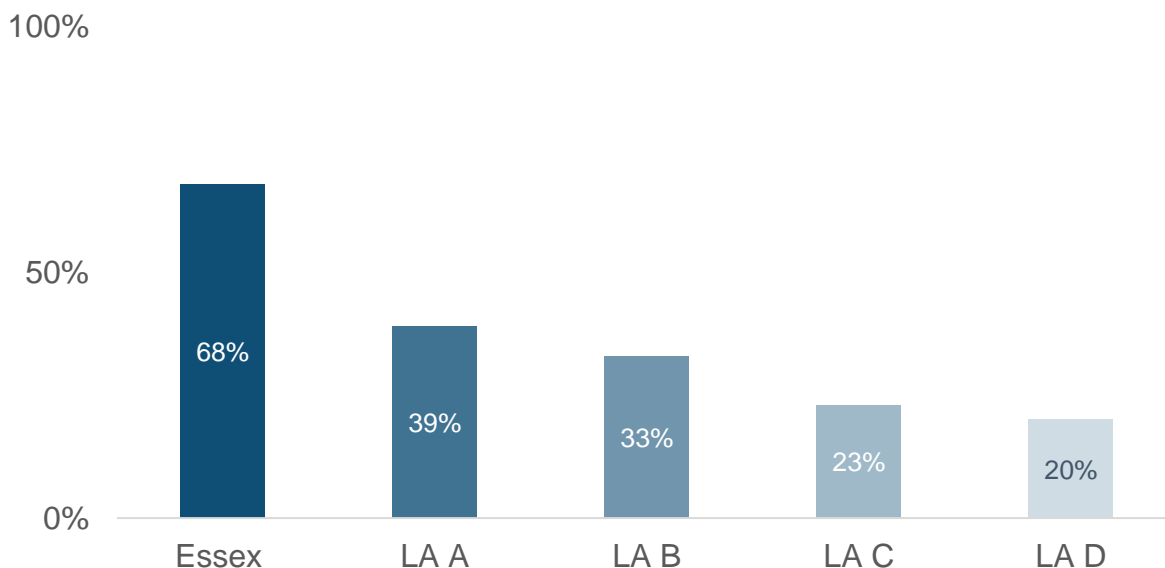
**From Ecorys Dept for Education Family Hubs Innovation Fund Evaluation**– interim research report July 2022.

The study was based on 5 Local Authority (LA) commissioned services that used a hub approach in various stages of maturity to assess the relative merits of each system and approach.

*“Hub workforces across LAs generally lacked the technical infrastructure and capabilities to then analyse and use that data to reflect on service provision and inform decisions. This suggests a clear a common area of support for LAs and hubs. The exception was one LA [Essex Child & Family Wellbeing Service] with a mature hub model, an embedded measurement outcomes framework, shared case management data system, and importantly a dedicated data team to process, analyse and report on data. This LA takes a data-driven approach to identifying needs and measuring outcomes at the individual, area and systems levels”.*

*“Essex is furthest along in their ability to track county-wide and geographic area level changes”*

Extent to which staff agree there is a common framework for measuring outcomes for family hub services, by LA Source: workforce survey as part of wider Ecorys interim research report 2022.



### **Anglia Ruskin qualitative study of Essex Child & Family Wellbeing Service outcomes, phase 1 commissioned report**

*“We were very disjointed in the Children’s Centre. Although we could liaise with the Health Visiting team, we couldn’t see the children’s records, we couldn’t see what was going on....So from the point of view of merging us together, our knowledge about the families as a whole is much better.”*  
ECFWS Healthy Family Support Worker

*“The Outcomes Framework is integral to the information sharing described in the previous section. For example, one Healthy Family Support Worker explained, “I tend to open those Care Plans because it gives me a clearer picture of where I’m going with this child (...) the Health Visitor who leads on that family can open that Care Plan, she can see where I’m up to with those parenting sessions, what I’ve done (...) and what we’ve achieved so far.” The Framework serves to make the work of the ECFWS professionals more visible both to themselves and to others.”*

“Overall, we recommend the Outcomes Measures Framework as an effective tool for guiding commissioning activity, and would encourage this approach to be shared with other commissioners. Sharing the findings from this evaluation would be beneficial to illustrate how the Framework works in practice, and the benefits for both professionals and clients of a Service”

## 2. Benchmarking against the nationally mandated activity measures

Mandated activity measures are defined in the indicator column of table 1 below. They are traditionally delivered by a Health Visitor although anyone competent to deliver the check can do so. The following tables indicate Essex’s performance compared against England and Eastern Region Local Authority averages, using national Public Health England datasets. In the graphs below Essex is in blue against an England average of black.

Table 1. Public Health England Metrics, Comparison to Region (East) and England.

