Early Years Integration Transformation Programme
Interim evaluation Caerphilly – May 2021

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Executive Summary

The Early Years Integration Transformation Programme aimed to develop a seamless cohesive system for children and families antenatal to 7years. The model was developed on a regional Gwent footprint through a partnership approach in a regional steering group: Aneurin Bevan University Health Board, Gwent Public Health Wales, Blaenau Gwent, Caerphilly and Newport Local Authorities and co-opted membership from Monmouthshire and Torfaen Local Authorities.

The model was developed using Vanguard System Thinking methodology and included a wide range of stakeholders from frontline to senior management.

The pilot in Caerphilly was implemented in New Tredegar community consisting of the 3 Lower Super Output Areas and seeking to test a model of support based on family need not on postcode and starting from family and community strengths.

The pilot began in October 2020 during the Coronavirus pandemic which limited community and in person provision. The pilot identified a large amount of unknown and unmet need in the community which required a significant amount of resource to support families.

This is the 6month report on the pilot which shows some positive increases in communication between and within organisations although there is further work to do in ensuring this communication is more robust and systematic.

Outcomes for families are in the early stages. The team are currently working with 275 children aged 0-5years from 220 families. During the 6month period they have seen over 400 children at home and made 6 referrals for safeguarding. There are currently 44 children under safeguarding procedures and a further 28 children looked after. During the period 13 families were brought to the What Matters meeting and none of the families have required escalation to statutory services. There were a significant number of developmental delays recognised with the 75 Developmental Assessments required. 48 parents have low mental health and wellbeing needs. 47 antenatal parents were known during this period.

The model has made significant strides in notification systems between midwifery and health visiting, connecting antenatal families with support to ensure the offer is preventative in the earliest stages of parenthood. The model has also connected health teams to schools and childcare enabling transition of information, as well as developing the right support for the family in these key transition stages.

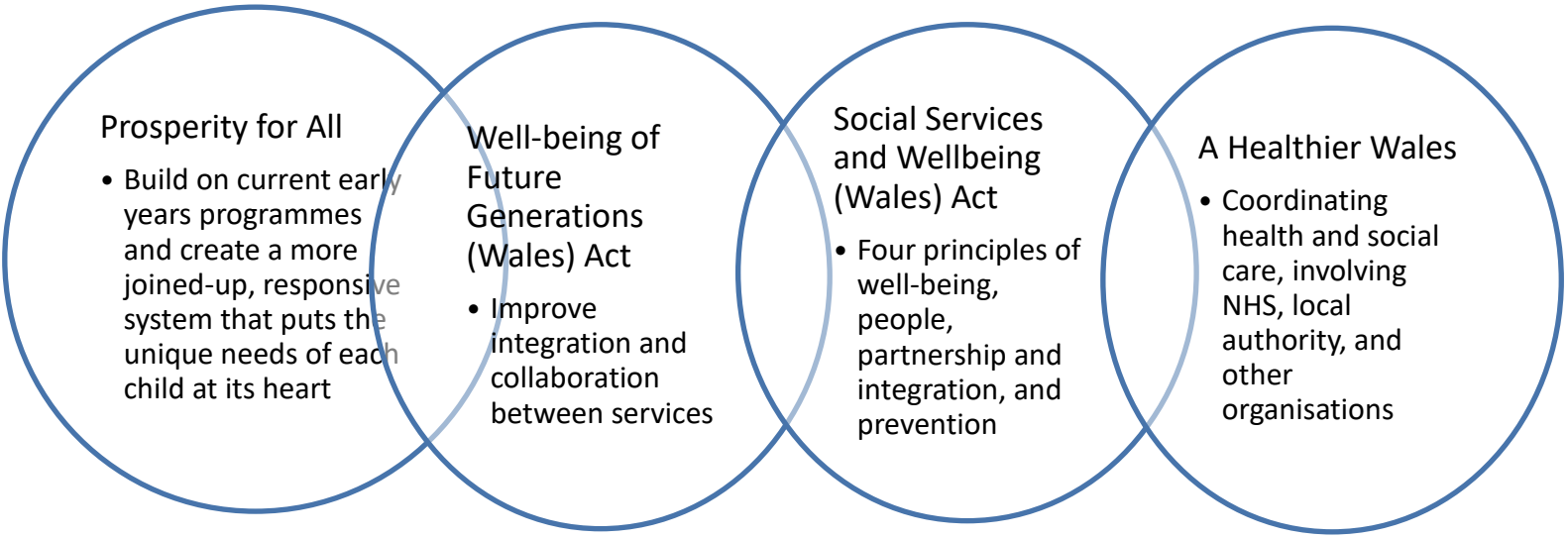
The next stage of the pilot will include expansion to phase 2 in St James areas, widening of the phase 1 pilot area for sustainability with sufficient staff, communication strategy, multiagency training plan, midwifery and early years strategy as well as development towards a single record keeping system across ABUHB and CCBC.

Background and context

There are many funding streams in early years with many criteria and requirements for access to support. This has made the landscape of provision complex and challenging with multiple access / referral points and many organisations involved with limited coordination between the different funding bodies / projects.

Examples of funding streams / criteria include: Childcare Offer, Flying Start, Families First, Healthy Child Wales, midwifery, statutory services, First 1000 Days, Integrated Care Fund, Building a Healthier Wales, Supporting People, Childcare and Play, Child Development Fund, voluntary sector projects, etc. Some criteria are crisis, or edge of care, some are postcode, some are project specific, some are economic activity related, some are for additional or emerging needs, but this makes a complex system challenging for parents and professionals to navigate.

Welsh Government has a variety of polices and legislation where the primary aim is to build up and responsive early years' system for families so they are able to access what they need, when they need it to give children the best start in life.



The Public Service Boards across the Gwent region all had a Wellbeing Objective around giving all children the best start in life. Many had already signed up to the First 1000 Days programme although wished to extend the age range. When Welsh Government announced the Early Years Integration Transformation Programme pathfinder, Blaenau Gwent, Caerphilly, and Newport signed up in a regional partnership with Public Health Wales and Aneurin Bevan University Health Board.

Aim of Early Years Integration Transformation Programme pathfinder

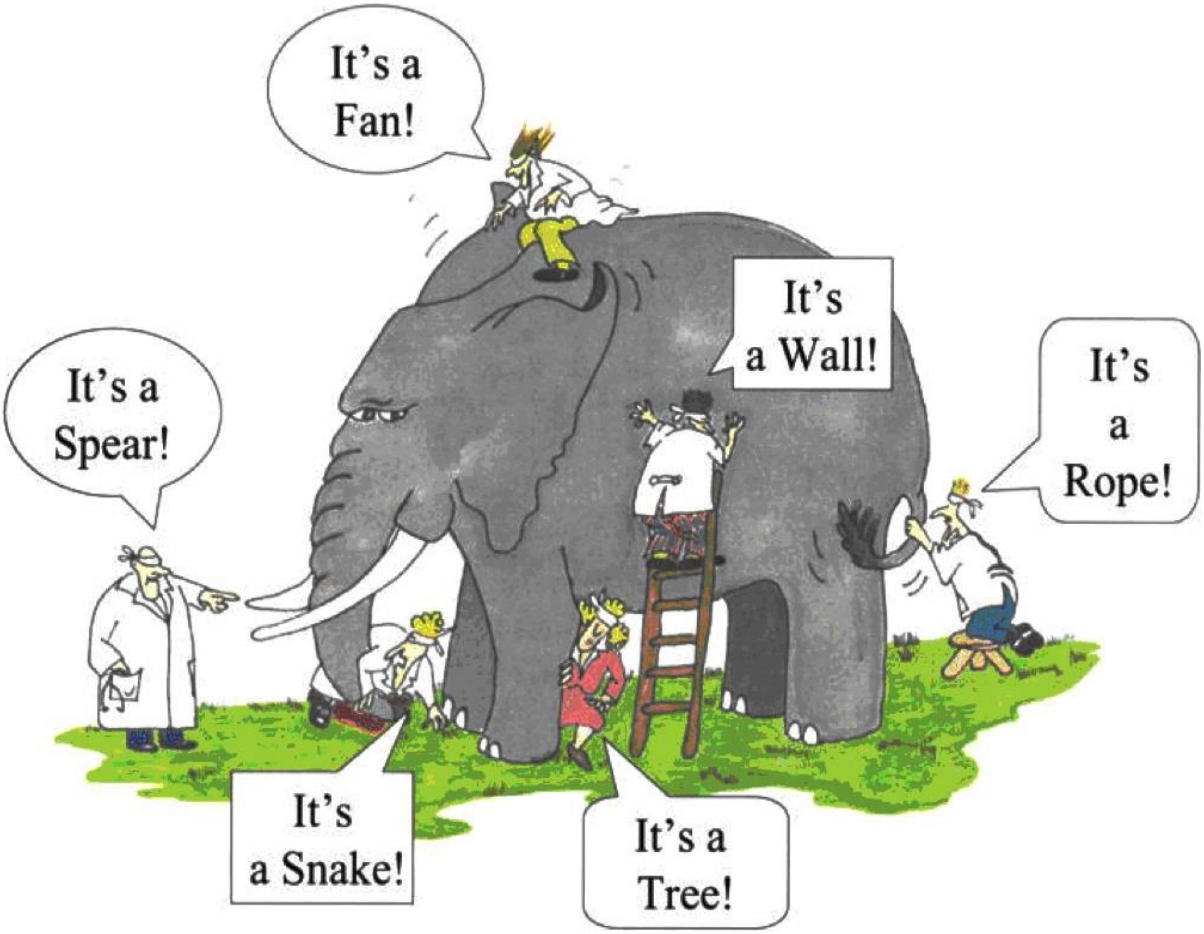
Working in partnership at a system level to:

- Deliver Early Years' services in a coordinated, integrated, and timely way
- Re-configure Early Years' services focussing on planning, commissioning, identifying, and addressing needs

- To identify further opportunities and barriers to integration and ways to re-move, reduce or rationalise them

The pathfinder pilot considered all of the current complexity and used Vanguard Systems Thinking methodology to understand where the system could be simplified for families and professionals. However, any changes had to still enable the reporting against the different funding criteria to meet current grant / programme restrictions. The initial work was to map current provision and stakeholders in the system in each local authority area.

We needed to look at the whole system (which is huge) and not focus on tweaking one small aspect which may have indirect impacts on other areas in the system. We needed to include everyone to inform the learning of the system and what needed changing / improving to benefit families in the early years system.



