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A preventive and integrated approach to early child development: Next Steps

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Next Steps

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1 Introduction

This is the second of two companion documents addressing next steps towards a preventive and integrated approach to early childhood development. This first, 'What's Missing', identifies what local authority and early years' professionals believe are the main barriers to the adoption by local authority and health trusts of a preventive and integrative approach to early child development. Local area respondents interviewed ranged from Clinical Team Leaders through Heads of Early Years, Prevention and/or Early Intervention, Heads of Children's Services and Lead Officers for Health, Heads of Joint Commissioning, Commissioning Advisors and Commissioning Directors, and Directors of Children's Services, People, Public Health and Strategy, and two local authority Chief Executives. The early years' experts consulted came from CAMHS, the Institute of Health Visiting, Family Nurse Partnership, the NHS Alliance, the Royal College of Midwives, Public Health England, and professors and expert consultants.

Based on responses to the question 'what are the conditions required to promote a preventive and integrated approach to early childhood development?' the present document responds to what's missing and recommends 'Next Steps'.

2 The evidence for a preventive, integrated approach

The companion document summarises the conclusions of more than 10 recent authoritative studies in both England and Scotland, backed by government-funded investigations (Marmot, Allen, Field, Munro, Christie); government published reports (*Supporting families in the Foundation Years, Developing the NHS Commissioning Board, Conception to age 2 – the age of opportunity*); and reports by the National Audit Office (*Early Action, Integration across government*) and the Society of Local Authority Chief Executives, SOLACE (*Principles for Health and Social Care Reform*). These reports unanimously call for a switch by public services to both more integrated and preventive approaches. To quote from the Christie Commission report on the future of public services: **'It is estimated that as much as 40% of all spending on public services is accounted for by interventions that could have been avoided by prioritising a preventative approach.'**

3 What can we do? Next steps

Of the many suggestions from local area officers and directors and early years' experts, on where to focus attention to encourage prevention and integration, half related to just four areas:

- funding
- policy
- leadership
- workforce and services

These were closely followed by suggestions relating to:

- better evidence
- government direction
- organisational culture / attitude shift

Funding

The first thought of many respondents was how to fund the shift by local areas to a preventive and integrated approach to early childhood development. Suggestions included:

To promote prevention:

- An increase in funding for the earliest years, with specific direction to spend to promote prevention (This recommendation was repeatedly put forward)
- Innovative funding arrangements that allow a focus on prevention whilst still meeting statutory service requirements
- A switch of local area funding from reaction/ cure towards prevention
- A realignment of economic incentives and mechanisms in NHS funding to promote preventive spending
- Commitment to sustain investment in preventive services over the long-term and a shift of expectations in length of time taken to see return on investment

To promote integration:

- Flexibility in budgets, allowing departments to work together to consider how to invest the total resource differently

Both:

- Incentives for key agencies in local areas who do commit to and implement preventive and integrated approaches to early child development

Possible Next Steps

- The government should provide a ring-fenced 'Early Years Prevention' budget. We believe this is justified by the large scale pay-offs to public funding provided by such investment, and the need to shift inertia.
- Explore ways of re-aligning economic incentives, like carbon trading, so NHS commissioners do not simply work to 1-year targets. For example, identify 'proxy' measures for the early years that identify long term benefits but can be rewarded now.

- Conduct exploratory work to identify how systems such as CQUIN could reward NHS providers for delivering certain identified prevention targets. For example, targets relating to universal assessment of perinatal mental health or breastfeeding initiation rates
- Conduct exploratory work to identify how systems such as CCG Quality Premiums could reward CCGs for delivering certain identified prevention targets
- Innovative funding approaches – e.g. bringing departments together under a 'People' focus or a strong Children's Trust with its own budget and responsibility for preventive funding in early years.

