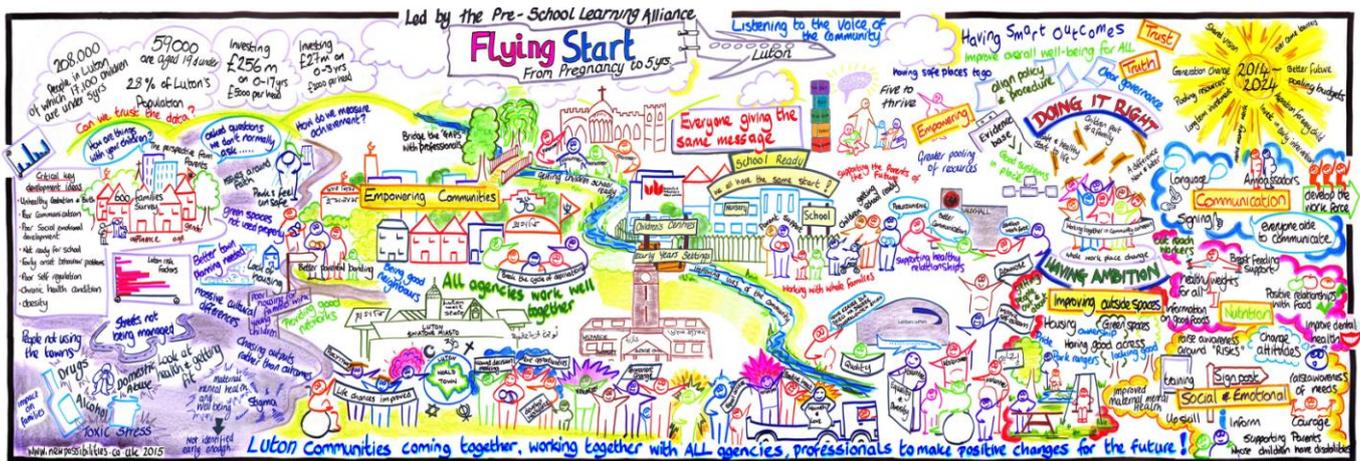


Giving Children in Luton a



Luton's Flying Start Strategy 2014 – 2024 June 2015

“Flying Start will make a positive and systematic change to the lives and life chances of babies and young children from pregnancy to five years of age in Luton for future generations.”



LUTON *FLYING START*

Flying Start Vision

“Flying Start will make a positive and systematic change to the lives and life chances of our youngest children from pregnancy to 5 years of age in Luton for future generations.” Luton Flying Start Strategy Day

Objectives

We are determined to give all of our children the best possible start in life – a ***‘flying start’***. We will achieve this by focusing on the following objectives:

1. Develop collaborative partnerships with all services delivering outcomes for children and families.
2. Ensure parent and community-led decision making is part of the process, as this will positively and systematically change the lives and life chances of ALL our youngest children in Luton for future generations.
3. Make a significant impact on the social and emotional development, communication and language development and nutrition and health of ALL our youngest children.
4. Review how our services are delivered, using current investment and aligning services and budgets to deliver positive outcomes.
5. Focus on effectively and smartly using resources to address the key issues of pregnancy and birth, parenting and family relationships, which have a direct effect on child development and family resilience.
6. Support our Health Visitors, Family Nurse Partnership service, Children’s Centres and Early Years Education Providers to ensure easy access to universal and targeted services to meet the needs of young children and their families and in particular to ensure school readiness.
7. Make change across a generation; we will work with teenagers in Luton schools, our future parents, so that we have a life-course approach to improved parenting and developing the resilience of young people in Luton.
8. Provide evidence to prove that ‘getting it right’ early is not only a good thing to do, but is also a smart and sustainable use of money and resources.
9. Seek opportunities to secure additional investment including through innovative funding options.
10. Create training and development opportunities to ensure our staff and volunteers are primed in primary prevention, for working with families and young children.
11. Create volunteering opportunities for community members to play an active role in the

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delivery of *Flying Start*.

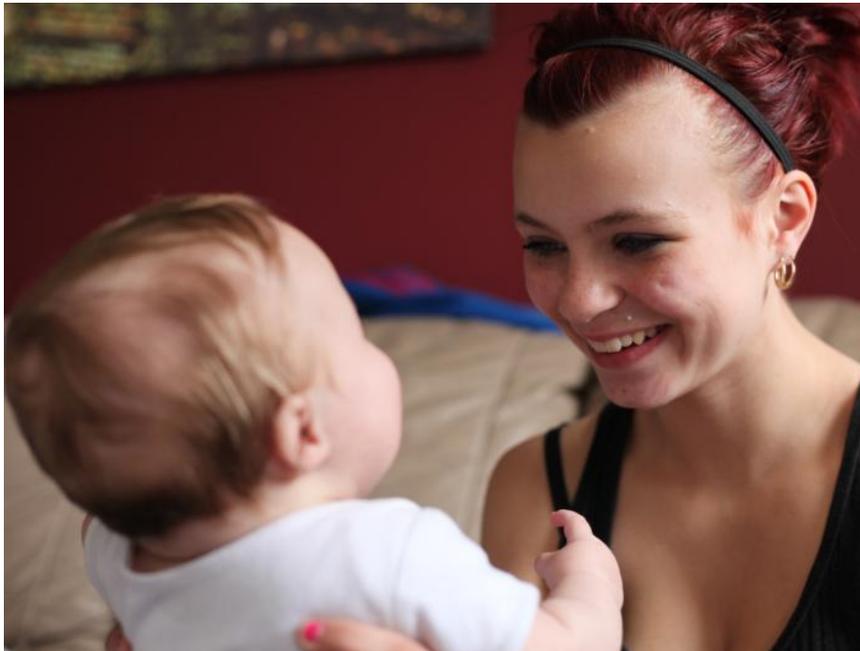
Flying Start outcomes

By the end of 10 years:

- ✓ Significantly more children, by their 5th birthday, will have age-appropriate communication skills, will interact effectively with adults and children, resulting in better educational outcomes and improved employment opportunities.
- ✓ More children are securely attached and emotionally resilient, with improved school readiness. In the longer term the impact of poor maternal mental health & associated risk factors on children's outcomes are reduced.
- ✓ Babies will have improved birth outcomes; with fewer women obese in pregnancy, improved understanding of nutrition and healthy behaviours, breastfeeding will be increased and fewer children are obese or have dental decay, with improved health and wellbeing into adulthood.

Within 5 years:

- ✓ Parent and community-led decision making will positively and systematically change the lives and life chances of 0-5 year olds for future generations. During the period Flying Start Executive aims to reallocate linked investment from core budgets into sustainable evidence based early intervention programmes and programmes for future parents.



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1. Introduction

- 1.1 **Flying Start** aims to improve outcomes for children from pregnancy to their 5th birthday as a foundation to a healthy future. The programme is built on national and international evidence of the **absolute importance of the very early years of life starting from pregnancy in determining a child's future outcomes.**^{i ii iiiiv} **Flying Start** will ensure that **ALL** young children in Luton have a “**flying start**”; but particularly for those babies and children who are born in areas of the town with the highest levels of disadvantage and poorer outcomes, they will be afforded the very best start in life reducing the impact of disadvantage on their future life chances.
- 1.2 **Flying Start** is Luton's Early Years vision. As such it **links strategically with a number of other local key strategies and plans** including the Health and Wellbeing Strategy, Luton's Clinical Commissioning Group (LCCG) Operational Plan, the Children and Young People's Plan, the Early Help Strategy, the Children's Centre Strategy, Luton's Parenting Framework, the Family Poverty Strategy and the forthcoming Health Inequalities Strategy. **Flying Start** also strategically links with the delivery of the 0-19 Public Health Nursing offer, which provides significant opportunities to look at how services are delivered across Luton to make the greatest impact through integrated working^v.
- 1.3 At the heart of our **Flying Start** programme across Luton, there is a focus on primary prevention and the integrated delivery of the Healthy Child Programme 0-5 years. Working closely with our key partners and with Children's Centres, we will deliver a **core offer** of evidence and science-based interventions. Highly trained key workers will work alongside professionals to provide increased capacity to focus on primary prevention and early intervention in the very early years of life and we will expand the role of volunteers, who will be trained to work alongside professionals and with parents to deliver interventions and support.
- “The large vulnerable population of Luton will significantly benefit from Flying Start by enabling the midwifery and health visiting team to develop an enhanced pathway of care delivered in an integrated way. They will support families through pregnancy and early years to develop positive family relationships and environment for the benefit of the child's future wellbeing and life chances” Community Midwife Matron L&D Hospital.*
- 1.4 **Flying Start** taking a **life course approach** will work at three key touchstones; during pregnancy, with families and their children during the first 5 years of life and with future parents. **Flying Start** aims to make generational changes and impact on future pregnancies through working with the parents of the future.
- 1.5 **The Borough has nineteen wards that will ALL benefit from Flying Start.** However, we will test and refine our approach with specific evidence or science based interventions and practices in those wards of the town that have the poorest child outcomes. These include **Northwell, Dallow, Biscot, Farley and South but other wards with particular needs will be identified for testing specific interventions.** Those pilots that are proven, through robust evaluation, to make a difference to child outcomes and are cost effective will be rolled out over time across other wards in Luton.
- 1.6 **Flying Start** decisions will be driven and shaped by the **voices of parents and our**

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communities, through the Community and Area Partnership. We will ensure that the needs of parents and children will be met at the right time, in the right place and by people that families can trust. Parent and community-led decision making will positively and systematically change the lives and life chances of children under five in Luton for future generations.

- 1.7 Through these arrangements we will also look at **wider issues** such as poor housing, poverty, social isolation, crime and access to facilities and amenities which impact on families with young children. Our wider priority as a town is to improve the economy so that there are more jobs for local people. We know that for many of our children to have the best start, their parents need to get into work. We intend to use the influence of the community, the local authority and partners to inform the development of local policies and begin to attend to these matters for our young families.
- 1.8 The Pre-school Learning Alliance is the lead VCS organisation responsible for the ensuring the delivery of the **Flying Start** strategy in Luton.