In order to look at the whole early years system, Vanguard Systems Thinking took senior managers and stakeholders on a normative experience journey to challenge current thinking and enable a change in thinking and system design. The normative experience included talking to families of 4-5year olds to hear their experiences of the current system. Families were randomly selected to include Flying Start and generic areas and had varying levels of family needs. The second group talked to professionals involved in the system to map the flow of the system including paperwork, information, assessment, information sharing etc. The third group undertook file reviews to understand the contacts with each family including number

of contacts, number of professionals involved, number of assessments, number of referrals and the impact / outcomes for all of this contact. From this normative experience the values and principles were developed to put families and children at the centre of the system design.

Change is a change in management thinking, best achieved through seeing counterintuitive truths first-hand

In Caerphilly an operational management group was established including many different agencies with a focus on developing, implementing, and evaluating a pilot in the New Tredegar community. This group of managers would also be responsible for removing local blockages to system change and support solution development.

The team for New Tredegar was identified in Summer 2020 with a range of training opportunities including Vanguard system thinking delivered during August and Sept 2020. The New Tredegar pilot went live from October from a core team base in White Rose Health Centre delivering and testing the new early years core offer. During this period we went through a local Caerphilly borough lockdown in September, in to a national firebreak in October, and then nearly two months of restrictive practice due to covid before a Wales national lockdown at Alert Level 4 before the end of the term in December, which lasted until the end of the Spring term 2021. This meant that although the health visiting team were able to do home visits where essential, much of the delivery of intervention support was virtual or in clean room spaces and no groups were running, with no community provision running at all.

Stakeholder engagement

The Welsh Government has established nine pathfinder areas with an ambition for all local authorities to sign up to develop a pathfinder pilot during 2021. The nine areas are: Blaenau Gwent, Caerphilly, Carmarthenshire, Ceredigion, Flintshire, Merthyr, Newport, Rhondda Cynon Taf, Swansea. All Health Boards are involved in a pathfinder project to a greater or lesser extent depending on the number of LA signed up in their geographical area.

Together the pathfinders have explored a range of methods of system change, tested a variety of pilot projects, in a variety of communities. Miller research has been undertaking the national evaluation on behalf of Welsh Government to conclude in Summer 2021 and form the basis of a national framework for future integrated delivery.

The Public Service Board for Caerphilly has the overarching strategic governance of the Caerphilly pilot, including sign up and decision making, requiring reporting on a six-monthly basis. In Gwent there is a move towards a Gwent PSB from Autumn 2021 where it is hoped there will remain a continued focus on Early Years Integration as a critical area of development work. In Caerphilly, the Best Start in Life has PSB Public Health Wales member as the Champion and the Local Authority manager as the Lead with policy officer support.

The regional steering group has senior leads from Public Health Wales, ABUHB, Blaenau Gwent, Caerphilly and Newport as well as including the Coordinators in each are sitting under those leads. The regional steering group is responsible for coordinating the consistent model to be tested across the Gwent area, developing

regional paperwork and processes to enable a parity in provision and support across the Gwent region. Torfaen and Monmouthshire have also joined the steering group in Spring 2021 to take forward this consistent model approach in all local authority areas. The regional steering group meets monthly to ensure appropriate operational decision making and drive forward consistency in innovative integrated delivery models.

Senior Managers in Caerphilly Council have been engaged and are very supportive of the transformation pathfinder programme. Some have already had experience of Vanguard methodology in previous roles with others having a close working relationship through Flying Start, Families First and Supporting People. Senior managers in ABUHB committed to Vanguard continue to be engaged in ABUHB. There was good representation through managers in their service area with delegated responsibilities to act on their behalf during the Vanguard regional senior managers workshops ensuring that the system values and principles could be developed and were reported back throughout the process.

In Caerphilly a wide range of stakeholder organisations, teams and projects were identified as involved in delivery of provision in the antenatal to 7years period:

- Aneurin Bevan University Health Board – Midwifery, Health Visiting (Flying Start and generic), Speech and Language Therapy, Parent Infant Mental Health Service,
- Caerphilly County Borough Council – Early Years, Childcare, Family Support, Early Language, Join in and Play, Families First, Supporting People, Housing, Social Services, Education, Schools, Supporting Family Change, Intensive Support Team,
- Voluntary Sector organisations – Parent Network, GAVO, Llamau,

The Operational Management Group meet monthly for updates, development, challenges, and opportunities discussion. The members are responsible for cascading information back through their teams to ensure developments are communicated more broadly as well as bringing issues raised by their teams.

The local team have monthly What Matters team meetings to enable issues and solutions to be discussed and agreed and feed into the live learning in the pilot model implementation.

Throughout the development of the model, values, and principles the families have been fully involved in the shape and design with children's needs at the centre of the design and delivery. This has meant the staff team have family views and their views considered and valued throughout the change process and influencing future delivery and development. Staff have found this very useful and felt valued and listened to which has been important for staff morale.

What Matters to Families? This is what they told us:

- Help me with what matters to me not just what's on offer!
- I need a key worker with whom I have a good relationship who is in it for the long haul
- Give me a voice, listen to me. Record my situation and my context accurately and let me check back on it

- Practical support – show me, go with me – is what makes the difference
- I would like my keyworker to be discrete and non-judgemental
- For my key worker to step up to a specialist to address the need I am experiencing and to step me down when I am ready not relying on having to go through step 1, 2, 3, 4, 5, 6 to eventually get what I need
- Let me have more control. Build on my strengths
- Be open and honest with me
- Give me consistent information to allow me to make informed choices

Purpose of the Midwifery and Early Years system

- To work alongside all families to ensure their child has the best start in life, taking into account what matters to them, accessing support if and when needed
- To create a sustainable integrated model to meet families' needs at the right time in the right place by the right person

Model

Core team

The What Matters core team consist of Health Visitors (sufficient whole time equivalent to meet required caseload ratio for Flying Start and generic services) working together to meet the needs of the combined caseload families ensuring all families have increased contacts to fully understand their family needs. There is a family worker who works as part of the core team who is highly trained to deliver key contacts, antenatal support, responsive feeding, baby massage, parent child interaction and attachment, PAFT child development and language activities, parenting tools, etc. and an ability to work antenatal to 7years across all transitions in that period in the child and family's life. In addition, the Early Years midwife and regional midwife are part of the core team while building links to bring the community midwives closer into the core team. Our Caerphilly Mental Health practitioner from the PIMHS team also sits on the core team What Matters meetings.

Core Offer

The Early Years Core Offer has been developed based on Flying Start health contacts, Healthy Child Wales mandatory contacts, early intervention services through Flying Start and Families First and other funding streams. The early intervention provisions are delivered differently in each local area and by different workers, however, their focus for intervention need is the same. The core offer recognises the need for families to have greater contacts with health professionals enabling the early identification of family holistic needs, which can be addressed by pulling in services to support. There is a change in culture with the new model, from referring to a service (handing the family over for an intervention and getting an update at the end) moving to pulling in or requesting collaboration from a support service (working alongside the intervention provision and maintaining updated communication throughout to ensure the key relationship with the core team is maintained). The Early Years Integration Transformation Programme Core Offer is attached in appendix 1.

Hierarchy of Support

The Vanguard Systems Thinking makes us focus on the hierarchy of support. This starts from the perspective of the family strengths and then what community provision may support this. Examples of community support may include volunteer run community groups, peer support groups, information on websites/social media, peer support / friendships in the community, Wellbeing Champions, Language Champions etc.

There is also universally available support for families through Solihull antenatal and postnatal programmes online, baby clubs/groups, and wider parenting programmes online or in small groups where needed.

Then if families need more specific support, early years workers can be pulled in to support. Examples might include, Join In and Play for children with emerging needs, Speech Language and Communication programmes like Let's Talk and Be Here Be Clear, bespoke packages tailored to meet the needs of the family, Parent As First Teachers (PAFT), Video Interactive Guidance (VIG), Essential Skills, Circle of Security, transition support for children with social communication needs, or Thrive for children needing emotional development support.

However, if families need more specialist support a referral can be made directly to the relevant service, for example, Speech and Language Therapy, paediatrician, Parent Infant Mental Health Service (PIMHS), Perinatal mental health team, Integrated Service for Children with Additional Needs (ISCAN), or SPACE wellbeing panel for wellbeing support.

Wider team around the community

The wider team around the community is made up of a range of key professionals who support the families and are pulled in as needed. Some of the support mechanisms are mentioned in the Hierarchy of Support above. Team members are called upon if there is a family brought to the What Matters meeting who may need their support so they can be part of the package of care for the family and are clear who else may be involved and the priorities of the family so that the family is not overwhelmed by many professionals all going in at the same time and then simultaneously withdrawing.

The wider team includes Family worker, Additional Needs worker, Speech and Language Therapist, Early Language worker, Parent Network, school nurse, school ALNCO, Housing manager, Pobl lead, Childcare placement officer, Advisor for social communication needs, Supporting People, Families First, and the members are growing as we make more community team connections.

What Matters meetings

The What Matters meetings are held where the What Matters conversation with the family results in potentially needing multiple support services, or the needs are complex and need considering in a multiagency perspective. As the team have matured in their approach What Matters conversations needing only one support mechanism necessitate a conversation between professionals to provide the support for the family in a relatively swift manner without unnecessary bureaucracy or delay in waiting for a meeting. However, there is a need to consider how the families are

supported and tracked to ensure that all families have the right support at the right time by the right person.

The What Matters conversation is fundamental to ensuring families are heard and are empowered in their own priorities. It is a collaborative conversation which hears and captures the family story for sharing with others who will also be working with the family, preventing the family having to repeat it multiple times. It captures who is involved with the family and the strengths within the family group. The conversation then looks at what the family is trying to achieve; what a good day would look like following the changes and in so doing the key worker analyses with the family What Matters to whom taking into account what was said, observed, and what they are trying to achieve to make a difference. In this approach the key relationship remains consistent throughout pulling in additional support as needed. This is different to referrals where families are sometimes 'handed over' to the accepting support service as the referral is submitted. The key worker retains the caseload and relationship and is responsible for following up on any workers pulled in to support the family. The key worker s also responsible for bringing the recommended support back to the family and make the introductions.

Information sharing

There is a privacy notice in place to enable processing of data and sharing of information, as well as enabling families to opt out if wished. The families have discussions with their key worker about what their situation is and if they wish to have it shared at a What Matters meeting to plan a package of support. Now that the processes are more mature and settled the information sharing is being formalised in Early Years Information Sharing Protocol (ISP) based on the Flying Start ISP.

Workforce development

It was widely accepted that the whole team would need training in Vanguard Systems Thinking which was brought into each borough in the regional pilot for the What Matters team and their managers. This was instrumental in establishing the What Matters conversations and What Matters meetings.

Collaborative Communication training has also been rolled out in each pathfinder local authority area, which has supported the change in conversations to being more strengths-based outcome focussed sustainable changes using reflective statements and moving away from offering more immediate quick fix solutions.

