A Better Start Implementation Evaluation Workstream

Report 4:

Mapping the early years' ecosystem

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Executive Summary

- A Better Start (ABS) is the 10-year, £215 million National Lottery funded programme focused on promoting good early childhood development. ABS aims to improve the life chances of babies and young children by delivering a significant increase in the use of preventative approaches from pregnancy up to when a child is aged four, in five local area partnerships working in deprived wards within Bradford, Blackpool, Lambeth, Nottingham and Southend-on-Sea.

- Working with local parents, the ABS partnerships are developing and testing ways to improve their children's diet and nutrition, social and emotional development, and speech, language and communication. The work of the programme is grounded in scientific evidence and research.

- A mixed-methods evaluation is being conducted and includes impact, and implementation components in order to address questions about how ABS is implemented and how it is experienced by families and practitioners, as well as measuring its effectiveness in improving outcomes for children and parents.

- The evaluation includes an annual profiling of ABS services, in order to map change in ABS service provision over time, and findings from the first exercise were published in 2018. The current report complements this work, providing a picture of the *wider* early years' services (what we refer to as the 'ecosystem') in each of the ABS areas, and in five comparison areas chosen for their similarity to the ABS areas.

- The overarching study questions to which the current report contributes are as follows:

    - What does the ABS programme provide in terms of service delivery, pathways, experiences of communities and families supported by ABS? Specifically, to what extent, and how, does the ABS programme differ from early development programmes in non-ABS sites?

    - Is the programme sustainable in relation to changes achieved in communities and families, and in relation to the system change?

- The primary purpose of the current review was to profile the services that interact with ABS during the early stages of the Programme, with the aim of tracking changes in these services over the course of ABS. We thereby aim to provide an extended mapping of services, pathways and their connectivity. By conducting a parallel exercise in five comparison areas chosen for their similarity to the five ABS areas, we will be able to see, over time, whether ABS funding appears to have an effect on wider service provision. – either through enhancing core services, such as the Healthy Child Programme (HCP), or by protecting core services against other funding cuts through the enhanced local focus on pregnancy and early years' that ABS has provided. Should this be the case, we should see, over time, a divergence between ABS and comparison areas in terms of their wider service provision. This tracking of the wider ecosystem will enable us to better understand the system changes that have taken place within the ABS sites.

- While the primary purpose of the report is to support the work of the national evaluation team, the report will also be of interest to the ABS partnerships and practitioners working within these areas, in addition to external audiences who may wish to replicate ABS-type systems and services.

- The current review of services focuses explicitly on those that interact directly with ABS: community and hospital midwifery; health visiting; GP immunisation provision; children's centres; and early education and care. For publicly available data, we report on the period Winter 2017/18 to Summer 2018. The rest of the data cover Summer to Autumn 2018.

- Overall, the data reported provide a profile of these services as they were operating – in ABS and comparison areas – at the above time point. Some of the measures are based on 'hard data' (statistics or numbers and percentages) while others are based on descriptions provided by areas. While we requested and collated this more descriptive information in a consistent manner, there is a risk that some differences between areas might nonetheless be due to differences in reporting.

- Overall, the data suggest that although there is some variability in terms of levels of provision both within and across ABS and comparison sites, some ABS sites have enhanced provision of core aspects of the HCP, in terms of both midwifery and health visiting provision (e.g. personalised midwifery service in Bradford and extended number of health visitor developmental checks at 3.5 years in Blackpool and Nottingham). However, we should note that the latter has also been enhanced in one of the comparison sites. ABS sites also seem to have other services that are more extensive, such as children's centres, with the 'cumulative weekly days' being higher in ABS than in comparison sites, suggesting that families in ABS areas have more access to an 'open' centre than in comparison areas.

- In terms of the overarching study questions therefore, these data suggest that with regard to service delivery and pathways, the ABS sites have both maintained and enhanced service provision, in ways that have not on the whole, been possible in comparison sites. With regard to whether these changes to service delivery are sustainable, this will be assessed going forward as part of repeat profiling exercises of the sites and the wider service ecosystem during the next few years.

1. Introduction

1.1 Overview and aims of the report

Recent research for the Children's Commissioner (Kelly et al., 2018) found that current public spending on children is due to remain at about £10,000 per child until 2019/20, the same level in real terms as it was in 2006/07, and that spending on early and preventative interventions, such as Sure Start and young people's services, has been cut by around 60 per cent in real terms between 2009-10 and 2016-17.

The primary purpose of this report is to provide a profile of the early years' services ecosystem during the early stages of the ABS programme, providing an extended mapping of services and pathways, and their connectivity to provide a baseline of local services. This, in turn, provides the ABS national evaluation team with a starting point to track how ABS interacts with other services and how the presence of ABS affects the trajectories of those services. By conducting a parallel exercise in five comparison areas chosen for their similarity to the five ABS areas (see Section 1.6), it provides a baseline for future work to identify whether ABS funding appears to have an effect on wider service provision.

While the primary purpose of the report is to support the work of the national evaluation team, the report will also be of interest to the ABS partnerships and practitioners working within these areas, in addition to external audiences who may wish to replicate ABS-type systems and services.

This report complements and extends the first of an annual profiling of *ABS* services, published in Implementation Evaluation Report 3 in 2018[4] and as such contributes to addressing the overarching study questions:

- What does the ABS programme provide in terms of service delivery, pathways, experiences of communities and families supported by ABS? Specifically, to what extent, and how, does the ABS programme differ from early development programmes in non-ABS sites?

- Is the programme sustainable in relation to changes achieved in communities and families, and in relation to the system change?

This report focusses on the following direct services (see Section 1.5), all of which will interact directly with ABS:

- Community midwifery (Section 2.2);
- Hospital midwifery (Section 2.3);
- Health visiting (Section 2.4);
- Immunisations (Section 2.5);
- Children's centres (Section 3.2);
- Early education and care (Section 3.3).

The data reported provide a profile of these services as they were operating – in ABS and comparison areas - early in the implementation of ABS. For data that are publicly available, we report on the period Winter 2017/18 to Summer 2018. As a result of the time taken to get the necessary permissions to access other data directly from ABS and comparison areas, we report on data provided in Summer to Autumn 2018. Some of the measures are based on 'hard data' (statistics on numbers and percentages) while others are based on descriptions provided by areas. While we requested and collated this more descriptive information in a consistent manner, there is a risk that some differences between areas might nonetheless be due to differences in reporting.

[4] https://www.abetterstart.org.uk/sites/default/files/ABS%20Implementation%20Report%203_0.pdf,

1.2 Fulfilling Lives: A Better Start

A Better Start (ABS) is the 10-year, £215 million National Lottery funded programme focused on promoting good early childhood development. The programme funds local partnerships in five areas across England to test new ways of making support and services for families stronger, so that children can have the best start in life.

Working with local parents, the ABS partnerships are developing and testing ways to improve their children's diet and nutrition, social and emotional development, and speech, language and communication. The work of the programme is grounded in scientific evidence and research.

The National Lottery Community Fund (referred to later in this report as the Fund) has invested in five local area partnerships within:

- Blackpool (ABS wards: Bloomfield, Brunswick, Claremont, Clifton, Park, Talbot and Victoria)
- Bradford (ABS wards: Bowling and Barkerend, Bradford Moor and Little Horton)
- Lambeth (ABS wards: Coldharbour, Stockwell, Tulse Hill and Vassall)
- Nottingham (ABS wards: Arboretum, Aspley, Bulwell and St Ann's)
- Southend (ABS wards: Westborough, Victoria, Milton, Kursaal, West Shoebury and Shoeburyness)

In each area, a voluntary, community and social enterprise (VCSE) organisation is leading their local programme, with the five lead organisations being (Big Lottery Fund, n.d.):

- Blackpool: NSPCC
- Bradford: Bradford Trident
- Lambeth: National Children's Bureau (NCB)
- Nottingham: Nottingham CityCare
- Southend: Early years' Learning Alliance

These ABS wards have a high level of need in terms of deprivation, educational achievement and child health. Alongside government-funded and third-sector providers working collaboratively across health, education and social care, the Fund's investment will allow these areas to make structural changes to the ways in which they identify and work with families at risk of poor outcomes, in addition to introducing a range of preventive interventions focusing on pregnancy and the first three years of life.

These interventions set out to improve outcomes for children in three key development domains of:

- Social and emotional development: promoting optimal functioning across all aspects of the child's social and emotional adjustment; preventing the onset of early problems by supporting parents (i.e. their mental health and wider wellbeing) and improving their parenting (i.e. attitudes and practices regarding childrearing);
- Communication and language development: developing skills in parents to enable them to provide an optimal home learning environment (e.g. to be able to talk, sing, read to, and praise their babies and toddlers) and to ensure local childcare services emphasise language development;
- Diet and nutrition: encouraging breast-feeding and promoting good nutritional practices, giving practical advice on healthier meals for young children and portion sizes.

The evidence suggests that these three domains can have a significant impact on the long-term life chances of children.[5] The Fund wishes to use the learning from this investment to produce a shift in public policy, public funding and agency culture away from reactive services to greater investment in prevention in pregnancy and the first few years of life.

