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<b>Title of meeting:</b>	Health and Wellbeing Board
<b>Subject:</b>	Portsmouth Family Hubs and Start for Life Programme
<b>Date of meeting:</b>	6 March 2024
<b>Report by:</b>	Head of Integrated Early Help and Prevention
<b>Report Author:</b>	Amanda Hales-Owen
<b>Cabinet Member:</b>	Councillor Suzy Horton, Children, Families & Education
<b>Wards affected:</b>	All

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**1. Purpose of the report**

- 1.1 This paper is to provide information on how Portsmouth City Council is developing its family hub model, being in receipt of the Family Hub grant from the Department for Education. To share information around the services we are delivering in line with the national minimum expectations for Family Hubs, and to understand how the family hubs will meet the needs of children and families at a local level and the outcomes we plan to achieve.

**2. Information Requested**

Background

- 2.1 Portsmouth City Council had 16 children's centres up until 2017. At this point Early Help services were developed in the city and the remaining 6 children's centres transformed into family hubs. The family hubs offered activity sessions, which were commissioned from Homestart, along with midwifery and health visitor appointments. This formed a base for the Targeted Tier 3 Early Help teams.

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2.2 Family hubs are a place-based way of joining up locally in the planning and delivery of family services. They champion integration to improve the accessibility of support and enhance the connections between families, professionals, services, and providers with relationships core to the offer. Family hubs, Start for Life services offer support to families from conception until children are aged 2 years. Family Hub services offer support to families with children up to 19 years of age and to families with special educational needs and disabilities (SEND), support is available for children up to the age of 25. These are absolute priority areas for us in Portsmouth. From existing high levels of deprivation, we have seen the impact of the cost of living crisis in terms of poverty in the City. We have also seen a significant increase in requests for Early Help & Care Plans (especially within early years) and we continue to see that we need that we need to enable improved education outcomes for our children. It also directly interplays with the priority area of the Hampshire & Isle of Wight ICS on the first 1001 days of a child's life. This is also now within the Children's Trust Plan and the Family Hubs will be a core offer within this.

Developments

2.3 The Government's 2019 manifesto included a commitment to champion family hubs. 75 local authorities were pre-selected using the average rank from the Income Deprivation Affecting Children Indices (IDACI). There was an additional condition that a minimum of 25% of local authorities from each rural urban classification were also pre-selected. Portsmouth City Council were invited to apply for the grant as we ranked 59th in the IDACI table.

2.4 The grant conditions determined that the funds could be spent on services that would develop a Family Hub and Start for Life offer around:

- Perinatal Mental Health and Parent Infant Relationships
- Parenting Support
- Infant Feeding
- Speech and Language and Home Learning Environments
- A published Start for Life Offer

2.5 We were also asked to think about how services delivered from the family hub could be:

- More accessible
- Better connected
- More relationship centred

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2.6 The Family Hub Grant has enabled us to enhance the offer in the family hubs for families so that they can access a wider range of support services in their community. We have a Section 75 Agreement in place in Portsmouth between the council and community NHS provider for the delivery of an integrated Early Help and Prevention Service since 2017. This includes public health nursing, tier 3 family support, and the management of the Family Hubs. As a result of this the Programme Management Group is jointly chaired by the DCS and the NHS Community Trust Director and this oversees the delivery and continuous improvement of the service.

2.7 We used the Public Health Needs Assessment when designing the offer and noted areas of strength to build on:

- Portsmouth's infant mortality rate (2.4 per 1000) has consistently been below the England average (3.9 per 1000)
- MMR immunisation (92.7%) is higher than the England average (89.2%) and has historically shown an improving trend.
- Baby's first feed breastmilk rates (74.5%) are higher than national average (67.4%)

2.8 We also noted key areas to focus on to support and improve outcomes:

- The percentage of children achieving a good level of development at the end of Year R (69.4%) was below the national average (71.8%)
- The number of children in absolute low income families (17.3%) was above the regional (11.6%) and national (15.1%) averages
- The percentage of low birthweight babies had increased (3.5%) compared to the national average (2.9%)
- The proportion of children who were obese at Reception Year rose (11%) and was above the national average (9.9%)
- The number of A&E attendances for children aged 0-4 years had risen to (641 per 1000) although remains below the national rate (660 per 1000)
- Rates of smoking by pregnant women (11.4%) were above the national average (9.1%)
- Conception rates for under 18's had increased (22 per 1000) and were above the national (13 per 1000) and statistical neighbour (10.6 per 1000) averages