Then there has been a range of training rolled out across teams depending on what skills they have already gained in their role. This was important to ensure a consistent set of shared skills and knowledge across family workers in local authority and health teams.

- Motivational interviewing
- Baby massage
- PAFT
- Safeguarding
- VAWDASV
- Elklan Let's Talk facilitator and trainer programmes
- Solihull antenatal and parenting programmes
- Responsive feeding

- Circle of Security
- Video Interactive Guidance
- Toileting

What was the offer of support within the model?

The regional steering group were clear in the development of the Early Years Core Offer that we would strengthen the support available during the antenatal period including offering all families the Solihull antenatal programme. The antenatal period has the greatest potential for changing parental behaviours and so targeting how we gained information early enough in the pregnancy to instigate a What Matters conversation and address any family needs at the earliest opportunity. This has taken a substantial amount of time to develop but is moving at pace towards robust notification systems across the ABUHB footprint area. The Midwifery Notes app also allows a push of relevant information to families at the right time ensuring support is available and accessible if the family wishes to access it.

The Early Years Core Offer is a blended approach of Flying Start enhanced health visiting and Healthy Child Wales and supports What Matters conversations with families to understand family needs. The early intervention services wrapped around this core offer included support for early language, parenting, child development, attachment, wellbeing, transition to school or childcare, etc. However, while some childcare placements may have been available for the most vulnerable families impacted by Covid through the new temporary Child Development Fund or Flying Start Outreach, Childcare more universally remained out of scope. The childcare placements were targeted where appropriate due to the family context and the funding context but was not widely available to all families of 2year olds in the Early Years pilot area. This has meant the messages to families needed to be clear that this was not an expansion of Flying Start but a testing of a new way of working across a wider area.

Regionally there were also two posts funded to support development of robust systems for connecting provisions. The regional midwife worked closely with community midwives and any early years / Flying Start midwife in the local authority area. The post explored the different ways of delivery in each area, the accessibility of information for families, developing robust notifications of viable pregnancies and how the What Matters conversation could be delivered and reported back to the pilot team. In each local authority area, there was also funding to increase the PIMHS capacity to provide professional challenge and discussion, upskill the core team, and support with interventions if needed in low to moderate cases of parental attachment and mental health impacting the child.

The regional funding pot also added family worker capacity to each pilot What Matters core team ensuring a focus of family worker time in the pilot area, as well as some administrative time to support development of systems and reporting.

In addition, in Caerphilly the funding streams have been brought together to allow early intervention teams working under Flying Start or Families First to continue delivery without normal restrictions by the grant of postcode or ages. This allowed for a consistent approach across antenatal to 7year olds in the New Tredegar area based on needs and not location or age. This did not require any additional funding but required flexibility of staff teams while being committed to ensuring all families in

the Flying Start area were still able to access the support, they historically have had access to. Supporting People also designated a Pobl worker to work alongside the community team ensuring consistency of support care and information sharing as needed. Our many partners worked alongside us to ensure the model was supported and delivered as a true collaborative approach.

The community chosen was New Tredegar

New Tredegar is made up of five distinct local communities under 3 Lower Super Output Areas (LSOA): Tirphil, Cwmsyfiog, Phillipstown, Brithdir and Elliotstown in New Tredegar 1, 2 and 3 LSOA.

New Tredegar 3 incorporates the original Flying Start area of Phillipstown.

	Percentage households living in income deprivation	Percentage households with employment related benefits	Percentage low weight single births	Percentage Key Stage 4 level 2 inclusive	Fire incidences (rate per 100)
Wales	16%	10%	5.5%	59.51%	0.37
New Tredegar 1	17	13	6.1	44.24	0.75
New Tredegar 2	24	17	6.3	46.59	1.29
New Tredegar 3	35	22	11.1	35.20	1.23

All three LSOA are negatively more disadvantaged in comparison to the Wales averages although New Tredegar 3 appears to be significantly more disadvantaged to the other two areas.

The Welsh Government worked with the Department of Work and Pensions to understand the data of children living in income benefit households. There are 110 LSOA in Caerphilly borough. The income benefit data showed that all 3 LSOA remain in the most disadvantaged areas of the borough with all in the top half of the list. New Tredegar 3 remained consistently high in the table with 65% of children aged 0-3 living in income benefit households and moving from rank 5 (2012) to 4 (2013). New Tredegar 2 increased from rank 54 (2012) to rank 26 (2013) with 45% children aged 0-3 living in income benefit households. New Tredegar 1 remained fairly consistent with 32% of children aged 0-3 living in income benefit households and rank moving from 53 (2011) to 52 (2012).

Health data shows there are 302 children aged 0-5years and 159 children aged 5-7years giving a total 461 children aged 0-7years in the New Tredegar area in Spring 2021. Of the 302 children aged 0-5years 76 children aged 0-3 were living in the Flying Start area. According to the numbers and ratio there was a need for 1wte generic health visitor and 0.6wte Flying Start health visitor time for the area.

Value for money

What are the costs of the core team?

Band 6 Health Visitors 1.6wte = £46,764 x 1.6 = £74,822

Family worker 1wte = £29,384

Community midwifery Band 6 – in kind support from community team

Additional family worker 1wte on a temporary basis to meet increased demand on caseload and heightened vulnerability / needs discovered in the area in the initial intense health visiting period

Additional early years midwife time 0.5wte Band 6 needed on a temporary basis in the pilot area while developing systems and identifying needs although will be needed longer term in a move to the whole borough model

Additional capacity 0.4wte Mental Health Practitioner in the PIMHS team for the pilot area to develop the community wellbeing model and understand the demands on the service as needs are identified. This may be needed for some time as we expand the pilot model to further areas and to mitigate the impact of covid on mental health and wellbeing.

In Caerphilly we have used the development of the model to bring early intervention services into one system funded by Flying Start and Families First to enable vulnerable families across the borough to access support from April 1st, 2021. This will be evaluated over the coming years to understand efficacy and value for money as well as reach for the most vulnerable families. It also allows a system of support to be expanded if there were additional grants to become available this financial year.

Core cost = £104,206 (ABUHB and Flying Start funded)

Additionality = £71,472 (EYITP and Flying Start) to enable additional support to meet needs identified

Evaluation of the model and the pilot implementation

Logic model

The logic model was developed in Spring 2020 and slightly updated in 2021


Early Years Logic Model v2.docx

There were key milestones identified in the logic model and reported to Welsh Government to show how we would know if we were making progress to developing the model.

The model aimed to have one team making joint decisions, sharing the workload together which was expected to support improved staff morale and motivation.

The What Matters team aimed to develop a shared data system and worked as a single team.

The families having What Matters conversations through the new model would feel more in control and responsible for the decisions they took

The What Matters conversations would identify needs early to prevent escalation of need and then late or more intense and longer interventions needed.

If the model is successful the team would be based together, sharing family records, good communication between workers involved in the families having support, positive transition to childcare and school with the right information being shared to prevent the family repeating their story again, and early identification of need and support to the family.

The family would be able to access the support they needed by the right person, at the right time and in the right location.

Early Intervention Foundation Midwifery and Early Years Maturity Matrix

Wales MM workbook - Caerphilly area sub

Assessment of Progress			Progress Levels			
			Basic	Early	Substantial	Mature
PLAN	1.1 Vision, strategy & plan	Survey	0.00%	40.91%	**59.09%**	0.00%
		Local area	Early			
		EIF Panel				
	1.2 Population needs	Survey	13.64%	**36.36%**	31.82%	4.55%
		Local area	Early			
		EIF Panel				
	2 Resources	Survey	0.00%	**50.00%**	31.82%	13.64%
		Local area	Early			
		EIF Panel				
	3 Workforce planning	Survey	9.09%	**40.91%**	31.82%	18.18%
		Local area	Early			
		EIF Panel	Basic			
LEAD	4 Partnership	Survey	9.09%	31.82%	**36.36%**	9.09%
		Local area	Early			
		EIF Panel				
	5 Leadership	Survey	4.55%	40.91%	**45.45%**	9.09%
		Local area	Early			
		EIF Panel				
	6.1 Community ownership: engagement	Survey	18.18%	**63.64%**	4.55%	4.55%
		Local area	Early			
		EIF Panel				

	6.2 Community ownership: Assets	Survey	4.55%	**45.45%**	36.36%	4.55%
		Local area	Early			
		EIF Panel				
DELIVER	7.1 Service quality	Survey	0.00%	**50.00%**	36.36%	9.09%
		Local area	Early			
		EIF Panel				
	7.2 Evidence-based interventions	Survey	13.64%	**45.45%**	18.18%	27.27%
		Local area	Early			
		EIF Panel				
	7.3 Co-ordinated working	Survey	9.09%	**40.91%**	36.36%	13.64%
		Local area	Substantial			
		EIF Panel	Early			
	8.1 Sharing personal data	Survey	14.29%	**66.67%**	4.76%	4.76%
		Local area	Early			
		EIF Panel				
	8.2 Information for families	Survey	9.52%	**52.38%**	33.33%	0.00%
		Local area	Early			
		EIF Panel				
EVALUATE	9.1 Outcomes framework	Survey	20.00%	**40.00%**	10.00%	10.00%
		Local area	Early			
		EIF Panel				
	9.2 Family access and experience	Survey	20.00%	**40.00%**	20.00%	5.00%
		Local area	Early			
		EIF Panel				
	10.1 Using evidence well	Survey	20.00%	**25.00%**	20.00%	15.00%
		Local area	Early			
		EIF Panel	Not rated			
	10.2 Local evaluation	Survey	20.00%	**40.00%**	25.00%	10.00%
		Local area	Early			
		EIF Panel				

PLAN 1 Strategy

1.1 Vision, strategy and plan

Formalise the Midwifery and Early Years Strategy into a written document – Short

Develop the action plan to support the strategy – short

Develop the links to PSB Priority Actions for Covid recovery e.g. Caerphilly Cares project, Assets, etc. – short

Undertake the interim evaluation to capture barriers, successes, lessons learned and the impact of Covid – short

Evaluate the pilot project under the Strategy – medium

1.2 Population needs

Understand the Caerphilly LSOA data, WIMD data, Flying Start and generic UEI data, prior to overlay with the community mapping for clinical caseloads for the borough model – medium

Undertake a risk analysis of the caseload identifying UEI, demographic data and the date of the last in-person contact / observation to understand the potential for unmet needs and enable sufficient capacity to be built into the team, prior to planning for expansion of pilot model – medium

Develop joint data collection for caseload analysis and evaluation of data trends – short

PLAN 2 Resources

Utilise a blended funding approach to enable appropriate access to support needed by individual families – short