Each ABS area is also addressing systems change across all children and families agencies such that, "by the end of the 10 year period all local health, public services and voluntary sector will prioritise the healthy

[5] See https://bmjopen.bmj.com/content/7/8/e015086.

development in pregnancy and the first years of a child's life" (Big Lottery Fund, 2014). The systems changes are aimed at delivering less bureaucratic, more joined-up services which are prevention-focused, needs- and demand-led and work for the whole family, getting it right for families from the start.

1.3 Evaluation design

The evaluation of ABS comprises a mixed-methods design including impact, and process evaluation components. Essentially, the evaluation comprises two parts:

1. An **Impact Evaluation** that aims to assess whether changes in the delivery of early years' services to families living in disadvantaged areas improves their outcomes in terms of their socio-emotional development, communication and language, and diet and nutrition.

2. An **Implementation Evaluation** aimed at examining the processes that are involved in bringing about change and capturing the nature of the new forms of provision.[6]

The current report is part of Phase 1 of the Implementation Evaluation, the overall aim of which is to provide data to identify what factors - in terms of practice and systems change – need to be present should ABS be replicated more widely or implemented on a larger scale. Specifically, Phase 1 comprises a profiling of the structure and services being provided in the five ABS sites including issues such as the 'connectivity' between services, and 'pathways' into services, and the way in which this provision changes over the course of the next five years.

Report 3 provides a summary of the ABS service profiles in each of the five sites; the current report aims to complement and extend this by providing a picture of the early years' ecosystem within each of the five sites in addition to five of the matched comparison sites. This will provide a picture of the extended services, pathways and their connectivity at a relatively early stage in the implementation of ABS.

1.4 What is the early years' ecosystem?

The nature, type and relationships between pregnancy and early years' services (what we term 'the early years' ecosystem' in this report) in any local area will be complex and varied. Moreover, the pattern of services available may differ between areas, both in terms of what is on offer and the way in which it is provided.

Our focus in this report is on 'direct' services, namely services and programmes directly targeted at pregnant women and families of children aged under four years. We do not include 'indirect' services which are not targeting these women and families *specifically*, although they have the potential to impact on health and developmental outcomes for these groups. Examples of indirect services include housing, jobcentres, parks, wider VCS such as food banks, Accident and Emergency Services (A&E), libraries and the police.

The distinction between these services in ABS areas has been discussed previously by others in the context of wider workforce engagement (Husain, 2017; Day 2017a-e). In this report, we are drawing on these discussions, with the aim of crystallising these concepts further in a way that is helpful for programmes that need to make decisions about which organisations to engage with.

[6] For further information see: https://www.abetterstart.org.uk/content/evaluation-and-learning.

1.5 Categorising direct services

Pregnant women and families with children aged under four years interact with a wide range of direct services and programmes, including those provided by the public, voluntary and private sectors. Categorising these services can be challenging, as there is no universally agreed set of terms and definitions. A recent regional NHS England review of early years' pathways gives examples of the variation in definitions and terminology relating to types of early years' services offered by different groups (NHS England East Anglia, 2018):

- Healthy Child Programme: universal/universal progressive;
- Health visiting: universal/universal plus/universal partnership plus;
- Children's centres: universal/targeted;
- Midwifery: core/complex.

These terms all have slightly different meanings, but essentially aim to distinguish between services that are offered to all families and services that are offered to a selection of families, usually based on a family's needs. Other work carried out for the purposes of ABS has identified a need for further consideration of what the term 'universal' might mean in the context of ABS services (Day, 2017a-e).

As the sets of terminology described above are not directly comparable, we have created a combined typology of pregnancy and early years' services that covers a wider spectrum of early years' 'direct services' in order to inform this piece of work. This is shown in Table 1.

The types of services are defined as follows:

- **Essential:** services that are universally offered and typically provided by the statutory sector (e.g. midwives and health visitors); of critical importance for the health and wellbeing of all children and accessed by the vast majority of eligible families, such as antenatal screening.
- **Open access:** services that are open to anyone and considered beneficial but not critically important; generally accessed by a proportion of eligible families, e.g. breastfeeding support.
- **Needs based:** services that are targeted at families with specific needs that mean they are either at risk of adverse health and developmental outcomes or adverse health and developmental outcomes have already occurred, e.g. Family Nurse Partnership (FNP).

Many of these services are commissioned as part of the Healthy Child Programme, the national public health programme for children and families, which sets out what is expected of many health services that interact which children and families (Department of Health, 2009). However, in our definition of direct services, we have included some additional services, recognising that other services also interact with families.

Table 1: Direct services in the early years'' ecosystem

	Midwifery	GP-led healthy child programme	Other health services	Health visiting	Other public health nurse-led services	Children's centres	Early education and care	Non-statutory services
Essential	Routine antenatal care; Care during delivery; new-born screening (72 hours and 5 days)	Immunisations; 6-8 week developmental check		5 mandated visits				
Open access	Antenatal classes		Obstetric-led care during delivery	Infant feeding support		Parenting classes; Infant feeding support; Play sessions; Healthy lifestyle sessions; Language support	Preschool; nurseries; childminders	Playgroup; other play opportunities; Support with daily living.
Needs- based	Specialist teams for specific groups (e.g. women with substance misuse issues)		Obstetric care of medically high-risk pregnancies; Speech and Language Therapy; perinatal mental health; community Paediatrics	Targeted support for families	FNP		Support for children with disabilities; support for children with special educational needs	Intensive family support/mentoring style programmes

1.6 Data collection

The data for this baseline report have been collated from a range of sources:

- Routinely reported publicly available data (reference period: Winter 2017/18 to Summer 2018);
- Freedom of Information requests (provided Summer to Autumn 2018);
- Written requests to ABS and comparison areas (provided Summer to Autumn 2018).

Appendix 1 shows the detailed sources of information used in this report.

As discussed above, the report focuses on direct services, specifically 'essential' and 'open access services', but with some reference to targeted midwifery and health visitor services, the rationale being that they are the services with which ABS programmes are most likely to interact.

The direct services that have been mapped are[7]:

- Community midwifery;
- Hospital midwifery;
- Health visiting;
- GP-led Healthy Child Programme (Immunisation services only);
- Children's centres;
- Early education and care.

The mapping exercise covers the wards in each of the ABS areas as well as the wards in five of the 15 comparison areas being used in the impact evaluation. The comparison areas selected for this mapping exercise were those deemed to be most similar to each of the five ABS areas[8]:

- Derby (wards: Arboretum, Normanton, Sinfin) *(comparison for Bradford)*;
- Islington (wards: Junction, Tollington, Hillrise, Holloway) *(comparison for Lambeth)*;
- Hull (wards: Bransholme East, Ings, Newington, Pickering) *(comparison for Nottingham)*;
- Sefton (wards: Cambridge, Duke's, Ford, Kew, Netherton & Orrell, Norwood) *(comparison for Southend)*;
- Stoke (wards: Joiner's Square, Burslem Central, Blurton West and Newstead, Meir North, Meir South, Bentilee and Ubberley) *(comparison for Blackpool)*.

Data are not always available at the ward level. Where this is the case (e.g. for health visiting and early education and care), we have mapped availability at the Local Authority level. Throughout the report, we specify the level or 'footprint' for each data source.

The framework used to map these services is based on Donabedian's Model of Heath Service Evaluation (Donabedian, 2005), and focusses on its first two dimensions, 'structure' and 'process'. Structure refers to inputs that determine how a service is delivered, such as staffing. 'Process' refers to the actions that are part of the service being delivered, such as administering a vaccination (ibid). It is impossible to consider these two dimensions exhaustively for all of the relevant services so, as far as possible, for pragmatic reasons, we have chosen readily available and replicable indicators that capture elements of these two

[7] For practical reasons, we have not carried out a mapping of non-statutory services.

[8] See Bryson and Purdon (2018) (https://www.abetterstart.org.uk/sites/default/files/ABS_Evaluation_Baseline_Analysis_Report.pdf) for an explanation of the selection of comparison areas. Note that, although one comparison area per ABS area was selected for this mapping exercise, we did so in order to have a range of comparisons. So, in the report we make general comparisons across ABS and comparison areas, rather than one-to-one comparisons between an ABS area and 'its' comparison.

dimensions in order to facilitate comparison between areas and also comparison over time. The indicators reflect necessary components of service delivery, such as staffing and local decision-making about how to deliver activity. When evaluating the success of the delivery of an intervention or service (which is beyond the scope of this report), the indicators provide a crucial picture of how individual services have been delivered, allowing for a deeper understanding of how any impact has been achieved.

Table 2 summarises the information that has been collected for this report.

