



## **Children's centres Implementation Update No 5**

**To:- Local Authorities' Nominated Strategic Officers**

**Cc: Children's leads in Strategic Health Authorities and Primary Care Trusts**

### **Working with Health Colleagues**

The Sure Start children's centre start up guidance "Developing integrated services for young children and their families", first issued in February 2003, makes it clear that local authorities must work with Primary Care Trusts and other health trusts at a strategic level when planning services in children's centres. We know that some, but not all, authorities are finding it difficult to engage with health colleagues and this Implementation Update offers information on how to do this successfully.

There are many shared priorities and common goals for professionals and service providers working with young children and their families – these are highlighted below. Keeping these in sight and sharing the children's centres vision is a good way of helping others to see where they can help improve outcomes for young children and families, especially those in disadvantaged areas.

General background information about: health structures, models of service provision, information sharing, the role of health professionals in birth to three matters and the foundation stage, the role of para professionals, the NHS childcare strategy, public health and a list of Strategic Health Authority (SHA) children's leads with their contact details is in the attached annex.

### **Key Message**

The development of children's centres must include full collaboration with health providers at planning and implementation stages. This will ensure an integrated, consistent approach which best meets the needs of all families and which promotes a cohesive way of working that can ultimately be used across a whole local authority area.

The Strategic Development Officer (SDO) in your regional Sure Start team will be able to help you to make links with health and help them see how important their role is within the children's centres agenda. Also within each of the regional teams, there is a health lead who has developed knowledge and expertise around the involvement of health in the development of children's centres. They liaise with their regional colleagues within Public Health e.g. Teenage Pregnancy Co ordinators, Infant Feeding experts, Tobacco policy, Child and Adolescent Mental Health Development Managers as well as with their SHA colleagues working as Children's leads. They meet every two months with the Sure Start Unit Health Adviser who supports them in their work and who will come to local meetings, when required, to facilitate joint working between Local Authorities and Health organisations. The health leads can be contacted through the SDO.

**Key contacts** in the health sector will be

- ⊙ Children's leads in Strategic Health Authorities (SHAs)
- ⊙ Children's leads in PCTs
- ⊙ Heads of Midwifery/Maternity services
- ⊙ Children's leads Mental Health Trusts
- ⊙ Local GPs and practice staff

Health professionals provide a universal service to pregnant women, their families and young children from conception to five: the universal provision is then taken over by education with a health input through the school health services. Evidence from the development of Sure Start Local Programmes suggests that the sooner key health professionals (Health Visitors, Midwives and GPs) are consulted, informed and engaged in the process of the development of children's centres, the more effective the ongoing commitment and involvement.

### **Common Aims and targets**

In engaging with health colleagues it will help to draw out, and underline, the areas where aims are common or have significant overlap. Many targets NHS Trusts are working towards are common to those within Sure Start, and the preventative capacity that children's centres are able to offer will have a significant impact on the NHS meeting their targets, while enabling an effective use of local resources. The following are target areas in the NHS Priorities and Planning Framework (PPF) that link with the Sure Start targets:

- > Reducing smoking in pregnancy
- > Reducing low birth weight
- > Preventing accidents
- > Reducing the mortality rates of children under a year
- > Increasing breast feeding rates
- > Improving diet and nutrition
- > Reducing levels of childhood obesity

- > Improving the identification of and support for, adult mental illness
- > Increasing the early identification of children with special needs
- > Improving child and adolescent mental health
- > Reducing teenage pregnancy rates
- > Increasing access to services, choice and user satisfaction.
- > Reducing health inequalities

There is a specific objective within the Priority Planning Framework section on Life Chances for Children which expects NHS organisations to “engage fully with the ongoing development of cross-agency preventive work to support children and families, including local prevention strategies, and the continued development of Sure Start and Children's Centres.” Likewise, in the Reducing Health Inequalities section the NHS is expected to make a “full contribution to support the *Sure Start* programme”

([http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT\\_ID=4008430&chk=Xp8vH](http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4008430&chk=Xp8vH))

In addition, parent support, training, employment, information and community involvement are the key areas within Sure Start that address the themes expressed within the Department of Health document *Tackling Health Inequalities: A Programme for Action* ([www.doh.gov.uk/programmeofaction](http://www.doh.gov.uk/programmeofaction))

Children’s centres are working to the following Sure Start targets :

### **Aim**

- ⌚ Increase the availability of childcare for all children, and work with parents to be, parents and children to promote the physical, intellectual and social development of babies and young children - particularly those who are disadvantaged - so that they can flourish at home and at school, enabling their parents to work and contributing to the ending of child poverty.

