Maternity & Early Years

Development of a Regional Strategy

Final Report

January 2021

Parents are highlighting again and again that re-telling their story to numerous professionals, services, and organisations throughout the early years of a child's life causes stress, misinformation, and frustration.

Therefore, in early 2019, Welsh Government (WG) explored ways in which providers can move to a more joined up and responsive Early Years' service, to ensure that every child has the best start in life, where their needs come first, regardless of traditional organisational and professional structures.

To test and develop this way of working Welsh Government invited expressions of interest from Local Authorities and Health Boards to become Early Years Transformation Pathfinders for 2019/20.

Eight Pathfinders were established: Blaenau Gwent, Caerphilly, Carmarthenshire, Ceredigion, Cwm Taf PSB, Flintshire, Neath Port Talbot and Swansea. Pathfinders were expected to:

- Work with Welsh Government to shape their plans, principles, and priorities
- Feedback on WG policy thinking
- Help WG understand barriers and solutions
- Carry out some key pieces of work in their LAs – mapping services across different service areas for children aged 0-7 and their families; reflecting on what is working well and what could work better; utilising different tools such as the Early Integration Foundation Maturity Matrix; carrying out internal and external evaluations and consultations

In line with Welsh Government's wishes, Carmarthenshire and Ceredigion Pathfinder's formed a regional Steering Group and involved strategic partnership working and collaboration across all three Local Authorities (Carmarthenshire, Ceredigion, and Pembrokeshire), Hywel Dda University Health Board, Third Sector Organisations and all relevant partners working within the Early Years sector within the region.   In addition, each Pathfinder project established a local Operational Group with responsibility for developing and delivering an operational service delivery plan.
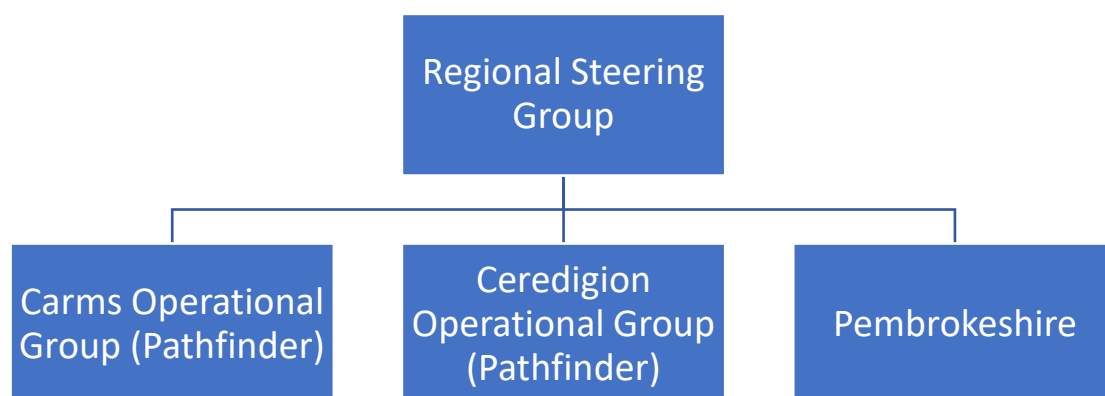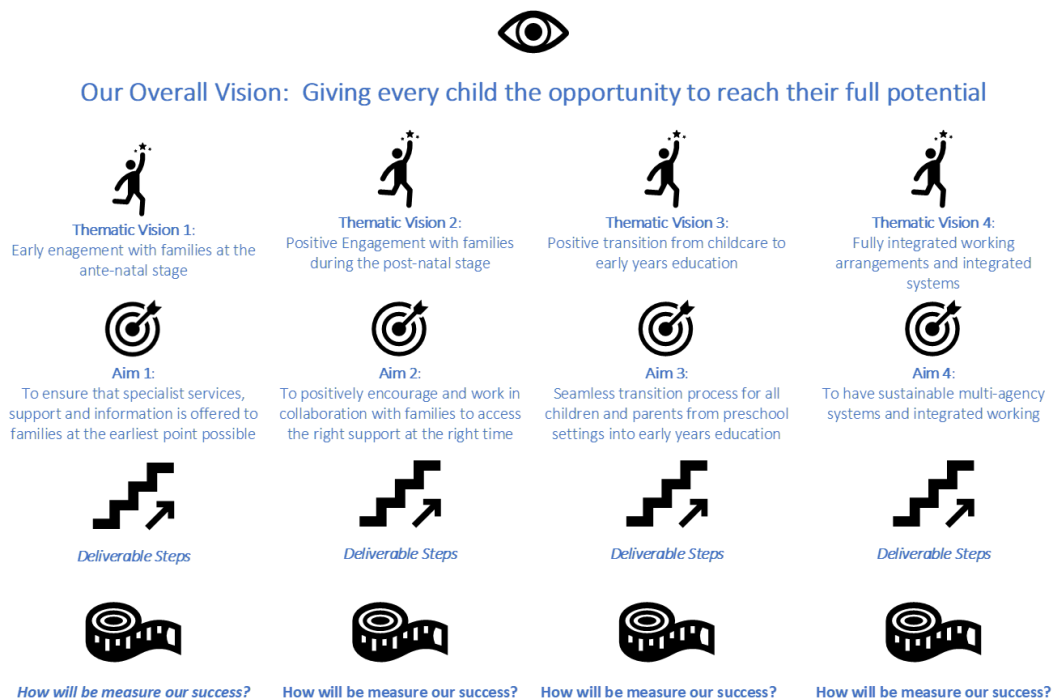

The Steering Group have tasked themselves to develop a Regional Strategy which will set the ambition and overall vision for better integration of Early Years Services and will setting a work programme spanning the next 5 years. It is expected that each Local Authority Operational Group will produce an annual delivery plans for implementing the priorities and outcomes of the strategy at a local and operational level.

In 2019, Carmarthenshire County Council's Transformation team (TIC) were asked to facilitate several workshops for both local authorities to support the identification of service delivery improvements and the

development of an operational delivery plan. As a result, the TIC team were commissioned to facilitate a series of workshops to assist in the development of the Strategic Plan.

The aim of this report is to present the findings from the four workshops which were held between Sept '20 and Jan '21.   An outline Strategy framework was produced as a starting point for discussions with delegates at the workshops.

Our Overall Vision: Giving every child the opportunity to reach their full potential

Thematic Vision 1:
Early enagement with families at the ante-natal stage

Thematic Vision 2:
Positive Engagement with families during the post-natal stage

Thematic Vision 3:
Positive transition from childcare to early years education

Thematic Vision 4:
Fully integrated working arrangements and integrated systems

Aim 1:
To ensure that specialist services, support and information is offered to families at the earliest point possible

Aim 2:
To positively encourage and work in collaboration with families to access the right support at the right time

Aim 3:
Seamless transition process for all children and parents from preschool settings into early years education

Aim 4:
To have sustainable multi-agency systems and integrated working

Deliverable Steps

Deliverable Steps

Deliverable Steps

Deliverable Steps

How will be measure our success?

