

# Delivering health services through Sure Start Children's Centres

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## Introduction

The Government has set out its vision for a Sure Start Children's Centre in every community. These centres will act as a focal point for families, providing a range of integrated services such as access to health and parenting support services, advice and information about healthy lifestyles, and access to high quality childcare and early years education. They also have an important role to play in helping parents who are seeking to return to training or work. There are already over 1,000 centres and the Government's ten year strategy for childcare announced plans for 3,500 to be in place by 2010.

## Why health should be a partner

Health services play a vital role in the earliest years of children's lives, with health professionals as the first point of contact with parents even before their child's birth. They are therefore in a unique position to establish trusting relationships with families and to influence parenting practices and promote healthy lifestyles at a point where parents are open to change. The skills that health professionals have in enabling parents to care for their children through advice and support are clearly essential to the success of children's centres.

A healthy start in life matters. Investment in the early years can lay the foundations for health and well-being, ensuring that children are able to achieve their full potential and grow up into healthy and stable adults. As well as leading to better outcomes

for children and families, there is good evidence that money invested in prevention and early intervention can lead to substantial savings to the NHS and other public services, by avoiding the need for specific interventions or reducing the intensity of the intervention required.



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Children's centres offer significant opportunities for improving children's health and ensuring that families are able to access the information, support and services they need to help their child to thrive and achieve their full potential. They can provide:

- access to services for those groups that are often excluded from mainstream services and therefore a means of reducing health inequalities;
- a means of achieving health objectives such as:
  - reducing smoking in pregnancy
  - reducing infant mortality
  - increasing uptake and duration of breastfeeding
  - reducing incidence of low birth weight babies
  - improving physical activity
  - promoting healthy eating
  - promoting the early take-up of antenatal services
  - improving provision of postnatal services including parenting support
  - improving access to contraceptive services;
- a means of delivering integrated, multi-agency services;
- a means of improving choice for families; and
- a means of delivering key components of the *National Service Framework for Children, Young People and Maternity Services* such as the Child Health Promotion Programme.

There is clearly a need for health and well-being to be at the heart of the children's centre agenda. Through good collaborative working between primary care trusts (PCTs), practice based commissioners, local authorities and children's centres, there is the potential for a mutually beneficial partnership. PCTs and practice based commissioners can benefit from the opportunity to provide services in a new and innovative way. Children's centres

can gain from the skills and expertise of health professionals. However, while in some areas partnership working may be well developed, in other areas PCTs and practice based commissioners may need to be more proactive in engaging with the local authority and children's centres in order to influence this agenda. Without such active engagement, there is a risk that PCTs and health professionals will fail to capitalise on this opportunity to make real progress in promoting health and well-being through children's centres.

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## Children's centres: responsibilities of NHS organisations

### *Statutory responsibilities*

Section 4 of the Childcare Act 2006 places a duty on local authorities working with their partners in the NHS and Jobcentre Plus to improve outcomes for all children and to reduce inequalities by providing integrated early years services. They are required to work together so that all aspects of early childhood services are planned together and delivered in integrated ways that maximise access and benefits to young children and their families. Although integration does not rely on co-location of services, this is clearly very helpful. The defining features of integration are:

- a shared philosophy, vision and agreed principles of working with children and families;
- a perception by service users of cohesive and comprehensive, seamless services; and
- a perception by staff in different agencies of a shared identity, purpose and common working.

The Department for Education and Skills (DfES) is currently consulting on detailed guidance on this duty. This is available at [www.dfes.gov.uk/consultations](http://www.dfes.gov.uk/consultations). The new duty will commence on 1 April 2008.

## *Children's Centres Practice Guidance*

The *Children's Centres Practice Guidance* (see [www.surestart.gov.uk](http://www.surestart.gov.uk)) sets out the Government's expectations about what services should be available in a children's centre. To summarise, in the 30 per cent most disadvantaged areas there is an expectation that children's centres will work with their statutory, voluntary, private and independent sector partners to provide:

- early years provision;
- a childminders' network;
- parenting education and family support services;
- education, training and employment services;
- health services; and
- access to wider services.

The guidance states:

*"In the most disadvantaged areas, we expect in most cases that multi-agency services will normally be co-located, but this may not always be the case (e.g. where there is a purpose built health service very close to the children's centre or where services are already located in an area which suits the local community)."*


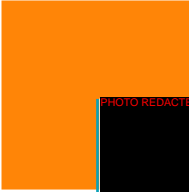
Outside the 30 per cent most disadvantaged areas the range of services provided by children's centres will depend on the quality of existing early years services and families' levels of need. It is expected that children's centres will have a role in ensuring the co-ordination of integrated services to enable those families with additional needs to receive an appropriate level of support.



