

# Essex Child and Family Wellbeing Service

**Update for  
People and Families Policy and Scrutiny Committee  
27 June 2019**

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# Key features of the contract

- A move from counting amount of activity to quality of outcome - a national first
- Clear focus on those at risk of not achieving outcomes, with resource diverted accordingly (rather than traditional universal service)
- An integrated multidisciplinary model - early years / family support children centre staff working with health visitors, school nurses and others in 29 Healthy Family Teams across the 12 Family Hubs
- A joint contract with West Essex CCG: children's therapy services (CCG commissioning responsibility) in same contract as universal children's public health services (ECC commissioning responsibility)

# General update on the contract

- Large scale and significant transformation in past two years:
  - Integrating service model
  - Single IT system
  - Developing a new relationally capable workforce from previously different disciplines
  - Developing new roles to help achieve outcomes, eg. Healthy Family Support Workers
- Proactive players in the system
  - For example new safeguarding processes at the interface with other organisations / safeguarding peer review meeting
  - ECC social care staff now have direct access to ECFWS dataset – helps dataflow
- Staffing levels have been a challenge, but recovery plans in South and West have worked well and performance has been recovered

# Timescale for what gets measured and when

Timescale	Activity
Year 1 17/18	Transition from old contracts to new contracts/ ensure core business continuity, maintain core mandated KPIs (number of health visitor visits)
Year 2 18/19	Implement new integrated service model with associated staffing changes, implement single new integrated IT system, refine and test detailed KPIs for 213 brand new outcome measures
From year 3 19/20	Commence measurement of 23 new outcome measures, and focusing on those at risk of not achieving (differentiating effort accordingly)

# Benefits realised from joint commission with West Essex CCG (3)

## **Added value as a 'System':**

- An integrated record on SystmOne for information to be available / directly shared between services.
- Enhanced joint working supporting safeguarding process and practice.
- Aligned communication and consistent messages for families engaged with the ECFWS.
- Outcomes for children and young people are joined up and aligned around a goal-focused approach, with goals that complement each other across services.

# Performance data at financial year end March 2019

## Important caveats:

- Reporting is available at sub district level – this wasn't available in all of the previous contracts; this allows focus on geographical areas where there is greatest need as well as any poor performance
- These are currently nationally mandated activity measures, data collection begins on the new outcome measures in 2019/20

# Mandated Checks at a County Level

<b>KPI 2.01</b> No. & % of families that have an ante-natal visit including review of emotional wellbeing	<b>Overall year-end Target</b>	<b>March 2019 Monthly position</b>
	80%	80.9%
<b>KPI 2.02</b> No. & % of families that received a postnatal visit within 14 days of birth including, including review of emotional wellbeing	<b>Overall year-end Target</b>	<b>March 2019 Monthly position</b>
	96%	98.7%
<b>KPI 2.33</b> No. & % of checks received when baby is at 6-8 weeks old	<b>Overall year-end Target</b>	<b>March 2019 Monthly position</b>
	95%	98%
<b>KPI 2.34</b> No. & % of Child Review Assessments received at 12-months old	<b>Overall year-end Target</b>	<b>March 2019 Monthly position</b>
	95%	93.6%
<b>KPI 2.35</b> No. & % of children who received a 2-2.5 year check (includes ASQ)	<b>Overall year-end Target</b>	<b>March 2019 Monthly position</b>
	90%	94.9%