Policy

Many local areas cited the potential for changes in national and local policy contexts to trigger a shift to a preventive and/or integrated approach to early child development, with the political support required to make this shift identified as a critical success factor. Suggestions included:

To promote prevention:

- A national political drive, with top-down direction from the government, for Health and Wellbeing Boards (HWBs) and their constituent agencies to address prevention
- Prevention and the conception to age 2 period to be made a priority in the strategic plans of local authorities, CCGs and HWBs (this was one of the most popular specific suggestions)
- Public Health setting an example through increased focus on prevention and the early years
- Greater emphasis on the antenatal period / attunement and attachment /early advice and information for parents / Family Nurse Partnership

To promote integration:

- Emphasis on integration in the early years, backed by increased integration at national level

Both:

- A formal, local policy approach to preventive and integrated approaches to early childhood demonstrated by local authorities
- Local councillors buying into and supporting these shifts

Possible Next Steps

- Over the next few years, the government should develop a national network of early implementer /pioneer sites for prevention in early years, owned at a senior level in NHS England, DfE, DH etc., to provide status and support.

- Public Health England could take a more active role in supporting a shift to a preventive and integrated approach to the earliest years of life.
- Local authorities, supported by Health and Wellbeing Boards, could increase focus on prevention in local policy, particularly when responsibility for commissioning 0-5 services transfers.
- In future iterations, the NHS Mandate should be developed to require a universal assessment of infant and perinatal maternal mental health both before and after birth. Quality specialist support should be provided where problems are identified.

Leadership

Respondents made the following suggestions relating to leadership that would be supportive of a shift to a preventive and integrated approach:

To promote prevention:

- Confident and knowledgeable leadership, with a true understanding of the importance of the conception to age 2 period, and a willingness to lead a change process
- Leadership which sees current funding constraints as an opportunity to introduce systemic change, using prevention to deliver greater value at lower cost

  (Several senior officers emphasised this point, some seeing it as an imperative)
- Public Health taking a leadership role

To promote integration:

- High level cross-agency buy-in
- Key people in key positions working together to promote partnership

Both:

- Senior strategic sign-up at the highest level, consisting of a shared vision of a preventive, integrated approach to early child development, starting at conception
- Senior management that supports creative and innovative changes that make sense in the pursuit of preventive and integrated working
- 'Forward looking' organisations that are willing to consider innovative funding approaches, ways of partnership working and ways to change organisational culture
- Political leadership with a willingness to look at issues openly and to understand and support the changes necessary to move towards a more preventive and integrated model

Possible Next Steps

- HE England, PHE and DH initiative to train senior local authority leadership, to support the understanding of the conception to age 2

period, and to promote engagement with putting prevention into practice.

- A formal document for each local area, owned by committed senior leadership, including the local Health and Wellbeing Board, reflecting a shared vision of a preventive and integrated approach to early child development.
- Establishment of prevention 'Champions' at key levels of leadership, nationally connected and supported, in a similar way to WAVE's Early Years Champions but with LGA support.

  These Champions would work closely with Health and Wellbeing Boards, Public Health, and Children's Services and help introduce best practice through liaison with local implementers and sources of knowledge such as WAVE.

Workforce and services

Respondents recognised the workforce is a fundamental part of the shift to a preventive and integrated approach to early child development, as are the services provided. Suggestions included:

To promote prevention:

- Prevention embedded in workforce practice
- Workforce knowledgeable about child development
- A skilled, well-trained workforce with appropriate supervision and support which has prevention embedded in practice and mind-sets
- Having a clear understanding across all levels of staff of early brain development and the importance of attachment and attunement (this point was made in a number of variations)

To promote integration:

- Shared training across agencies and departments
- Integrated services across the whole of the early years' workforce with shared protocols and joint workforce development
- Greater co-location of teams with improved daily communication and increased opportunity to break down boundaries across professions

Both:

- Services designed around the needs of the child and family using a life-course approach to ensure families are supported consistently with least disruptive change

Possible Next Steps

- A national group should be set in place to promote and implement training at scale of local area staff, from front line to CEO in the evidence base for prioritising prevention and the early years, and the creation of a common understanding and commitment. This group should include public bodies such as Health Education England and Public Health England

and other organisations which have voiced support e.g. Best Beginnings, NSPCC, Royal College of Paediatrics and Child Health, WAVE Trust.