Table 2: Key indicators

Service	Indicators	ABS ward specific or Local Authority wide?	Data collection period
Community midwifery	Structure of ante- and postnatal visit programme; Average caseload of a whole-time equivalent (WTE) midwife; Team location	ABS wards	Summer/Autumn 2018
Hospital midwifery	Number of birthing centres; Number of beds; Number of births.	ABS wards	Winter 2017/18
Health visiting	Structure of visit programme; Structure of teams; Average caseload of a WTE health visitor; % of visits delivered on time.	Local Authority	Summer/Autumn 2018
GP practices	% Coverage of childhood immunisations.	Local Authority	Summer 2018
Children's centres	Number of children's centres; Length of opening hours; Number of children registered at each centre Services offered.	ABS wards	Summer/Autumn 2018
Early education and care – child care	Number of providers; Number of places available.	Local Authority	Spring 2018

1.7 Population estimates

When considering an area's pregnancy and early years' provision, it is important to take into consideration the size of the population accessing the provision. For reference, Table 3 shows the population of nought to three-year-olds – both per Local Authority and within the target wards, based on ONS mid-year 2018 population estimates for local authorities and mid-year 2017 estimates for the ward-level data (ONS, 2019 and 2018).[9]

Across ABS wards, the number of children aged nought to three is substantially higher in the three Bradford wards than elsewhere, around twice as high as the seven Blackpool wards and the four Lambeth wards. The four Nottingham wards have the second biggest population, followed by the six Southend wards, the four Lambeth wards and the seven Blackpool wards. Likewise, when looking at the under-four population across the Local Authority, Bradford's population is twice as high as any of the other ABS local authorities,

[9] There are more up-to-date statistics at Local Authority than at ward level.

with Lambeth and Nottingham about half the size and Southend and Blackpool considerably smaller. There is less differentiation in size across the comparison area wards or local authorities. The three Derby wards have the largest population of nought to three-year olds, followed by the six Sefton wards, the six Stoke wards, the four Islington wards and the four Hull wards. In terms of local authorities, Stoke and Hull have the largest nought to threes population, followed by Derby, Sefton and Islington. We refer back to these numbers during the course of the report in relation to the available service provision.

Table 3: Population estimates

`	**Number of 0 to 3-year-olds in target wards, 2017[10]**	**Number of 0 to 3-year-olds in Local Authority, 2018[11]**
ABS areas		
Blackpool	2,623	6,708
Bradford	5,276	31,492
Lambeth	2,952	15,506
Nottingham	4,223	16,629
Southend	3,952	9,968
Comparison areas		
Derby	3,846	13,191
Hull	2,586	13,732
Islington	2,583	10,624
Sefton	3,505	11,281
Stoke	2,785	13,470

[10] ONS 2018
[11] ONS 2019

2. Midwifery, health visiting and immunisations

2.1 Introduction

This section provides an overview of the community and hospital midwifery and practice in the five ABS and five comparison areas, focusing on provision in the ABS and comparison wards. In addition, it provides, at a Local Authority level, information on the proportion of children being immunised according to the NHS childhood immunisation schedule (NHS, 2018).

2.2 Community midwifery

Community midwives see women from early pregnancy through to shortly after delivery in order to provide routine antenatal care (NICE, 2012) and early postnatal care. The purpose of antenatal care is to

> "optimise maternal and foetal health, to offer women maternal and foetal screening, to make medical or social interventions available to women where indicated, to improve women's experience of pregnancy and birth and to prepare women for motherhood" (NICE, 2012).

For most women, this care is mostly delivered through primary care, predominately by a community midwife (Redshaw and Heikkila, 2010). The universal offer consists of regular appointments, allowing for discussion of guidance on healthy pregnancy, and assessment of maternal and foetal wellbeing, along with routine screening for conditions that may affect maternal or foetal wellbeing. For first births, NICE guidance recommends visits at eight to 10 weeks, then 16, 25, 28, 31, 34, 35, 36, 38, 40 and 41 weeks (NICE, 2008).[12] Targeted midwifery support, for instance for teen mothers or for mothers with health needs such as diabetes, mental health issues or substance misuses, is offered where necessary.

Table 4 shows the structure of community midwifery services in the ABS and comparison wards, based on data provided by the areas in Summer and Autumn 2018. Key points to draw from the table are:

- **Midwife:pregnant mother ratios**: the community midwife:pregnant mother ratios largely range from 1:70 to 1:120 across ABS wards, with most citing an upper and lower ratio limit. In areas with lower ratios there may be improved continuity of carer. The ratio in Blackpool range from 1:50 to 1:90, although for most wards it was between 1:60 to 1:90. Lambeth has a low ratio for community midwifery (1:72) which, coupled with a ratio of half this (1:33) for caseload teams gives Lambeth the lowest staff:pregnant mother ratio across ABS wards. Within Bradford, the ratios are lower for the specialist teams: the Opal team provides enhanced support for pregnant women, with a midwife:pregnant mother ratio of 1:60. Likewise, the Bradford team focusing on teenage pregnancies has a staff:pregnant mother ratio of 1:40. The comparison areas have a somewhat wider range in terms of midwife:pregnant mother ratios from 1:65-70 in Stoke to 1:145 in Hull. The London comparison area – Islington – like Lambeth also has a relatively low midwife:pregnant mother ratio (1:80-90).

- **Appointment schedule**: most ABS and comparison areas reported that they followed the NICE guidelines in terms of the community midwife appointment schedule, with Hull recently moving to this. A number of ABS and comparison areas cite additional appointments for women with particular needs, including teenage pregnant women (Bradford), health conditions (Lambeth), referrals through Social Care (Lambeth) and home births (Nottingham).

[12] For pregnant mothers with second and subsequent babies, the visit schedule does not include appointments at 25, 31 and 40 weeks.

- **Caseload allocation:** Within ABS wards, Lambeth, Nottingham and Southend organise midwifery caseload by patient postcode, while Bradford's structure uses GP registration. In Bradford ABS funding has been used to provide a personalised midwifery service. Within comparison area wards, Islington and Hull allocate by postcode (with Islington also taking account of proximity to a children's centre) and Derby, Sefton and Stoke by GP registration.

- **Team location:** Each ABS area offers community midwifery in more than one location type including children's centres (Lambeth, Nottingham, Southend), GP surgeries or Healthcare centres (Bradford, Lambeth, Nottingham), hospitals (Bradford, Southend) and community midwifery centres or antenatal clinics (Lambeth, Southend). Although some information on team location was missing for comparison area wards, those that provided data use the same range of locations: children's centres (Islington, Stoke), GP surgeries or Healthcare centres (Derby, Stoke) and hospitals (Derby, Sefton).

- **Specialist midwifery:** A number of areas across both ABS and comparison areas cite a wide range of specialist services including teenage pregnancy/young parents (Bradford, Lambeth, Islington, Sefton, Stoke), mental health (Blackpool, Southend, Derby, Sefton, Stoke), alcohol/drug misuse (Blackpool, Lambeth, Southend, Derby, Stoke), diabetes (Blackpool, Derby, Islington, Stoke), hypertension (Lambeth), foetal medicine (Derby), HIV and Haemoglobinopathies (Derby), antenatal and new-born screening (Blackpool), infant feeding specialist (Blackpool, Derby, Hull), safeguarding (Derby, Islington), bereavement (Hull, Islington), healthy lifestyles (Hull), vulnerabilities and complex needs (Blackpool, Islington, Hull), parent education (Blackpool, Hull), twin clinic (Islington), smoking cessation (Stoke), and migrants (Lambeth).

- See Section 2.6 for a summary.

Table 4: Community midwifery in ABS and comparison areas

Ward	Provider	Visit schedule	Average community caseload per 1 full time equivalent midwife	Allocation, location, team structure and specialist midwifery
Blackpool (ABS)	Blackpool Teaching Hospitals NHS Foundation Trust	Standard antenatal schedule except for 35 weeks, plus additional appointment at 42 weeks for those declining induction.	Aim of 1:100, with ratios in 2018 ranging from 1:25[13] to 1:90	▪ *Location*: health care centres; children's centres ▪ *Specialist midwives:* alcohol and substances misuse; complex social needs; mental health; diabetes; infant feeding and parenting; screening
Bradford (ABS)	Bradford Hospital Teaching NHS Foundation Trust	**Standard:** standard antenatal schedule, with booking visit before 10 weeks if possible. **Opal:** standard antenatal schedule, plus additional pre-booking visit, 22- week visit plus capacity to offer additional visits. Invite to antenatal group covering basic baby cares, infant feeding, what to take to hospital and what to expect in the first few weeks of being a parent. Aim for the women to have continuity of carer for 90 per cent. **Specialist teen pregnancy**: standard antenatal schedule plus 25-week visit to discuss bonding and interaction.	Standard teams: 1:80-1:120 Opal team: max 1:60 Specialist teen pregnancy: 1:40	▪ *Caseload allocation*: according to GP registration ▪ *Location:* health care centres; hospital buildings ▪ 1 specialised Opal team, ABS funded, personalised midwifery

[13] One further surgery had a ratio of 1:5 in the period, but this is not included in the text above given its outlier nature.