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- 2.9 Service delivery at the time of grant application centred around the five Family Hub buildings across the city. They act as a base for the Early Help and Prevention Service and a delivery base for a limited VCS led stay and play offer; the universal health visiting offer; and a range of partner services. The system had evolved around our targeted service offer, which had seen a decrease in universal resources due to an increase in demand for universal services for families. The Family Hubs had limited capacity to support an increase in service delivery for families.
- 2.10 Portsmouth had several parenting programmes which focussed on targeted family support for school aged children which were delivered by the Targeted Early Help service and Children's Social Care. The funding has enabled us to build on our Children's Public Health Strategy and bring together the work of numerous agencies across the city to design and deliver a structured universal and targeted parenting pathway within a framework that offers assurance of quality and evidences the impact, outputs, and outcomes of the programmes.
- 2.11 Parents had been clear in previous consultations that a 'one-size fits all' approach was not appropriate. We wanted to offer a blended delivery model of evidence-based programmes, which met our parents needs including online and programmes delivered by peers, and when appropriate built into what they were already doing e.g., stay and play sessions.
- 2.12 We identified that there was no evidence based, universal access parenting programmes for parents of children under 5 and our stay and play offer was limited in capacity. The strength of our new offer is that there are additional activities for children under 5 and new parenting programmes at a universal access level to support parenting with a focus on relationships. The new parenting pathway will offer all families who are expecting and have new babies a chance to develop their knowledge in practical skills, an understanding of key parenting principles and deliver information around managing a household (e.g., budgeting). A single contact point in each of the 5 Hubs will offer a familiar face for families and allow the development of trusting relationships.
- 2.13 Before the Family Hubs, Portsmouth did not have a published Start for Life offer and did not use social media to promote its services. There was a range of service-based health and early years information and guidance to parents which was confusing for parents and not always clear about where to get information and help. We have now published the Portsmouth Start for Life offer and this has made Family Hubs more accessible through a better connected early help system using clearly branded Family Hub buildings, coordinated central communications- that use a range of media to reach the widest possible number of families. This means that families have a more direct route to information and can register with Family Assist to receive information at key developmental milestones in their child's life. Family Assist is a digital system that includes a digital family hub, it holds a range of information for families around topics such as vaccinations, domestic abuse and safe sleeping etc.

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### **3. Improving Outcomes**

- 3.1 Within our delivery plan we have agreed actions to achieve our agreed outcomes. These are set under each priority area.
- 3.2 To improve outcomes around low to moderate **Perinatal Mental Health and Parent Infant Relationships** we are:
- Implementing the Solihull evidence based online and face to face courses for parents which include an antenatal and postnatal course
  - Commissioning Midwifery Support Workers to increase capacity to identify PIMH/PIR concerns on the postnatal ward
  - Training health visitors in the New-born Behaviour Observation approach to strengthen the 6 – 8 week review of the Healthy Child Programme which will offer parents the opportunity to explore what the baby likes and dislikes and think about how they can understand his/her signals to understand the baby's style and temperament to develop ways to support and look after their baby
  - Training a range of practitioners to deliver the evidence based Triple P Baby which will offer parents the opportunity to engage in a range of activities to learn strategies to develop a positive relationship with their baby, support their baby's development and look after their emotional well-being
  - Training practitioners in Video Interactive Guidance (VIG) which is a positive approach that uses video to help us understand and improve communication
  - The PIMH team will deliver the Bright Beginnings Group which is Informed by the IHV Emotional Wellbeing Model and evidence of best practice in supporting parent infant relationships. The group includes psychoeducation around emotional wellbeing, opportunities for families to try CBT techniques including behavioural activation and problem-solving techniques, stress busting activities to support relaxation, getting to know your baby and building connections in the community
  - Commissioning groups for dads from the Parenting Network which include baby massage sessions

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3.3 To improve outcomes around **Infant Feeding** we are:

- Commissioning Midwifery Support Workers to increase capacity to support breastfeeding on the postnatal ward
- Commissioning tongue tie practitioners to increase the number of clinics available to families in Portsmouth
- Commissioning The Breastfeeding Network to deliver peer support to families
- Developing an infant feeding team within our health visiting team to support and offer visits to families and to offer training to a range of practitioners