### **Performance Targets**

We will achieve by 2005-06 in fully operational programmes:

- ⌚ An increase in the proportion of young children aged 0-5 with normal levels of personal, social and emotional development for their age;
- ⌚ A 6 percentage point reduction in the proportion of mothers who continue to smoke during pregnancy;
- ⌚ An increase in the proportion of children having normal levels of communication, language and literacy at the end of the Foundation Stage, and

an increase in the proportion of young children with satisfactory speech and language development at age 2 years; and

- ⌚ A 12 percent reduction in the proportion of young children living in households where no one is working

### ***Service delivery agreement targets***

SDA10. All families with new born babies in Sure Start local programmes and Children's Centre areas to be visited in first 2 months of their babies' life and given information about the services and support available to them.

SDA11. Information and guidance on breastfeeding, nutrition, hygiene and safety available to all families with young children in Sure Start local programme and Children's Centre areas.

SDA12. Reduce by 10% the number of children aged 0-4 living in Sure Start local programme and Children's centre areas admitted to hospital as an emergency with gastro-enteritis, a lower respiratory infection or a severe injury.

SDA13. Ante-natal advice and support available to all pregnant women and their families living in Sure Start local programme and Children's Centre areas.

### **Your expectations of health colleagues**

In seeking to work in partnership with health colleagues you can be clear that you are not looking for great changes in structure or practice but an adaptation of approach that will promote integration, prevent duplication and ensure a more consistent approach for families, particularly those with complex needs. For example, your expectations will be that health colleagues will:

- commit to seamless working, with good mechanisms for working together and sharing information between service providers
- signpost families to relevant local services
- identify childcare and early education provision to local families and work together with providers of the early year's provision for the benefit of families.
- base health service provision within a children's centre
- co locate services for families and children in health settings
- participate in activities such as group work, with other local providers
- provide specialist input to ensure a preventative approach as well as enabling the early identification of any problems
- participate in shared training opportunities
- provide training around health related subjects and child development for early years and childcare staff
- create a shared approach to workforce issues e.g. flexible work arrangements, office space that enhances good communication and team working, examination of each service provider's role to reduce duplication and enhance efficiency.

## **And finally**

Many children under 3 will not be taking up childcare places (they will be accessing group activities or be at home) it is therefore particularly important that the children's centres' family and outreach services reach all of the children who are living in the 20% most deprived wards and support is targeted at those who are hardest to reach and need it most. These services must be seamlessly integrated across local authority and health provision, to ensure all children and their parents have access to the services that will help them to have an equal starting point when they reach school, enabling them to reach their full potential.

A list of Strategic Health Authorities (SHA) Children's Leads, is attached, they are key people to work with, they will help you to identify the children's leads within the Trusts in your area and will support you in your work with them.

We know that linking up across a number of different organisations is difficult but in order to make sense of the Sure Start approach it is imperative that you and your health colleagues work closely together, at planning and commissioning stages as well as across all areas of service provision.

**Caroline Healy  
Health Adviser  
Sure Start Unit**

## **ANNEX to accompany the Children Centre IMPLEMENTATION UPDATE 5**

### **Working with Health**

#### **Health Structures**

In England there are 28 Strategic Health Authorities that work with the NHS Trusts and health providers within their areas. Within each health organisation there will be a lead for Children's Services, as recommended by the Bristol Royal Infirmary Inquiry. The SHA may span a number of Local Authorities and will generally work with up to 5 PCTs. I attach a list of contact details for the SHA Children's leads that will be able to facilitate meetings with your local health trusts.