Ward	Provider	Visit schedule	Average community caseload per 1 full time equivalent midwife	Allocation, location, team structure and specialist midwifery
Lambeth (ABS)	King's College Hospital NHS Foundation Trust (covers 7/10 ABS postcodes)[14]	Standard antenatal schedule, plus additional visits for pregnant women with specific health conditions or referred via Social Care.	Community teams: 1:72 Caseload teams[15]: 1:33	▪ *Caseload allocation:* by postcode ▪ *Location:* children's centres, GP surgeries, community midwifery centres. ▪ *Specialist midwives:* migrants, substance misuse and hypertension, plus separate teams for young parents and high risk pregnancies, covering wider area than ABS.
Nottingham (ABS)	Nottingham University Hospitals NHS Foundation Trust	Standard antenatal schedule, plus additional visit if pregnant woman is planning a home birth.	1:70-114	▪ *Caseload allocation*: by geography ▪ *Location:* GP surgeries, children's centres, in home ▪ *Specialist midwives:* teenage pregnancies
Southend (ABS)	Southend University Hospital NHS Foundation Trust	Standard antenatal schedule.	Approx. 1:80-100	▪ *Caseload allocation:* by postcode ▪ *Location:* hospitals, in home, antenatal clinics, children's centres. Women allocated to teams based on postcode ▪ *Specialist midwives*: mental health and drug/alcohol misuse
Derby (Comparison)	Derby Teaching Hospitals NHS Foundation Trust	Standard antenatal schedule	1:70-100	▪ *Caseload allocation*: GP surgery within county boundaries ▪ *Location:* health centres, local hospitals ▪ *Specialist support services*: foetal medicine; diabetes; drug and alcohol misuse; mental health; HIV and Haemoglobinopathies; infant feeding specialist; safeguarding.

[14] NB: Guy's and St Thomas's Hospital covers 3/10 ABS postcodes in Lambeth; information here is for King's only

[15] The lower caseload ratio for caseload teams reflect the fact that these midwives cover care in labour as well as antenatal and postnatal care.

Ward	Provider	Visit schedule	Average community caseload per 1 full time equivalent midwife	Allocation, location, team structure and specialist midwifery
Hull (Comparison)	Hull and East Yorkshire Hospitals NHS Trust	Currently changing to follow standard antenatal schedule, plus 31-week appointment for all pregnant women (not just first births)	1:145	▪ *Caseload allocation*: by geography ▪ *Specialist midwives*: infant feeding, bereavement, healthy lifestyles, vulnerabilities, screening coordinator, parent education, governance.
Islington (Comparison)	Whittington Health NHS Trust	Standard antenatal schedule	1:80-90	▪ *Caseload allocation:* by geography and proximity to children's centre ▪ *Location:* children's centres ▪ *Specialist midwifery*: teenage pregnancy, safeguarding and vulnerable team, bereavement midwife, diabetic/high risk midwives, twin clinic midwife.
Sefton (Comparison)	Southport and Ormskirk NHS Trust	Standard antenatal schedule, with extra appointments or scans if needed.	1:110	▪ *Caseload allocation:* by geography around GP surgeries ▪ *Location:* hub in Southport hospital, main office in Ormskirk ▪ *Specialist midwifery:* enhanced midwife for women with social concerns or teenage mums; a specialist perinatal mental health midwife; consultant midwife.
Stoke (Comparison)	University Hospitals of North Midlands NHS Trust	Standard antenatal schedule.	1:65-70	▪ *Caseload allocation*: GP surgery ▪ *Location:* GP surgeries, children's centres ▪ *Specialist midwifery:* substance misuse, diabetes, smoking cessation, teenage pregnancy, mental health

2.3 Hospital midwifery

Over 97 per cent of births take place in a hospital or midwifery unit setting (NHS England, 2016), either with midwife or obstetrician-led care, and access to good quality care is of critical importance for good outcomes for both women and infants. There has been a recent trend towards closure of smaller maternity units and consolidation into larger units, although the evidence of the impact of this on outcomes is unclear (The King's Fund, 2019). Table 5 shows the hospital midwifery provision available in ABS and comparison wards, as well as the number of births, with the data drawn from a range of publicly available sources. The ratio of births:rooms gives a very crude proxy for the level of demand on a service, which is impacted also by factors such as staffing and changes in local birth rates. Information is given for providers that are located within ABS or comparison local authorities, with these providers being likely to serve a population that is wider than the population in the local authorities. Similarly, women living in these areas may choose to give birth in a different provider trust.

Key points to draw from the table are:

- **Birthing units:** all ABS and comparison areas, except for one (Sefton) are serviced with a midwifery-led birthing unit and an obstetric-led delivery unit. Nottingham has two midwifery-led centres and Lambeth has two obstetric-led delivery units.

- **Ratio of births:rooms:** Table 4 shows the number of birthing rooms alongside the number of births per month, with the pertinent data being the ratio of the number of births to rooms in the final column. Within the ABS areas, Kings College Hospital in Lambeth, Nottingham and Southend have the highest ratios (27:1, 33:1 and 32:1 respectively), with the ratio in Blackpool close to half (18:1). Ratios in Guys and St Thomas' in Lambeth (25:1) and Bradford (19:1 and 23:1 within the two Trusts) sit between these two extremes. Among the comparison areas, Stoke has the lowest birth:room ratio, similar to Blackpool's at 18:1. In Derby (28:1) and Islington (25:1), the ratios are similar to Guys in Lambeth and Bradford.

- See section 2.6 for a summary.

Table 5: Hospital midwifery in ABS and comparison areas

LA	Provider	Types of birthing unit[16]	Number of labour rooms[17]	Number of births per month[18]	Ratio of births to rooms
Blackpool (ABS)	Blackpool Teaching Hospitals NHS Foundation Trust	Midwife-led birthing centre; Obstetric-led delivery unit	13	230	17.7:1
Bradford (ABS)	Bradford Teaching Hospitals NHS Foundation Trust	Obstetric-led delivery unit; Midwife-led birthing centre	20	455[19]	22.8:1

[16] Which? 2018
[17] Which? 2018
[18] NHS Digital, 2018, data from November 2017 unless otherwise stated
[19] October 2017 data

LA	Provider	Types of birthing unit[16]	Number of labour rooms[17]	Number of births per month[18]	Ratio of births to rooms
	Airedale NHS Foundation Trust		8	155[20]	19.4:1
Lambeth (ABS)	Kings College Hospital NHS Foundation Trust	Obstetric-led delivery unit	12	324	27:1
	Guys and St Thomas' NHS Foundation Trust	Obstetric-led delivery unit; Midwife-led birthing centre	23	565	24.6:1
Nottingham (ABS)	Nottingham University Hospitals NHS Trust	Obstetric-led delivery unit; 2 midwife-led birthing centres	23	750	32.6:1
Southend (ABS)	Southend University Hospitals NHS Trust	Midwife-led birthing centre; Obstetric-led delivery unit	10	320	32:1
Derby (Comparison)	Derby Teaching Hospitals NHS Foundation Trust	Midwife-led birthing centre; Obstetric-led delivery unit	16	445	27.8:1
Hull (Comparison)	Hull and East Yorkshire Hospitals NHS Trust	Midwife-led birthing centre; Obstetric-led delivery unit	16	Data not provided by NHS digital statistics	Data not provided by NHS digital statistics
Islington (Comparison)	Whittington Health NHS Trust	Midwife-led birthing centre; Obstetric-led delivery unit	13	330	25.4:1
Sefton (Comparison)	Southport and Omskirk Hospital NHS Trust	Obstetric-led delivery unit	8	190	23.8:1
Stoke (Comparison)	University Hospitals of North Midlands NHS Foundation Trust	Midwife-led birthing centre; Obstetric-led delivery unit	27	475	17.6:1

2.4 Health visiting

Health visitors are specialist community public health nurses. They have responsibilities for reviewing children aged nought to five years, to help support parenting, good child development and the development of healthy lifestyles and behaviours (Department of Health, 2009). Typically visits take place antenatally,

[20] October 2017 data

then in the immediate postnatal period; at six to eight weeks; nine to 12 months and two to two and a half years (ibid).

Table 6 shows the structures of health visiting services in ABS and comparison area Local Authorities. These data are based on information provided by each of the areas in Summer and Autumn 2018. Table 7 shows the percentage of children who receive a health visitor review at specific time points, based on publicly available Public Health England data as of Summer 2018.

The key points to draw from the tables are[21]:

- **Caseload:** Across the Local Authorities in ABS areas, the health visitor:child ratio varied between 1:222 in Blackpool to 1:401 in Lambeth and 1:400 in Southend, with ratios in Bradford (1:320) and Nottingham (1:316) sitting in between. The range in comparison areas is similar (Derby 1:315, Hull 1:400, Sefton 1:235-1:390 depending on the proportion of low-income families, Stoke 1:350-400) with the stark exception of Islington with a health visitor:child ratio of 1:580.

- **Visit schedule:** Although the visit schedules vary a little across the ABS and comparison areas, they are broadly in line with the schedule described above from antenatal visits to a developmental review at age two to two-and-a-half. Blackpool has an additional three to five week visit and an 18-month desktop review. Two ABS areas - Blackpool and Nottingham - offer a further development check/school readiness review at three to three-and-a-half years. Hull offers this as an additional visit for children or families with higher needs. In general, Lambeth, Derby, Hull and Sefton all mention additional visits and/or support for higher needs children or families.