Reflect on the model of staffing for New Tredegar to understand staffing needed for future roll out of model – medium

Analyse resource usage to inform future resource allocations to meet potential demand - medium

Use the early evaluation from New Tredegar to influence and inform the CCG funding for Early Years from April 2021 – short

Work with Welsh Government to develop suitable and appropriate monitoring and reporting for jointly funded Flying Start and Families First Early Years model from April 2021 – short

PLAN 3 Workforce planning

Develop a borough wide workforce development plan for the whole workforce – medium

Develop a mentor role to upskill and build the multiagency skills in the team and support transition for families – short

Continually develop the core model to create upskilling development opportunities and capacity within the team – medium

Workforce development / joint training needs to be delivered to community based multiagency teams in a planned and coordinated approach to enable roll out of the model and continuous improvement – medium

Analyse caseloads and demographic data to understand acuity needed for caseload management and planning for further expansion – medium

LEAD 4 Partnership

Enhance transition processes for families ensuring continuity of support, consistency of information transfer, and prevent isolation of family from support mechanisms as well as reduce underperformance – medium

Acknowledge the critical role of the Family Worker as a joint asset in the delivery of the new model to reduce barriers – short

Recognise the third sector as playing a pivotal role in community development and the hierarchy of support – short

Develop confidence and trust in professionals in the third sector community organisations to support families – medium

Ensure midwifery participate fully in the governance and development of the system – short

LEAD 5 Leadership

Leaders continue to use creative solutions responsively to remove barriers as they arise – medium

Proactively identify potential blockages to progress, then use steering group to identify sustainable solutions – short

Develop the communication strategy to ensure key messages are shared appropriately to stakeholders at all levels e.g. politicians, senior leaders, manager, staff, volunteers, and families – short

LEAD 6 Community ownership

6.1 Engagement

Implement a robust mechanism where families can readily feed in, to change and shape the system, throughout their experience – medium

Develop accessible information and simplified contact to empower, families to access support if and when needed to meet What Matters to them – medium

Work with the community / community forum to coproduce community support and then commission/develop provision where gaps are identified – medium

6.2 Community assets

Use the pilot to test ways of working with voluntary sector organisations to build confidence in delivery of community-based provision / support and develop relationships – short

Capture the learning and replicate the work from Lansbury to coproduce design and delivery – medium

Community members are supported to develop their skills in leading peer support community groups- medium

Ensure the hierarchy of support is fundamental to family conversations and action plans – short

DELIVER 7 Services and interventions

7.1 Quality

Join up of Families First and Flying Start to create a borough wide early intervention team antenatal to 7years from April 2021 – short

Deliver whole team training on What Matters approach across multi agency teams to ensure the conversation around mandatory assessments provides the whole family picture to identify the most appropriate support – medium

Continue to build on Flying Start outreach and Assisted / Supported Places for childcare or appropriate support for child development of 2-3year olds where it is needed and not an entitlement – medium

7.2 Evidence-based programmes / interventions

Continue to build on the use of evidence-based programme / support as we move to borough wide model from April 2021 – short

Develop robust analysis of data for performance management of provision and direction of services including take-up, attendance, and disengagement – medium

Revisit systems for checking the fidelity of programme delivery across the teams including observation of sessions, reflection logs discussed in supervision, feedback from families – medium

Co-facilitation of evidence based antenatal programmes with one LA and one ABUHB staff member in each antenatal group delivery – short

7.3 Coordinated working

Develop a clear consistent process for single point of access for What Matters conversations and 'information / referral forms' and allocation for support as well as expectation for communication with the referrer to ensure 'follow up' happens – medium

Strengthen the What Matters process to enable expansion of pilot – short

Develop joint data collection / sharing and monitoring of impact between different organisational teams – medium

Ensure the whole community-based team working 0-7years meet together to understand roles within the system – medium

Work with services to be more responsive to support families to meet their own needs – medium

DELIVER 8 Information Sharing

8.1 Sharing personal data

Information Sharing Protocol needs updating to reflect the change in service to borough wide antenatal to 7years in line with the privacy notice – short

Explore development of a data system across agencies to give a chronology for a family enabling lateral checks and supporting transition of information as children move through provision / organisations – medium / long term

Task and finish group to look at database development and information sharing including transition points (and information shared) and accessibility by the team members – medium

8.2 Information for families

Continue to work with midwifery to develop the Midwifery Note App to ensure consistent messages to families during pregnancy – short

Work with ABUHB to develop an Early Years app to continue from Midwifery Notes supporting the family journey through early years with consistent messages and access to support – medium

Develop the early years provision map (incl directory of resources) to meet the requirements of the ALNET Act as well as enable consistent information on which to build the website – short

Develop the communication strategy to ensure relevant stakeholders have the information they need in the format they want e.g. online website, briefing paper, app, social media, WhatsApp or other messaging tool – short

Ensure there is a simple clear language with the same meaning for everyone in the system with the key worker pulling in support and not stepping away – short

EVALUATE 9 Outcomes

9.1 Outcomes framework

Use the logic model and initial outcomes proposed to develop the outcomes framework and then the data needed to measure impact – medium

Gain agreement from all partners on the data set and data collection method and who collects it – medium

9.2 Family access and experience

Ensure consistent consideration of community needs, to ensure support service are offered locally/ accessible, including antenatal support and universal community-based provision – short

Engage families to understand the way they want the support to enable them to access and get better outcomes – short

Ensure the values and principles are embedded in service design e.g. family tells their story once and receive support based on family needs – short

EVALUATE 10 Using and Generating Evidence

10.1 Using evidence well

Managers consistently share research evidence to shape service design – medium

Incorporate Wellbeing Needs Assessment into the development of the outcome framework, acuity tool and analysis of demographic area prior to future expansion – medium

Use the interim evaluation of the pilot in April 2021 to inform future delivery and development – short

Evaluate the pilots in the regional model identifying key areas required for future development and any expansion pilot implementation – short

10.2 Local evaluation

Complete local evaluation and use to inform the regional and national evaluation – short

Share lessons learned to inform practice and future development models – short

Share lessons learned to influence transformation programmes across organisations – medium

Seven lenses of maturity matrix

7_lenses_maturity_matrix_poster.pdf

The seven lenses of maturity is a good tool for understanding the direction of travel of the steering group and model development. The maximum score in any area is 5 and it was useful to understand as a region where we were in the development of the midwifery and early year transformation programme. However, there was less detail than in the EIF Maturity Matrix to plan the detailed action plan moving forward.

Vision – score 4: The vision sets a clear direction that people buy into. It is articulated in different ways.

Design – score 4: Its clear how the different parts of the organisation will fit together. Its possible to assess progress as the design evolves.

Plan – score 5: Planning is joined up and fully resourced. Plans adapt as transformation progresses.

Transformation leadership – score 5: Leaders embody transformation and create an environment of trust where its safe to speak freely.

Collaboration – score 4: Roles, responsibilities and incentives reflect the need to collaborate, leading to new ways of working.

Accountability – score 5: Clear governance results in decisions being made at the right level and at the right time to drive progress.

People – score 4: Plans ot deliver new skills or ways of working are being realised and people are engaged.

Miller research for Welsh Government – workshop Caerphilly Feb 2021

Miller Research (UK) Ltd were commissioned by Welsh Government to evaluate the implementation of the EYITP Pathfinder pilots and to submit their evaluation in May / June 2021. Miller Research came to Caerphilly Operational Management Group in Feb 2021 to bring feedback from stakeholders. A summary of their key findings for Caerphilly are below:

- The regional collaboration is working well to support a regional approach
- The fishbowl / What Matters meetings enabled a frequent forum to ask the questions and bring families for discussion
- There was inclusive representation from across organisations
- Governance is through the Public Service Board although this may change with a move to Gwent PSB
- Relationships are developing and so is trust between organisations
- Learning has developed to make delivery of specialist services more efficient and reduce waiting lists
- Thinking as a system – Vanguard System Thinking was important to embed this and means a whole system perspective for planning and activities
- Pathfinder have broader view beyond Flying Start
- EIF Maturity Matrix workshop gave detail and prompted more in-depth discussion for planning priorities
- Buy-in across a wide range of organisations including housing support officer
- Sharing information is more important than a database
- Understanding of each other's roles in the system has created stronger relationships
- Stronger focus on good transitions

- Need virtual provision and face to face in future delivery to stop digital poverty becoming a barrier to accessing support
- There have been a number of impacts of Covid including staff changes giving inconsistency to pilots, management changes / pulls giving inconsistency to leadership, different health and safety practices across organisations giving inconsistency for support offered and leading to misunderstanding between different staff teams, workforce training online which required all staff to have IT equipment, mental health and wellbeing impact on families and staff teams.

Vanguard evaluation of early implementation of pilot with core staff teams – end Nov 2020

Reflections as a steering group:

- We are building on the partnership relationships we already had in place and although very ambitious we are very on track
- We are uncovering what we were hoping to uncover as anecdotal needs we assumed were present. The team have uncovered the need, identified families needing support and bringing partners in, all while remaining enthusiastic and passionate for the model
- Have had challenges from some senior management in the beginning but they are being won over as the pilot is being implemented. Resolving the blockages as they arise at speed is quite an emotional journey.
- It was felt that we started from a position of uncertainty in the middle of the change process internally and have made real progress with external partners to make real changes for the community and strategic changes for the system e.g. social care teams changing way of recoding to individual children and move away from the family record they have been using to date. Identified gaps in provision in non-FS areas which have only been resolved through the partnership working with health and social landlords.
- Found it very positive from health perspective seeing staff on the ground wanting the model to work and the stronger links with generic and FS teams especially improving the links with midwifery which we have been trying to develop for a long time. It is exciting to see what could be in the future as we develop further.
- There are noticeable constraints in statutory services like midwifery and health visiting but they are still keen to work to develop/implement the model even within those constraints. All keen to work together to make the system better and support the early identification antenatal.
- Benefits of bringing the LA into a more consistent way of working across the region, has been especially helpful for the health board area.