Some PCTs have nominated a lead PCT in their SHA area for children's services that commissions services and works in partnership with the Local Authority, on behalf of the neighbouring PCTs. While this is an effective model for ensuring efficiency of expertise and resource, it is advisable for each of the Children's Leads within all of the PCTs that have a children's centre within their boundaries, to be engaged in their development.

The Trusts that need to be engaged in the development of children centres will primarily be the PCTs but it is crucial that Hospital Trusts are also engaged as they are the employing organisation for all local maternity services. Midwives, whether they work in the community or within the hospital, are all employed by the hospital trust. The Head of Midwifery services is the key person to contact in the planning of a local children's centre, to ensure that midwives are able to inform a process and implement a way of working that enhances communication between and within professional groups and agencies.

Mental Health Trusts are also important as they employ professionals who will be able to promote infant and child mental health through working with parents, training staff and providing supervision to staff working with parents. They also work with parents with mental health problems; there needs to be strong communication links between adult mental health services and children's services in order to reduce any negative impact of parental mental health on the parent/child relationship.

Universal service provision is provided by Midwives, Health Visitors and GPs.

Specialist services are provided by professionals such as Speech and Language Therapists, Child Psychologists, Child Psychotherapists and hospital Paediatric staff.

It is critical that universal provision is fully integrated within the children's centre with specialist provision being used, not only in therapeutic interventions, but also to train staff, to provide targeted services and to assist the universal providers in preventative work, so that children need to access the specialist services as rarely as possible.

GPs are key professionals within the community and should be engaged in the development of children's centres. While they work closely with PCTs, they are independent practitioners and if a children's centre is to be located within their practice area, should be approached individually. They are in a very good position to signpost families to local services and will often have key knowledge of a family that can indicate their level of vulnerability and need.

### **Information sharing**

The way information is shared between different services working with children is usually influenced by previous relationships between services and individuals, and levels of trust and reflects the degree of commitment to integrated service provision. The Children's Bill and the Maternity and Children's National Service Framework, both emphasise the need for information and data to be shared across agencies, for the benefit of families.

The NHS Information Authority is currently drafting policy to coincide with the publishing of the NSF that will further facilitate this approach. It is imperative that the families that live within the catchment area of the children centre are able to access the services to which they are entitled, at the earliest possible point in pregnancy or with a young child.

Frequently health services have access to the information about which families live within the catchment area and this information should be shared with local service providers, ensuring that confidentiality and appropriate levels of information are shared. The Information, Referral and Tracking (now called Information sharing and assessment but abbreviated as IRS) mechanism should underpin this process, through the Local Strategic Partnership.

Ten IRT/IRS Trailblazer projects, involving fifteen Local Authorities have £1 million each to develop and test new ways of information sharing and multi-agency working. Details of the pilot sites can be accessed through [www.cypu.gov.uk/corporate/irt/index/cfm](http://www.cypu.gov.uk/corporate/irt/index/cfm)

### **Geographical and GP attachment**

Many services that are provided within a community setting are organised around GP attachment. i.e. a Midwife (MW) or Health Visitor (HV) will visit the families that are registered with a GP practice (or a number of practices) regardless of where the families are living. In urban areas with a number of GP practices, many working as

single handed practitioners, this can result in up to 20 Health Visitors covering one estate or community.

An alternative model is when a HV or MW work on a geographical basis, where, for example, they work on one estate getting to know the families in that patch, many of whom may be registered with a number of different GPs. To ensure a good liaison with the GP practices it is usual for the HV/MW to be linked to a practice.

Recently, a number of PCTs and midwifery units have reorganised their practitioners to a geographical model of working. It cannot be underestimated how complex this process is and while the development of children's centres would not necessitate such a radical change, it can enhance community based working when a smaller group of staff are all working with the same families. The move from GP attached to geographically based working requires careful consultation with the local GPs and the PCTs Professional Executive Committee (PEC) which is the commissioning body of the PCT and is comprised of GPs and other professionals within the PCT.

### **Public Health**

The term public health, is described in the recent Wanless report as: " the science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organisations, public and private, communities and individuals."