“We’ve got to be really, really bold; this is a step change informed by the science that says ‘this works’, informed and tempered with the real life views of the community and what they need – hence the term Lutonised.” Chief Executive, Luton Borough Council.

2. How the Flying Start strategy was agreed

- 2.1 This strategy is the result of nine months’ work led by the Pre-school Learning Alliance as the lead voluntary provider working with colleagues and representatives from Luton Borough Council including Public Health, Luton Clinical Commissioning Group, Luton and Dunstable Hospital, Bedfordshire Police, the University of Bedfordshire and local schools as well as voluntary organisations and community representatives.
- 2.2 Considerable energies were invested in consulting with parents and residents across Luton wards that have the poorest child outcomes. We elicited the views from at least 500 parents and secured the involvement of over 60 community representatives. Led initially by the **Flying Start** team, and subsequently by the community, over 30 public and community meetings have been held directly with residents, service users and the community to develop **Flying Start** concepts.
- 2.3 On 30-31 January 2014, a representative number of parents, members of the community and our statutory organisations came together at our **Flying Start** Strategy Meeting to challenge and develop our thinking further. At the Strategy days, community representatives, volunteers, parents, young mothers and fathers from the target wards worked alongside specialists in communication and language development, nutrition, social and emotional wellbeing, data and finance analysts and health modellers, together with the Leader and Chief Executive of Luton Borough Council, the Chief Executive of Pre-School Learning Alliance, public health leaders including the Director for Public Health, Clinical Director for Children & Young People (LCCG), GP and Community Midwifery Matron and Health Visitors, together with the Director for Children and Learning, education leaders, the police, the University of Bedfordshire, early years providers and other invited stakeholders and specialists.

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Following the outcome from the A Better Start bid in July 2014, the Area Partnership began to review the strategy and the key principles and criteria of A Better Start, to agree how **Flying Start** would be taken forward in Luton. In January 2015 a decision was made by the **Flying Start** Executive and Area Partnership to widen the scope of Flying Start from pregnancy to a child's fourth birthday to their fifth birthday; ensuring Flying Start would be the strategy for the early years in Luton. The strategy was reviewed and refreshed and was agreed by the Area Partnership in April 2015. The principles of **Flying Start** are attached as Appendix 1.

"This is an exciting opportunity where we can do something really different and that involves the community over the course of 15-20 years". Luton Flying Start Strategy Meeting January 2014

3. The Luton context

- 3.1 **Luton is a clearly defined, densely populated and culturally diverse 'World Town'**. It has excellent transport networks, including an airport and regular trains to London, just 30 miles and half an hour away. It is home to 208,000 residents and we have a young and growing population (28%), compared to national / regional averages (23.8%). Of these, 59,000 are aged 19 years and under, of whom 17,100 are under five years of age^{vi}. The size of the child population is rising steeply; Luton has the 6th highest general fertility rate in the country^{vii} and high movement of people moving into the town.
- 3.2 **In Luton, over £256 million is spent on services for children aged 0-17 each year.** This comprises expenditure by education, primarily in schools, health, early years, social care and the voluntary sector. This equates to an average per head expenditure of £4,913. It is estimated that £27M is spent on the 0-3 year olds, which equates to an average per child of £2,031^{viii}.
- 3.3 **There are five wards in Luton which collectively have the poorest outcomes for our youngest children over a range of indicators.** These are Northwell, in the north of the town, and Dallow, Biscot, Farley and South, which are linked geographically in the centre and south of the Borough. Beyond these targeted wards **there are further wards in the town, in which the data shows there are particular issues for child outcomes.** These will be examined to understand the data and the particular needs for these wards as Flying Start moves forward.
- 3.4 Luton has a long history of welcoming arrivals to our **"World Town"** from overseas, it is one of the most vibrant and diverse environments in the country. In all, our Census data shows us that 122 languages and dialects are spoken in Luton. English is the most prevalent language spoken in Farley, Northwell and South wards; in Biscot and Dallow, the most prevalent first language is Urdu. Polish and Bengali are also common, as is Punjabi and Bangladeshi.
- 3.5 The town is ranked as the 69th (out of 326) **most deprived** local authority and has nine output areas in the top 10 per cent most deprived areas in the country. There are two of these each in Biscot, Dallow and Northwell wards and one each in Farley, South and High Town wards. While unemployment data in Luton shows that the rate is now the same as the national trend at 2.1, there is significant difference by ward with the highest rates of unemployment in Biscot, Farley, Dallow and Northwell. These wards also have the highest

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proportion of people without any qualifications and the areas with the highest levels of deprivation.^{ix}

- 3.6 Based on the latest Child Poverty Data (2013) the level of child poverty in Luton (before housing costs) is 21.4% compared to the national average of 15.9% and the level of child poverty (after housing costs) in Luton is 32.94% compared to the national average of 25.1%. The level of child poverty varies significantly across the town, with the top five wards with the highest levels of child poverty both for before and after housing costs being Biscot, Dallow, South, Northwell and Hightown^x.
- 3.7 Over the last 4 years financial pressures has meant that all services have had to make difficult decisions about **prioritisation and achieving savings**. This, together with increasing demands and pressures on services, makes it an extremely difficult time for focusing on prevention and early intervention, whilst at the same partners recognise in the long term its potential benefits.