Thoughts and reflections from Simon:

- There was an advantage in working with every group from the beginning to see the team and processes develop

- It was the honest conversations about the difficulties which has been the most helpful
- Worked hard to get people together in teams who haven't worked closely previously
- Now need to work further on implementing the 'other conversation'. Recognised this is harder to fit in with the other list of stuff they have to do on their visit checklist. Need to look at how we can support the teams to slow down to have the conversations as better to stop and slow down and to take time to get it right as it will pay off later saving time later on and stop throwing services at families unnecessarily.
- Some of the groups are starting to do the stop and slow down and looking at community strengths rather than rushing in to give a service. Have to focus what matters/fishbowl meetings on how you find out the strengths and community networks etc.
- One file recording system is in process of being worked towards and so stopping them getting focussed on this is good.
- Skills being identified is good and teams are starting to recognise where they need to pull in extra help from wider team members
- Collaborative communication training is good to enable staff to feel confident in only taking on what they need to and feeling comfortable in letting the family take on responsibilities for themselves. Some of this skills-based training would be helpful in moving forward. They shaped training in Blaenau Gwent around the What Matters one-page profile and made a difference in how they are having the conversation with families across all teams including health feeling useful training. In Blaenau Gwent majority of social care teams and Flying Start have had the training. This training supports mentors who can support others to embed the training and the approach.
- As a steering group we have created some of the infrastructure needed to allow the model and now we need to use the evaluation to shape future direction and development.
- Importance of remembering to focus on the hierarchy of support and when reflecting on each case to highlight it, so they remember the strengths within the family and community are used first and creates more sustainability in the future. Works across all complexity of families. This could be missed if staff are not conscious of starting from this place and runs the risk of just giving families services forgetting their own strengths.
- Role of the coordinators has been critical in taking this forward and driving the model implementation. Where steering group members have been involved in the what matters meeting then it has been powerful in unlocking the team

Caerphilly specific feedback to the steering group meeting

- Our pilot has already identified high need in the generic caseload which caused some pause and reflect need and required additional capacity for a temporary period to meet the increased demand

- Need to learn the lessons before rolling out wider and be prepared to add extra capacity to the system for the early reactive nature then more sustainable later
- Two focussed groups for evaluation purposes – 22 antenatal cases plus 14-15 children aged 2-3years cases who will need assessments and interventions needed so will test the pull-in model
- Strategic development of the early intervention model from April 2021
- Also looking at common birth book and links to midwifery
- Started early evaluation work and EIF matrix
- Started forward work plan but don't want to overwhelm the team
- Can see the difference in the relationships with families who have had Flying Start consistent Health Visitor and have retained that person which has been very positive
- Key highlights are on the diagram and discussed further
- Action board highlights –
    - diagnosis not being enough to meet criteria for longer term mental health support
    - stop the need to repeat family stories
    - domestic abuse and short-term type intervention

As teams are starting to dig deeper, they are starting to uncover the needs of families. As the team give time to families there are more needs coming out. More trust and meaningful conversations will mean it's really important to ensure we do the support differently or we will become overwhelmed.

There is a need to ensure we learn the lessons about when we bring together Flying Start and generic caseloads to make sure that there is a clinical risk assessment of each completed to ensure all Healthy Child Wales checks have been completed in person and are up-to-date so the vulnerabilities of families are known. The learning will show that when we start deeper conversations with trusted relationships that needs of families are identified. Therefore, we may need additional capacity in the initial stages to release staff to have those What Matters conversations and to ensure they are able to have time to build on the strengths of the families and community before pulling in professional support. If we just offer a service to every family with identified needs the team could quickly become overwhelmed. It is important for the team to remain committed to using the hierarchy of support especially in the early stages to ensure that families are empowered, and community resilience is built and that support only pulled in where absolutely needed.

Feedback from families

5 interviews were completed with families in April 2021. Their responses were overwhelmingly positive praising staff from the core pilot team. The importance of relationship building is clear.

What was it about the early years' service that worked for you / your family?

When mum and baby are at home and mum leaves, the child screams but when left at the assessment nursery she is happy. Loving messy play with Family worker. Enjoying lockdown and having all the children at home.

Everything is amazing. Health Visitor is class. Loving PAFT sessions with Family worker in clean room. Dad is thoroughly enjoying being a dad and playing with the girls. He doesn't feel like he needs to go out and get drunk anymore, instead his fun is staying at home playing with the children.

Health Visitor has helped quite a lot. Now in school twice a week and in nursery. This ends soon – 31st March 2021. He will go to school in Sept. Baby is starting eating, Family Worker has been helpful, ringing and messaging and making slow progress.

Health Visitor has been a big help. Moving house with a new born was stressful. Health Visitor provided loads of support and helps with lots of really important bits. She has provided loads of help and advice. Baby is clinging a lot, so it is hard to focus on siblings.

Mum had extra support for child in the playgroup he attends, and he has really bonded with her. He started in playgroup in September, but he wasn't engaging as much with the older children. They are working on his interactions with the other children in the setting. His speech and language is coming on now. He is starting to clearly say mam and baba.

What action/s made the difference?

Attending the nursery

Always had good relationship with Health Visitor. Everything that they need (advice or items) the team get straight away.

Nursery placement.

Trusting Health Visitor and being able to talk. New Health Visitor seems lovely, but I have lost the relationship. (family have moved out of the pilot area)

Mum is encouraging him at home to get him to speak without getting frustrated. He has days when it is really difficult, and this is upsetting for mum too. Mum has been finding it really hard but feels like things are happening now. They have a Speech and Language Therapy appointment soon which is helpful and positive. He is starting nursery in September and doing wraparound 3 days a week which is good. Thankful for all the help and now doing more at home. They are doing more play with him at home and turning the television off, so he isn't distracted. Mum has a 4month old daughter so is making sure she also has more time with her son.

Playgroup is fabulous and mum doesn't regret sending him there. The first day mum left him in playgroup it was awful, and mum was crying as she had never left him in 2 years, but it was the best decision.

Was there anything that didn't work for you?

Not so much that it didn't work but didn't feel that the nursery was suitable for her daughter

Now that I have moved to Bargoed I am gutted about losing my Health Visitor. It is good to continue receiving support from the family worker, but this is virtually, and I would like contact with others via groups. (Family worker retained to ensure key worker continuity)

What else did you feel you needed?

Request for support to continue for an extra term.

Waiting to hear about a school place and nursery setting place.

Family knows that if they ever needed anything, they would just have to pick up the phone to the team and they would help straight away like they have done in the past.

Outcome summary from What Matters meetings for individual families

- Number of families brought to What Matters meetings = 13
- Number of families making positive progress from the What Matters meeting
    - 6 (1 moved out of area) + 2 have stayed the same thus not regressed
    - NB. Has only been 6 months pilot and need to consider the impact of COVID 19
- Case studies to show impact of What Matters meeting and coordination of support using the format:

Case Study 1.docx Case Study 2.docx Case Study 3.docx

Feedback from core staff team

Summary of core team feedback from semi-structured interviews

All 8 members of the core pilot team were interviewed. This is a summary of their responses.

Feedback from the core team has been varied depending on the employing organisation. Overall, it is predominantly positive with every member of staff recognising the importance of the new model of working and committing to embedding it in everything they do. This is a change in culture for staff and their managers, expanding not just the roles of staff but the ages of children and families that they work with – there is more to be done but this is a huge change and has been successfully taken on board by every core team member. Change management is a long process and this is just the start. Clarity of roles is required.

The need to have 'eyes on' every child in the community was identified as a priority for the Health Visitors in the team early on in the pilot. This has been stressful for the team who have required extra hours and had been amazingly flexible in their working patterns and commitment to the project over and above expectations. Some staff have also had extra work demands put upon them due to the Pandemic i.e. immunisations, covid support

schemes, change of priority workload. This is recognised in a time of a national pandemic when working and personal conditions have been extremely difficult for all.

The Covid 19 working restrictions have been difficult for all involved. Employing organisations have worked to differing staff policies on what they can and can't do and this has impacted on the teams' relationship. Ideally the team would have been fully co-located and developed good bonds and strong integrated working. Restrictions have made this impossible hindering some communications, skill mixing and often resulting in staff working within organisational silos to get the job done. Once restrictions are released a priority must be for the team to build closer links.

Another focus must be to take the model sustainable. Pressures on the system have resulted in workforce challenges within the health visiting sector. We need to look at widening the pilot geographical area to develop a larger team to ensure staff caseloads that are fair to those involved and that can be covered during absences / vacancies.

All lessons learned will inform Phase 2 pilot, but the decision has already been taken to implement geographical integrated cluster teams across the county borough shortly.

We have recognised the importance to regional posts within the pathfinder to develop new ways of working. Within phase 2 we will continue to have the regional pathfinder midwife but also 2 specialist HV plus support to develop WICCIS.

What has changed in how you do your role since the pilot?

Found Covid restrictions difficult. Families need buddy system up and running. Brilliant buddy session this morning – making a difference. Completing just 6 a week at the moment – frustrating. Only allowed 2 per day due to restrictions. Some families don't show up

Health / LA split very noticeable. Very territorial. Had very difficult first few months – better now.

Very high Health Visitor workload. Extra hours to cover this. Whole caseload completed in 7 months. Up till midnight writing notes. Doing 4 contacts a day – cannot write up anymore.

Requirement to provide data for pilot caused added pressure. Additional Information was requested on a monthly basis that was not within agreed pilot measures.

The role of the CPN within the team is not clear. Families have been identified are needing support.

New in post at beginning of pilot. No system in place but had ability to build one. "It's crazy" but I "love the job"

It is totally intense and different from theory. Invaluable support from regional colleagues with monthly meetings.

Was overwhelming but now feel part of the team. Interested to be part of the roll out in phase 2

What do you feel is the most important aspect of the pilot? And why?

Communication and openness. Need more group chat and less email. All communication is formal – need to be part of the team

Need more open, working relationship. Would like to get to know caseload not dip in and out.

Admin role is invaluable

Feel very positive about integration but need Family Worker as part of the team. Great progress being made with midwifery. Huge positive to change referral system and talk to people

Hugely positive to be co-located with GPs. Team will become more positive when fully integrated. Good relationship with co-ordinator

Gained good knowledge of case load now. High amount of knowledge. Familiar with families

To move forward. Pilot takes a marker point to reach and continue. Working towards a good model to easy access to integrated services. Needs a directory

Setting up a system for antenatal notifications from scratch has been vital. The pathfinder midwife has been instrumental in establishing this by gaining access to the ABUHB health systems. Midwives are very pressurised and have little time to communicate so getting out own information is a huge step forward. Systems are difficult and time consuming to use at the moment – some parts paper based. Always about 2/3 weeks behind. Will this improve with Midwifery Notes app? Admin support now in place and a postcode checker for FS areas to ease process.

Flying Start /Generic workforce together. Generic Health Visitor has more knowledge of services available now.

Sharing knowledge. Communication must be high to succeed

What do you think of the What Matters meetings and approach? What is important to keep? What would you change moving forward?

Useful, lots of info sharing. It is good they are less frequent. Can attend and not be involved at all. Health Visitor comes with clear idea of needs. Has allowed opportunity to learn about services though. Do not need to attend all meetings just those she would be involved with.

Attendance should be a priority. They are virtual so easier to attend and only weekly

Fishbowl has developed – been on a journey and now good. Still need to work on communication – what is going on.