It is within public health that there are a number of shared targets across the Sure Start Unit and Health Trusts. We are particularly wanting to identify levels of need, to prevent health problems occurring and to identify any problems that are arising as early as possible, to reduce their subsequent impact.

The consultation process for the Public Health White paper: *Choosing Health?* was an opportunity for the LA and the Health Trusts to collaborate in identifying the key issues for the health of their local population, in which a children's centre is being developed. [www.doh.gov.uk/consultations/liveconsultations](http://www.doh.gov.uk/consultations/liveconsultations)

### **The NHS Childcare Strategy**

This strategy is designed to help NHS staff to access childcare places to enable them to return to, and stay at, work. Many of the childcare places are being created on or near NHS sites. There may be some instances where the sustainability of the childcare provision in a children's centre can be secured by working with the local NHS organisation, to offer some of the childcare places to NHS staff. The NHS Childcare Co-ordinators are usually found within the Human Resource department of the local NHS Trust. Information about this strategy can be accessed on: [www.dh.gov.uk/policyandguidance/humanresourcesandtraining/modelemployer/improvingworkinglives](http://www.dh.gov.uk/policyandguidance/humanresourcesandtraining/modelemployer/improvingworkinglives)

## **Working with para professionals**

The role of the para professional (also known as support workers or assistants) is to work alongside professionals (for example midwives) so that they can concentrate on duties that require their training and expertise. In Sure Start local programmes this method of providing additional family support, which has not been available from hard-pressed professionals, has been welcomed. The collaborative approach can be even more effective when para professional works alongside first the midwife and then the HV, supporting the family throughout the different stages of parenthood. They will also be available to work with parents to access a playgroup, nursery or childcare place and can work with the childcare staff to ensure that they are aware of the individual needs and circumstances of the child and its family.

The role of the para professional can be managed and supervised by the lead professional, who will undertake regular, holistic assessments to review the family's needs.

In all consultations with families, continuity and integrated service provision are raised as key factors, particularly by mothers during pregnancy and by families with complex needs.

## **Birth to Three Matters and the Foundation Stage**

Both these frameworks are as relevant to health staff as they are to staff working in the local authority. Health professionals have a significant contribution to make in facilitating parents and carers to help children to reach the areas that are prioritised in the Foundation Stage profile. Midwives and Health Visitors and their colleagues, can benefit from attending the training for Birth to Three Matters. While much of the material may be familiar to them, it is crucial that all staff working with families with babies and young children, have an understanding of each other's roles, levels of expertise and shared vision.

The Foundation stage curriculum is an invaluable framework for the work started by the Midwife and continued by the Health Visitor e.g early communication between a parent and baby starts at birth, the social and mental competence of a child is greatly influenced by its baby and early childhood experiences.

During the Foundation stage profiling in the reception year, the earlier contacts with a child who is found to be having difficulties can be re examined to identify whether problems had been noticed earlier, whether services were available and whether the measures that were appropriate to the family and child were offered and accessed. This can be a useful learning mechanism to enhance service provision to children at risk of, or with, particular needs.

**Contact details for SHA Children's Leads in the regions**

**East of England**

<b>Organisation</b>	<b>Name</b>	<b>Contact Number</b>	<b>Address</b>	<b>Email Address</b>
Cambridgeshire, Suffolk & Norfolk A	Janet Gandolfi	01223 597 568	2/4 Victoria House Capital Park Fulbourn Cambridge CB1 5XB	<a href="mailto:Janet.gandolfi@ncsctha.nhs.uk">Janet.gandolfi@ncsctha.nhs.uk</a>
Hertfordshire and Bedfordshire	Mona Walker	01727 792839	Tonman House 63-77 Victoria Street St Albans Hertfordshire AL1 3ER	<a href="mailto:Mona.walker@bedsandherts-ha.uk">Mona.walker@bedsandherts-ha.uk</a>
Essex SHA	Mike Chapman	245 397672	Swift House Hedgerows Business Park Colchester Road Chelmsford Essex CM2 5PF	<a href="mailto:Mike.chapman@essexsha.nhs.uk">Mike.chapman@essexsha.nhs.uk</a>