- **Team structure:** The number of health visiting teams in the ABS Local Authorities varies from four (Southend) to eight (Nottingham) with five in each of Blackpool and Lambeth and seven in Bradford. There is wider variation among comparison areas in terms of team structures, with only one team in Hull and 15 in Stoke and 16 in Islington (and three in Derby and seven in Sefton). In terms of caseload allocation, Blackpool and Southend use GP registration, while Bradford clusters allocations around children's centres and Nottingham uses Care Delivery Groups. Lambeth is moving from a geographical approach, with health visitors allocated to GP surgeries to using proximity to a children's centre. All five comparison areas allocate geographically according to postcode or ward.

- **Team location:** Some areas offer health visitor services in multiple location types while others focus on one location type. All five ABS areas and the five comparison areas offer provision in GP surgeries, health centres or primary care centres. Lambeth, Nottingham, Derby, Islington and Stoke also offer provision in children's centres, with Sefton also using a third sector building.

- **Specialist health visiting provision:** some areas mention specialist services provided within the health visiting teams including: infant feeding (Bradford), early intervention (Lambeth), community support (Lambeth), FNP (Nottingham, Lambeth, Derby, Islington), Family First (Derby), Enhanced Family Support Pathway, Universal Plus and Universal Partnership Plus (Hull), homelessness support (Southend), healthy eating and nutrition support (Southend, as part of ABS), mental health (Stoke), teenage parent (Stoke), clinical practice educator (Stoke) and UNICEF lead (Stoke).

- **Percentage of visits completed:** in two of the five ABS areas (Bradford and Southend) and two of the comparison areas (Islington and Stoke), over 90 per cent of New Birth visits happen with 14 days of a child's birth. For all other areas except Nottingham (Blackpool, Derby, Hull, Stoke and Sefton), the percentage was over 80, with Nottingham's at 78.8 per cent. The picture was somewhat different at the six to eight-week check, where Bradford, Southend, and Derby achieved

[21] The qualitative nature of responses means that this may not reflect all the provision offered.

levels of at least 90 per cent by the time the child is eight weeks old, with Blackpool, Hull, Sefton and Stoke being over 80 per cent. Nottingham and Islington achieved less than 80 per cent of visits by the time the child is eight weeks old. In all areas except Nottingham and Islington, 12-month reviews were completed for 80 per cent or more of children by the time they reached a year, with the percentage in Nottingham 67.4 per cent and only 20.5 per cent in Islington. This is in contrast to the two to two-and-a-half-year review, completed for at least 80 per cent of children in all areas, with the highest proportion in Nottingham (100 per cent) and lowest in Islington (80.7 per cent).

- See section 2.6 for a summary.

Table 6: Health visiting in ABS and comparison areas

LA	Provider	Visit schedule	Average community caseload per 1 WTE health visitor	Allocation, location, team structure and specialist health visitor services (Local Authority level)
Blackpool (ABS)	Blackpool Teaching Hospitals NHS Foundation Trust	Antenatal New birth/postnatal 3-5 weeks 6-8 weeks 3-4 months 12 months (development review) 2-2.5 years (development review) 3-3.5 years (school readiness)	1:222	5 teams: ▪ *Caseload allocation:* geography aligned to GP surgeries ▪ *Location:* health centres ▪ *Team structure*: each team band 6 and band 4 health visitors - 33.96 WTEs across Blackpool (unable to provide data on numbers in ABS wards)
Bradford (ABS)	Bradford District Care NHS Foundation Trust	Antenatal visit New birth/postnatal 6-8 weeks 3-4 months 9-12 months (development review) 2-2.5 years (development review)	1:320	7 teams: ▪ *Caseload allocation*: geography aligned to 7 children's centres clusters ▪ *Location:* 16 places including GP practices, larger health centres, one estate ▪ *Team structure*: each team band 6 health visitors and band 4 nursery nurses – led overall by 1 service manager and 3 band 7 team leaders. Overall, 125.24 WTE health visitors; 30.7 WTE community nursery nurses; 3.0 WTE team leaders, 0.4 WTE Clinical Lead, Within ABS wards, 30.0 WTE health visitors, 7.0 WTE community nursery nurses ▪ *Specialist services*: 0.64 WTE infant feeding specialist; 1.0 WTE systems specialist.

LA	Provider	Visit schedule	Average community caseload per 1 WTE health visitor	Allocation, location, team structure and specialist health visitor services (Local Authority level)
Lambeth (ABS)	Evelina London Health Visiting Service	Antenatal New birth/postnatal (10-14 days) 6-8 weeks 8-12 months (developmental review) 2-2.5 years (developmental review) Additional support or referral into Lambeth FNP as required.	1:401	5 teams: ▪ *Caseload allocation*: currently geographically aligned to wards with health visitors traditionally linked to GP surgeries; shifting by 2019 to alignment to children's centres ▪ *Location:* GP surgeries, children's centres, health centres ▪ *Team structure*: each team has health visitors (band 6), nurse manager (Band 8a), band 7 team leader, community staff nurse (Band 5). Also, community development workers (Band 4); business support officer (Band 4); senior nursing seniors/Administrators (Band 3). Staff numbers depend on population size and demographic mix. 60 WTE health visitors (Bands 6 and 7) and 2 WTE health visitor nurse Managers (Band 8a) in Local Authority (unable to specify for ABS wards). ▪ *Specialist services*: Specialist community practice teachers (band 7); early intervention health visitor (band 7)
Nottingham (ABS)	Nottingham CityCare Partnership	Antenatal New birth/postnatal 6 weeks 12-18 months (development review) 2-2.5 years (development review) Additionally, from April 2018: 3-4 months 3.5 years (readiness for school)	1:316	8 teams: ▪ *Caseload allocation:* Care Delivery Groups (CDG) (clusters of wards) ▪ *Location*: health centres, children's centres and LIFT buildings ▪ *Team structure*: each team comprises team leader, health visitors, registered nurses, community nursery nurses, clinical support workers and admin staff. Establishment of each team determined using local population numbers and the skill mix is based

LA	Provider	Visit schedule	Average community caseload per 1 WTE health visitor	Allocation, location, team structure and specialist health visitor services (Local Authority level)
				on the service specification. 76.52 WTE health visitors plus 5.4 WTE Family nurses. ▪ *Specialist services*: 2 WTE family nurses enabling more intensive FNP support
Southend (ABS)	Essex Partnership University NHS Foundation Trust	Antenatal (after 28 weeks) New birth/postnatal 6-8 weeks Under 1 year (assessment) 2-2.5 years (assessment)	1:400	4 teams: ▪ *Caseload allocation*: by geography and GP attachment ▪ *Location*: primary care centres ▪ *Team structure*: team leader, health visitors, health visitor assistants, admin. 32.2 WTEs including team leaders and specialists ▪ *Specialist services*: homeless (works across locality); healthy eating and nutrition at 3-4 months (new service)
Derby (Comparison)	Derby City Council commissions Derbyshire Healthcare Community Foundation Trust	Standard health visiting offer schedule described as 'standard'. Family First programme: tiered service offer based on need. Family Nurse Partnership: schedule as per licencing agreement.	1:315	3 groups: ▪ *Caseload allocation:* defined by ward ▪ *Location:* health centres, children's centres or centralised office accommodation ▪ *Team structure*: 60.88 WTE health visitors across 5 localities. Each of 3 groups has integrated public health nursing team (health visitors, School nurses, CYP workers, etc.). Move towards public health nurses working with full 0 to 19 age range. ▪ *Specialist services*: nurse led, intensive interventions delivered through FNP to most vulnerable young mothers; Family First delivered to wider cohort of young mothers strengthened by the family nurse approach and use of validated tools.

LA	Provider	Visit schedule	Average community caseload per 1 WTE health visitor	Allocation, location, team structure and specialist health visitor services (Local Authority level)
Hull (Comparison)	City Healthcare Partnership	**Universal Families:** Antenatal New birth/postnatal 6-8 weeks 7-12 months (assessment) 2 years (check) **Universal Plus or Universal Partnership Plus minimum:** Antenatal New birth/postnatal 6-8 weeks 3-4 months 7-12 months (assessment) 2 years (check) 3.5 years (check) Additional visits under **Enhanced Family Support Pathway**	1:400	1 team: ▪ *Caseload allocation*: by postcode ▪ *Location*: health centre ▪ *Team structure:* 57 WTE health visitors covering the 0 to 11 age range. Teams include health visitors, Band 5s and health and wellbeing practitioners.
Islington (Comparison)	Whittington Health Trust	Antenatal New birth/postnatal (10-14 days) 6-8 weeks (before 56 days) 1 year (Ages and Stages review) 2 years (Ages and Stages review or Integrated review)	1:580	16 teams: ▪ *Caseload allocation:* by ward, defined as in 1 of 3 localities ▪ *Location*: health centres, children centres ('smart working' sites) ▪ *Team structure*: each team 1 band 7 health visitor Team Lead/CPT, 1-2 band 6 health visitors, 1 nursery nurse /family health advisor, 1 health care assistant.44.4 WTEs inclusive of 2 specialist roles (excluding FNP)