Needs

- 4.1 **Infant Mortality Rate (IMR)** - rate of deaths in infants aged under 1 year per 1,000 live births has reduced from 7.4 in 2007-09 to 5.2 in 2010-12 with provisional 2011-13 data showing a further decrease to 5.1. The rate in Luton is the lowest compared to statistical neighbours and the gap between Luton and England (4.1, 2010-12) is closing. The number of deaths by ward is small. By aggregating data over a 5 year period the highest IMR is in Northwell and Farley, however the highest numbers are in Biscot and Dallow^{xi}.
- 4.2 **Low Birth Weight babies (LBW)** - In 2012, 5% (163) of all babies were born at term (37 weeks plus gestation) with a birth weight less than 2500g (the weight used to define low birth weight) a decrease from 5.3% in 2011 (171 babies). Luton has the highest incidence of LBW of all areas of the UK except Tower Hamlets. LBW increases the risk of child mortality and morbidity and is associated with poorer health in later life; it is a significant health inequality^{xii}.
- 4.3 **Life expectancy varies hugely**, depending on where residents live in Luton. The five wards that have the poorest child outcomes have the lowest life expectancy at birth. For example, there is a 5.8 year life expectancy difference between a boy born in Farley ward, and a boy born in Bramingham ward and a 7.6 year difference between a girl born in Northwell and a girl born in Stopsley (2008-12)^{xiii}.
- 4.4 **Perinatal mental ill-health** – this affects 1 in 10 women and covers a wide range of conditions of varying severity. Maternal mental ill-health has significant impact on child development and the ability of the affected parent to care for their infant and provide a safe and supportive environment for the child to develop. Some factors known to increase risk are a family history of mental ill-health, being a lone parent or in a poorly functioning relationship, low social support socio-economic disadvantage and early emotional trauma. NICE estimates every year 4% of mothers who give birth (approx 140 Luton women) will require specialist mental health services and 14 of these women will be admitted for inpatient care. A further 8% will require access to psychological therapies and another 8% will experience ill health but will either not require or not accept referral to services.^{xiv}

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- 4.5 **Breastfeeding and smoking in pregnancy rates** Smoking in pregnancy (2013/14) in Luton (12.1%) is similar to the national average (12%). The rate has reduced by 27% since 2009/10 which is a faster reduction than seen nationally (14% decrease)^{xv}. Breastfeeding initiation rates show in 2013/14 just over three quarters of women (76%) initiated breastfeeding and the percentage of women at 6-8 weeks post-delivery who were fully or partially breastfeeding was 56%. Just over third (34%) were fully breastfeeding and 21.9% were mixed feeding. The highest prevalence can be seen in Barnfield with 68% of mothers breastfeeding (including partial) and significantly higher than the Luton average. The lowest prevalence can be seen in Sundon Park, Stopsley, Icknield and Wigmore all with less than 50% of mother's breastfeeding. Sundon Park (39%) and Wigmore (49%) are both significantly lower than the Luton average.^{xvi}
- 4.6 The prevalence of **childhood obesity and overweight** is high in Luton compared to the national average. At reception year (age 4-5) the percentage of children who are overweight or obese in 2013/14 was 23.2% compared to the national average of 22.5%. The prevalence varies by wards with the highest prevalence (2011/12 to 2013/14) seen in Legrave ward (27%) with a rate significantly higher than the Luton average for the same time period (22.7%). Other wards with high rates but not significantly different to the Luton average were Stopsley at 25.8%, Round Green and Icknield at 25.6% and Crawley at 25.5%.^{xvii}
- 4.7 The prevalence of **poor oral health** is concerning and the evidence shows that deprivation and poor oral health are closely linked. The latest dental survey of three year olds show that 22% of three year old children in Luton have decay experience and 21% have active decay compared with 12% and 11% respectively in England. Compared with its statistical neighbours Luton has the second worst results. In particular five year olds who live in Farley, Hightown, Dallow, Saints, Sundon Park, Bramingham and Northwell all exhibit over 50% dental experience^{xviii}. By five years of age there is a sharp increase in decay experience and active disease as children get older. The latest dental survey of five year olds reveals that 39% of five year olds in Luton have experienced tooth decay and 34% had active tooth decay at the time of the survey. This compares to 28% and 25% respectively for England.^{xix}
- 4.8 Early Years Foundation Stage Profile outcomes in 2014 shows that there are seven wards where the percentage of children achieving a **Good Level of Development** is below the Luton average of 52%; South 38%, Dallow 43%, Lewsey 46%, Farley 47%, Legrave 49%, Northwell 50% and Wigmore 51%. The national average is 60%. The percentage of pupils achieving expected levels in **Communication and Language** is below the Luton average of 70% in nine wards; High Town 58%, South 61%, Northwell 65%, Legrave 65%, Dallow 65%, Biscot 67%, Farley 68%, Lewsey 68% and Saints 69%. The national average is 77%. For the percentage of pupils achieving in **Personal Social Emotional elements** there are eight wards where attainment is below the Luton average of 74%; South 61%, Northwell 67%, Lewsey 69%, Dallow 70%, High Town 70%, Legrave 72%, Round Green 72% and Saints 73%. The national average is 81%.^{xx}
- 4.9 Local data shows that 100 children aged 0-5 years are **subject of a Child Protection Plan** (CPP) as of end of February 2015, this equates to 37% of all children who are subject to a CPP being in this age category. Specifically, 44% of all children who are subject to a CPP are from the five wards with the poorest outcomes for children, of these 40% are 0-5 years. In