- The government should provide seed funding and leadership for the process.
- Local authorities could support co-located services where possible, and engage in joint commissioning of services to support integrated working.
- Recognising the evidence base for the importance of high quality early years services and well trained early years' staff, services and commissioners should give greater priority to training and supervision of the early years' workforce, promoting continual professional development.
- Joint local workforce training in the understanding of the critical importance of the early years, both within local authorities and alongside partner organisations. This training could be led by the local authority and could include an integrated workforce. Examples of this can be seen in the work of Connected Northumberland.

Evidence base

A significant number of respondents believed greater prevention and integration could be significantly aided by improved evidence, or presentation of evidence. Specific suggestions included:

To promote prevention:

- Much wider availability and presentation of strong economic evidence that prevention does lead to real cost savings (this was one of the most popular comments overall)
- An increased understanding of the evidence of the critical importance of the earliest years of childhood across all levels of local organisations
- Economic evidence that is shaped locally to inform a targeted business case for prevention, showing costs and benefits for all relevant parties
- Greater significance placed on local need as shown by local data and information and by community engagement to understand the 'narrative' of local need
- Examples of successful prevention initiatives at local level, with outcome information
- Snappy, dynamic presentations to convince commissioners

Both:

- Greater ability to identify the effectiveness and impact of prevention and integration at a local level
- Accessible evidence that integration and prevention improve outcomes and costs

Possible Next Steps

- Wider dissemination of existing economic evaluations.
- Better presentation of existing economic evaluations.
- Further research and evaluation of the economics of primary prevention, such as that currently being funded by the Big Lottery.

- Greater trust fund and national and international funding for research on the impact and effectiveness of preventive and integrated working.

Government direction

This category attracted a significant number of suggestions, but very scattered in nature. Two which did receive support from more than one quarter of respondents were:

To promote prevention:

- Restructuring outcomes frameworks to give explicit encouragement to prevention

To promote integration:

- DfE and DH actively promoting integration together

Possible Next Steps

- DH and PHE should work together to create measures within the Public Health Outcomes Framework which assess success on key preventive initiatives – e.g. reductions in disorganised attachment, which has major associated costs.
- OFSTED to amend framework for inspection of local authorities and early years' services to include focus on prevention

Organisational culture / attitude shift

This heading was unusual in drawing more suggestions in relation to integration than to prevention. Suggestions included:

To promote prevention:

- Having a preventive approach embedded in the culture of the organisation, both practice and mind-sets, across the whole workforce right up to the level of Chief Executive
- A shift from the attitude that curative and reactive services can substitute preventive services to a belief in the acceptance of universal, non-stigmatising preventive services

To promote integration:

- Shared ownership across agencies
- Have one integrated commissioner of health and social care
- Have one integrated provider per local authority
- Joined-up or fully integrated commissioning that uses a care pathway approach to support a shift to truly integrated working
- Practical examples of how multi-agency working works

Both:

- Breaking down of 'professional tribalism' to work in more collaborative and integrated ways to ensure the shift to prevention comes from all invested organisations

Possible Next Steps

- Organisations such as WAVE Trust could support a shift in attitude across local areas to understand and commit to the importance of the early years and the power of prevention.
- Government departments could lead by example and move away from 'silo' working to more integrated, communicative and shared ways of working.
- Local Authorities could engage with the community to increase the emphasis on the collective responsibility society has towards children.

Other ideas

Other suggestions by respondents related to community engagement, commissioning, outcome measures, inspection frameworks, systems change, information sharing and risk assessment. None, however, attracted the levels of response of the points above.

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