

NORTH YORKSHIRE COUNTY COUNCIL**YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE****25th January 2013****PROGRESS REPORT ON CHILDREN'S CENTRE PAYMENT BY RESULTS TRIAL****1.0 Purpose of Report**

To provide Members with an update on the children's centre Payment by Results Trial

2.0 Recommendations

The Committee is invited to note and comment the information in this paper

3.0 Background**3.1 National context**

There are three main national policy drivers that underpin the Children's Centres Payments by Results (PbR) trial:

- Improving the focus of children's centres on the outcomes that matter for children and families linked to the revised children's centre core purpose
- The 'open public services' agenda through improving accountability, local transparency, data quality, innovation and value for money
- Reforming public services across the whole of the public sector in a coherent way – models of PbR have been or are being developed in relation to health, crime prevention, probation, return to work and a variety of other public sector services

3.2 National children's centre PbR trial

Nationally there is a strong and growing evidence base of the importance of early education, effective parenting and good health on child development and readiness for school and beyond. The purpose of the children's centre PbR trial is to translate this evidence base into specific PbR measures that can work for children's centres and test the hypothesis "Does payment by results incentivise a local focus on the core purpose of children's centres and if so, how?"

The children's centre PbR trial model is unique in having both a national and local dimension:

- Payments made by DfE to Local Authorities based on performance against national measures (set by the DfE) which reflect the core purpose of children's centres
- Payments made by Local Authorities to children's centres (internally provided and managed in the case of North Yorkshire) based on performance against locally determined measures which reflect local priorities

3.3 North Yorkshire and East Riding children's centre trial

Local authorities were invited by the DfE to express interest in being part of the PbR trial in two waves. North Yorkshire and East Riding put forward a successful application in the summer of 2011 and is one of twenty seven trial areas nationally. This phase of the trial ends in March 2013 and we are awaiting further information about extension.

The delivery mechanism for the trial is a "children's centre PbR trial partnership" formed by East Riding of Yorkshire Council and North Yorkshire County Council to focus specifically on how jointly we could:

- Establish cross border arrangements for data gathering, protocols and procedures to inform the national PbR trial through locally determined measures which will complement and support the national measures, particularly, but not exclusively around health
- Trial an "antenatal to 5 months care pathway "specifically for babies, children and their families with the intention of developing and trialling measures for specific and agreed interventions relating to key health and parenting support arrangements along the "care pathway". Initially the project will focus on the transient communities of the North Sea coastal towns of both local authorities.
- Provide a focused opportunity to explore long term structural changes and consistent approaches to the current data management systems operated by different midwifery and health services with Children's Centre teams. Currently both Local Authorities work with a number of different Acute Trusts, NHS Trusts, PCTs, health providers and other health partners.
- To develop cross boundary working, protocols and procedures between LA, CCs, Health, voluntary sector partners and others in establishing potential "staged measures" for interventions, such as – take up/attendance of health visitor/midwife appointments; participation in ante-natal and post-natal parent education classes and transition management.
- To increase and improve administrative, information/ data sharing procedures and common data management systems between local authorities, health partners and others particularly around definitions of vulnerability, pregnancy registrations, live birth data and specialist and universal support for baby and parents.
- Trial a sample of the proposed "draft national measures" by inviting all centres across both local authorities to take part in a consideration and review of the relevance, strengths, barriers and alternatives to the selected measures

A children's centre PbR trial Management Group with core membership of Officers from both Local Authorities was formed to give direction to and oversee the project. This joint Management Group meets quarterly and is responsible for signing off PbR project reports for the DfE and the respective Children's Trust Boards of the two Local Authorities. A Project Officer was appointed in April 2012 and works 50% of her time for each Local Authority.

4.0 Developments through the children's centre PbR trial

4.1 Active learning and identifying and developing evidence based best practice

One of the attractions of participating in the PbR trial has been that unlike some DfE initiatives this is a true trial and as such provides us with the opportunity to be on the inside and look at information, emerging practice and cutting edge developments, which we wouldn't otherwise have had access to and without the pressures of implementing change quickly which wouldn't necessarily suit our North Yorkshire context. In essence participation in the PbR trial gives us the opportunity:

- To learn and share what works and doesn't work
- To innovate
- To inform policy

The North Yorkshire and East Riding trial is unique in being a joint initiative with the two Local Authorities working together to share learning. This has had clear benefits in terms of sharing good practice, providing challenge, collective problem solving and opportunities for peer review. This is pertinent at all levels of collaboration including between officers of the two Local Authorities, between the respective children's centre leaders and strategically between local authorities, commissioners, acute trusts and health providers. This joint approach has attracted national interest including the trial hosting a visit for the DfE PbR civil servants in September 2012.