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relation to the reasons for the CPP, 37% of all children (0-18 years) are subject of a CPP are due to emotional abuse, followed by neglect at 35%. This distribution is reflected in the 0-5 year cohort. The England average of children subject of a CPP 0-18 years is 42.1 % (2013/2014) for the same year Luton stands at 51.3%. Our statistical neighbours stand at 43.2% (2013/2014) which shows Luton has a much higher percentage of children subject of a CPP.^{xxi}

- 4.10 **Domestic Abuse** -the wards with the highest number of violent offences that have been recorded by Bedfordshire Police (2014/2015) which include the presence of children under aged five years and under include Dallow (59), Biscot (56), South (54) and Farley (45)^{xxii}.
- 4.11 According to the Area Wellbeing Profile nearly half (47%) of the children in Luton's poorest child outcome wards have **poor social and emotional development. Furthermore 86%** of children in Luton and 77% of children in the target wards are **not getting sufficient exercise**^{xxiii}.
- 4.12 Levels of **overcrowding** (39% for Luton, 37% for the target wards), **social isolation** (19% in Luton and the target wards) and the experience parents have of **poor social cohesion** (53% in Luton and 62% in the target wards) that is apparent in the Area Wellbeing data (February 2014).
- 4.13 While the under 18 conception rate has been falling over the last few years from 38.7 conceptions per 1000 girls aged 15-19 years in 2007 to 24.4 in 2013; some wards continue to have a higher conception rate. These include; Sundon Park, South, Stopsley, Hightown and Farley wards.^{xxiv}

"Whatever we do we have to see it through the lens of the parent and even more importantly, we have to try and see it through the lens of a child." Luton Flying Start Strategy Meeting January 2014

5 Financial Resources

- 5.1 An **investment budget to support *Flying Start*** has been developed to fund to our commitment to changing the lives of pregnant women and children under five in Luton.^{xxv} As well as securing the support of statutory organisations to work together in a new approach and re-direct resources into prevention over time, we have guaranteed income from a social investor in the form of London Luton Airport Ltd for the lifetime of the programme. A range of funding opportunities are also sought to support the investment plan.

Links with Objective 9: Seek opportunities to secure additional investment including through innovative funding options.

- 5.2 **The partnership budget for *Flying Start*** will be held by the lead agency, the Pre-school Learning Alliance. It includes monies from public health grant funds, social investment, and **"Invest to Accelerate"** grant from the Local Authority. Over the 10 year period of the budget, income from partner organisations such as the CCG, NHS England, Early Year's Settings and Schools will support the ongoing delivery of successful projects, switching

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funding in order to invest earlier in outcomes that demonstrably improve life chances. The prioritisation of this budget will follow the intentions of the Flying **Start** Area Partnership (See section 10) against the delivery of Flying Start outcomes^{xxvi}. The day to day responsibility of managing the budget remains with the Flying Start project team and will be monitored by the Flying Start Executive. Some elements of the programme will be sourced through aligned monies, where interventions linked to the Flying Start outcomes will be commissioned by partners but funds will not directly be released to the Flying Start budget. All investment will be robustly evaluated to understand impact on outcomes and cost benefit implications and to inform future commissioning decisions. Where the performance of existing commissioned services is not satisfactory, a process to disinvest will be followed through.

Links with Objective 4: Review how our services are delivered, using current investment and aligning services and budgets to deliver positive outcomes.

- 5.3 **Investment in commissioning and providing services for early years** will be focused on underpinning the delivery of the **Flying Start** Area Partnership priorities and partners will be held to public account for resources and expenditure that is not aligned.

“We’re in this for the long term ... this is about sustained delivery of change for the next generation and the next generation and the generation after that.” Chief Executive, Luton Borough Council.

6. Our approach

- 6.1 Following discussion with our communities and the advice and experience of our experts, **Flying Start** will be delivered through identified work streams. For the ongoing programme to be sustainable and effective over a longer period of time, it is essential that there are a series of step changes in our approach to improving outcomes in the very early years of life. A three year business plan will set out the actions required to achieve our vision and these will be utilised by the **Flying Start** Area Partnership to allow close monitoring of the programme.^{xxvii}
- 6.2 Our strategy will have a significant impact on the priorities of **social and emotional development, communication and language skills, and nutrition**. It will also address **related risk factors and important issues including:**
- maternal perinatal mental health
 - the role of fathers in the early years of life
 - the issue of consanguinity and genetic risk
 - supporting parents of babies and children with additional needs
 - addressing the impact of domestic abuse on very young children.
- 6.3 Health is at the centre of **Flying Start** and working closely with LCCG and Public Health, we have built our delivery model to advance the **DOH Healthy Child Programme 0-5 years**. Primary Prevention interventions will be offered at three ‘**touch stones**’ **over the life course**; expectant parents, parents with children aged 0-5 years, and with our future parents.