3.4 To Improve outcomes around **Speech and Language and the Home Learning Environment** we are:

- Employing a speech and language therapist to develop screening tools and identify children who may need additional support or direct intervention
- Implementing the PEEP approach which is an evidence based programme that will support parents to develop their home learning environments so they make the most of everyday opportunities that can stimulate babies and children's learning and development
- Commissioning Homestart to run their Get Set Go which aims to improve children's school readiness

3.5 To improve outcomes around **parenting support** we are:

- Employing a Parenting Coordinator to develop a parenting pathway
- Implementing the Solihull courses for parents
- Commissioning Homestart to provide a Family Hub Champion in each family hub who can spend time with families in the hubs to do some direct work with them or signpost them to services or offer information and guidance

3.6 In order to understand the impact of the enhanced offer we are using a range of outcome measures which mostly have been defined by the Department of Education and will also inform the national evaluation. There are also measures for the individual approaches and training we have commissioned which will evaluate the short term impact of the approach and course. Other measures we are considering include

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footfall, and any increase in voluntary partner and local authority delivery and workforce. We recognise that the longer term outcomes that we hope to realise will extend beyond the life of the grant, and therefore the local evaluation will continue as the service moves to the sustainable model once the funding expires.

- 3.7 One of the challenges we have faced is the time it has taken to recruit people into the roles that we created to deliver the grant across the funding streams. To address this, we offered secondments and fixed term posts with all posts ending in March 2025.

### **4. Health Visiting**

- 4.1 We currently have funding for 28.46 WTE health visitors and have 26.6 appointed to so our vacancy rate is low. However, we recently advertised for a full time health visitor and had no applicants for the post which is unusual for Portsmouth, but we know health visitor recruitment is a national challenge. In 2022 the Institute of Health Visiting reported that the number of Health Visitors employed by the NHS had decreased by a third since 2015. In terms of establishment, and capacity the Institute recommends a maximum of one health visitor to 250 children to deliver a good service, and currently the average caseload for a health visitor in Portsmouth ranges between 280 and 300 so it is a priority to recruit to the vacant posts as this would bring caseloads in line the recommended level. It should also be noted that supporting health visitors are a series of expert clinical leads (including breastfeeding, perinatal mental health etc) as well as community health nurses and nursery nurses who ensure that activity is clinically excellent in line with best practice and interventions are provided by a variety of roles within the team.
- 4.2 We have health visitor students who form part of our workforce. The students are qualified nurses who are training to become health visitors or school nurses. Whilst they complete their training, they are supported by our clinical staff to complete their placement which could include shadowing visits, undertaking small pieces of work in the families' homes or in the family hubs whilst being supervised. Our focus is on retaining our students as they are familiar with our operating model and processes and policies, as they qualify, we aim to recruit them into the workforce.
- 4.3 We are currently planning how we can deliver the Healthy Child Programme using a skill mix approach which encompasses opportunities for growth and development in our wider workforce, so building capacity and within this considering who is best able placed to provide the support and services needed. We know our nursery nurse posts have a high number of good quality applicants; we are aware this could have a detrimental impact on the early years' workforce.

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4.4 Our current focus is to determine what the Family Hub model will look like post 2025. We have a delivery model that is built on needs analysis, practitioners and parents intelligence and theory around the critical first 1001 days. We are aware that we will be in the early stages of receiving evidence on the medium and longer term impact at the time that the grant will end, so it will be an evolving picture. The Delivery Board has been mindful from the outset that the funding is time limited so we have been continually mindful of the need for the Hubs to be sustainable beyond April 25 and our approach is one of learning and development ensuring that we are skilling up champions within our workforce so that we minimise the impact of the cessation of the grant and avoid any reduction in service.

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Signed by Sarah Daly Director Children Families and Education

**Appendices:**

**Background list of documents: Section 100D of the Local Government Act 1972**

The following documents disclose facts or matters, which have been relied upon to a material extent by the author in preparing this report:

Title of document	Location
Family Hubs and The Start for Life Programme Guide	<a href="http://publishing.service.gov.uk">Family Hubs and Start for Life Programme Guide (publishing.service.gov.uk)</a>