Getting better. 1st experience horrible 'bash the HV' Too many unknown people. We know what is expected now. Much better now

What are the barriers to future delivery and how could you overcome those barriers?

Health / Local Authority silos. Needs to be more friendly. When restrictions allow to use White Rose Medical Centre as a base for all. To be part of the team

Families are not getting 1 key worker – they have 3 or 4. Need to develop who have key relationship. This has not changed for families. Still repeating story.

Resistance to change. Communication.

Systems in place do not capture the whole data picture or allow information to be shared. No clear ownership to get this done. New electronic HV database delayed but will still stand alone. Frustrating inputting into multiple databases with no connections between them. Role of WCCIS unclear.

Lack of contact because of Covid restrictions with other agencies is now a huge issue

Roles are not clear – senior management, admin, family worker

Need a smoother electronic system within midwifery to access and share notifications that includes all hospitals.

What do you feel has changed for families in this area? Which aspects would be the most important for future roll out of the model?

Not a lot of change for Flying Start. We are catching missed children in New Tredegar though. Important to have eyes on the remaining cohort.

Families are desperate to meet other families

New Tredegar families know who their Health Visitor is and how to contact us – and they do

All families have had a referral or follow up

Listened to and cared for more. Felt important. Always one of three people in

Being there with the families. Establishing What Matters to the families. How we used to work. Going at their pace. About relationships and trust. There to help not hinder

Families are happy to be involved and feel like they are receiving more now postcodes removed. Looking at wider determinants of health is good.

Are there aspects you feel that were impacted by Covid? If so, how could we evaluate the impact of this?

Has impacted on communication and building relationships in the team. Would be better to be all together. Tough to evaluate. There is no normal – no return to benchmark. What about lack of interaction.

Clear delayed social / emotional development. Assessment is difficult. Not in school, lack of eyes.

Poor mental health from lockdown. Parents are scared. Safeguarding increased. Domestic Abuse still exists. Domestic Violence where it wasn't before.

High number of SOGS / Speech and Language delays requiring support. Impact will not be known for years. Impact of being out of school, In Primary school one year has 30-35 children and only 4 engaged regularly virtually.

Engagement is lower in virtual baby groups. Groups are not reflecting the community.

Poverty increased – more support required from foodbanks and supporting people

Can we get baselines from nurseries / childcare providers – are these lower than before?

Should we have done pilot during Covid – could it have been delayed? Different working protocols for LA / Health / vol sector have caused anxiety. Could have focussed on training first

Is there anything else you would like to feedback into the evaluation of the model implemented?

Very interested in the work. Very committed and enjoying it all

Taxing but enjoying role. Huge challenge, Seen high volume of families in short time

Concern over short term funding for post

Summary of wider team pulled into What Matters meetings - based on questionnaire

39 questionnaires were sent out to partners. 11 completed questionnaires were received. The responses reflect on how partners fit into the model – some having much more involvement with the pilot and others linking in ready for the move to borough wide working.

The majority of responses are positive showing the new model is also starting to influence how the wider team think and act. Remembering that this is only 6 months into thew pilot phase and has been affected dramatically by the Pandemic. These results are encouraging and should be celebrated. It is pleasing to hear that the change of referral system to collaboration working to welcomed as well as the What Matters way of working.

There is clearly still a lot of work to do – this is just the beginning and the momentum for change must continue over many years to ensure the new ethos is embedded in everything Early Years.

Communication has again been raised as a challenge to be overcome as well as high workloads and unclear line management. IT systems and regional working highlighted as needing further development.

These comments reflect the findings of the multiagency work undertaking by partner in completing the Early Intervention Foundation Midwifery and Early Years Maturity Matrix. We are awaiting feedback on this from the Early Years Foundation which will form the content, along with our Logic model, of our Midwifery and Early Years Strategy and Communications Plan. This will evidence a clear strategic pathway for all partners to join together as an Early Years Integrated Transformation Programme that covers the whole borough.

This is a sample of the content which reflect successes and challenges similar to those highlighted in the core team interviews.

How were you involved in the pilot implementation and the What Matters meetings?

I was included in some of the meetings to discuss the pilot before it began and some since it started

Regular updates and feedback have been provided during meetings facilitated by lead for early years. Attendance to meetings has ensured the early language team are involved in the decision-making process and kept informed of changes. Greater incidental contact with other members of the team would help embed the ethos and approach. This has been unfortunately impacted by Covid

Yes, there are regular meetings for both all partners as well as a managers' meeting.

I feel that there needs to be coordination of one manager from Health to coordinate the pilot. This would include supporting staff and being the voice. I feel there are too many members who are unclear of each organisation roles and responsibilities. Continue to build on the communication of everyone in the Early Years Team. Training is key but I believe you need to assess the knowledge base of all professionals and assess if it is appropriate and at the correct level. Plus, the impact on delivering a service if training is mandated. Having a clear referral system that does not include multiple referrals. Clear pathways for sharing information between partners that supports Information Governance.

Kept updated by email, phone and message along with attending meetings. Happy with the level of involvement.

Updates via meetings – would have liked to know more of on the ground impact and engagement and maybe a case study

Not really

Have you worked differently since the pilot in this area?

Yes, referrals received have been via TEAMS discussions and not on paper, ensuring lots more information about child(ren)/families

No

I have tried to prepare the rest of the team by talking about the pilot with them and discussing the concepts of “What Matters” so that they are more familiar with everything by the time the pilot expands to other areas.

The pilot has provided a benchmark for work across other areas of Caerphilly. Close liaison with families and other professionals is integral to the work the early language team undertake. The greatest shift has come from the ‘what matters’ conversations we are having with families following the training received. This ensures we are providing the right intervention at the right time. It enables practitioners to reflect holistically and facilitates collaborative working.

The pilot area has allowed Health to co-locate Flying Start and Generic Health Visiting. Health having been working the flying start and generic caseloads between them and assessing family need on what matters to them and providing care accordingly. Having partner agencies that are easily accessible and co-located into the team. Communication at management level across partners.

Yes, thinking more of What matters for the family and what support they would like as opposed to what the professionals think is going on and what support they think the family would benefit from

Changed way of thinking in terms of the system and practitioners’ roles. Questioned what we need to record and how.

Not during the New Tredegar Pilot – but starting to now

What do you feel worked best and why?

The TEAMS/face to face so speak conversations have made information gathering much easier and helped feed into the basic information which is then shared with the settings so that they have a better picture of the child’s needs

It would work well if Community Midwifery kept updated with the process

The concept of ‘what matters’ to the family should always have been in place when working with families, in my opinion, so it is refreshing to see this approach being adopted.

Structure of the What Matters meetings keeps all professionals focussed with shared goals in that moment. The collaborative communication training has been instrumental in opening conversations with families.

Working the flying start and generic caseloads between them and assessing family need on what matters to them and providing care accordingly. Co-location of Agencies, Resources and IT.

Involvement from the start, so I was totally involved and able to understand the process, being involved is always easier than being told about something

Regular what matters conversations, brining multidisciplinary team together. Push to work and think differently, about what matters to a family not focusing on service delivery.

The early intervention meetings, the links with the project teams and the opportunity to feed into the system when required I feel are the strengths.

Don't know

What do you feel did not work and why?

Invited to some TEAMS meetings where I wasn't really needed

Poor Communication

I feel there has been some lack of clarity about the roles in the pilot team which has been a barrier to building working relationships. There are also issues with members of the team being employed by different bodies so not having the same access to systems, which has been a barrier

Covid has limited contact and development of relationships across teams

Speaking with the team initially 8-12 hours a week was allocated to meetings. This I believe has reduced to 3 hours weekly and further 2-3hour meeting once a month. No clear management process to manage and support staff.

Sharing of information between health and CCBC, which is better

Regional work – my understanding of the aim of the programme was to have a regional approach across ABUHB, however this does not seem to be happening – still confusing for families and practitioners working across different boroughs. Still feels like we are working in isolation – LAs and Health thinking and working differently at a management level. IT, systems etc still not working as one. No collaboration.

Don't know

Currently in development and so I feel It's not about what didn't work but more about highlighting as we move through the process and making tweaks as needed.

Disseminating the information to all professionals so they are aware of what is available and how the processes now work

What were the most important aspects for this pilot that would need to be included moving forward?

Information sharing and saving on referral forms being completed also getting to know other important members of staff/team

Collaboration between key professionals. Positive working relationships

Collaborative communication training as early into the process as possible. Relevant professionals being available for meetings and viewing the meetings as a priority. Having a lead with a clear vision and direction

Co-ordination. One clear Manager who is clear on partners roles and responsibilities. Co-location of teams to ensure seamless service and communication. Agreed Early Years Programme

Having the fishbowls with everyone and discussing the family, giving ideas etc

Collaboration at a manager's level. Commitment to take forward together to work best for families. Regular communication and updates to frontline staff. Structured timeline and training plan. Commitment from WG to work with us on shipping a model and data to mirror

Training for all staff on the ground and building relationships with professionals across the projects.

Are there barriers to future delivery of this model and how do you think they could be overcome?

I think this model will be an amazing addition of support to vulnerable families.

No! 😊

Different services having different systems and databases and different ways of working

Capacity to offer interventions without families needing to wait. Increased staff numbers would help manage demand. Opportunities for incidental conversations/networking. Difficult to overcome at present due to covid but large-scale networking/team building events would be helpful.

Resistance to change by staff – Needs Management of Change which includes regular meetings so views can be shared and fears acknowledged. Lack of bases to co-locate staff – use of current bases of Health and partners. Clear referrals system and feedback pathways – Clear guidance that is agreed by all partners.

Barriers could be withdrawal of the Housing Support Grant and therefore no longer able to provide the dedicated support worker – could overcome this by ensuring there is evidence to support the continuation of the post.

Frontline staff not buying into model and not all practitioners thinking and working in the same way - Regular communication and updates to frontline staff. Structured timeline and training plan. WG changing the direction / funding

Communication is always crucial across communities and professionals. Maintaining a partnership approach sectors and professions

Waiting to bring the geographical teams together as soon as this happens it will start to flow, I feel. For the 3rd sector there is always the concern of having enough funding, consistent funding and of retaining staff after they have been trained, this is an ongoing problem. Not sure how this would be changed.

What does the data tell us about early implementation of the What Matters approach?