LA	Provider	Visit schedule	Average community caseload per 1 WTE health visitor	Allocation, location, team structure and specialist health visitor services (Local Authority level)
Sefton (Comparison)	Northwest Boroughs NHS Foundation Trust	Visits described as in line with the Healthy Child Programme with universal contacts at: Antenatal (from 28 weeks) New Birth/postnatal (10 -14 days) 6-8 weeks 9-12 months (developmental review) 2-2.5 years (developmental review) Additional visits undertaken according to identified need	1:235- 1:390, with ratio dependent on the proportion of low income families in caseload	7 integrated teams (recent reconfiguration): ▪ *Caseload allocation*: ward clusters ▪ *Location*: 5 health centres/clinics and 1 third sector building, with longer term plans for future co-location within Local Authority ▪ *Team structure:* each team comprises health visitors, school nurses, community staff nurses, community nursery nurses, clinical support workers and admin, with a team manager/s and linked education lead for professional and workforce development. 57.2 WTEs covering the 0 to 19 age range, plus a Borough-wide enhanced team. 48.2 WTE health visitors have caseload responsibility
Stoke (Comparison)	Midlands Partnership Foundation Trust	Antenatal New birth/postnatal 6-8 weeks 3-4 months 12 months 2-2.5 years	1:350-400	15 teams cover three localities: ▪ *Caseload allocation*: by ward ▪ *Location:* health centres, children's centres ▪ *Team structure*: 47.05 WTE health visitors ▪ (Northern (16.1 WTEs), Central (15.2 WTEs) and South (15.6 WTEs, alongside staff nurses, nursery nurses, health care support workers, health care support admin. ▪ *Specialist services:* Hub of 2 WTEs and team of lead roles: professional, perinatal, mental health, teenage parent, clinical practice educator, UNICEF lead.

Table 7: Percentage of health visiting contacts completed in ABS areas[1]

Area	Percentage of births receiving face to face health visitor New Birth Visit (NBV) within 14 days (95% confidence interval)	Percentage of infants receiving 6-8 week review by 8 weeks (95% confidence interval)	Percentage of children receiving 12 month review by 12 months (95% confidence interval)	Percentage of children receiving 2-2½ year review (95% confidence interval)
Blackpool (ABS)	89.2 (85.9-91.8)	82.9 (78.9-86.2)	85.8 (82.1-88.9)	85.8 (81.9-88.9)
Bradford (ABS)	99.4 (98.9-99.6)	96.3 (95.3-97)	89.4 (88-90.7)	89 (87.6-90.3)
Lambeth (ABS)	No data available	No data available	No data available	No data available
Nottingham (ABS)	78.8 (76.1-81.2)	78.1 (75.3-80.6)	67.4 (64.5-70.1)	100 (99.6-100)
Southend (ABS)	95 (92.7-96.6)	98.4 (96.8-99.2)	97.1 (95.3-98.2)	96.5 (94.6-97.8)
Derby (Comparison)	85.8 (83.2-88)	98.1 (96.9-98.8)	93.1 (91.2-94.6)	91.4 (89.2-93.1)
Hull (Comparison)	85.3 (82.8-87.5)	89.6 (87.6-91.4)	90 (87.8-91.8)	86.9 (84.4-89)
Islington (Comparison)	94.2 (92.2-95.6)	77.6 (74.3-80.5)	20.5 (17.6-23.8)	80.7 (77.3-83.7)
Sefton (Comparison)	87.1 (84.3-89.4)	85.7 (82.9-88.2)	84.5 (81.7-86.9)	84.5 (81.7-86.9)
Stoke (Comparison)	93.6 (91.8-95.1)	89.6 (87.3-91.5)	96.1 (94.6-97.2)	93.9 (92.1-95.3)

[1] Public Health England, 2019a

2.5 Immunisation rates

General practice plays a key role in the Healthy Child programme. GPs are responsible for the six-week developmental checks along with delivering routine immunisations (Department of Health, 2009). GPs are also the gateway for accessing specialist care in the NHS. Table 8 shows immunisation rates by Local Authority (ward level data is not available) for both ABS and comparison local authorities. Appendix 2 gives the unabbreviated names of immunizations.

Key points to note include:

- Among ABS local authorities, rates of immunisation are lower in Lambeth than elsewhere with all four vaccinations administered to fewer than 90 per cent of children by the 12 month point and rates of immunisation continuing to be lower than other ABS local authorities at the 24-month point.

- Likewise, among comparison local authorities, immunisation rates are slightly lower in Islington than elsewhere.

Table 8: Coverage of selected routine immunizations in ABS local authorities[23]

Area	Percentage of births receiving face to face health visitor New Birth Visit (NBV) within 14 days (95% Confidence Interval)	Percentage of infants receiving 6-8 week review by 8 weeks	Percentage of children receiving 12-month review by 12 months	Percentage of children receiving 2-2½ year review
Blackpool (ABS)	89.2 (85.9-91.8)	82.9 (78.9-86.2)	85.8 (82.1-88.9)	85.8 (81.9-88.9)
Bradford (ABS)	99.4 (98.9-99.6)	96.3 (95.3-97)	89.4 (88-90.7)	89 (87.6-90.3)
Lambeth (ABS)	No data available	No data available	No data available	No data available
Nottingham (ABS)	78.8 (76.1-81.2)	78.1 (75.3-80.6)	67.4 (64.5-70.1)	100 (99.6-100)
Southend (ABS)	95 (92.7-96.6)	98.4 (96.8-99.2)	97.1 (95.3-98.2)	96.5 (94.6-97.8)-
Derby (Comparison)	85.8 (83.2-88)	98.1 (96.9-98.8)	93.1 (91.2-94.6)	91.4 (89.2-93.1)
Hull (Comparison)	85.3 (82.8-87.5)	89.6 (87.6-91.4)	90 (87.8-91.8)	86.9 (84.4-89)
Islington (Comparison)	94.2 (92.2-95.6)	77.6 (74.3-80.5)	20.5 (17.6-23.8)	80.7 (77.3-83.7)
Sefton (Comparison)	87.1 (84.3-89.4)	85.7 (82.9-88.2)	84.5 (81.7-86.9)	84.5 (81.7-86.9)
Stoke (Comparison)	93.6 (91.8-95.1)	89.6 (87.3-91.5)	96.1 (94.6-97.2)	93.9 (92.1-95.3)-

[23] Public Health England, 2019b

2.6 Summary

Reviewing the health-related elements of the early years' ecosystem services in the ABS and comparison areas, highlights the following key points:

- There is considerable variation in terms of numbers of community midwifery staff, community midwife:patient ratios and births:maternity rooms across areas, but less variation in terms of community visit structures. Caseloads are most often allocated by postcode or else GP registration. The practice of both offering midwifery services in more than one location and having a range of specialist midwifery services are commonplace across most areas.

- Overall, while the community midwifery:pregnant mother ratios are similar, some of the ABS sites (Blackpool, Bradford, Lambeth) seem to have some services which have lower ratios which might suggest better services. For instance, Bradford has the Opal team (ratio 1:60) (ABS funded) and the specialist teen pregnancy team (1:40). Similarly, in Lambeth the caseload team of 1:33 is low given that it also includes care in labour and postnatally. This is highly favourable compared with other Trusts in which this service is, on the whole, only provided to women with complex needs.

- Likewise, there is wide variation across areas in relation to health visitor: child ratios and numbers of health visiting teams. The visit schedules are broadly comparable across areas, but two of the ABS sites have enhanced the health visitor pathways with ABS funding to include additional visits.

- There is, however, variation in terms of the percentage of children receiving visits within the specified timeframes. There is a wide range of specialist health visiting provision.

3. Early years' education, care and family support provision

3.1 Introduction

This section provides an overview of the early years' education and family support provision available in children's centres along with early education and care providers in the five ABS and five comparison areas. For children's centres, we are able to focus on the specific ABS and comparison wards while for early education and care providers we report at a Local Authority level.

3.2 Children's centres

Children's centres are hubs for the delivery of a range of services for pregnant women and children aged nought to five years. There is no nationally mandated range of services that they must offer (Sammons, 2015), but they typically offer direct access or signposting to childcare, play sessions, specialist services such as speech and language therapy and parenting programmes. National policy regarding their role has changed significantly since 2010, as has their local funding, meaning that they are currently in a state of flux in many areas (ibid). Table 9 shows the number of children's centres that are open in ABS and comparison wards, along with the quantity of provision they are currently able to offer, the number of staff and the number of registered children. It also shows the number of children in the target wards, matching as closely as possible the age range provided for the number of registered children.

The key points to note from the table are:

- Table 9 shows that there are more children's centres located in ABS wards than in the comparison areas.

  Although Table 9 also shows that children's centres in both ABS and comparison areas tend to be open five days a week, the 'cumulative weekly days' is higher in the intervention areas, suggesting that families in ABS areas may have more access to an 'open' centre than in comparison areas.

