

# **Improving the workforce through an integrated service delivery model in Barking and Dagenham - Early Years Transformation Academy**



# The B&D Team



**Commissioners**  
**CCG**  
**Public Health**  
**NHS**  
**Community**  
**Acute (midwife)**  
**Local Authority**  
**Early Years**  
**Community Solutions**  
**Education**



# Barking & Dagenham Community

## Best start in life

JSNA 201

**Best start in life** refers to all interventions and conditions from preconception to age 5 which promote or support healthy early child development. This could include aspects which directly affect a child's mental or physical health or school readiness, but also the background conditions (such as poverty) that influence these.

### Preconception and pregnancy

A lower % of women <25 choose LARC compared with women 25+



>50% women attending a BHRUT booking appointment are overweight or obese



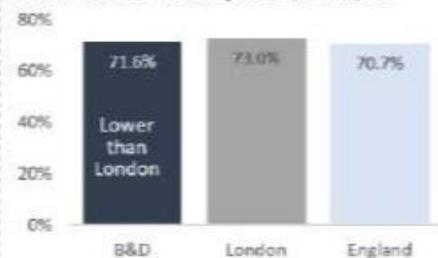
Smoking at time of delivery has decreased, but is higher than London



We lack good quality data on perinatal mental health

### Cognitive & social development

Good level of development, 2016/17



> 1 in 5 eligible 2 year olds has not taken up a free early years education place

### Wider determinants



1 in 3 children live in an income deprived household



More than 1 in 4 children's social care assessments has domestic violence listed as a factor