As of 31/3/2021 there were 275 children aged 0-5 in the catchment area. This is an increase of 11 from 1/10/2020

The team were working with 220 families as of 31/3/2021 (216 at 1/10/2020)

FRAIT Category	Universal	Enhanced	Intensive
1st Oct 2020	181	46	35
31st March 2021	176	64	34
	-5	+18	-1

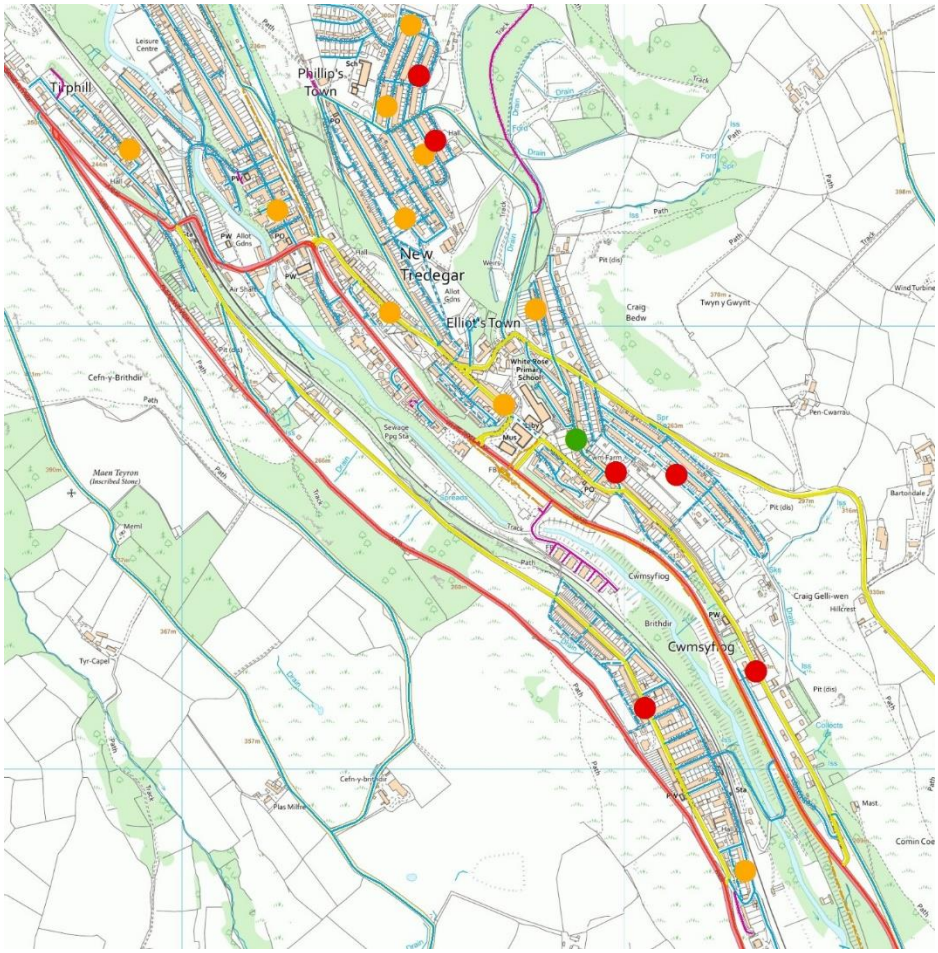
400 children were seen at home. 142 of these were in addition to core service delivery

123 children were seen in clinic. 52 of these were in addition to core service delivery. 31 DNAs (Did Not Attend) / no access

Number of families brought to the What Matters meetings

13 families with 18 children of which 6 Intensive, 11 Enhanced and 1 Universal.

The map shows the approximate spread of the families although postcodes have been changed to protect the anonymity of families



Number of families brought to What Matters meeting who did not need additional support = 0

Number of families brought to What Matters meeting where support was pulled in = 13

Number of families brought to What Matters meeting who were escalated to statutory services = 0

Number of children referred by health visitor for support by family worker = 33

Number of children seen at home by family worker = 112

Safeguarding:

- No of children on CPR 21
- No of children on CASP 23

- No of children LAC 28
- No of safeguarding referrals made 6

Identification of additional needs shown by number of SOGS required following ages / stages checklist:

- No of SOGS at 15 months completed 38
- No of SOGS at 27 months completed 34
- Other SOGS 3

Mental well-being

- No of parents with low/moderate mental health needs 48
- No of parents referred to PIMHS 9
- Number of parents referred to perinatal mental health teams (not collected)
- Number of known antenatal families 47
- Number of teenage mothers (not collected)
- Number of first-time mothers 8
- Number of first-time partners (fathers) (not collected)
- Number of unborn on child protection register (not collected)
- Number of safeguarding referrals for unborn children (not collected)

Demographic data – snapshot October only

- 120 of these children were Flying Start at 1/10/2020
- 144 of these children were Generic at 1/10/2021

Coordinator's narrative Summary

Amazing progress has been made in short time during pandemic – only been 6 months since pilot started. Staff have come together as a new team (often virtually), delivered a new model in very difficult working restrictions.

Our investment and commitment to Vanguard Systems Thinking has proved invaluable to creating a new way of integrated working based on need.

Families have been seen under very difficult working conditions. The core team have worked extremely hard and continued throughout, often putting the families' needs ahead of themselves.

The impact of the Covid 19 Pandemic has been huge, both on families and staff

Due to circumstances the last 12 months have been reactive – very difficult to forward plan for families and staff. We need to shift the programme from reactive to true prevention and early intervention.

Our new Early Years model is based on the Hierarchy of Need – starting with the individual's and family networks, progressing onto local community support and only then bringing in interventions / agencies. This has been impeded by the pandemic where community development / support has been very limited. The team have adapted extremely well and have continued to undertake home visits when required and offer interventions in clean rooms when prioritised.

Having experienced staff in the pilot has been critical. They have required extra hours to flexibly meet demand.

Information sharing and one system is the golden nugget and must be a priority otherwise there is no true integration

It has become difficult to make the model sustainable in the small pilot area. The pilot has been impacted by staff absences as the core team is compact. We need to widen the geographical area to ensure staff coverage.

We are gathering evidence of unmet / unidentified need due to postcode and funding inequities

Since 1/4/2021 Caerphilly has started to implement an Early Years model for all children age 0-7 based on need that will cover the whole of the county borough. This is based on the learnings from the pilot in New Tredegar and will strive to give every child in best start in life.

A phase 2 pilot is planned for the Autumn 2021 to take the learning from phase 1 and develop the model further in another pilot area whilst developing the county wide system in parallel.

Core Team / Model

- It's all about building relationships within team and families
- Flying Start and generic health services are integrated within the team working to one model based on need
- Experienced Health Visitors were vital to the pilot's success, but availability has been impacted lately due to NHS pressures
- Midwifery are now part of the model – this is a huge step forward to integrated working. The role of regional midwife is invaluable
- Role of co-ordinator valued
- Role of local strategic lead vital – to have the vision, leadership and decision maker to hand. "Everyone needs a Sarah"
- The new model focuses on retaining caseload – not passing on via referral.
- We are still early in the project. Further work is needed on role of What Matters meetings, embedding the new model, clarifying roles within the team, improving communication, reigniting team spirit and simplifying the management structure.
- Co-location has been hugely beneficial – especially with GPs – a turning point but not accessible to all.
- It is a huge positive to change the referral system and talk to people. Great communication with Advisors – good example
- Covid has limited contact and development of relationships across teams.
- Local Authority and Health staff are working in silos at management level
- We need to continue to develop wider links. Gaps identified include supporting people, employability services, adult Basic skills

Workload

- The team's adaptation to use of digital/ virtual world has been amazing and must be recognised. What a skill during a pandemic.
- The ability to manage additional high need families when uncovered is critical
- Caseloads must be analysed for acuity calculations prior to handover to core team.
- The Health Visitor's workload has been huge and required consistent overtime / extra hours. Very high number of contacts, SOGS and referrals. 'Up till midnight writing notes'. 'Doing 4 contacts a day – cannot write up anymore'
- It is recognised how vital it is to pause and slow down

- Reflective practice should be part of core role

What Matters

- The What Matters process has been welcomed but needs developing. It works for some professionals but not for all. The process has successfully coordinated the right support for families without the need for long waiting times but needs to evolve as caseload evolves.
- The What Matters process should be aligned to the SOAP record keeping practice for clarity and easiness to complete
- This way of working has changed the way some staff work, bringing the whole team together in a common way of working
- Hierarchy of support is fundamental
- Using the Throughput Board at each session has enabled the team to visually see the progress families made based on their value points. This has promoted discussions about progress and challenges.
- Using the Expertise Grid at each session has quickly identified those skills the team use at most contacts. Training has been prioritised for these across the workforce
- Using the Action Board has identified challenges and barriers that cannot be resolved, and these have been escalated to the Regional Steering Group. Examples include: waiting lists, delays at specialist panels, capacity of childcare sector, need for outreach service, transport difficulties to interventions / services, poverty implications, covid working restrictions, data collection difficulties
- Vanguard Systems Thinking and Collaborative Communication training rolled out regionally. We are all learning together
- Families are now screened out. Families are desperate to meet other families
- Emerging needs are being identified at a pace and need is high. We must ensure partner's capacity to respond is in place
- A blended approach is the future direction acknowledging in person contact must be maintained for those who need it . We need to take the families along with us on this.
- What Matters conversations should be normal practice both with families and between professionals
- We still need to develop the key relationship with the family. Families are still repeating their story. Links to the need to develop one data sharing system.
- Families feel listened to and cared for more. They feel important.

Data sharing

- Sharing information via TEAMS is welcomed and beneficial
- The data capture systems are still split Flying Start/Generic, Local Authority/Heath. Health systems do not capture Local Authority interventions or Nursery Nurse input. There is no whole picture. Frustrating delays in progressing one system
- Information sharing and one system is the golden nugget and must be a priority otherwise there is no true integration
- Initial inputting into WCCIS appears very complicated. It is unclear that this system will give us what we need.

Training

- Staff need mandatory training time
- We need to review our skills base and develop a true skill mix clarifying roles
- Collaborative communication training is needed as early in the process as possible

Other

- The core team works to more than one hospital; Communication with hospitals outside of the area is sometimes difficult and frustrating but improving
- Families in the area have difficulty in accessing The Grange for maternity services
- We need to complete a Midwifery and Early Years Strategy that includes a communication plan. This should be linked to the matrix outcomes
- Complexity of funding steams can be a challenge or an opportunity
- Pilot will inform phase 2 pilot and also county borough wide 0-7 model that is being implemented now
- An opportunity to think long term about workforce development on a multiagency level would be beneficial
- The need for senior leadership, governance and scrutiny is fundamental to the success of this project and any roll out. The move to a Gwent PSB and how this may affect the programme should be considered along with the need to ensure senior leadership buy in continues across all partners

What was the impact of Coronavirus on the pilot model delivery?

Coronavirus had far reaching impacts for families, staff, and services.

Staff and services had to adapt to deliver support in a virtual manner on a digital platform. This was developed at speed and the response was phenomenal. Meetings facilitated on Teams platform have enabled a wider engagement by stakeholders and a responsive element to teams. Delivery of programmes online has been successful and will form part of a blended offer moving forward.