The range of health services that are delivered from a children's centre will vary depending on local needs and the existing configuration of services. Increasingly we would expect to see the Child Health Promotion Programme, maternity, health visiting and other parenting support services delivered from children's centres, especially in more deprived areas, although pressure on space and suitability of the accommodation will mean that co-location is not always possible. It is important that, where antenatal services are not provided within the children's centre, or where women do not access antenatal care at that venue, there are effective links so midwives are able to introduce harder-to-reach families to the services provided in children's centres. Health services provided in a children's centre could also include:

- well baby clinics/cafes;
- parent craft classes;
- immunisation sessions;
- smoking cessation, both for women who are pregnant and other members of the family;
- healthy eating in pregnancy;
- weaning and family cooking;
- programmes to increase physical activity;
- baby massage; and
- specialist sessions such as asthma, dermatology and paediatric out-patients.

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Working in partnership with children's centres to deliver health promotion activities and programmes can be an effective means of helping PCTs to meet public health priorities such as:

- reducing health inequalities;
- reducing adult smoking rates;
- halting the rise in obesity among children;
- reducing the under-18 conception rate.

Sure Start local programmes (which were the predecessor to children's centres) and children's centres have a good track record of organising programmes that support families in developing healthy lifestyles. These include support for breastfeeding, reducing smoking in pregnancy, the Brushing for Life campaign, early safety schemes and work around nutrition and physical activity. The children's centre environment can provide a means of integrating information and advice on a specific public health issue into an activity that is fun and enjoyable for children and families, which can make them more receptive to the particular public health message. Health professionals and, in particular, health trainers will have the appropriate skills to work with families in achieving these lifestyle goals.

### Walk and Talk – Lewisham Children's Centre

Walk and Talk is a multi-disciplinary project set up by the Sure Start speech therapist, early years consultant, portage worker and special educational needs co-ordinator.

The idea was to make the walks fun and informative for both children and adults, to show families what is in the local area and to encourage a healthy lifestyle.

They have organised walks to Sainsbury's where their nutritionist has talked to families and demonstrated how to cook tasty healthy food, to the allotments where vegetables were dug from the ground, and to the local dentist where families were given oral hygiene advice.

They have planned most trips so that they start at the centre with a story and their destination is within walking distance, but they have also had some outings to museums and parks that are easy to reach by public transport.

**Contact:** Angela Peart, 020 7740 9820

### Action on Children's Accidents Project in East Lancashire PCT (formerly Burnley, Pendle and Rossendale)

This joint Sure Start/East Lancashire PCT project has helped to reduce the number of children under the age of five attending A&E by 21 per cent (a reduction of 660 children) over three years, saving an estimated £1.9m. The project aimed to reduce unintentional injury in the home by providing information and safety equipment to families in Burnley and Pendle. The PCT has a diverse ethnic mix. Low rates of literacy, plus language challenges, have necessitated innovative approaches.

**Contact:** Julie Carman, 01282 867121

### Rose Hill and Littlemore Children's Centre – Oxfordshire

The Rose Hill and Littlemore Children's Centre in Oxfordshire provides workshops and advice on healthy eating.

A six-week course on healthy eating encouraged parents to change their children's diets. Activities focused on understanding the difference between healthy and unhealthy food and included: looking at the contents of 'junk' food and its effects on children; making shopping lists; and making menus with children.

**Contact:** Rose Hill and Littlemore Children's Centre,  
01865 776330

In some areas, clusters of children's centres have forged strong links with their local child development centre, providing opportunities for families to see relevant specialists in their local children's centre. Another approach is for one children's centre within a particular cluster to act as a base for providing specialist services such as speech and language therapy.

### **Honeylands Specialist Child Development Centre**

Honeylands Specialist Child Development Centre is working on a review of services, which is looking at how the specialist centre works in partnership with local children's centres. One of the recommendations from the review is for a 'Team Around the Child' assessment which would be carried out in a local children's centre or early years setting. A locality-based multi-disciplinary team would visit the centre regularly and the child would be assessed by the team in a 'one-stop shop' approach, on the same day each week for three or four weeks. At the end of the assessment period, a review would be held at the children's centre, with the parents and professionals involved in the assessment, at which an action plan would be agreed. The use of children's centres for assessments would provide a base for the team and also a non-threatening, child-friendly environment, where parents could meet other parents and receive support. There would also be the potential for offering sibling care at the children's centre as at the specialist centre.