Links with Objective 5: Focus on effectively and smartly using resources to address the key

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issues of pregnancy and birth, parenting and family relationships, which have a direct effect on child development and family resilience.

As well as working with the parents of today, **Flying Start** also aims to influence the **parents of tomorrow** and future generations through a primary preventive approach working closely with secondary schools and public health to change the Personal Social Health and Economic Education (PHSE) curriculum to support learning that will empower young people (11-16 years) to understand healthy relationships, parenting and other life skills.

Links with Objective 7: Make change across a generation; we will work with teenagers in Luton schools, our future parents, so that we have a life-course approach to parenting.

- 6.4 **Children’s Centres** are a key partner in the delivery of **Flying Start**, offering parents a core offer of evidence based or science based interventions as part of an integrated shared care pathway, working with midwifery and health visiting and more closely with General Practice.

Links with Objective 6: Support our Health Visitors, Family Nurse Partnership service, Children’s Centres and Early Years Education Providers to ensure easy access to universal and targeted services to meet the needs of young children and their families and in particular to ensure school readiness.

- 6.5 Flying Start will also be working closely with Early Years, childcare and education providers. These include maintained nursery schools who provide support for parents in addition to children. Maintained nurseries are a key partner in the delivery of Flying Start offering universal and targeted childcare places, education, family support and specialist provision for children with special educational needs. There are also over 60 private, voluntary and independent Early Years providers who also offer universal and targeted childcare and education places, including provision for children with special educational needs.

Links with Objective 6: Support our Health Visitors, Family Nurse Partnership service, Children’s Centres and Early Years Education Providers to ensure easy access to universal and targeted services to meet the needs of young children and their families and in particular to ensure school readiness.

- 6.6 **A portfolio of evidence and science based interventions to address our priority outcomes and risk factors, will be determined by the investment plan.** These will include a range of parenting programmes. All interventions will be closely monitored and robustly evaluated to measure impact against the **Flying Start** outcome measures and this will be used to inform the potential roll out over time across Luton (see point 7).

Links with Objective 3: Make a significant impact on the social and emotional development, communication and language development and nutrition and health of ALL our youngest children.

- 6.7 We know from experience that we will need to adapt, “Lutonise”, approaches to suit our super-diverse population to meet their language and cultural needs. Therefore **Flying Start will ensure interventions meet the cultural and linguistic needs of our diverse community.** We will be working with the University of Bedfordshire who has particular expertise in studying the needs of diverse populations. This is driven in part by having one of the most

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diverse student and staff populations in the country, which is relevant to our 'World Town'.

- 6.8 By working **"Better Together"** organisations that are responsible for the health and well-being of young children and parents will provide the systems change to drive an integrated and holistic delivery model. **Our aim is to get the best out of our universal services and offer parents easy access to services and early help when identified through our Early Help Hub.** This will be achieved through integrated working models, shared care pathways, information sharing and use of shared assessments. These systems changes will be delivered across Luton for all families with young children under five years of age.

Links to Objective 4: Review how our services are delivered using current investment and aligning services and budgets to deliver positive outcomes.

- 6.9 Through the delivery of a comprehensive **primary prevention learning and development programme** for all staff working with families and very young children, **Flying Start** aims to equip them with the skills and knowledge to support families improved outcomes (see point 8).
- 6.10 **Flying Start** will aim to harness the **skills, talents and energy of our residents** to empower them to determine their own future by doing more for parents within their community and for themselves. The **Flying Start** approach will provide opportunities for training, accreditation and volunteering to support a range of interventions. Volunteering opportunities will also be linked with our Children's Centres (see point 8).
- 6.11 As we develop our strategy further **Flying Start** will be able to be **influential in council decision making on these wider determinants of health and wellbeing for families.** It was clear from our consultation with communities that there are things that parents would value that would be beneficial in terms of addressing wider risk factors or in sustaining generational change. These fall into two broad categories:
- Access to public spaces and amenities. Parents reported feeling unsafe and unable to use parks and open spaces with their children. This relates to the state of the physical environment e.g. Dog fouling and litter, and the behaviour of others e.g. anti-social behaviour by young people and the drinking of alcohol in public
 - Parents are concerned about housing. There are high levels of overcrowding across the town and we were alerted to the behaviour of some private landlords which was also affecting the conditions in which some families live.

7. Evaluation and Monitoring

Robust systems will be put in place to ensure that all interventions are underpinned through a systematic evaluation framework. We aspire to take **Flying Start** activities to scale, across Luton, if they provide good outcomes and value for money to reach out to all families over time. We will work with the University of Bedfordshire to develop mechanisms to evaluate all our innovations and only scale and expand those that we can show have a positive impact.

Links with Objective 8: Provide evidence to prove that 'getting it right' early is not only a good thing to do, but is also a smart and sustainable use of money and resources.

"Flying Start presents us with a real opportunity to improve the life chances and outcomes

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for children and young people in Luton and for generations to come. Working together we will focus on Luton's needs, on prevention and on the things that we know work for current and future generations to make sure we achieve the best start for the children of Luton”
Director of Public Health.