**East Midlands**

<b>Organisation</b>	<b>Name</b>	<b>Contact Number</b>	<b>Address</b>	<b>Email Address</b>
Nottinghamshire	Heather Miller	0115 968 4444	Octavia House Interchange Business Park Bostocks Lane Sandiacre Nottinghamshire NG10 5QG	<a href="mailto:Heather.miller@tsha.nhs.uk">Heather.miller@tsha.nhs.uk</a>
Leicestershire, Northamptonshire & Rutland	Jenny Belza	0116 295 7500	Lakeside House 4 Smith Way Leicester LE19 1SS	<a href="mailto:Jenny.belza@lnrsha.nhs.uk">Jenny.belza@lnrsha.nhs.uk</a>

## London

Organisation	Name	Contact Number	Address	Email
North East London Strategic HA	Jonathan O'Sullivan	0207 655 6600	Anuerin Bevan House 81-91 Commercial Road London E1 1RD	Jonathan.o'sullivan@nelondon.nhs.uk
North Central London Strategic HA	Sue Dutch	0207 756 2545	Victory House 170 Tottenham Court Road London W1T 7HA	<a href="mailto:Sue.dutch@nclha.nhs.uk">Sue.dutch@nclha.nhs.uk</a>
North West London Strategic HA	Steve Arnold	0207 756 2643	Victory House 170 Tottenham Court Road London W1T 7HA	<a href="mailto:Steve.arnold@nwlha.nhs.uk">Steve.arnold@nwlha.nhs.uk</a>
South East London Strategic HA	Sue Webb	0207 716 7045	1 Lower March London SE1 7NT	<a href="mailto:Sue.webb@selondon.nhs.uk">Sue.webb@selondon.nhs.uk</a>
South West London Strategic HA	Ros Ayling	0208 545 6025	41-47 Hartfield Road Wimbledon London SW19 3RG	<a href="mailto:Ros.ayling@swlha.nhs.uk">Ros.ayling@swlha.nhs.uk</a>

## North East

Organisation	Name	Contact Number	Address	Email
Northumberland, Tyne and Wear SHA	Sam Cramond	0191 210 6400	Riverside House Goldcrest Way Newcastle NE15 8NY	<a href="mailto:Sam.cramond@ntwha.nhs.uk">Sam.cramond@ntwha.nhs.uk</a>
County Durham and Tees Valley SHA	Debbie Edwards	01642 666745	Teesdale House Teesdale Park Westpoint Road Thornaby Stockton-on-Tees Cleveland TS17 6BL	<a href="mailto:Debbie.edwards@cdivha.nhs.uk">Debbie.edwards@cdivha.nhs.uk</a>

## North West

Organisation	Name	Contact Number	Address	Email
Lancashire and Cumbria HA	Andrew Bennett	01772 647000	Head of Performance Improvement, Preston Business Centre, Watling Street, Fullwood, Preston. PR2 8DY	<a href="mailto:andrew.bennett@clsha.nhs.uk">andrew.bennett@clsha.nhs.uk</a>
Cheshire and Merseyside HA	Ray Walker / Lesley Kay / Hilary Blumer	01925 406083 07884 473080	Assistant Director Performance, Quayside, Wilderspool Park, Greenhalls Avenue, Warrington, WA4 6HL.	<a href="mailto:ray.walker@cmha.nhs.uk">ray.walker@cmha.nhs.uk</a> <a href="mailto:hilary.blumer@cmha.nhs.uk">hilary.blumer@cmha.nhs.uk</a> <a href="mailto:lesley.kay@cmhh.nhs.uk">lesley.kay@cmhh.nhs.uk</a>
Greater Manchester HA	Nick Clawson / Leila Williams	0161 2372898	7th Floor, Gateway House, Piccadilly, Manchester.	<a href="mailto:nick.clawson@gmsha.nhs.uk">nick.clawson@gmsha.nhs.uk</a> <a href="mailto:leila.williams@gmsha.mhs.uk">leila.williams@gmsha.mhs.uk</a>