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Cross-organisation and multi-disciplinary delegates were invited to participate in the workshops[1] . The aims of each workshop were to:

- Agree the thematic vision (overarching vision of the future or desired result we commit to achieve)
- Agree the Aims (the ultimate long-term goal)
- Identify key deliverable steps (short-term steps we need to take to achieve the aims)

Running parallel to the development of the strategy, the Early Intervention Foundation have developed a Maternity and Early Years Maturity Matrix workbook. The EIF Maternity & Early Years Maturity Matrix has been developed to support local areas to take a system-wide approach to improving outcomes for children and families. It is a self-assessment tool to support local partners to understand the position on early childhood intervention, identify areas for improvement, and work together to deliver positive change.

The descriptors and progress levels in this matrix are consistent with previous versions, including the 'speech, language and communication in the early years' matrix published in 2018. However, the shift to be explicit about maternity and the early years reflects the evidence on child development and the importance of greater integration at a local level between perinatal support and readiness for school.

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[1] List of invited delegates can be found in Appendix 1

Maternity & Early Years Maturity Matix Overview

DIMENSIONS	KEY ELEMENTS	SUB-ELEMENTS	PROGRESS LEVELS			
			① BASIC LEVEL Principle accepted and commitment to action	**② EARLY PROGRESS** Initial development	**③ SUBSTANTIAL PROGRESS** Initial results achieved and positive outcomes evident	**④ MATURE** Embedded good practice, others learning from achievements
PLAN	1 Strategy	1.1 Vision, strategy & plan 1.2 Population needs				
	2 Resources	No sub-elements				
	3 Workforce planning	No sub-elements				
LEAD	4 Partnership	No sub-elements				
	5 Leadership	No sub-elements				
	6 Community ownership	6.1 Engagement 6.2 Community assets				
DELIVER	7 Services & interventions	7.1 Quality 7.2 Evidence-based programmes / interventions 7.3 Coordinated working				
	8 Information sharing	8.1 Sharing personal data 8.2 Information for families				
EVALUATE	9 Outcomes	9.1 Outcomes framework 9.2 Family access & experience				
	10 Using & generating evidence	10.1 Using evidence well 10.2 Local evaluation				

The maturity matrix is a whole-system approach, recognising that improving child outcomes in the early years of life depends on an effective local system of support for children and their families, connecting the different services and organisations that work with families. This whole system includes midwives, health visitors, family support workers, doctors, play workers, community volunteers, teachers, therapists, social workers, and many others, including the leaders and commissioners of services for families. This matrix outlines the characteristics of a well-functioning system, which includes effective arrangements for strategy and planning, leading change, delivering effective support, and evaluating progress. These four dimensions (PLAN, LEAD, DELIVER, EVALUATE) form the structure of the matrix.

Each of the dimensions has key elements, which are an essential part of a local early intervention system. Each key element is described at four different progress levels to allow a local area to rate their current position and identify the steps they need to take to improve.

The matrix has been a useful tool to help guide discussions and debate in the development of the strategy.

WORKSHOP ONE:

VISION: Positive engagement /early intervention with families at the ante-natal stage

AIM: To ensure that specialist services, support and information is offered to families at the earliest possible point:

General discussion and comments:

- Issues around long-term funding affects continuity of care and especially communication to families and to the health visitor who direct women to services
- It's important for colleagues to share information with each other within their teams and handover information regarding services such as FIS. We find we share information regarding FIS with one or two [people] from a service but then that information is not shared with the wider team
- The information is out there so needing co-coordinating and confirming its current and then services need to be educated about that info so they can signpost
- Where teams have a [high] turnover of staff, information isn't transferred to new staff regarding services. Knowledge of FIS and DEWIs needs to be part of all staff induction.
- Communication is key. It is important for service providers to continually inform professionals of their services and for professionals to seek out the information
- Information and advice are easily available and specialist services protected through providing robust sustainable, high quality preventative care at the earliest stage possible
- I think our ALN requirement around LA and health producing Local Offers as part of the ALNET bill will help but we are finding the mapping very difficult
- Having a simpler pathway to follow. If a parent needs a certain type of support-these are the options of support. identifying key partners to deliver set pieces of the work? Building on the strengths of health, LA and third sectors
- Could we add in a sheet in the Green notes as a standard the FIS and Dewis websites?
- As part of the ALNET bill there is a need for a huge training agenda across all childcare providers, including child minders etc. Are there things we would want to include in this agenda?
- From a Perinatal perspective training is being looked at from foster carers through to specialist perinatal staff - we are currently devising a training programme with HEIW
- questionnaires, focus groups on a non-threatening setting?
- Key questions need to be asked to inform ongoing learning: What helped, when and why. Always need to ask what the barriers are. Also issue of right advice at right time. Are they ready to hear?

Deliverable Steps identified by Breakout Groups A and B:

Long term commitment to continunity of funding for support programmes (sustainability of services) — 9

Communication hub - somewhere people can go to get information on support services (town centre hubs) — 7

How to match the level of help to the level of need - provide education to enable appropriate signposting to services — 6

Need to map services to understand what's out there and what gaps are there - be creative with partners to fill gaps

Develop a Regional marketing plan to continuously promote services & sign posting to services.

Do we need to reshape our services and give them a weighting based on priorities - make better use of virtual contact - do we have the — 7

Messaging needs to be "family friendly" and support should be promoted as a positive step. Use social media to signpost to — 1

Clarification on Pathway to services linked to assessment (providing the right information to the referral partners)

Need to be clear about who (organisationally) is responsible for what?

Making better use of Dewis as an information and signposting tool

Need to get universal buy-in from health to support in the signposting to support services outside of health — 0

How do we keep our information up to date? Needs to be a methodology for ensuring changes are notified in a timely manner. — 8

Can we upskill our partners to undertake some lower level assessments & provision of support to reduce pressure on — 7

Financial committment regionally to support the development of the information hubs (particularly keeping info. up to

Make good use of resources (physical and virtual) to ensure responsive care is efficiently provided. — 0

TOP 5 PRIORITIES (DELIVERBLE STEPS) FOR INCLUSION IN THE STRATEGY[2]:

- Develop a regional marketing plan to (continuously) promote services and sign-posting service
- Make better use of resources (physical and virtual) to ensure responsive care is efficiently provided
- Require a long-term commitment to continuity of funding to ensure services are sustainable
- Clarification on the "pathway" to services and how this is linked to an assessed need; ensuring that the right information is provided to support partners
- Need to develop a methodical process to ensure information is up to date and changes to service delivery is notified to referral agencies in a timely manner.