# How we're focusing on reaching and improving priority groups

## Background

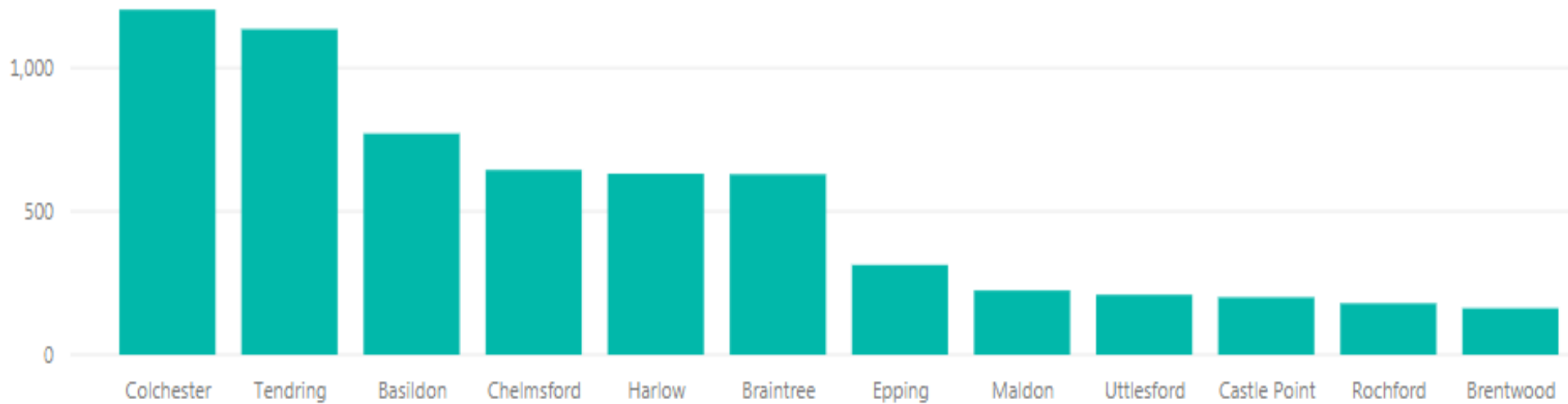
- The categories of need and vulnerability of children under five, and their parents / guardians are routinely referred to as 'Priority Groups'.
- Essex Child and Family Wellbeing Service (ECFW) systematically assess, determine and record the Priority Groups that children under 5 and their parents / guardians belong to. Furthermore, the service is required to provide targeted interventions to such children and families who belong to 3 or more Priority Groups.
- Historically, Priority Groups were only recorded by staff working in Essex children's centres. The data was recorded in Essex County Council's e-Start computer system. Public Health Nursing provision across Essex inputted data into the SystmOne computer system but did not systematically record the needs of children and families in the same way.
- In April 2017 Virgin Care, in partnership with Barnardo's commenced a new contract to deliver an integrated service that combined pre-birth to 19 Public Health Nursing provision with children's centre provision. The full integration of provision was completed in October 2017 and by May 2018 all staff working in Essex Child and Family Wellbeing Service began inputting data about children and families into a single record – SystmOne.

# Methodology for recording and reporting Priority Groups

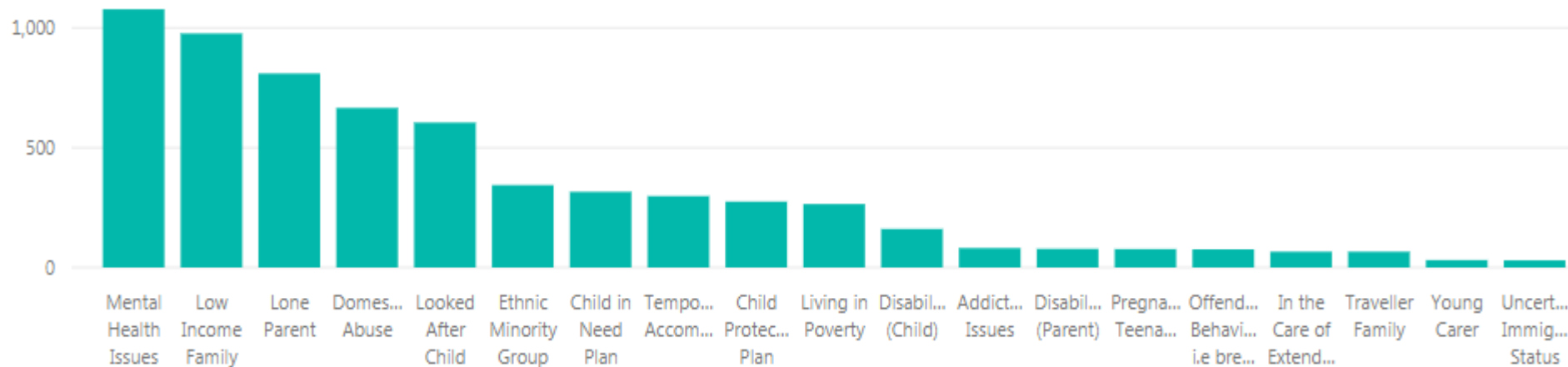
- Staff working in the Essex Child and Family Wellbeing Service are prompted to record identified need, by way of Priority Groups, in a pre-formatted template within each child and parent / guardian's SystmOne record.
- Priority Group status should be ascertained during any 'meaningful reach' activity a professional has with a child and / or their parent / guardian.
- Business Informatics staff compile this Priority Group report by:
  - Filtering Priority Groups from Essex-wide to each Family Hub catchment area (district level)
  - Ranking Priority Groups from highest frequency to lowest.
  - Identifying children aged under 5 who belong to the top 5 combinations of three or more Priority Groups
- Data is drawn from SystmOne into the data warehouse from where it populates a weekly Priority Group report created by the central Business Informatics Team. The weekly Priority Group report is auto-generated and emailed to all managers in Essex Child and Family Wellbeing Service.