- The number of registered children at children's centres is highest in Bradford (8,761), Lambeth (7,113) and, among comparison areas, Derby (6,973).[24] With the exception of Bradford (with the highest number of children and staff (87 WTE)) and Nottingham (which has the lowest number of children and staff (10 WTE), the number of registered children bears little relation to the number of WTE staff numbers cited. We also suspect that, to some extent, this reflects differences in reporting across areas in who 'counts' as children's centre staff, and the range of staff included in the counts.

- It is difficult to map the number of registered children to the population size of the ABS and comparison wards, partly due to potential double counting if children attend more than one centre and partly perhaps due to the children attending who live outside of the wards. Indeed, the number of registered children in most areas (with the exceptions being Nottingham, Southend and Sefton) exceeds the number of children of the same age group living in those wards.

[24] These are absolute numbers and do not therefore reflect the relative size of the different populations at each site.

Table 9: Children's centres in ABS and comparison areas

Area	Number of children in age range in target wards, 2017[1]	Number of children's centres in ABS wards	Average number of days of the week the centres are open	Cumulative weekly days of provisions	Number of WTE staff	Number of registered children across all CCs[2]
Blackpool (ABS)	3,318 (0-4s)	6	5[3]	30	28.3	4,594 (0 to 4s)
Bradford (ABS)	6,580 (0-4s)	7	4.8	34	87.3	8,761 (0-4s)
Lambeth (ABS)	3,707 (0-4s)	4	5	20	14	7,113 (0-4s)
Nottingham (ABS)	5,300 (0-4s)	5	4.4	22	10	1,380 (0-4s)
Southend (ABS)	5,853 (0-5s)	4	5	20	21	3,386 (0-5s)
Derby (Comparison)	4,839 (0-4s)	2	5[4]	10	No information provided	6,973 (age range not specified)
Hull (Comparison)	2,586 (0-3s)	4	4.75	19	34	3,962 (0-3s)
Islington (Comparison)	3,241 (0-4s)	5	5	25	Information not provided at ward level	Information not provided at ward level
Sefton (Comparison)	4,459 (0-4s)	3	5	15	25 (not sure if all WTEs)	4,189 (age range unspecified)
Stoke (Comparison)	3,490 (0-4s)	2	5	10	41	5,316 (age range unspecified)

Table 10 shows the services, support and activities provided at these children's centres, split into parenting support or parenting groups, parent:child activities, parenting programmes, child development support and wider support available to the parents. Given the qualitative nature of these data – provided by areas or collated from the Local Authority's or Children's Centres' websites – Table 10 necessarily provides a flavour of the range and depth of provision, rather than necessarily the full spectrum offered by each children's centre. If something is missing from the list of provision, it does not necessarily imply that it is not offered by the children's centres (especially as offerings change across terms and across time).

[1] ONS 2018

[2] Adding up registered numbers at each children's centres, so will be some double counting if children registered at more than one centre. Some children attending may not live in the wards.

[3] Two centres occasionally open on Saturdays as well.

[4] Based on one of the two CCs, with no information available on the second.

Table 10: Provision offered in children's centres in ABS and comparison areas

Area	Parenting support/ groups	Parent:baby/ toddler activities	Parenting programmes	Development support	Wider support
Blackpool (ABS)	Yes, including community cafes, breastfeeding support, for refugees	Yes, including messy play and story sessions, stay and play, fathers and reading	Yes, including Empowering Parents Empowering Communities, Parenting Under Pressure and Safecare	Yes, including sensory room, healthy eating, additional needs	Yes, including adult and family learning courses, wellbeing clinics, birth registration service, work-related advice, support re social isolation
Bradford (ABS)	Yes, including cooking, for East European families, breastfeeding support, smoking in pregnancy support	Yes, including music and activity sessions, messy play, baby massage	Yes, including Family Links, WRAP, Freedom	Yes, including home visits re early development, obesity, special needs, speech and language, healthy eating,	Yes, including welfare support, legal advice, family support, benefit advice, numeracy, literacy
Lambeth (ABS)	Yes, including breastfeeding and infant feeding support, parenting and family support through Family Partnership model, young parents	Yes, stay and play groups and activities	Yes, Triple P	Yes, including speech and language and health eating	Yes, including welfare, debt and benefits advice, work or job-search help, English as a second language
Nottingham (ABS)	Yes, including peer learning around school readiness, weaning, learning workshops, breastfeeding support	Yes, stay and play, physical activity, play sessions, music, baby massage, messy play	Yes, Triple P	Yes, including Autism Spectrum Conditions (ASC) and Attention Deficit Hyperactivity Disorder (ADHD) support, sensory room	Yes, including domestic abuse support, mental health screening, parent volunteer training, family support clinics, job search, computing, welfare rights
Southend (ABS)	Yes, including new migrants, lone parents, fathers	Yes, including music, baby massage, stay and play	Yes	Yes, including speech and language, healthy eating, physio, ASC	Yes, including English language learning, work or job-search related, mentoring

Area	Parenting support/ groups	Parent:baby/ toddler activities	Parenting programmes	Development support	Wider support
Derby (Comparison)	No information	Yes, including stay and play, activity sessions and reading, baby massage	Yes, PEEP, Freedom and Incredible Years	Yes, including ASC, help with reading, language delay,	Yes, including English language
Hull (Comparison)	Yes, including cooking, expectant mums, breastfeeding support, fitness sessions, young parents	Yes, including music, play, activity, baby yoga and massage, dance, gardening, swimming, soft play	Yes, including Family Links, Incredible Years	Yes, including sensory room, communication, language and development, healthy eating	Yes, including home visits and outreach, promotion of early years' entitlement, job search and education, advocacy, literacy and numeracy, wellbeing and money management, relationship issues, English language
Islington (Comparison)	Yes, including family and parenting support and advice, antenatal services, family kitchen, stress clinics, sleep clinics, first aid sessions, Family Support Surgery, breastfeeding support, child health clinic, new parents group	Yes, including baby massage, stay and play, childminders group, baby yoga, sensory stay and play, toy library	Yes, including Strengthening Families Supporting Communities	Yes, including home learning resources, language and communication support groups, healthy lifestyles, CAMHs mental health support, parent baby psychology service, speech and language therapy	Yes, including employment support, English language
Sefton (Comparison)	Yes, including parent peer support groups, fitness sessions, cooking, weaning, first aid, parenting advice, for those with adverse childhood experiences	Yes, including school readiness activities, baby mindfulness, stay and play, activity, rhyme, softy play, baby yoga, story time, dance, messy play, art therapy	Yes, including Triple P, Mellow Parent, Think Differently Cope Differently, Five to Thrive	Yes, including for children with special additional needs, sensory play, speech and language delay, Home Start,	Yes, including home visits, wellbeing support, relationship and mental health support, English language, employment and job search, dealing with stress, numeracy, legal advice, addiction advice,
Stoke (Comparison)	Yes, including knitting group, breastfeeding support	Yes, including stay and play, physical play, music, baby massage and yoga, messy play,	No information provided	Yes, including sensory room, play therapy, speech and language therapy, family and children counselling service	Yes, including numeracy and literacy

3.3 Early education and care

Across England, in 2018, 72 per cent of eligible two-year-olds, 92 per cent of three-year-olds and 95 per cent of four-year-olds attended some form of formal childcare or early years' provision (Department for Education, 2018). Table 11 shows the number of children aged nought to five and the number of providers and early years' places for children aged nought to fives (a breakdown to age three or four is not possible) in ABS and comparison local authorities (ward-level data are not available) (Ofsted, 2017). The final column of the table shows a ratio of children aged under five years to childcare places, based on the number of children aged nought to five per authority (ONS, 2019).

The key points to note from the table are:

- The ratio of children:places varies from 4.6:1 to 2.8:1. It is highest (worse) in Hull (4.6:1), Stoke (4.2:1) and Nottingham (4.2:1), and lowest (best) in Lambeth (2.8:1), Islington (3:1) and Sefton (3.3:1).

- Reflecting the size of its under-fives population (see column 1), Bradford Local Authority has, by far, the largest number of places for children aged five and under (11,977) and providers (636), with Lambeth having the second largest (8,086 places and 379 providers). While Nottingham has a similar population size to Lambeth, it has many fewer providers and places (282 and 5,954 respectively), reflected in its child:place ratio. Blackpool has both the smallest population of under-fives and offers the smallest number of providers and places (104 providers with 2,689 places).