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[2] Health staff were unable to participate with the live voting, so they cast their votes via email or Chat. This did not alter the top priorities identified.
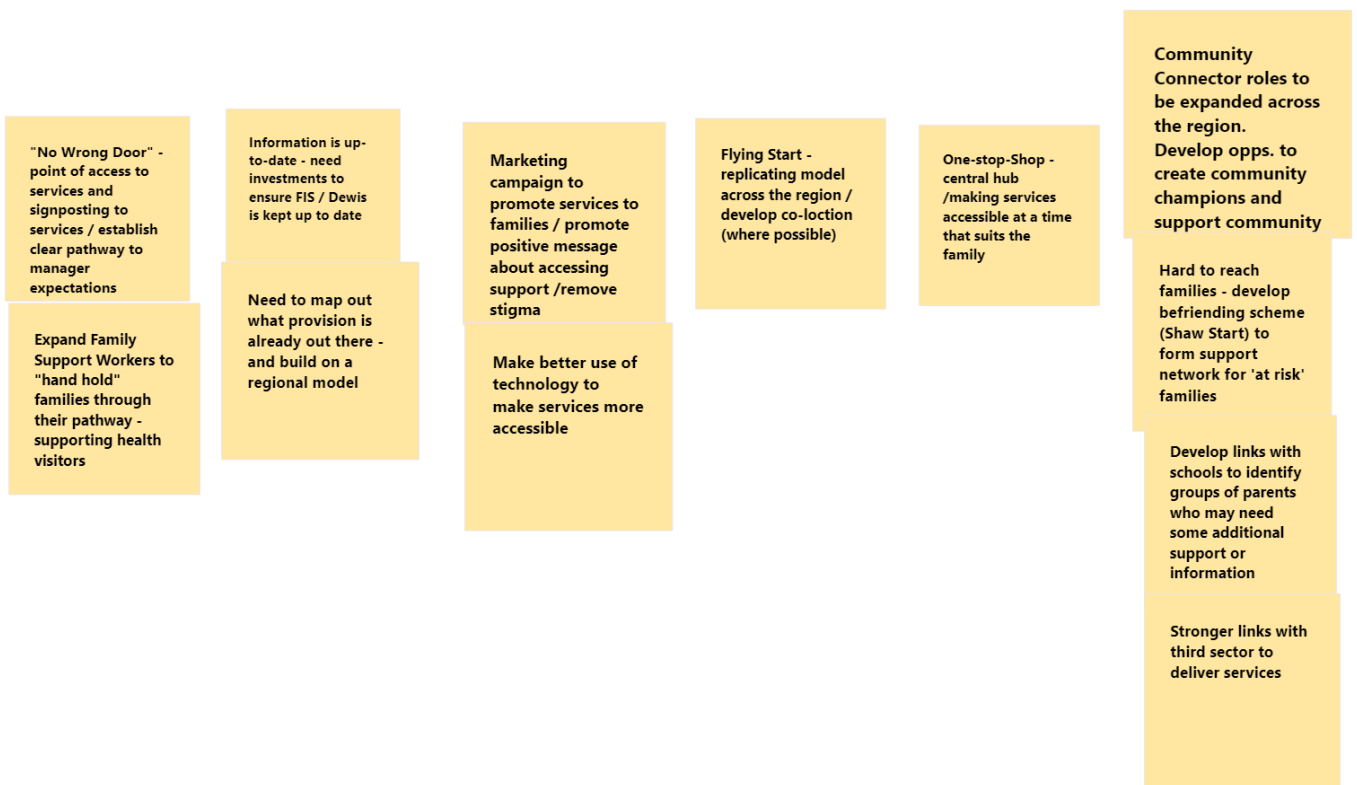
VISION: Positive engagement with families during the post-natal stage

AIM: To positively encourage and work in collaboration with families to access the right support at the right time.

General discussion and comments:

- Need to empower families to identify their needs and what service they need; then ensuring they know where they need to go to access the information
- Need to develop hubs in the community which families are aware of and a point of contact to learn what services are available in their community
- We all need to aware of what initiatives are available and make sure information is kept up to date
- Families need one point of contact rather than been referred to multiple agencies
- People need some 1:1 support initially to build relationships, trust and confidence
- It can be hard to remember what information about services comes through
- Peer support is great, and we need to support and encourage the establishment of this community-based peer groups
- Parity of access to services is important too. Whatever is developed needs to be available to ALL parents not just those in Flying Start or Pathfinder areas.
- Co-location is the ideal scenario but, in rural areas, it is not always possible, and we have to utilise the resources at our disposal to make integration work e.g. virtual groups/meetings.
- Family Support Workers are also a good bridge between Family Centres/Home Start and Health Visitors
- "Deli-counter" idea has been successful in other areas – families turn up at a venue, take a ticket and wait to be called to have a SALT assessment
- Information is key. Some parents may not be Tech savvy sometimes they want the conversation. Survey already been done and surprisingly parents in rural areas wanted flyers and printed information, people in built up areas more confident with tech. Need both tech and non tech for sure
- Yes, please to mapping. Ceredigion has already done some mapping of services - this has been shared with partners
- A manned helpline? All childcare providers, health professionals SLT, OT, GP's know where to go point the parent to and can even do the contact to the helpline to support parents?   If we have early intervention, we may be able to support families before getting to TAF. But TAF workers could be part of the helpline?
- I think having meetings will really help bring us together for updating on services
- Co-location is really helpful. Is working really well with virtual co-location in Ceredigion as so rural

"No Wrong Door" - point of access to services and signposting to services / establish clear pathway to manager expectations

Information is up-to-date - need investments to ensure FIS / Dewis is kept up to date

Need to map out what provision is already out there - and build on a regional model

Marketing campaign to promote services to families / promote positive message about accessing support /remove stigma

Make better use of technology to make services more accessible

Flying Start - replicating model across the region / develop co-loction (where possible)

One-stop-Shop - central hub /making services accessible at a time that suits the family

Community Connector roles to be expanded across the region. Develop opps. to create community champions and support community

Hard to reach families - develop befriending scheme (Shaw Start) to form support network for 'at risk' families

Develop links with schools to identify groups of parents who may need some additional support or information

Stronger links with third sector to deliver services

Expand Family Support Workers to "hand hold" families through their pathway - supporting health visitors

1. What are your top 3 deliverable steps you would like to take forward

More Details

- Recognising 'points of access' ... 5
- Investment to ensure FIS/Dewi... 6
- Marketing campaign to prom... 3
- Investment in replicating Flyin... 12
- Develop one-stop-shop (physi... 9
- Facilitate development of cha... 10
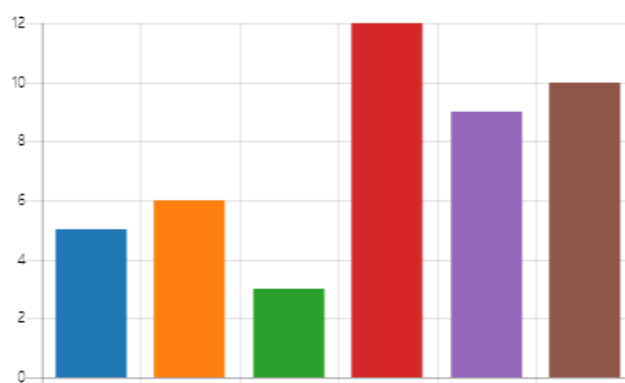
- Investment in replicating Flying Start model across the region; expand availability of Family Support Workers
- Develop a one-stop-shop (physical and virtual hubs) to ensure access to services as a time that suits the family
- Develop community resilience by expanding the availability of Community Connectors across the region. Facilitate the development of Community Champions / parent led peer groups / be-friending schemes. Strengthen links with schools to identify groups of parents who may need additional support in common areas/ strengthen links with third sector to deliver community-based services.

WORKSHOP THREE:

VISION: Positive transition from childcare to early years education

AIM: Seamless transition process for all children and parents from preschool settings into early years education.