However, some families have suffered digital fatigue and have stopped engaging online due to their expressed need now for human contact. In addition, some families were unable to engage digitally either due to lack of resources or being unable to understand or engage fully on a virtual platform. This has meant delays in being able to deliver in-person support. Clean rooms have been booked and controls put in place to enable the in-person contact needed. However, access to sufficient clean spaces has been challenging and therefore prioritised for the most vulnerable families. In addition, attendance has been sporadic by families to the in-person sessions.

The impact of isolation caused by Covid has been significant. There are higher numbers of families requesting support for anxiety / wellbeing in themselves, partners or children. There are also staff who have been impacted by the isolated way of working when predominantly operating in a virtual world. This has been recognised and support has been offered to staff and families. In addition, partnership working across teams and voluntary sector organisations has enabled greater innovation and improved access to resources like food parcels, toys / activity packs, Christmas packs, emergency grants, IT equipment.

Conclusion – Summary of key findings for Caerphilly

There has been significant improvement in communication between different teams both within organisations and between organisations. However, there is still further work to ensure this is systematic.

The communication strategy is key to ensure all managers understand their role in cascading the correct information to their teams and ensuring all professionals in the system are kept included in development and planned expansions and individual teams do not take a different direction.

The key roles of midwives, health visitors, family workers are becoming clearer but there is the need to ensure all in the system recognise themselves in a role and understand the expectations.

There is the need to continue pursuance of the single data system or connections between data systems to ensure data/records are shared and duplication is limited.

There is the need for a clear training plan to include all professionals with good descriptions of training to ensure all have clarity on what they have actually undertaken previously and the read across between training providers. This will ensure we are all using the same language to mean the same thing.

Co-location is critical in developing relationships and seeing themselves as one team. However, there needs to be clear understanding of which areas staff cover and that they may link to several teams in a geographical patch.

Pilot areas need sufficient scale to ensure sustainability of the model and cover for each other, preventing pull in from wider teams without the training or ethos of the model.

There is the need for challenge when working with the family to understand the best support to meet their needs sustainably and create family resilience not over reliance on a particular provision.

There is a clear need in bringing together the funding streams for families to receive the right support from the right person in a timely manner. However, contacts / data will need to be collected on individual families to ensure continued reporting (in a back-office function) for grant funding streams. In Caerphilly joining funding streams is seen as an opportunity.

The role of a committed Coordinator and strategic lead cannot be underestimated to ensure the drive to manage the change across a range of teams and support staff through the implementation of change including pause and reflect periods to support wellbeing.

Caerphilly Early Years Plan 2021

Aim – Work with families to ensure their child has the best start in life, taking into account what matters to them and access to support if and when needed

WBO 1.1 Aim to reduce the impact of poverty in the early years

Target – Create an antenatal to 7 years model to meet families' needs at the right time, in the right place, by the right person

Actions

Formulate the Midwifery and Early Years Strategy

Create and implement the Communication Strategy

Develop and gain approval of the Information Sharing Protocol

Develop and implement a midwifery and early years workforce professional development plan to support implementation of the strategy

Develop the website and early years provision map based on the hierarchy of support

Explore the development of an App to follow on from midwifery notes.

Implement a consistent process for single point of access for What Matters conversations with families for appropriate support and streamlined referral pathways

Evaluate the impact of EYITP (Early Years Integrated Transformation Programme) Phase 1 pilot

Develop the shared outcomes framework and dataset to evaluate the impact of the Midwifery and Early Years Strategy (EYITP)

Work with partners to develop the baseline caseload assessment for EYITP Phase 2 area understanding acuity of the caseload enabling appropriate targeting of staff resource

Evaluate the different data bases to decide on an early years' solution for multi professional access and recording across health, education and social care ensuring consistent chronology and shared records enabling robust decision making (task group)

Evaluate the use of Dewis and Synergy to develop accessible information and simplified contact to empower families to access support if and when needed to meet What Matters to them (task group)

Evaluate the implementation of the Early Intervention Panel to ensure the hierarchy of support is fundamental to family conversations and action plans

Maximise the different childcare placement funding streams to support the most vulnerable children and families

Develop and implement the family support model antenatal to 7 years across the borough including the new family helpline

Evaluate the Early Years ALN provision map and address gaps in provision or pathways

Develop transition processes including appropriate information sharing at all key transition points throughout the early years (task group)

Conclusion and next steps from a regional Gwent perspective

What were the key regional outcomes / improvements from this pilot?

- The three local authorities, ABUHB and Public Health Wales all worked closely together to develop a regional model and Early Years Core Offer to enable consistency across the region for staff and families.
- Experienced and skilled staff in the core team was essential to the early successes of the new way of working. The flexibility of staff to enable additional capacity was essential to respond to needs identified.
- Consistent core team allowed relationships to be established in the community and with wider team partners improving outcomes for families and development of trust across agencies and within the community.

- What Matters meetings have successfully coordinated support for families to successful outcomes in a timely manner, as well as developed a deeper understanding of the right support to meet the family outcomes needed.
- The hierarchy of support is fundamental but needs constantly reinforcing so families' strengths are recognised, and resilience developed.
- Greater relationships and communication between and within teams has led to positive differences for families. Changing from referral to conversations has made a significant difference to those in the system.

What are the key risks / challenges identified by this pilot?

- There were unmet and unknown needs identified in all pilot areas. There is a need for additional capacity in the early stages to support the response to that identification of need which may have previously remained hidden.
- There is a need to audit the caseload prior to the implementation of the pilot in a phase 2 area to ensure last in person contact is known and needs of families are understood prior to implementing What Matters conversations.
- Implementation of the model carries additional risk if there are vacancies in the health visiting team that could pull on the resources to meet escalating needs in areas outside of the pilot.
- There needs to be more detailed work on the What Matters meetings to fine tune what works best in the model moving forward and captures all What Matters conversations that do not need to come to the meeting. The What Matters conversation needs fine tuning to ensure that it does not become a wish list of what the family would like to access.
- There is still substantial work to do for one family record although the pilot has uncovered differences in record keeping / database between Flying Start and generic Health Visiting teams, additional differences between local authority databases.
- The impact of Covid has meant changes in delivery and a challenge of different risk assessments and controls between different agencies. It has also meant some redirection of senior managers' time away from a focus on the development and implementation of the pilot.

What are the differences between LA that need consideration for further expansion of pilot model?

- Not all areas brought the generic and Flying Start Health Visitor caseloads together to share the workload as vulnerable families were identified. This meant that in some local authority areas the model was not as integrated as others. Where it was integrated, the Health Visitors worked closely together and covered when there were absences as well as supported each other to ensure balance in the team. There seemed to be greater positive outcomes for staff wellbeing and implementation of the Early Years Core Offer where caseloads were jointly managed, while remaining compliant with grant funding conditions.

- Not all pilots initially implemented the Early Years Core Offer which is essential moving forward to understand the needs in the community in phase 1 & 2 and understanding the impact of Covid on the communities when support was predominantly virtual.
- Each local authority area needs their own communication strategy to ensure it reflects the needs of their local stakeholders.
- The different local authority areas use their grant funding streams very differently with greater synergy between grants in some than in others. The synergy / alignment of funding streams to support parity in early interventions needs consideration in all local authority areas to develop cohesive joined up provision antenatal to 7years and then a more Families First focus for 8+ years.
- Not all pilots were able to work with the full range of families due to context in their local area. However, moving forward all pilots phase 1&2 need to work with all of the families on the caseload across Universal, Enhanced and Intensive to understand the impact of the model and allow true evaluation.
- Not all pilots were able to co-locate. However, co-location of the core team was beneficial for information sharing, sharing of records and expertise, although IT access can be a challenge for both Health Board and Local Authority connectivity.

What are the important factors to consider from a regional perspective?

- It was vital that all Coordinators allow time to pause and slow down as well as move faster depending on staff context through the change management process to manage wellbeing of the core and wider teams.
- Vanguard Systems Thinking along with Collaborative Communication or Care Aims training were fundamental to supporting the change in thinking of both teams and managers.
- The role of the Coordinator was critical in supporting the changes, raising and resolving operational issues, accountability and sharing learning as well as engaging all stakeholders throughout the change process.
- There is the need for ongoing dedication and commitment from the Leads in each Local Authority, Health Board and Public Health Wales to ensure the model is implemented, evaluated, promoted, challenged and barriers addressed.
- Governance has been led by local Public Service Boards which are now changing into a Gwent Public Service Board from September 2021. It is critical that governance remain a priority to ensure appropriate scrutiny and importance / focus following any changes of Wellbeing Objectives with the review of the needs' assessment Summer 2021. It is important to ensure locally the actions plans are included in Service Improvement Plans.

How can these findings support a move to meeting family needs regardless of postcode?

- There is a need to consider how all of the funding streams or the staff working under the various funding streams in midwifery and early years 0-7years, can be brought together in integrated teams to deliver consistent early intervention for families in all local authority areas.
- The evaluation and outcomes achieved need consideration by Welsh Government to inform any future changes / direction of travel alongside reports from Miller Research, Early Intervention Foundation and other pilots.

What are the key actions needed following this evaluation from a regional perspective and over what time period?

- There is the need for a regional overarching Midwifery and Early Years Strategy which would sit above the local strategies ensuring principles, values, purpose and model is consistent while allowing local variations to meet context and needs of the local communities.
- Phase 2 pilots need additional experienced capacity through Band 7 specialist health visitors to support implementation, risk manage caseload and workload of core team as they implement the new way of working as well as provide professional challenge to the health visiting team.
- While substantial links with Midwifery have been made and continue to progress, there now needs to be a focus on a consistent approach and offer developed regionally to ensure all families have access to What Matters conversations and the right support in the antenatal period.
- Continue work towards a single database that would support multiple multiagency teams including Information Sharing Protocols and training across agencies on the implications for them in their daily roles to prevent challenges to sharing information between teams.
- There is the need to maximise the use of grant funding in antenatal to 7years, aligning existing staff teams and projects working in Early Years with a slightly separated focus for 8+years. While there needs to be synergy between the two different areas of focus (families often have children bridging 0-7 and 8+) there needs to be a focus on antenatal to 7years bringing all grants into one shared pot for early years and bringing the teams together to work across each borough. Creating a single pot of money will also require a single reporting function instead of delineation of grant funding requirements and would require a Welsh Government direction of intention. We would welcome the opportunity to work with Welsh Government on individualised reporting of data expanding the data linkage project to support the monitoring of this new way of working moving forward.

Appendix 1 – Early Years Integration Transformation Core Programme

Early Years Integration Transform