Learning from each other has been an important element of the PbR trial and as such there have been a wide range of structured opportunities to explore issues of mutual interest and share emerging practice with other Local Authorities through learning sets both regionally and nationally and also around themed learning sets such as PbR data and issues facing Local Authorities in rural areas. We have also visited a number of Local Authorities as part of the trial to explore specific issues in depth - Darlington, Oldham and North East Lincolnshire

There are undoubtedly cumulative benefits from this active learning which are enabling us to take action to improve the children's centre service offer for families in North Yorkshire. Two brief illustrative examples:

- The joint children's centre PbR trial management group identified a gap in the ante natal to 5 months pathway in the provision of targeted support for vulnerable young parents. In other areas of the country this is provided by a Family Nurse Partnership (FNP) however the prescriptive delivery model for FNPs is best suited to urban areas. The management group decided to suggest to the commissioners in both LA areas that developing a joint FNP model across the two areas might provide a sustainable solution. The commissioners and partners have taken this forward and a North Yorkshire/East Riding model for the delivery of FNP is being rolled out from January 2013.
- There has been some interesting learning about the impact on outcomes for families of one of the PbR national measures "sustained contact" (this quantifies the individual work with families delivered by the Parent Support Advisers in our children's centres). There is emerging evidence from other LAs in the trial and from our "troubled families" work that working with families in a high intensity way over a few months may well have more sustained impact than a "drip drip" approach over a much longer period. This new information is helping to inform how we deploy Parent Support Advisers in terms of their individual case work.

4.2 PbR Measures, data and payment

In April 2012 the DfE provided guidance to trials on the national PbR measures. In May 2012 we provided baseline data, for all North Yorkshire children's centres, to the DfE for those data sets not already reported nationally (appendix A lists the national and local measures). In May 2013 the exercise will be repeated so that performance against the measures over the trial year can be determined. Given the complexity of Children's Centre activity it is important, as part of trialling the national measures, that we give due consideration in terms of our reporting to the risk of perverse incentives and issues of attribution. A trial payment model has been designed through which a small performance reward is payable depending on improved performance against two of the six national measures

4.3 Our involvement in the trial has changed the nature of discussions both internally and with health partners around children's centre PbR measures and in particular requiring us to be more precise around our definitions of outcomes and target populations. This has enabled us to utilise the trial to start to address, with some success, data sharing issues with health partners around universal pregnancy early notification and breast feeding rates. It is also leading to internal improvements in our data collection, collation and reporting systems and processes

4.4 The trial is assisting the DfE in developing the overall model for PbR but also in shaping the details such as the definitions to be used eg "in greatest need". This may seem a detail but if PbR is introduced on a substantive scale in the future it may well be important.

4.5 The local element of our trial is to develop an "antenatal to 5 months care pathway" specifically for babies, children and their families with the intention of developing and trialling measures for specific and agreed interventions relating to key health and parenting support arrangements along the "care pathway". We have developed our local measures (appendix A) and are making progress with health partners in shaping a more integrated approach to the care pathway as part of the Healthy Child Programme and capturing the outcomes of this activity through the trial measures

4.6 In common with other trial areas the aspect of the trial where we have made least progress is around the payment modelling aspect of the project. This is due to delays in receiving guidance from the DfE (received 24 October 2012) about the trial payment model and issues around the timings of payments. We have however as a pilot modelled a PbR element to be potentially introduced as part of the future procurement of some specific activities across the County's children's centres and are working with the finance team to explore some options at a children's centre level based on the national PbR payment model.

5.0 Recommendations

5.1 The Committee is invited to note and comment on the information in this paper

Carolyn Bird
Assistant Director
Children and Young Peoples Service

Report prepared by:

Name: Mandy Whitehead

Job Title: Payment by Results Project Officer (East Riding and North Yorkshire)

Contact Details: Tel 07876740091

E-mail: mandy.whitehead@eastriding.gov.uk

Date: 21 January 2013

Background Documents: None