Children with complex development needs would continue to be assessed and intervention given at the specialist centre with outreach to their locality.

The specialist centre would provide support as required and run training modules with early years education.

**Contact:** Ann Hoskins, 01392 207777

Where co-location is not possible, it is important that there should be strong planning and organisational links between the children's centre and health services, to ensure that services feel integrated to the families using them.

Health professionals can also play an important role in signposting families to the wider range of services that children's centres offer, which can also help to promote health and well-being, such as:

- job surgeries
- educational opportunities
- access to childcare
- access to social care
- library services
- welfare rights
- play schemes.

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## How children's centres can help deliver health priorities

### *Commissioning Framework for Health and Well-being*

The *Commissioning Framework for Health and Well-being* ([www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_072604](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_072604)) is intended to help commissioners achieve "a strategic reorientation towards promoting health and well-being, investing now to avoid future ill health costs". It has highlighted the need to empower people and communities to take responsibility for their own health needs, through the provision of personalised, integrated services and good partnership working. The children's centre approach fits well within this framework. Its focus is on improving outcomes, including the promotion of health and well-being, for children and families. Multi-agency teams in children's centres have been able to offer new and innovative services that are designed around the needs of the child and family. They also have a track record of community engagement and user participation. PCTs can strengthen their patient involvement and choice agenda by drawing upon the learning from children's centres' experience of engaging with communities. Children's centres therefore offer a model of service delivery that can help PCTs and health professionals achieve the vision set out in the *Commissioning Framework for Health and Well-being*.

### *The NHS in England: The Operating Framework for 2007/08*

The *2007/08 NHS Operating Framework* has highlighted tackling health inequalities as one of the key priorities for the year ahead. Children's centres can help to make health services more visible and accessible, particularly in areas where there is poor provision of services, or where there are groups

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that are at risk of social exclusion, such as lone parents, teenage parents, families from BME communities, households where neither parent is in work, travellers, and parents with a disability or with a child who is disabled. They are therefore a key means of helping health services to address health inequalities.

### Portsmouth's Maternity Outreach Programme

- Core service: all families with someone who is newly pregnant living in Sure Start areas are visited early in the pregnancy at home by the maternity outreach worker. They provide information on local services and offer support with parenting education, information about 'bumps and babies' groups, infant feeding and referrals to appropriate agencies such as the smoking cessation service and infant mental health team.
- Vulnerable/socially excluded women are offered individually tailored support as agreed with the community midwife and health visitor.
- All families are offered a further home visit just before the baby is due and just after the birth.
- All teenage parents in Portsmouth are now allocated a maternity outreach worker wherever they live.
- A reward scheme is being piloted to encourage teenage mothers to access antenatal and postnatal care and a range of other services such as drop-in groups, breastfeeding support and smoking cessation. Six signatures are collected on a specially designed card which is then forwarded to Learning Links who send them a £10 high street voucher. Ultimately the aim is to use mobile phone top-up cards as rewards to help teenage parents 'keep in touch'. The scheme also has the advantage of keeping the maternity team informed of teenage parents' latest addresses, as the vouchers are posted to them.

**Contact:** Jane Parker-Wisdom, 023 9228 6000, ext 3520



However, co-location of services in a children's centre is not in itself sufficient to ensure that there is a good take-up of services. In order to be effective in reaching excluded communities there needs to be a strong focus on assertive outreach. (See also the *Toolkit for Reaching Priority and Excluded Families* which can be accessed in the toolkits section at [www.childrens-centres.org](http://www.childrens-centres.org).)

### *Supporting reconfiguration*

Children's centres can also provide a focus for reconfiguration of services. Many PCTs are in the process of reorganising health visitor and midwifery services, to provide a clearer focus on the needs of vulnerable and socially excluded members of the community. With their emphasis on outreach to deprived members of the community, children's centres can help ensure that valuable health staff and resources are diverted to where there is greatest need. This may also support greater efficiency in service delivery by providing services to a critical mass of families in one location. For example, instead of providing services from four GP surgeries it may be possible to provide services from one children's centre. Some areas have been able to deliver a better service to families through close partnership working, using integrated teams to deliver a new holistic child health service that is able to offer more comprehensive support.

## Brighton and Hove Children's Trust

Through the Brighton and Hove Children's Trust, the local authority and the PCT have been able to consider best practice from the Sure Start local programmes (SSLPs). They have used this learning to develop a model of health service delivery that will be used across the city's children's centres.