Indicator	Period	Recent Trend	Essex		Region England			England	
			Count	Value	Value	Value	Worst	Range	
Proportion of New Birth Visits (NBVs) completed within 14 days	2020/21	–	13,555	93.8%	83.8%	88.0%*	27.9%		
Proportion of infants receiving a 6 to 8 week review	2020/21	–	13,518	92.3%	74.2%	80.2%*	6.1%		
Proportion of children receiving a 12-month review	2020/21	–	14,755	92.6%	80.2%	76.1%*	0.1%		
Proportion of children who received a 2-2½ year review	2020/21	–	14,610	97.1%	59.4%	71.5%*	5.0%		
Proportion of children aged 2-2½yrs receiving ASQ-3 as part of the Healthy Child Programme or integrated review	2020/21	➔	13,118	94.5%	83.7%	85.2%*	17.7%		

Table 2: Ante natal visits (from 28 weeks)

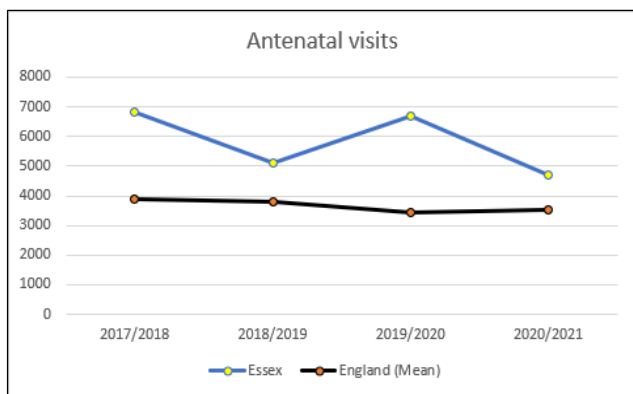


Table 3: New birth visit up to Day 14

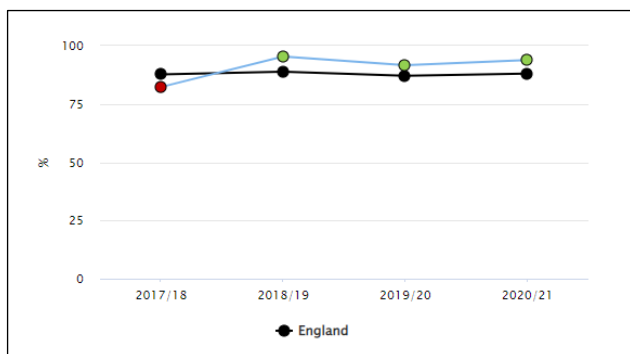


Table 4: Proportion of Infants receiving a 6-8 Week review

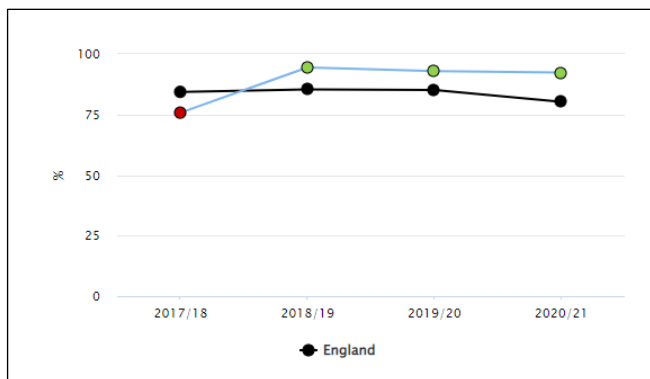


Table 5: Proportion of children receiving a 12 month review

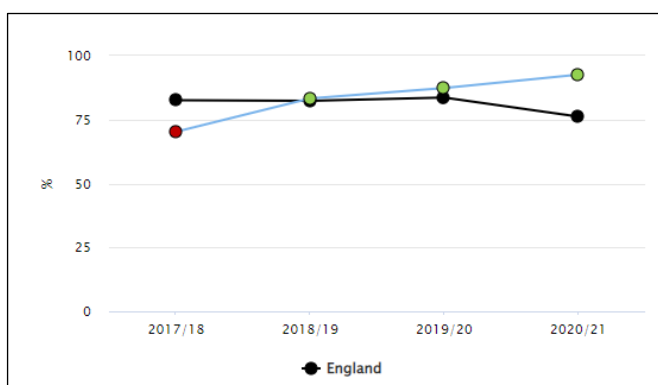
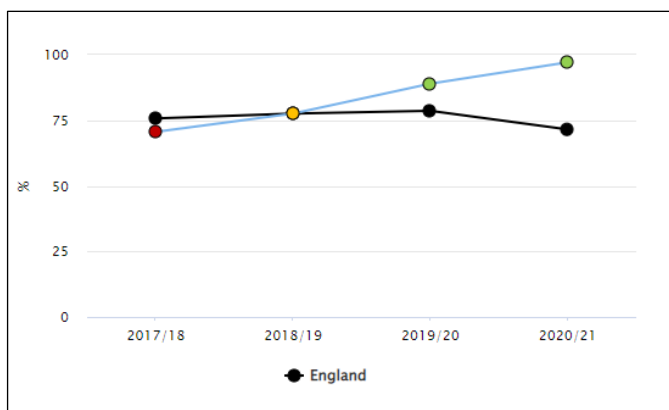


Table 6: Proportion of children who received a 2.5 year reviews



### Registration and reach of children

The Surestart Children’s Centre Statutory Guidance sets out the target for the percentage of children under the age of 5, to be both registered with the service and reached as part of the children’s centre offer. The registration target is 85% of the population and the reach target is for 65% of the children registered to be reached.

Prior to the start of the ECFWS contract, Children’s Centres would only know about and register children if and / or when they had been referred by the corresponding health services. As the health and children’s centre services have been integrated and recorded on the same caseload

records system (SystemOne) **all** children are known to the service and therefore 100% of registration has been achieved for each Family Hub. Table 7 below

Table 7: Registration percentages benchmarked against target Q3 2019-20 to Q2 2022-23



Based on the monthly reporting data and an internal ECFWS longitudinal comparison, performance data shows consistent progress in reaching children, and currently stands at just over 70% of under 5 are being reached. Table 8 below

Table 8: Reach percentages benchmarked against target Q3 2019-20 to Q2 2022-23