## South East

Organisation	Name	Contact Number	Address	Email
Thames Valley HA	Steve Appleton & Stephen Green	01865 337029	Jubilee House 5510 John Smith Drive Oxford Business Park South Oxford OX4 2LH	<a href="mailto:Steve.appleton@tvha.nhs.uk">Steve.appleton@tvha.nhs.uk</a> & <a href="mailto:Stephen.green@tvha.nhs.uk">Stephen.green@tvha.nhs.uk</a>
Surrey and Sussex SHA	Carole Mattock	01293 778899	York House 18-20 Massetts Road Horley Surrey RH6 7DE	<a href="mailto:carole.mattock@sysxha.nhs.uk">carole.mattock@sysxha.nhs.uk</a>

it and dway SHA	Daryl Robertson	01622 710161	Preston Hall Royal British Legion Village Aylesford Kent ME20 7NJ	<a href="mailto:daryl.robertson@kentmedway.nhs.uk">daryl.robertson@kentmedway.nhs.uk</a>
mpshire and V SHA	Sally Whitley	02380 725476	Oakley Road Southampton Hampshire SO16 4GX	<a href="mailto:sally.whitley@hiowha.nhs.uk">sally.whitley@hiowha.nhs.uk</a> & <a href="mailto:brian.courtney@hiowha.nhs.uk">brian.courtney@hiowha.nhs.uk</a>

### South West

Organisation	Name	Contact Number	Address	Email
set and nerset ategic HA	Adrian Wells	01935 384000	Charter House Watercombe Lane Yeovil Somerset BA20 2FU	<a href="mailto:Adrian.wells@dsha.nhs.uk">Adrian.wells@dsha.nhs.uk</a>
in, ucestershire Wiltshire ategic HA	Jill Crook Associate Director Of Professional Performance AGW Strategic Health Authority	01249 858500	Langley Park Estate Chippenham Wiltshire SN15 1GG	<a href="mailto:Jill.crook@agwsha.nhs.uk">Jill.crook@agwsha.nhs.uk</a>
ster	Anthony Farnsworth - Director of Strategic Partnerships	01392 207476/207477  Fax 01392 270910	Dean Clarke House Southernhay Exeter Devon EX1 1PQ	<a href="mailto:Anthony.Farnsworth@swpsha.nhs.uk">Anthony.Farnsworth@swpsha.nhs.uk</a>

## West Midlands

Organisation	Name	Contact Number	Address	Email
Birmingham and Black Country Strategic HA	Jonathan Cooke	0121 695 2222	St Chad's Court 213 Hagley Road Edgbaston Birmingham B16 9RG	<a href="mailto:Jonathan.cooke@bbcha.nhs.uk">Jonathan.cooke@bbcha.nhs.uk</a>
West Midlands Health	Frances Howie	01527 67796	Ofsprey House Albert Street Redditch B97 4DE	<a href="mailto:Frances.howie@wmsha.nhs.uk">Frances.howie@wmsha.nhs.uk</a>
Worcestershire & Herefordshire Strategic HA	Rob Willoughby	01785 252233	Mellor House Corporation Street Stafford ST15 3FR	<a href="mailto:Rob.willoughby@sasha.nhs.uk">Rob.willoughby@sasha.nhs.uk</a>

## Yorkshire and Humber

Organisation	Name	Contact Number	Address	Email
West Yorkshire HA	Sue Bottomley	0113 295 2075	Blenheim House Duncombe Street Leeds LS1 4PL	<a href="mailto:Sue.bottomley@westyorks.nhs.uk">Sue.bottomley@westyorks.nhs.uk</a>
West Yorkshire North Yorkshire and Lincolnshire HA	Geraldine Sands	01904 724500	Innovation Way York Science Park York YO10 5NY	<a href="mailto:Geraldine.sands@neynlha.nhs.uk">Geraldine.sands@neynlha.nhs.uk</a>
South Yorkshire HA	Paul Redgrave	0114 271 1100	Fulwood House Old Fulwood Road Sheffield S10 3TH	<a href="mailto:Paul.redgrave@sysha.nhs.uk">Paul.redgrave@sysha.nhs.uk</a>