Decreasing rate of under 18 conceptions, but still high relative to London



Fourth highest family homelessness rate in London

### Health services



Almost 4 in 10 children do not receive a 2-2.5 year review by 2.5 years



MMR2 vaccination coverage is lower than England



Almost 3 in 10 children age 5 have ≥ 1 decayed, missing or filled tooth

All data and references available within JSNA



**Providers**

**Midwife**

**Health Visitor (0-19 )**

**Early Years  
( Community Solutions )**

**Education**

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**Commissioners**

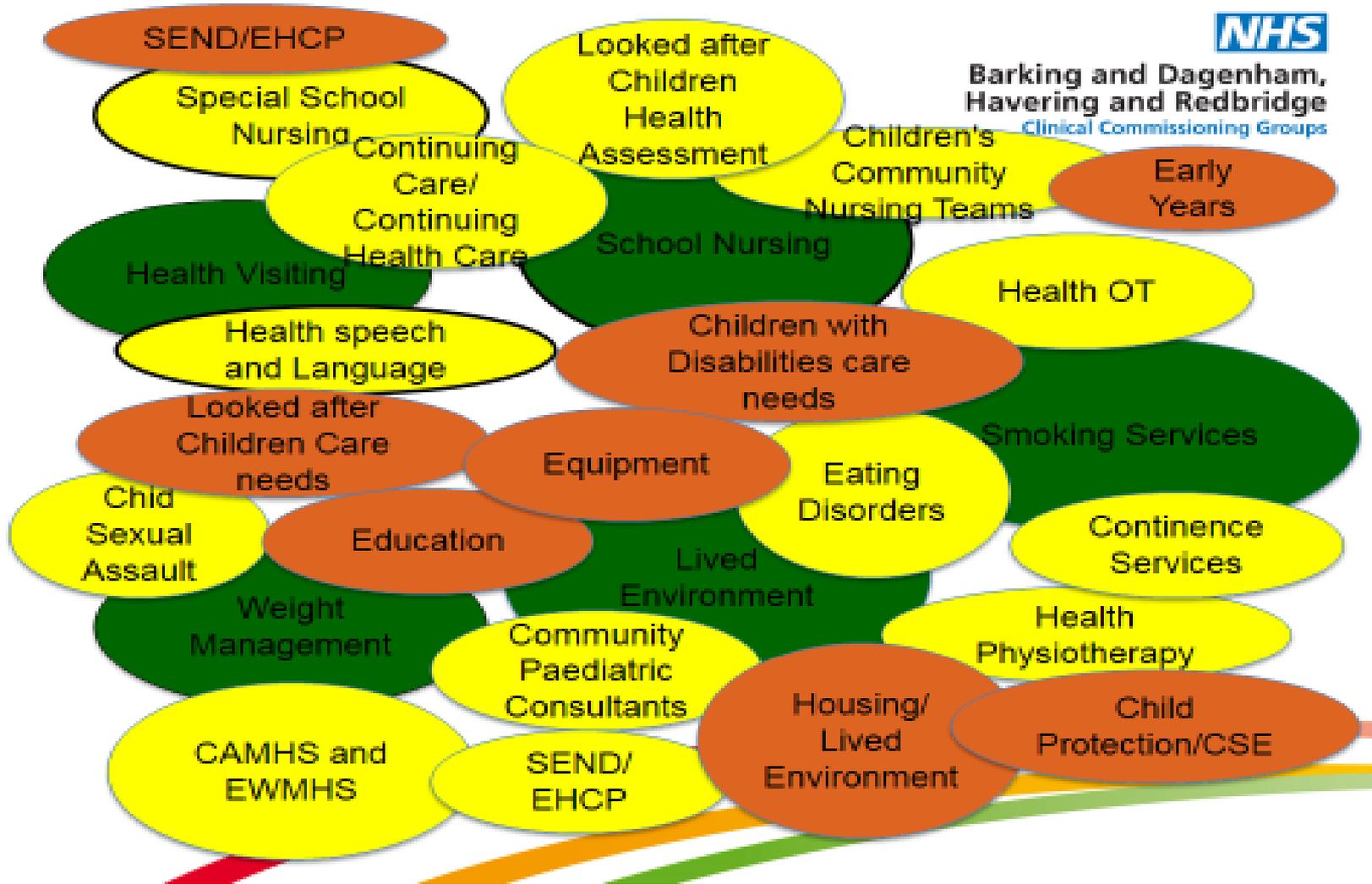
**CCG**

**Local Authority**

**National Funding**







## Outcomes Framework

Developed as a group using the EIF advice.

Centered round the key Joint Health and Wellbeing Outcome

“ To increase the percentage of children in Barking and Dagenham  
Who are best prepared to start school by the age of 5”

Physical Development

Cognitive  
Communication and  
Development

Social, Behavioural  
and Emotional  
Development



**Science Based Assumption**

- Barking and Dagenham have significantly lower levels of Good Level of Development than the London Average.
- Transient population with many children moving in and out of borough as well as attending schools outside of the borough.
- Large projected growth in this population in next 5 years.

**Science Based Assumption**

- Currently there are an number of unknown children in the borough who we do not encounter until they start school.
- Health visiting only sees 75% of our children at aged 2.
- We are unsure if those who are assessed at age 2 of having a lower than expected level of development are then accessing our services, and if they are we do not track if our services are improving their level of development.

**Science Based Assumption**

- Aim to reach poor performing outliers as identified by ethnicity.
- Need to understand if there is a population, such as children known to social care, are out of the scope of this work.

**Intervention**

- Establishment of multiagency Children and Young People's Transformation Board with senior sponsor level representation. (Achieved).
- Better sharing of 2 year check with Education, Health and Community Solutions.
- Increase in public awareness of our services.
- Join up the maternity service with follow on care especially vulnerable parents.

**Science Based Short Term Goal**

- Improved sharing of information across services.
- Joint leadership across education, health and social care. This can be through the CYP transformation board.

**Science Based Long Term Goal**

- Close the developmental gap at aged 2.
- Early identification of families at risk.

**Science Based Long Term Goal**

- Increase number of children who are ready for school via the good level of development score.
- 3 in 4 children are school ready (currently 71%)

**Why**

Best care by the best people

**Who**

**What is the intervention**

**What will we achieve**



**Opportunities**

**NHS 10 Year Plan**

**Joint**

**Primary Care Networks**

**Social prescribing**

**Work Force**

**Apprenticeship**

One borough; one community; no one left behind

**So how is it going to work**

**Its not just communication**



**Its about building a relationship**

**Sharing the vision**

**Taking a risk**