Table 11: Number of EYR childcare providers and places in ABS and comparison local authorities[29]

LAs	Number of 0 to 5-year-olds in Local Authority, 2018[30]	Number of providers	Number of places for children aged 0 to 5	Ratio children: places
Blackpool (ABS)	10,126	104	2689	3.8:1
Bradford (ABS)	47,845	636	11977	4.0:1
Lambeth (ABS)	22,986	379	8086	2.8:1
Nottingham (ABS)	24,967	282	5954	4.2:1
Southend (ABS)	13,596	204	3813	3.6:1
Derby (Comparison)	20,243	238	5550	3.6:1
Hull (Comparison)	20,772	169	4533	4.6:1
Islington (Comparison)	15,685	263	5233	3.0:1
Sefton (Comparison)	17,484	199	5244	3.3:1
Stoke (Comparison)	20,750	167	4916	4.2:1

[29] Ofsted, 2018
[30] ONS 2019a

3.4 Summary

Reviewing the early education and family support elements of the early years' ecosystem prior to the full launch of ABS services highlights the following key points:

- The data suggest that the ABS intervention areas have more children's centres than comparison areas.
- The data also suggest that the opening hours are longer in intervention areas. Although children's centres in both ABS and comparison areas are reported to be open five days a week, they tend to be open for more hours in intervention areas.
- The kinds of services offered in intervention and comparison areas tend to be similar, although there is wide variation in levels of staffing.
- Based on the available data, it appears that high proportions of eligible children attend one or more children's centre in most areas, with lower proportions in Nottingham and Southend.
- In terms of early education and care, the number of places does not necessarily reflect the number of eligible children, leading to variation in the ratio of children:childcare places.

4. Summary

This report addresses a number of Implementation workstream questions (see Introduction) and extends the work in Report 3, by providing a profile of the early years' services ecosystem during the early stages of the ABS Programme, focusing on services that interact directly with ABS: community and hospital midwifery; health visiting; immunisations delivered by GP services; children's centres; and early education and care. The exercise will be repeated during the course of the evaluation, in order to track changes in these services over the course of ABS.

Whilst this report may be of interest to the ABS teams and practitioners working within ABS areas, its primary purpose is to provide the evaluation team with a starting point – early in the Programme – to track how ABS interacts with other services and how the presence of ABS affects the trajectories of those services.

4.1 Overview of findings

Data were collected across six service delivery domains: community midwifery; hospital midwifery; health visiting; immunisations in GP services; children's centres; and childcare.

4.1.1 Community midwifery services were classified in terms of six domains – midwife:pregnant women ratios; visit schedule; team structure; caseload allocation; team location and provision of specialist midwifery services.

The data show that ratios of midwives to pregnant women varies across the ABS wards (i.e. with the majority from 1:70 to 1:114) with Lambeth having the most favourable ratio, followed by Bradford for their specialist services only. The comparison areas have a wider (i.e. worse) range with the upper ratio being 1:145 in Hull.

The appointment schedule for most sites is in accordance with the NICE guidelines, although three ABS sites (Bradford; Lambeth and Nottingham) provide additional appointments for women with particular needs.

Caseload allocation is mostly by patient postcode or GP registration; and in terms of team location most sites offer services from more than one location, including children's centres; GP surgeries/healthcare centres; hospitals; and community midwifery centres or antenatal clinics. Both ABS and comparison areas offer a range of specialist midwifery services.

4.1.2 Hospital midwifery: data were obtained for two domains – birthing units and ratio of births: rooms. The analysis shows that all areas, except one (Sefton) have a midwifery-led birthing centre and an obstetric-led unit, with two sites (Nottingham and Lambeth) having more than one midwifery-led birthing centre or obstetric-led unit. In terms of ratio of births: rooms, ABS sites range from 32:1 to 18:1 with Blackpool, Lambeth and Bradford having the most favourable rates. Comparison areas have a similar range of ratios.

4.1.3 Health visiting was assessed in terms of the following domains – caseload; visit schedule; team structure; team location; specialist provision and percentage of visits completed. The ratios for health visitors to patients ranges from 1:222 to 1:580 across both ABS and comparison sites with Blackpool, Bradford and Nottingham having the most favourable ratios.

Visit schedules are provide in accordance with the HCP (Department of Health, 2009) guidance for all areas, but some ABS areas (Blackpool and Nottingham) offer additional visits.

The number of health visiting teams range from four to eight for ABS areas, with wider variation for the comparison areas of one to 16. The five ABS areas use GP registration and children's centres as the primary means for caseload allocation whereas the five comparison areas allocate geographically according to postcode or ward.

In terms of team location, most offer services from GP surgeries; health centres or primary care centres, with only two ABS sites (Nottingham and Lambeth) offering them via children's centres.

All areas offer a range of specialist health visiting provision.

In terms of the percentage of visits competed there is variation across the areas with no clear patterns emerging.

4.1.4 Immunisation rates are treated in this document as being proxy measures for GP delivery of that element of the Healthy Child Programme. The data show that both within ABS and comparison local authorities (ward level data were not available), London LAs (i.e. Lambeth and Islington) have the lowest rates of immunisation at both 12 and 24 months.

4.1.5 Children's centres: The data show that although most children's centres are open for five days a week, the ABS wards have a higher number of children's centres, some comparison areas having as few as two (i.e. Derby and Stoke) and some ABS areas having seven (i.e. Bradford).

There is also wide variation in staffing levels within ABS areas with Bradford having the highest levels of both staffing and attendance and Nottingham the lowest. In terms of the proportion of eligible children attending, Blackpool, Bradford and Lambeth have the highest proportions within the ABS areas with Nottingham and Southend having the lowest proportion of eligible children.

The range across the comparison areas is similar with some areas having higher levels of staffing and attendance than others.

4.1.6 Early years' and education: The ratio of children: places varies from 3.9:1 to 2.5:1 with one ABS area (Lambeth) having the most favourable ratio.

4.2 Implications in terms of early years' provision

Overall, although these findings are intended primarily to be an observation of a contextual baseline mapping of wider early years' services, they suggest that some ABS areas have developed a more extensive provision of some core early years' services, for example through additional visits in the health visiting schedule or through the funding of additional teams to complement core work. There is also a suggestion that more children's centres are operational, that are open for more hours.

In terms of the overarching study questions therefore, these data suggest that with regard to service delivery and pathways, there is a possibility that as the ABS programmes mature, the ABS sites may be able to both maintain and enhance wider early years' service provision, in ways that may not be possible in comparison sites. Given the strong evidence base for the impact of many of these services on child health outcomes, for example the Healthy Child Programme that underpins the core health visiting offer (Hall and Elliman, 2006), and the provision of good quality antenatal care (NICE, 2008), it is hypothesised that maintaining strong core services could be both a positive effect of ABS, and improve the likelihood of ABS impacting positively on health outcomes.

4.3 Implications of findings for wider evaluation

As this mapping effectively represents a baseline at a relatively early stage of the ABS programmes, further mapping would need to be undertaken later on in implementation in order to observe if any differences observed between ABS and non-ABS sites are due to ABS.

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Appendix 1: detailed sources

Community midwifery: information collected was requested from provider trusts directly by the research team.

Health visiting: information collected on services structure and caseload was requested from Local Authority commissioners directly by the research team. Information on health visiting contacts was taken from publicly available Public Health England (PHE) data for Q2 2017/18.

Hospital midwifery: information on maternity provision was taken from the RCM-endorsed Which? Guide to antenatal care, together with the number of beds. Information on births was taken from NHS Digital data.

Immunisations data: These were taken from publicly available PHE data for local authorities.

Children's centres: Children's centres were manually mapped for each Local Authority using each Local Authority's online information directory. Where possible, publicly available activity timetables were used to estimate the amount of time each centre is open for (rounded to half days rather than by hour). If timetables were not publicly available, they were requested by the research team from the Local Authority. Timetables were used to provide information on activities provided by each centre. Information on additional services provided and number of children registered at each centre was requested by the research team from local authorities.

Childcare: childcare providers were mapped using routinely collected Ofsted data. Ratios were calculated using ONS data.

Appendix 2: immunisations

DTaP: diphtheria, tetanus, pertussis

IPV: polio

Hib: haemophilus influenza type B

PCV: pneumococcal conjugate vaccine (protects against streptococcus pneumonia)

Men B: meningitis B

Men C: meningitis C

MMR: measles, mumps, rubella

Appendix 3: Organisations providing data for the report

Blackpool Better Start team, led by the NSPCC
Blackpool Council
Blackpool Teaching Hospitals NHS Foundation Trust

Better Start Bradford team, led by Bradford Trident
Born in Bradford team, Bradford Institute For Health Research
Bradford Teaching Hospitals NHS Foundation Trust
Bradford District Care Trust
City of Bradford Metropolitan District Council

Small Steps Big Changes team in Nottingham led by Nottingham CityCare Partnership
Nottingham CityCare Partnership
Nottingham University Hospitals NHS Trust
Nottingham City Council

Lambeth Early Action Partnership (LEAP) team, led by the NCB
Kings College Hospital NHS Foundation Trust
Guy's and St Thomas' NHS Foundation Trust
Lambeth Council

Southend Better Start team, led by the Early Years' Learning Alliance
Southend University Hospital NHS Foundation Trust
Essex Partnership University NHS Foundation Trust
Family Action
Southend-On-Sea Borough Council

Derby Teaching Hospitals NHS Foundation Trust
Derby City Council
Derbyshire Healthcare Community Foundation

Southport and Ormskirk Hospital NHS Trust
Northwest Boroughs NHS Foundation Trust
Sefton Council

Hull and East Yorkshire Hospitals NHS Trust
Hull City Council
Children and Young People's Service, City Healthcare Partnership

University Hospitals of North Midlands NHS Trust
Midlands Partnership Foundation Trust
Stoke-on-Trent City Council

Whittington Health NHS Trust
Islington Council