General discussion and comments:

- The focus is shifting to promoting collaborative early intervention. Very exciting
- Important that the information passed on is of a good quality and timely. There is a lack of consistency in the quality and timeliness of information passed on
- How many different plans do families have for their children? Important to develop a single assessment and support plan for the child. Now, each support agency has their own assessment and support plan.
- In some areas, childcare settings are actively undertaking SALT assessments – which leads to intervention packs / strategies and parent packs/ activities to support families. This should be replicated across the region.
- Assessments need to be 'person-centred' and used by all agencies. Developmental Assessments were done in a preschool setting which worked well as the HV would gain information from the CC leader and parents and also you could observe the child playing and interacting with his peers - it worked really well I felt.
- Info Sharing protocols are in place but professionals sometimes not sure what information they can share and when parental consent is/is not required. Parents often assume that we will share information with other agencies not realising there are restrictions in place. I feel that we need a clear protocol and process that is followed by all agencies whether a child has an ALN/difference or not. And clear guidance on what information can be shared and with which services
- There is a cohort of parents who are "hard to reach" and do not want any support (without realising they may need some support). Is there an opportunity for the health professionals to share with relevant people e.g., settings/schools so that they are aware, and steps can be made to engage with the parents before the child starts school? We need not to lose [sight of] that ALL children need transition. Parents do get lost and may not be aware of all the services that are open to them. Guidance/clear pathways for parents is needed.
- Mudiad Meithrin /Childminders are key pre-school settings but there is inconsistency in terms of their engagement with support agencies and schools. Some are great and go the extra miles. High turnover of staff in these establishments doesn't help.
- Lots of good practice in place to engage with families – inviting parents to "home to nursery" transition meetings; asking families to complete the 'All About Me' books – parents seem to love this, and it helps them feel empowered.
- The Health Passport for ALN completed with parents stops the needs of having to explain/reiterate their story to everyone
- Also need to consider EHE families and national concerns with this group. We have a dedicated Early Years Parent Partnership Officer, this assists with links with families. Especially EHE.

Deliverable Steps identified by Breakout Groups A and B:

Support workers to move with the family through the transition process (and beyond). Focus on promoting it is a "continous

Funding levels - reassess the investment being put into the transition process. Demands have increased but funding hasn't.

Evaluate the "good" elements of the Flying Start model and other "good practice models" across the region i.e. co-location / early

Develop a regional transition policy and ensure everyone is aware of their roles and responsibilites (inc info. sharing protol)

Develop an integrated information management system / develop Sharing Information protocol

Identify regional needs i.e training and provide universal support/guidance/ processes

Develop a plan on how to engage with the "hard to reach" families before they commence EY -

Identify opportunites to look at how to make best use of available resources including community resources.

Develop a model to involve the family in the transition process. Adopt a 'person-centred' approach and developing a 'one page' profile

Standard assessment form across all organisations - rather than each organisation having their own plan

Childcare settings - uniform training for staff to be able to make assessments.

1. Which are your 3 top deliverable steps you would like to see in the strategy
   More Details

🔵 Develop an universal transitio...	14
🟠 Assess funding levels and revi...	4
🟢 Identify "good practice model...	9
🔴 Develop a Regional transition ...	10
🟣 Develop integrated case mana...	9
🟤 Identify regional needs ie. trai...	7
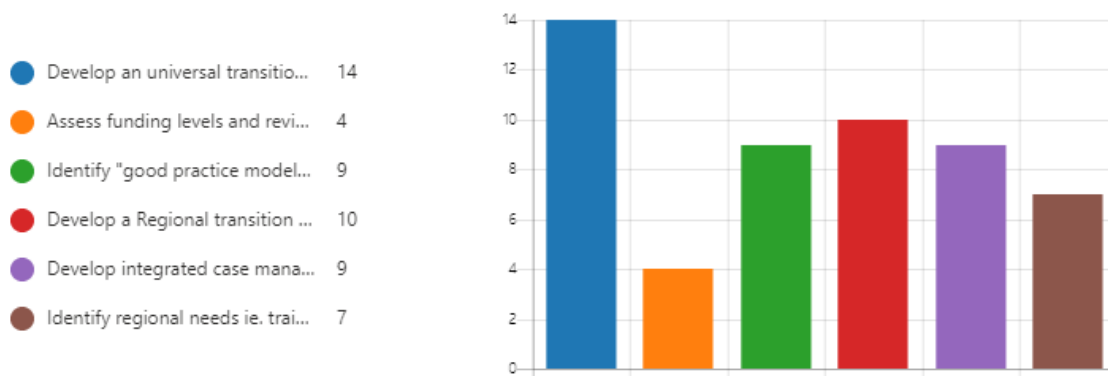
TOP 4 PRIORITIES (DELIVERBLE STEPS) FOR INCLUSION IN THE STRATEGY*:

- Develop a universal transition process and beyond to promote the continuous support of families rather than a start/stop process
- Identify 'good model' practices across the region and roll out regionally
- Develop a Regional Transition policy that places the family at the "heart" of the policy and includes the need to develop a "one-page profile" which is shared with relevant parties. The policy should also outline roles and responsibilities of all parties involved.
- In conjunction with developing an 'Information Sharing Protocol', develop an integrated case management system which accessible by all parties (in line with GDPR requirements)

A different approach wasn't taken for the final workshop at its' thematic vision is "to have sustainable multi-agency systems that best facilitate efficient, effective and integrated working that delivers the right support at the right time".

As this was recognised as a broad and complex area to address across multiply organisations, it was agreed that most effective approach for this final workshop would be to consider all of the issues and key deliverables raised in the previous three workshops and consider how they could be addressed within the strategy.

It was agreed that the key deliverables identified from the emerging themes in workshops 1-3 would be considered alongside the corresponding element within the Maternity and early years matrix and would help inform the strategy and strategic direction for the operational groups.

The emerging themes were identified as:

- Communication & Information Sharing
- Integrated Systems & Processes
- Pathways and Managing Expectations
- Relationship, Funding & Continunity
- Adding value to universal services

Delegates were issued with a workbook[3] that identified the emerging theme, how it correlated to element and sub-element in the maturity matrix. An initial self-assessment was undertaken to identify the current level we believed reflected the level of progress being made locally, and discussion took place around what steps needed to be taken to progress to the next level.

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[3] Workbook attached as Appendix 2

Activity 1: Considering the feedback themes from workshops - Communication & Information Sharing; Integrated Systems & Process - and the corresponding targeted 'next steps' within the Maturity Matrix and consider key deliverable steps to appear in Strategy.