In Brighton and Hove, health-led multi-disciplinary teams comprise health visitors and early years visitors. Health visitors in these teams are responsible for assessing the family's needs and, with the family and early years visitors, for producing a care plan to meet identified needs. Health visitors supervise the early years visitors to ensure that the care package and intervention are seamless in meeting the family's needs. This community team works closely with midwives, who offer antenatal and postnatal appointments from the children's centre. There are dedicated speech and language therapists in the children's centres, offering early intervention and home visiting to families from as early as eight months when difficulties have been identified. Health professionals make up the most significant element of these teams, which will significantly enhance the core service of each children's centre.

The city centre SSLP has hosted an integrated health visiting team which has served children and families in the Sure Start area instead of through the traditional GP attachment system. They have also had a dedicated midwife with her own caseload of families and linked with her midwifery colleagues looking after other women living in the Sure Start area.

**Contact:** James Dougan, 01273 295511

## Building effective partnerships

The Department of Health/Department for Education and Skills *Joint Planning and Commissioning Framework for Children, Young People and Maternity Services* has set out the principles for developing comprehensive and integrated services for children and families (see

[www.everychildmatters.gov.uk/publications-and-resources](http://www.everychildmatters.gov.uk/publications-and-resources)).

Central to this is the importance of joint plans which are based on a shared understanding of local needs. This has also been highlighted in the *Commissioning Framework for Health and Well-being* which has proposed establishing a duty on PCTs and local authorities to produce a Joint Strategic Needs Assessment ([www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_072604](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_072604)). For example, delivery of health visiting services from children's centres will be most effective where this is integrated into the PCT's overall plan for provision of this service in their locality. Increasingly we would hope to see the commissioning process for children's centres managed by an inter-agency strategic body which includes senior representation from the local authority, PCT and other key partners. PCTs, practice based commissioners and health professionals will want to ensure that they are able to influence the commissioning process for children's centres in their area. PCT staff will be better able to support and shape service delivery if they are represented on the children's centre partnership boards.

PCTs and health practitioners also need to be involved early in the planning process for any new children's centres. If the specific needs of health practitioners are not built into the design of children's centres then there is a risk that the accommodation may not be appropriate for the delivery of health services. Where a children's centre is being built on a school site, in addition to practitioners such as midwives and

health visitors, it will be important to ensure that the school nursing service is fully involved in the design and development of the centre. PCTs and health staff may need to be proactive in ensuring that their needs are reflected in plans. The 'Together for Children' regional programme lead will be able to provide local contact details (see Annex B).

Good partnership working depends on staff across agencies having a shared understanding of local needs and agreement about the priorities for service delivery. With their focus on outcomes, *Every Child Matters* and the *National Service Framework for Children, Young People and Maternity Services* have set out a clear vision of the type of support that children and families want to receive and a shared language for planning services and setting priorities. A focus on outcomes can help to overcome traditional professional boundaries.

The *Every Child Matters* agenda has a supporting infrastructure which, where used flexibly, can help to shape partnerships. The children's trusts, which provide a mechanism for joint planning and commissioning across agencies, are a key part of the system. Tools such as the Common Assessment Framework (CAF) and ContactPoint (previously known as the 'information sharing index' – see [www.everychildmatters.gov.uk/delivering-services/contactpoint](http://www.everychildmatters.gov.uk/delivering-services/contactpoint)) also have a key role to play in creating a culture where sharing of information becomes the norm. As traditional primary care services are being delivered from new settings, such as children's centres, it becomes increasingly important that information is shared across these different settings to ensure that there is a complete picture of the child and family and their health needs. For example, where the children's centre delivers the Child Health Promotion Programme, it is important that details of immunisations, reviews and any needs identified are entered into the child health record.

Similarly, Local Area Agreements (LAAs) have proved an important catalyst for improved partnership working. They have already shown great potential to deliver improvements in health outcomes. The vast majority of LAAs address important public health issues such as smoking cessation and increasing levels of physical activity. (See [www.idea.gov.uk/idk/core/page.do?pageId=1174268](http://www.idea.gov.uk/idk/core/page.do?pageId=1174268) for more information on LAAs.)

Good partnership is also helped where there is clarity about respective responsibilities and accountability. The planning process and budget-pooling arrangements can be used to establish the commitments of respective partners. Where health staff are seconded to roles within children's centres, in addition to clear line management arrangements, which may be provided by the centre manager, health staff will also require professional supervision and support.