# Essex-wide ranking of priority groups

- All Quadrants: Total number of Priority Groups recorded for all ages (parents and children)

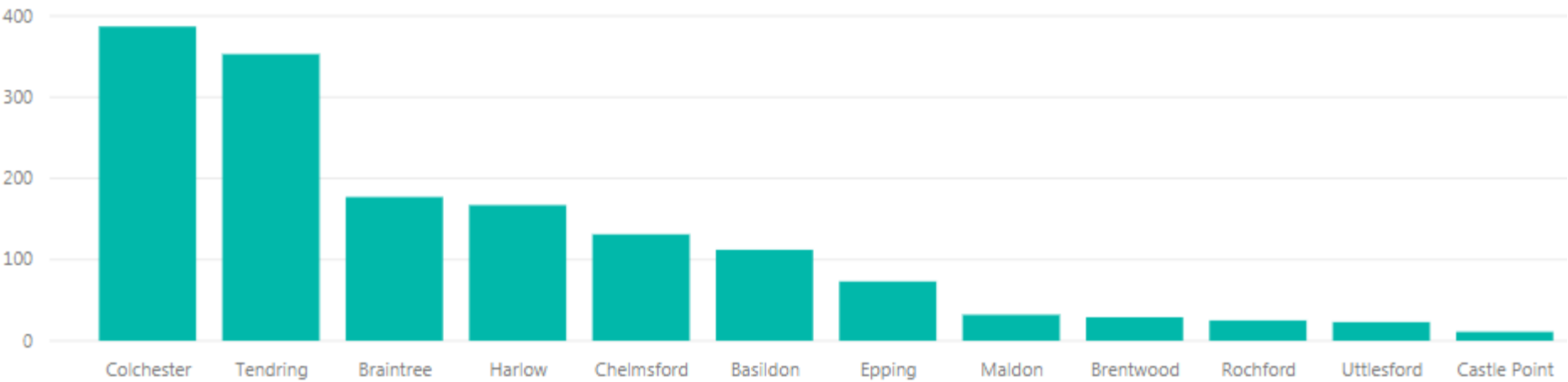


- All Quadrants: Total number of Priority Groups recorded for all ages (parents and children) by type



# Essex-wide ranking of priority groups

- All Quadrants: Ranking of Priority Groups for children under 5 years with 3 or more Priority Groups by district



- All Quadrants: Ranking of Priority Groups for children under 5 with 3 or more Priority Groups by type



# Questions



**Making** a difference and  
measuring outcomes  
starting from April 2019

# Outcome Measures

## Children & young people (CYP) feel safe

**1**

Children and young people of school age reached who report (including through the school nurse drop-in) not feeling safe, who report feeling safe after support

## Parents feel their CYP are safe

**2**

Number of parents/carers reached who tell the provider that their children/young people aren't safe who report feeling they are safe after support

## Identified risks to children's safety are removed / mitigated

**3**

Children and young people identified as having risks to safety, with an action plan in place and with an event/outcome indicating risks are removed/mitigated following subsequent assessment as required by care in order to remove/mitigate risks to safety

## Supporting children to be school ready and achieving the best transition into school

**4**

Families who show improvements in their parenting/ behaviour following intervention.