Sub-Element	Next Step i.e. Early Progress	Supporting Evidence
Vision, Strategy & Plan	**Substantial Progress**: **1.1c** A multi-agency strategy provides the focus for planning and delivery of maternity and early years services. The strategy takes account of evidence and population needs. **1.1d** The strategy covers child development from the antenatal period onwards, and spans universal, targeted and specialist support for families. **1.1e** The strategy is being delivered by an action plan which responds to priorities for improvement. **1.1f** Other local strategies relating to families and communities refer to the maternity and early years strategy.	• Timescales in place • Named Lead Officer • Strategy Co-produced with partners, within 3 years • Equality Impact Assessment • The strategy covers: preterm birth risks; maternal mental health; targeted home visiting support; enriched childcare from age 2; parental conflict; multiple disadvantage; intervention for children with speech, language, and communication needs • Action plan • PSB Wellbeing Plan • Anti-poverty Strategy • Family Support Strategy
Population Needs	**Early Progress**: **1.2b** Some partners share and analyse population level data about maternity and early years needs and	

	outcomes, and use this to identify vulnerable groups, for example those with language and communication needs. – this would reflect practice in FS but not across the board	• Examples of inter-agency population and service level information sharing
Leadership	**Substantial Progress**: **5b** Operational and strategic leaders consistently champion the importance of investment in maternity and the early years, and the benefits of a more joined-up approach.	• Staff and stakeholder feedback • Policy documents/statements
Sharing Personal Data	**Early Progress**: **8.1b** Some information sharing is happening across key maternity and early years services. Strategic information sharing agreements are in place but not fully operationalised. **8.1.c** Some common processes are in place to enable electronic sharing of personal maternity and early years data	• Information sharing agreement/protocol
Information for Families	**Substantial Progress: 8.2c** Information for parents and carers on pregnancy and early child development, and the support available, is accessible, representative and consistently conveyed to families across the maternity and early years workforce. **8.2d** Services work together to devise innovative ways of reaching families that have been identified as priority groups	• Feedback from families and partners • Multi-agency training • Examples of marketing materials • Communication Plan

Discussion Points for Consideration

- Data set is key to making "good" decisions
- Unique identifier is essential for all stakeholders to use
- Need to be clear about the legal terms for processing data. Need to be clear on privacy notices; consent notices; GDPR
- Primary care has a key role in sharing information / data
- Need to seek across all stakeholders on what "core data" we need to collect and who will be responsible for keeping data up to date
- Barriers to data sharing need to be raised with WG as this is a strategic blocker for information sharing
- Need to have an NHS IT rep on the group
- DEWIS is being promoted as main source of accessing information; we have a responsibility to promote DEWIS
- Organisations themselves have different systems across departments
- any database requirements must be enabled by an IT system- may seem simple but in Maternity some data remain collected manually
- Ceredigion children's disability team (health) are now on wccis and community children's nursing team will be shortly. we are currently in the process of trying to join all the information systems for the disability register which is a statutory responsibility for all

- the newly appointed DECLO will also be key in this work, it is my understanding that he is coming with knowledge and experience of merging data systems
- Some commonalities regionally due to WG guidance and programmes – this can be used to identify core data requirements
- Need to seek agreement amongst key stakeholders on processes and principles on how we share the data e.g., do we hold an annual meeting? Can we make better use of Teams?

Activity 2: Considering the feedback themes from workshops – Pathways & Managing Expectations - and the corresponding targeted 'next steps' within the Maturity Matrix and consider key deliverable steps to appear in Strategy.

Sub-Element	Next Step i.e. Early Progress	Supporting Evidence
Co-ordinated Working	Substantial Progress: 7.3e Family-centred practices are commonplace in all the main maternity and early years service. 7.3f Common processes for referral and assessment are applied across consistent thresholds, and practitioners use a common language to describe how needs are identified, assessed, and met. 7.3g Integrated pathways which describe how vulnerable families are identified and supported across different services are agreed and in use and include shared systems for identifying need. Families who need it have a consistent key worker. 7.3h Practitioners across maternity and early years services use shared data to target support at priority groups (including those with protected characteristics) and use a joined-up process for monitoring impact for individual families.	• Maternity & Early Years Strategy • Performance Information • Referral and assessment processes feedback from stakeholders • Timescales for completion • Identified lead • Maternity & Early Years Pathway • Integrated Speech, Language & Communication Pathway • Perinatal Mental Health Pathway
Family Access and Experience	Substantial Progress: 9.2c Families generally have a smooth journey through maternity and early years services, and get timely and consistent support. 9.2d Services are responsive to different community needs, including those with protected characteristics, such as the needs of fathers as well as mothers. Services are provided in accessible community settings	• Service User feedback • Service specification • Service user feedback • Evaluation

- Need to identify a common pathway showing universal, targeted and specialist support.
- A need to join-up pathways against different workstreams.
- Pathways should be visual and simple to understand to make it easier for families to understand support available.
- Need to clarify everyone's role in delivery of services. Pathways are already in place but can be separate services rather than an integrated pathway.
- Under ALNET there is a requirement to develop Local offers for health, social care and education which need to mesh, this reflects on what is offered on each pathway. This will help once the 3 areas talk about these
- Still working in silos. Services and organisations need to come together and strengthen co-consultation to remove "wasteful" referrals in the process. Health visitors are key in supporting co-consultation – they are the 'golden thread' that supports all families.
- where do the specialist services fit into the pathway? i.e. Learning Disability / Mental Health / Complex needs - are they somewhere on the pathway?
- Need to identify which teams need to be talking to each other – co-location is key – but building strong, integrated, multi-disciplinary teams is important
- Important to listen to what the staff are finding out/seeing in the field and use this information to make a difference [to service delivery]
- The "voice" of the family/service user is important, and we need to share the feedback amongst all stakeholders. Need to look at the feedback constructively and use the information to influence and drive change.
- Need to put the child(ren) at the centre of conversations and strengthen how we gather the "voice" and share information. This information needs to lead into decision-making models made with the families.
- Be prepared to deal with negative feedback and work towards local resolution. Case studies should be used to highlight "good" and "bad" cases and should show how the "bad" cases were resolved.
- Should we develop a regional template for gathering views/feedback? The Children and Communities Grant dept in WG have created an online space to share good news stories / exemplar case studies. A good way of promoting to partners and others across Wales.
- There is scope to share models on person-centred planning and dispute resolution across organisation/services.
- Signs of Safety model is something that aims to ensure a person-focussed approach to all interventions on a through-age basis – trying to be embedded across Ceredigion
- People in chat have mentioned lots of examples of strategies and plans and examples of good practice - can we agree to have these all shared in the Teams site / circulated by email to the group? IF the Teams Site had a number of folders to make the most of these resources, that would be great? Don't know if everyone else agrees - needs assessments / strategies / maps / examples of good practice

ACTIVITY 3: Considering the feedback themes from workshops – **Relationships, Funding and Continunity, Adding Value to Universal Services** - and the corresponding targeted 'next steps' within the Maturity Matrix and consider key deliverable steps to appear in Strategy.