8. Building the Capacity of our workforce

8.1 **Flying Start** will harness the enormous passion and potential in our communities and the skills of all 3200 people who work face-to-face with children^{xxviii}. **Shifting the mindset of the current workforce** is one of the keys to our workforce development programme. We will provide evidence based training for all staff working with families during pregnancy and in the early years of life, so that they have the knowledge and skills needed to be able to support good outcomes for children. We will establish a **Flying Start Learning and Development Hub** to ensure that the delivery of wide scale training will be provided in a co-ordinated approach, in a similar manner to local multiagency safeguarding training. Using a centralised system will ensure we have a consistent high quality programme and it is adaptable to meet the learning needs of professionals including; GPs, paediatricians and obstetricians, early years professionals, midwives and health visitors, VCS providers, local community police, community partners and also capable of supporting training with wider community members.^{xxix}

Links with Objective 10: Create training and development opportunities to ensure our staff and volunteers are primed in primary prevention, for working with families and young children.

8.2 We will **recruit and train volunteers to a range of roles defined throughout the life of the project**. Our community has a strong voice and is a talented resource that in discussion has consistently identified that working through the voluntary sector, they want to take a direct role in being trained and then supporting other parents in their communities. Particularly in times of austerity, the role and contribution of volunteers needs to be harnessed appropriately within service delivery and support frameworks. The value of volunteering to allow participants to develop skills and confidence has much value for future work opportunities^{xxx}

Links with Objective 11: Create volunteering opportunities for community members to play an active role in the delivery of Flying Start.

“At the end of the 10 years we want Luton to feel and look very different for residents; otherwise we’re wasting our time. If you really want this to happen, then the people in the community need to be at the heart of it and should be in the workforce of the future.”
Luton Flying Start Strategy Meeting January 2014.

8.3 Our University partners deliver public health training. Working within nationally agreed health curriculums, we will work with them to develop and deliver a greater public health focus for the professional development of the future workforce that is designed to increase knowledge and understanding, recognition and application which is key to effective prevention and early intervention.

“Flying Start will provide the platform for our investment in the very early years of life. We

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will focus on using our resources effectively, working with our partners and using evidence based interventions to give all babies and young children in Luton the very best start in life". Sally Rowe, Corporate Director of Children and Learning, January 2015.

9. Strategic Outcomes

9.1. Flying Start focuses on three strategic outcomes, which have been shown to have the greatest impact on child development. These are babies and young children's social and emotional development, communication and language development and diet and nutrition. Using a range of data sources these have specifically been agreed as:

1. significantly more children, by their 5th birthday, will have age-appropriate communication skills, will interact effectively with adults and children, resulting in better educational outcomes and improved employment opportunities.
2. more children are securely attached and emotionally resilient, with improved school readiness. In the longer term the impact of poor maternal mental health & associated risk factors on children's outcomes are reduced.
3. babies will have improved birth outcomes; with fewer women obese in pregnancy, improved understanding of nutrition and healthy behaviours, breastfeeding will be increased and fewer children are obese or have dental decay, with improved health and wellbeing into adulthood.

A fourth strategic systems based outcome has been agreed to ensure that **Flying Start** is committed to the principle of ensuring there is strong community engagement and involvement throughout the delivery of the programme.

4. Within five years, parent and community-led decision making will positively and systematically change the lives and life chances of 0-5 year olds for future generations. During this period the **Flying Start** Executive aims to reallocate linked investment from core budgets into sustainable evidence based early intervention programmes and programmes for future parents.

A detailed outcomes framework defining outcomes and targets to be achieved in the short term (1-3 years), medium term (4-7 years) and long term (8-10 years) has been developed. This framework will be used to monitor the delivery of the **Flying Start** Strategy xvii.

10. Governance

10.1 The governance arrangements put the **Flying Start** Area Partnership at the centre of Early Years provision in Luton. Led by informed community decision making, organisations and partners in the **Flying Start** Area Partnership will work together to agree and deliver on priority areas for improvement, systematically investing organisational and community resources in early help and support to parents and to Luton's youngest children.^{xxxi} **Flying Start** is led on behalf of the partners by the Pre-school Learning Alliance. The **Flying Start** Area Partnership will oversee the delivery of a range of interventions and the process for their provision, providing overall governance for the strategy and ensuring that participating agencies make the required changes to improve local outcomes.

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The **Flying Start** Area Partnership will also provide the core component of a structure that requires collective accountability for both the **Flying Start** strategy itself and the outcomes and systems that result from it.

Link with Objective 1: Develop collaborative partnerships with all services delivering outcomes for children and families.

- 10.2 At the heart of our governance structure are parents, residents and community representatives. The community has played a major role from the very start of the development of **Flying Start** and this has been formalised in our governance arrangements for the Area Partnership. The Community Partnership was developed to allow for this involvement and the governance for **Flying Start** has been designed to ensure equal responsibility with statutory and voluntary partners for the **Flying Start** investment. Currently 50% of the **Flying Start** Area Partnership Board membership is for members of the Community Partnership. We will develop further opportunities for parents through less formal arrangements to be able to share their views without becoming involved in a formal governance arrangement. This will link with community/parental involvement in Children's Centre delivery.