## County Durham PCT

- County Durham has a history of strong partnership working with local Sure Start programmes. The former PCTs were very supportive of the establishment of local programmes; this is evidenced by the continuing strong commitment of PCT managers and lead clinicians.
- Local Sure Start programmes have developed successful multi-disciplinary teams which are being spread into children's centres.
- The strong foundation of collaboration has enabled local partners to develop a shared vision to guide the transition from Sure Start local programmes, to children's centres, extended schools and integrated frontline provision.
- In line with children's centre governance arrangements, individual children's centres across County Durham have their own management groups with health visitors, midwives and school nurses, and, in one centre, a GP, as members. In some centres, these NHS staff have been nominated to chair the management group.
- During the set-up of phase 1 children's centres, health visitors in some of the localities were seconded to the local authority to lead the development of local children's centres.
- Building upon local innovative approaches to supporting children and families, roll-out of the CAF is currently under way, with health professionals involved alongside partners in multi-agency training.

**Contact:** Kathleen Vasey, 07971 895128

## Barnsley

The children's centres in Barnsley offer a full range of services, including family and child health services. Health staff have been involved in both strategic and operational developments. The children's centre task group includes health visitor, public health and maternity representation. Children's centres are being mainstreamed into health planning – e.g. they are a key strand of the emerging maternity services strategy, and new ways of supporting speech and language therapy are being modelled. There is a joint information sharing protocol.

Positive messages include the following:

- Joint area review (JAR) report: Dearne children's centre and associated health and social care staff groups based in a Local Improvement Finance Trust (LIFT) building were commended for excellent collaborative working.
- JAR report: "The combined work of all local services in helping children and young people contribute to their communities is outstanding."
- Innovative work to tackle obesity won the South Yorkshire Health and Social Care award (2006) for outstanding achievement in improving health and reducing inequalities.

**Contact:** David Webber, 01226 772492

## Summary

Sure Start Children's Centres offer PCTs and practice based commissioners:

- significant opportunities for improving children's health;
- a new and innovative method of delivering services that supports the vision set out in the *Commissioning Framework for Health and Well-being* and the *The NHS in England: The Operating Framework for 2007/08*; and
- a means of targeting resources more effectively to provide better support to families that are more vulnerable or have particularly complex needs.



# Annex A: Links between children's centres and health policies

## *The National Service Framework for Children, Young People and Maternity Services*

The National Service Framework (NSF), published in 2004, set out a vision of services that are holistic and personalised, designed around the needs of families rather than the needs of the professionals who deliver them. The children's centre approach offers an important way of moving towards this goal. Through the co-location of services, or close partnership working, it provides a model of service delivery that is genuinely integrated, a 'one-stop shop' which makes it easier for families to access services. The NSF is to be implemented by 2014.

## *Our health, our care, our say*

The White Paper *Our health, our care, our say*, published in 2006, said that in disadvantaged areas "we would expect to see more community health services being provided from children's centres". As well as locating services such as antenatal care and parenting support in children's centres, PCTs and health professionals can also work with them to make specialist services more accessible.

## *Choosing Health*

The *Choosing Health* White Paper, published in 2004, emphasised the need to support people and families in making healthy lifestyle choices. It recognised that patterns of behaviour are often set early on and that support in children's early years can prevent negative effects later in life. Sure Start local programmes and children's centres have a good track record of providing programmes that support families in developing healthy lifestyles.

## *Maternity Matters: Choice, access and continuity of care in a safe service*

This national framework document supports local delivery of a programme to improve choice, access, continuity of care and safe maternity services for all women. It sets out a strategy for delivering the commitment to put women and their partners at the centre of their local maternity service provision and gives women choice over the maternity services they will receive. Women will have a choice in the type of care they receive, for example access to maternity services, antenatal care, choice of place of birth (whether at home, in a midwifery facility or in a hospital supported by a team of clinicians including a midwife and obstetrician) and postnatal care. In addition, every woman will be supported by a midwife she knows and trusts throughout her pregnancy and afterwards. The document states that parents will be able to access antenatal and postnatal care and other help like childcare and parenting support in community settings such as Sure Start Children's Centres.

# **Annex B: Together for Children regional leads**

Yorkshire & Humber – Sue Barker, 0773 889 8534

North West – Maxine Bretherton-Budd, 0773 889 8531

South East – Terry Connolly, 0771 8195 466

East England – Helen Firth, 0773 889 8535

North East – Pat Gale, 0773 889 8529

South West – Michael Hiscox, 0771 819 5124

East Midlands – Karen Mackay, 0773 889 8539

West Midlands – Sue Richards, 0773 889 8537

London – Sue Robb, 0773 889 8546







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