Sub-Element	Next Step i.e. Early Progress	Supporting Evidence
Resources	**Early Progress: 2b** The resources used for key maternity and early years services are identified, and an analysis of priorities is underway. **2c** Local requirements for core services such as midwifery, health visiting,	• Timescale for completion • Named Lead

Partnership	speech and language therapy services, parenting programmes, family support and ALN services are being aligned. **Early Progress: 4b** An identified partnership group has lead responsibility for delivering maternity and early years goals. **4c** Partners are willing to share responsibility, design solutions and take action.	• Strategic partnership group with terms of reference • Different organisations take the lead against goals
Community Assets	**Early Progress: 6.2b** Work is underway to map and develop the capacity of communities and of voluntary organisations to contribute to local maternity and early years goals.	• Timescale for completion • Identified lead

Discussion point for Consideration

- Alignment of services is already being prompted by the work in developing the strategy. Working on the strategy will help to identify what we need to do to align services
- Staff are our biggest resource – we need to identify core elements that all staff can delivery, which will help alleviate pressures on finite resources. There is an opportunity for greater integration within health itself
- Health is in a unique position to have relationships across three counties – we can help identify areas of good practice and cascade across the region
- Infrastructure is core to collaborative working, and we need a regional strategy around integrated working/infrastructure
- Important to recognise there are good partnerships working. We should draw on CVC leads to help with some tasks i.e., mapping provision and strengthening links to community groups
- At local levels there is a lot of commitment to working with third sector partners. There are lots of examples of good practice taking place in the communities on the ground
- Mapping [of services] is key across all localities to identify what is available, good practice and gap analysis but this mapping needs to be kept up to date
- Need to establish a set of principles – trying to change with way with work with families and communities to look at strengths that can be used to help each other. There is a need to build up community resilience and identify how we support communities.
- There is scope to upskill communities – peer support needs to be built upon but with clear governance re: ensuring public health messages are consistent
- EY Steering Group – do we need to review membership to make sure we have the right people in the group? The development of the strategy will help identify the tasks ahead of us [and key people to be involved]
- There should be greater collaboration between the three operational groups to discuss what is happening on local levels. Examples of good practice shared at Operational groups should be shared with Steering group to stimulate discussions of extending the good practice across the region
- Would be ideal for Pembs CC to join the Steering Group as a Pathfinder area [currently awaiting outcome of WG bid to become pathfinder area]

- High level of commitment and enthusiasm to support the changes both regionally and locally
- Overall agreement that Flying Start is a "good practice" model which should be replicated across the region. Recognition that there are lots of good practice models out there, we just need to share the models across the region.
- Acknowledgment that key services (midwifery and health visitors) were under pressure but consensus that good practice models existed and were assisting to alleviate and support those services under pressure.
- Recognition of "what" the priorities are that need to be addressed but no real clarity on "how" this will be achieved. However, the strategy should be setting the vision and priorities – the how will be devolved to local delivery plans. Question – how will the Strategic Board ensure local delivery plans are implemented?
- Co-location working is recognised as the "good practice" model for supporting integrated working. However, this is not always practicable and, therefore, other ways of achieving the same levels of integration need to be explored.
- Lack of up-to-date information is causing frustrations for all agencies, as is the lack of an integrated case management system. There is a pragmatic understanding that these are long-terms goals and form part of a wider, high level regional working strategy. However, opportunities to identify "work-around" solutions for the short to medium term would be beneficial for all agencies.
- Appreciation that we need to work towards integrated systems, but this is a high-level, pan-Wales, strategic issues and we should explore and develop localised systems and process i.e. shared access to Teams; strengthen co-consultation; etc.
- ALN and mainstream education partners are key stakeholders in service delivery.
- The need to provide clarity on roles, responsibilities and services provided by all stakeholders should lead to a clear, simple, visual Pathway that can be communicated easier to families.
- Build and strengthen the working relationships with third sector partners whilst finding ways to support and develop community resilience.

KEY DELIVERABLE STEPS (WORKSHOPS 1-3):

a) Develop a regional marketing plan to (continuously) promote services and sign-posting service
b) Make better use of resources (physical and virtual) to ensure responsive care is efficiently provided
c) Require a long-term commitment to continuity of funding to ensure services are sustainable
d) Clarification on the "pathway" to services and how this is linked to an assessed need; ensuring that the right information is provided to support partners
e) Need to develop a methodical process to ensure information is up to date and changes to service delivery is notified to referral agencies in a timely manner.

f) Investment in replicating Flying Start model across the region; expand availability of Family Support Workers
g) Develop a one-stop-shop (physical and virtual hubs) to ensure access to services as a time that suits the family
h) Develop community resilience by expanding the availability of Community Connectors across the region. Facilitate the development of Community Champions / parent led peer groups / be-friending schemes. Strengthen links with schools to identify groups of parents who may need additional support in common areas/ strengthen links with third sector to deliver community-based services.

i) Develop a universal transition process and beyond to promote the continuous support of families rather than a start/stop process
j) Identify 'good model' practices across the region and roll out regionally
k) Develop a Regional Transition policy that places the family at the "heart" of the policy and includes the need to develop a "one-page profile" which is shared with relevant parties. The policy should also outline roles and responsibilities of all parties involved.
l) In conjunction with developing an 'Information Sharing Protocol', develop an integrated case management system which accessible by all parties (in line with GDPR requirements

Appendix 1 – Workshop Attendees

Name	Job Title	LA /HB /3rd Sector
Noeline Thomas	Service Manager	Carmarthenshire
Caryl Alban	Early Years Integration and Play Officer	Carmarthenshire
Rhian Lewis	Early Years Integration Officer	Ceredigion
Bernadette Dolan	Senior TIC Officer	Carmarthenshire
Linda J Thomas	TIC Officer	Carmarthenshire
Adele Christopher	Educational Psychologist	Carmarthenshire
Amanda Bainbridge	Senior Nurse children's Public Health	Hywel Dda University Health Board
Angela Lodwick	Peri natal Mental Health	Hywel Dda University Health Board
Carys Davies	Childcare Strategic Manager	Ceredigion
Clare Yarnton	Flying Start Multi Agency Operational Manager	Carmarthenshire
Jane Whalley	Peri natal Mental Health	Hywel Dda University Health Board
Janine Patrick	Families First Manager	Carmarthenshire
Kayleigh Edwards	Family Information Service Officer	Pembrokeshire
Lesley Owen	Midwifery Service	Hywel Dda University Health Board
Lynn Hurley	Midwifery Service	Hywel Dda University Health Board
Rachel Monrowe	Specialist Health Visitor	Ceredigion
Rhian Rees	Flying Start Manager	Ceredigion
Sharon Buckle	Flying Start Manager	Pembrokeshire Declined
Sharon Morris	Manager at Home Start	Home Start Ceredigion
Tina Taylor	Early Years Integration Team Co-ordinator	Carmarthenshire
Leanne A McFarland	Family Information and Childcare Officer	Carmarthenshire
Tracey Davies	Early Years ALN Lad Officer	Carmarthenshire
Elin Forsyth	Principal Educational Support Advisor	Carmarthenshire
Julie Jenkins	Head of Midwifery & Women's Services	Hywel Dda University Health Board
Lesley Hill	Senior Nurse Health Visiting and Early Years	Hywel Dda University Health Board
Liz Wilson	SDM Senior Nurse	Hywel Dda University Health Board
Lowri Evans	Cooperate Manager Early Help Porth Cymorth Cynnar	Ceredigion
Lynn Price	Strategic ICT Business Manager	Carmarthenshire