Links with Objective 2: Ensure parent and community-led decision making is part of the process as this will positively and systematically change the lives and life chances of ALL our youngest children for future generations.

"If we don't engage local people on how we're going to make the changes, and in developing the solutions, then we won't achieve better outcomes. This has to be part of the system change." Luton Flying Start Strategy Meeting January 2014.

"It has been inspiring to witness the commitment of our partners and the journey that Luton has taken to ensure early prevention becomes the norm..." Chief Executive Pre-school Learning Alliance

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Flying Start Principles

- 1) **Flying Start is** Luton Early Years Strategy from pregnancy to the child's fifth birthday.
- 2) **Flying Start** will make a positive and systematic change to the lives and life chances of babies and young children to the age of five years in Luton for future generations using a life course approach. **Flying Start** also will work with parents of the future; young people at school and colleges to ensure we can impact on future generations
- 3) **Flying Start** will improve outcomes for all babies and children through a focus on system changes on how maternity and early years services are delivered across the town. The focus will be on integration of services, with "getting it right for families" at the centre of all we do, maximising the best from our universal services.
- 4) **Flying Start** will aim to ensure that every child deserves an equal opportunity to lead a healthy and fulfilling life. Too many children living in Luton do not have the start in life that establishes the secure and healthy foundation they need in preparation for their life-long health and wellbeing and social and emotional development. This means they start school not ready and able to learn, which leads to poorer academic attainment, poorer social and emotional development and resilience, limited opportunities, and increases the risk of poorer health and disadvantage in adult life.
- 5) **Flying Start** investment will be used to test evidence and science based interventions or those interventions that support innovation in those wards of the town, with the poorest child health outcomes and or specific needs evidenced through data. These interventions will be robustly evaluated and if there is positive evidence of impact opportunities to scale will be sought for Luton as a whole.
- 6) **Flying Start** is underpinned by a shared outcomes framework for all partners. **Flying Start** will have clearly defined outcome led commissioning which will be closely monitored. If services and or interventions are not delivering they will be decommissioned
- 7) Local people will be involved in decisions made by **Flying Start** through the Community Partnership. The membership will be regularly reviewed to reflect the diverse communities in the town. The Community Partnership will be integral in the decisions of the Area Partnership to move **Flying Start** forward.
- 8) **Flying Start** will invest in volunteering opportunities for parents in local communities to get involved in delivery of **Flying Start** and by so doing harnessing and developing local people's skills, through training and volunteering opportunities for the community by the community. This will build confidence and skills to empower families to maximise their opportunities.

References

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- i The Marmot Report Fair Society Healthy Lives,2010
- ii The State of the Nation 2014 report The Child Poverty and Social Mobility Report
- iii Early Intervention ; The Next Steps Prevention Action Graham Allen,2011
- iv 1001 Critical Days- The Importance of the Conception to Age Two Period: a cross party manifesto Wave Trust,2014
- v Flying Start Policy Drivers document prepared for A Better Start bid, February 2014
- vi Luton 2013 mid-year Population Estimate, Research and Geospatial Information, July 2014
- vii General Fertility rate data 2013 (Public Health March 2015)
- viii A Better Start Fund Mapping exercise (This data was collated as part of the A Better Start bid process and is therefore structured around information for 0-3 year olds. It has been included as it is useful source of data; it is not available for 0-5 year olds.),January 2014
- ix Child Poverty Luton Context, Research and Geospatial Information, March 2015
- x End Child Poverty Report, October 2014
- xi Luton Public Health, March 2015
- xii Luton Public Health, March 2015
- xiii Office for National Statistics
- xiv Luton's Perinatal Mental Health Needs Assessment, 2014
- xv Smoking in pregnancy, Health and Social Care Information Centre
- xvi Breastfeeding initiation and prevalence at 6-8 weeks and NHS England and Local ward breastfeeding data, CCS and Luton Public Health, 2015
- xvii NCMP 3 year pooled data (2011/2012 – 2013/2014)
- xviii National Dental Epidemiology Programme for England: Oral Health Survey of 3 year old children 2012: Study of the prevalence and severity of dental decay, PHE, 2013.
- xix National Dental Epidemiology Programme for England: Oral Health Survey of 5 year old children 2012: Study of the prevalence and severity of dental decay, PHE, 2013.
- xx Luton's Early Years Foundation Stage Profile Data, LBC Children and Learning, 2014
- xxi LBC Corporate Performance team, March 2015
- xxii Bedfordshire Police Data, CSP, April 2015
- xxiii Area Wellbeing Data - Dartington Social Research Unit, collated as part of the A Better Start bid, January 2014
- xxiv Under 18 conceptions, ONS Conceptions Statistics, 2013
- xxv Flying Start 10 year Investment Budget, 2014 -2024
- xxvi Flying Start 10 years outcomes framework, February 2014
- xxvii Flying Start Delivery Plan, 2014 – 2017
- xxix Flying Start Workforce Development Strategy, planned for 2015
- xxx Tackling Health Inequalities: the case for investment in the wider public health workforce, June 2014
- xxxi Terms of Reference for the Flying Start Area Partnership, September 2014