**5**

Children identified while they are 2 years old (and before they turn 3) as not achieving an age appropriate level of development, who do achieve an age appropriate level of development in advance of starting school following intervention

**6**

Two year olds in receipt of FEEE2 identified as not reaching an age appropriate level of development, who do achieve an age appropriate level of development in advance of starting school following intervention

## All mothers have good emotional well-being in the perinatal period

**7**

Pregnant Women identified and/or notified to the provider by the midwife as at risk of or experiencing poor emotional wellbeing during the perinatal period whose emotional wellbeing improves following support

**8**

Primary care givers identified following assessment as having poor emotional wellbeing, who have children on a Child Protection Plan and whose emotional wellbeing improves following support

## Children and young people make positive lifestyle choices

**9**

Children and young people of secondary school age identified as not making positive lifestyle choices who are making more positive choices after support

**10**

Children living in most deprived quintile areas of Essex who were overweight at Year R measurement who have returned to a healthy weight at YR6 measurement

**11**

Teenage mothers living in the most deprived quintile in the quadrant identified as being at risk of not making positive lifestyle choices pre-birth, for whom positive lifestyle choices can be evidenced

**12**

MONITORING KPI  
No and % of schools that retain or achieve enhanced healthy school status.

# Outcome Measures

## All children are supported to be ready for the next stage of life by 19 years of age

**13**

Young people 14 – 18 year olds identified and who agreed they needed support who reported that they were more ready for the next stage of life post intervention.

**14**

Young people aged 14 with an EHCP who report being more ready for the next stage of life post intervention in advance of turning 19

**15**

Looked after young people 14 – 18 in receipt of RHA who report being more ready for the next stage of life post intervention in advance of turning 19

## All CYP have good emotional wellbeing

**16**

Statutory school age children and young people at risk of or experiencing poor emotional wellbeing whose emotional wellbeing improves following support

**17**

Statutory school age children and young people identified as young carers who are experiencing poor emotional wellbeing who show improved emotional wellbeing after 6 months post intervention.

## Families are resilient

**18**

Primary care givers who are identified as being lonely or isolated and have low resilience who feel less lonely and whose resilience has increased after support

## Children, young people and parents feel connected and included in a community

**19**

School age children and young people who report feeling less lonely after support

**20**

20 has been combined with 18

**21**

Primary care givers identified at 14 days who are assessed as showing improved close and loving relationship to their baby at 6 months post intervention.

**22**

Under-2 year olds identified as at risk of poor attachment with a primary care giver whose attachment improves with support

**23**

Children and young people from statutory school age who do not feel attached to a consistent adult and appropriate adult, who feel attached to a consistent and appropriate adult after support

## All children and young people have strong attachment to at least one adult or other person in their life



# Specific Outcome Measures for West Essex CCG-funded Community Children's Health Services

1 Avoid Hospital	2 Personal Goals	3 Family Support	4 Joined Up Care	5 Transition
Children and young people avoid hospital for their urgent healthcare needs where safe to do so	Children and young people feel they are supported in reaching their personal goals.	Parents and carers feel they are able to support their child to meet their personal goals.	Families report they feel services are working together to help their child and/or meet their child's needs	Young people follow a care plan which enables smooth and well planned transition to adult services

# Methodology for recording and reporting Outcome Measures

Staff working in ECFWS are prompted by a protocol system to activate and record outcomes.

The outcome measure dashboard captures:

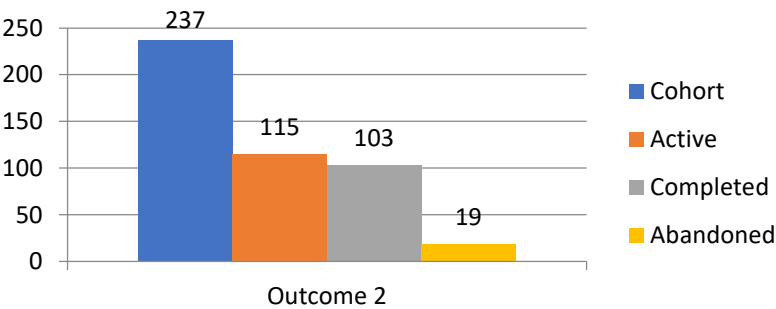
Cohort – No. and % of CYP and/or families with an active, completed or abandoned status. To accommodate varying time scales for each outcome, the cohort is cumulative.

Active – No. and % of CYP and/or families with an active care plan of intervention and support

Completed – No. and % of CYP and/or families who completed support/intervention

Abandoned – No. and % of CYP and/or families who moved away or disengaged from the service

Example of outcome measure activity



The cohort, active, completed and abandoned status supports the service in tracking the number of outcomes offered, including individual practitioner activity and performance.

Outcome activity is discussed at 1-to-1's and is an integral part of the appraisal process.

# Questions