Tina Hooper	Applications Project Officer	Carmarthenshire
Nerys Morgan	Specialist Health Visitor	Carmarthenshire
Pip Large	Principal Speech and Language Therapist at Hywel Dda NHS Trust	Hywel Dda University Health Board
Elinor Williams	Additional Needs Process Manager	Carmarthenshire
Tracy Davies	Early Years Additional Learning Needs Lead Officer	Ysgol Bro Banw
Angela Davies	Principal Educational Psychologist	Carmarthenshire
Alan Morris	Cooperate Manager ICT	Ceredigion (Objective 4)
Hayli Gibson	Lead for Early Years, Childcare and Play	Pembrokeshire
Angharad Williams	Speech and Language Therapist	Hywel Dda University Health Board
Betty Wile	Health Visitor/Keyworker	Ceredigion
Catrin Eldred	Manager Plant Dewi	Plant Dewi
Manon Haf Richards	Speech & Language Therapist	Hywel Dda University Health Board
Rose M Jones	Education Support Advisor	Carmarthenshire
Ruth Lewis	Advisory Teacher Foundation Phase	Ceredigion
Sian George	Speech & Language Therapist	Hywel Dda University Health Board
Fiona Rogers	ALN Family Liaison Officer	Carmarthenshire
Rebecca Williams	Additional Needs Provision Manager	Carmarthenshire
Carly Christopher	Early Years Lead Officer	Pembrokeshire
Heidi Evans	Acting Lead Educational Psychologist	Pembrokeshire
Frances Lewis	Service Manager – Children's Services	Carmarthenshire
Gail Macdonald	Flying Start Advisory Teacher	Ceredigion
Christina Jenkins	Family Support Manager	Plant Dewi
Angharad Behnan	Educational Psychologist	Ceredigion
Bethan John	Health Visitor	Hywel Dda University Health Board
Gwennan Sharp-Williams		Hywel Dda University Health Board
Kate Ames	Speech and Language Therapist	Ceredigion
Kirsty E Jones	Early Health Manager	Carmarthenshire
Carolyn Stock	Mudiad Meithrin	
Vanessa Bowen	Advisory Teacher Foundation Stage	Ceredigion
Susan J James	Childcare Development & Business Support Officer	Carmarthenshire

# Maternity and Early Years Regional Strategy

Workshop 4: Infrastructure, Integrated Working & Systems

Delegate Workbook

Our Approach – Developing the Strategy

We have engaged with a number of key stakeholders to support the development of the draft Maternity & Early Years Regional Strategy including setting the overall vision, agreeing thematic goals, clarifying aims and deliverable steps.
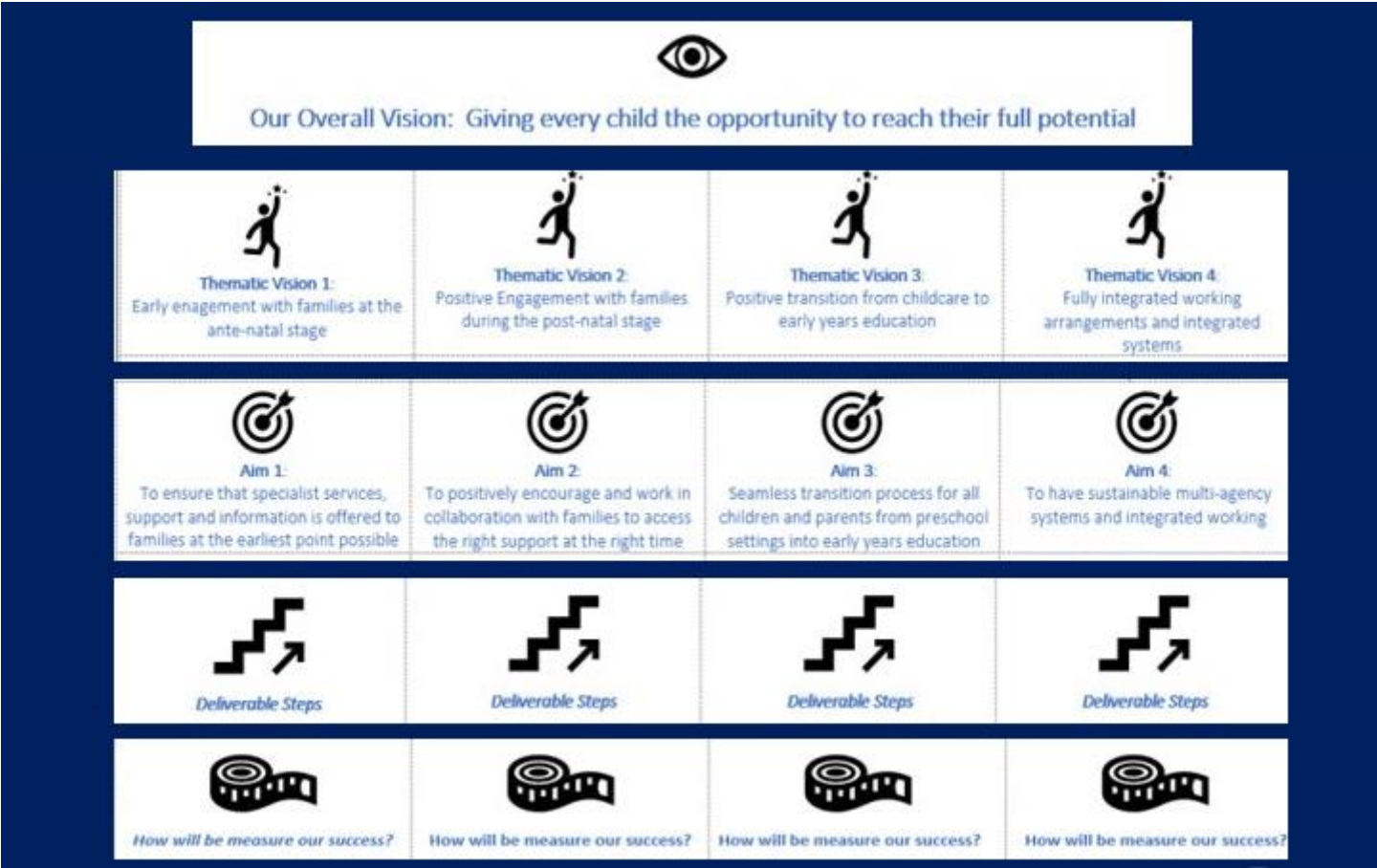
Early Intervention Foundation (EIF) Maturity Matrix for Maternity & Early Years

A self-assessment tool to support a system-wide approach to improving outcomes for children.

DIMENSIONS	KEY ELEMENTS	SUB-ELEMENTS	PROGRESS LEVELS			
PLAN	1 Strategy	1.1 Vision, strategy & plan 1.2 Population needs				
	2 Resources	No sub-elements				
	3 Workforce planning	No sub-elements				
LEAD	4 Partnership	No sub-elements	**①** **BASIC LEVEL** Principle accepted and commitment to action	**②** **EARLY PROGRESS** Initial development	**③** **SUBSTANTIAL PROGRESS** Initial results achieved and positive outcomes evident	**④** **MATURE** Embedded good practice, others learning from achievements
	5 Leadership	No sub-elements				
	6 Community ownership	6.1 Engagement 6.2 Community assets				
DELIVER	7 Services & interventions	7.1 Quality 7.2 Evidence-based programmes / interventions 7.3 Coordinated working				
	8 Information sharing	8.1 Sharing personal data 8.2 Information for families				
EVALUATE	9 Outcomes	9.1 Outcomes framework 9.2 Family access & experience				
	10 Using & generating evidence	10.1 Using evidence well 10.2 Local evaluation				

ACTIVITY 1: Considering the feedback themes from workshops - **Communication & Information Sharing; Integrated Systems & Process** - and the corresponding targeted 'next steps' within the Maturity Matrix and consider key deliverable steps to appear in Strategy.

DISCUSS: As the leadership team, what do we need to do differently to support the achievement of the next step?

Themes Identified from Workshops	Key Element	Sub-Element	Current Level i.e. Basic	Next Step i.e. Early Progress	Supporting Evidence
Communication & Information Sharing	Strategy	Vision, Strategy & Plan	**Early Progress**: **1.1b** Local multi-agency strategy for maternity and early years is in development.	**Substantial Progress**: **1.1c** A multi-agency strategy provides the focus for planning and delivery of maternity and early years services. The strategy takes account of evidence and population needs. **1.1d** The strategy covers child development from the antenatal period onwards, and spans universal, targeted and specialist support for families. **1.1e** The strategy is being delivered by an action plan which responds to priorities for improvement. **1.1f** Other local strategies relating to families and communities refer to the maternity and early years strategy.	- Timescales in place - Named Lead Officer - Strategy Co-produced with partners, within 3 years - Equality Impact Assessment - The strategy covers: preterm birth risks; maternal mental health; targeted home visiting support; enriched childcare from age 2; parental conflict; multiple disadvantage; intervention for children with speech, language, and communication needs - Action plan - PSB Wellbeing Plan - Anti-poverty Strategy - Family Support Strategy
		Population Needs	**Basic Level: 1.2a** Local analysis of population needs includes some limited data on maternity and the early years.	**Early Progress: 1.2b** Some partners share and analyse population level data about maternity and early years needs and outcomes, and use this to identify vulnerable groups, for example those	Examples of inter-agency population and service level information sharing

				with language and communication needs. – this would reflect practice in FS but not across the board	
	Leadership	Leadership	**Basic Level: 5a** A more joined-up approach to maternity and early years is championed by some local advocates.	**Substantial Progress**: **5b** Operational and strategic leaders consistently champion the importance of investment in maternity and the early years, and the benefits of a more joined-up approach.	• Staff and stakeholder feedback • Policy documents/statements
Integrated Systems & Processes	Information Sharing	Sharing Personal Data	**Basic Level: 8.1a** There is a commitment to recording and sharing personal data and work is underway on information sharing agreements.	**Early Progress**: **8.1b** Some information sharing is happening across key maternity and early years services. Strategic information sharing agreements are in place but not fully operationalised. **8.1.c** Some common processes are in place to enable electronic sharing of personal maternity and early years data	• Information sharing agreement/protocol
		Information for Families	**Early Progress: 8.2b** Some services use shared messaging for families about pregnancy and early child development, including the Local Offer	**Substantial Progress: 8.2c** Information for parents and carers on pregnancy and early child development, and the support available, is accessible, representative and consistently conveyed to families across the maternity and early years workforce. **8.2d** Services work together to devise innovative ways of reaching families that have been identified as priority groups	• Feedback from families and partners • Multi-agency training • Examples of marketing materials • Communication Plan

Notes

ACTIVITY 2: Considering the feedback themes from workshops – **Pathways & Managing Expectations** - and the corresponding targeted 'next steps' within the Maturity Matrix and consider key deliverable steps to appear in Strategy.

DISCUSS: As the leadership team, what do we need to do differently to support the achievement of the next step?

Themes Identified from Workshops	Key Element	Sub-Element	Current Level i.e. Basic	Next Step i.e. Early Progress	Supporting Evidence
Pathways & Managing Expectations	Services & Interventions	Co-ordinated Working	**Early Progress: 7.3b** Family-centred practices such as 'Team around the family' are in place but usage is inconsistent. **7.3c** Organisations are working together to develop shared maternity and early years pathways. **7.3d** Maternity and early years services are targeted at some priority groups (including those with protected characteristics), although not consistently across organisations.	**Substantial Progress**: **7.3e** Family-centred practices are commonplace in all the main maternity and early years service. **7.3f** Common processes for referral and assessment are applied across consistent thresholds, and practitioners use a common language to describe how needs are identified, assessed, and met. **7.3g** Integrated pathways which describe how vulnerable families are identified and supported across different services are agreed and in use and include shared systems for identifying need. Families who need it have a consistent key worker. **7.3h** Practitioners across maternity and early years services use shared data to target support at priority groups (including those with protected characteristics) and use a	• Maternity & Early Years Strategy • Performance Information • Referral and assessment processes feedback from stakeholders • Timescales for completion • Identified lead • Maternity & Early Years Pathway • Integrated Speech, Language & Communication Pathway • Perinatal Mental Health Pathway • Service User feedback

Outcomes	Family Access and Experience	**Early Progress: 9.2b** Some families experience a smoother journey through maternity and early years services as a result of a focus on joined-up support.	joined-up process for monitoring impact for individual families. **Substantial Progress**: **9.2c** Families generally have a smooth journey through maternity and early years services, and get timely and consistent support. **9.2d** Services are responsive to different community needs, including those with protected characteristics, such as the needs of fathers as well as mothers. Services are provided in accessible community settings	• Service specification • Service user feedback • Evaluation

Notes

ACTIVITY 3: Considering the feedback themes from workshops – **Relationships, Funding and Continunity, Adding Value to Universal Services** - and the corresponding targeted 'next steps' within the Maturity Matrix and consider key deliverable steps to appear in Strategy.

DISCUSS: As the leadership team, what do we need to do differently to support the achievement of the next step?

Themes Identified from Workshops	Key Element	Sub-Element	Current Level i.e. Basic	Next Step i.e. Early Progress	Supporting Evidence
Relationships, Funding & Continuity	Resources	Resources	**Basic Level: 2a** Partners recognise the need to treat local maternity and early years services and assets as part of a joined-up system, but have not mapped the resources that make up this system. There is little investment beyond statutory requirements.	**Early Progress: 2b** The resources used for key maternity and early years services are identified, and an analysis of priorities is underway. **2c** Local requirements for core services such as midwifery, health visiting, speech and language therapy services, parenting programmes, family support and ALN services are being aligned.	• Timescale for completion • Named Lead
	Partnership	Partnership	**Basic Level: 4a** There is some discussion of and commitment to a joined up maternity and early years approach at partnership boards for children or health and wellbeing, but no governance structure to deliver goals	**Early Progress: 4b** An identified partnership group has lead responsibility for delivering maternity and early years goals. **4c** Partners are willing to share responsibility, design solutions and take action.	• Strategic partnership group with terms of reference • Different organisations take the lead against goals
Adding Value to Universal services	Community Ownership	Community Assets	**Basic Level: 6.2a** There are some ad-hoc examples of peer- and community-led support in maternity and the early years.	**Early Progress: 6.2b** Work is underway to map and develop the capacity of communities and of voluntary organisations to contribute to local maternity and early years goals.	• Timescale for completion • Identified lead

Notes