

# Delivering and measuring quality and outcomes in a Payment by Results environment



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# Plymouth Context



- Plymouth City Council has demonstrated its financial commitment to the Sure Start Children's Centre agenda by retaining its existing network of 17 centres.
- Plymouth has traditionally encouraged the community and private sectors to manage the city's Children's Centres. It has a long and established record of working with a mixed economy of providers.
- The 17 centres within the city are delivered as follows:
  - VCS –The Children's Society running three 30% Centres
  - VCS –Barnardo's running one 70% Centre
  - VCS – Two Local VCS organisations running three 30% Centres
  - VCS –4Children running one 70% Centre
  - School – One Federation running two 30% Centres
  - School – One Nursery School running one 30% Centre
  - Local Authority - four 70% centres and two 30% Centres

# Links to local Priorities



The trial is intended to support Plymouth City Council's priorities for Children's Services as outlined in the Children's and Young Peoples Plan 2011-14 and further defined within the Early Years Strategic Plan 2011-14 particularly to support:

- **Reducing Inequality:** Reducing the inequality gap, particularly in health, between communities
  - **Improve levels of achievement for all children and young people.**
  - **Tackle Child Poverty.**
  - **Provide all children with the best possible start to life.**

Children's Centres are also an integral part of the **Early Intervention Framework** currently being developed in Plymouth

# PBR - Why we wanted to be involved



- To assist in developing a new way of working right from the start
- An opportunity to strengthen work with partner agencies
- An incentive to develop our data sets
- Chance to demonstrate the impact that the work in Children's Centres has on children and families
- An opportunity to focus on the quality of service delivery to improve outcomes

# Key areas chosen for PBR trial



The Plymouth Payment By Results trial consists of two aspects:

- To improve the take-up, assessment and measurement of pre-natal and targeted interventions to support family health and wellbeing, through building on existing systems aimed to increase the prevalence of breastfeeding and reduce smoking in pregnancy in all 17 Children's Centres in the city, through the Great Expectations programme.
- Develop multi agency processes to screen and measure children's social and emotional development (supporting child development and school readiness) so that interventions can be better targeted, in four Children's Centres in one city locality of greatest deprivation.

# Plymouth Priorities



**PLYMOUTH**  
CITY COUNCIL

<b>Prevalence of breastfeeding at 6 – 8 weeks</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
National	44.7%	45.9%	47.0%
Plymouth	35.3%	34%	37.5%

<b>% of Children achieving a good level of development in PSED</b>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/11</b>
Plymouth - all	73%	76%	77%
Plymouth – 30% areas	68%	71%	74%
Plymouth – other areas	77%	81%	80%

# National measures being used for the PBR trial



- An increase in breastfeeding prevalence at 6-8 weeks in the local authority area over a 1 year period.
- Narrowing the gap between the proportion of pupils achieving a good level of development (in the Early Years Foundation Stage Profile) that are eligible for free school meals and those that are not.

# What we have done so far



- Objective 1: Clear Governance processes and inter- agency accountability established
- Objective 2: Improve DATA and performance management systems
- Objective 3: Improve Information Sharing
- Objective 4: Improve the quality of resources
- Objective 5 Improved Assessment of PSED and early identification of need



# Governances and Inter – agency accountability



- Appointed a project lead and developed a project team
- Raised awareness through established routes
- Governance established through Early Years Strategic Partnership
- Establishing SLAs/ joint memorandum of agreement with partners
- Developed a mechanism for implementing PBR rewards

# Data and performance management systems



- Data trends sent to Children's Centres
- Redesign of outcome framework – Contract Management Framework
- Established baselines for each Centre where possible
- Define the Children's Centre contribution to each outcome
- Set realistic input measures against each outcome
- Redefined our evaluation systems
- Restructured the E-start database to better report quantitative data
- Reviewed system for collecting qualitative data
- Provided training on E – start system

# Performance Management Cycle



- Annual conversations where priorities are discussed (based on SEF and previous performance ) and performance targets set.
- 4 quarterly review meetings
- Each quarterly review meeting will review progress towards the targets set in the Contract Management framework
- Discussions based on successes, progress to date and planned actions to mitigate risk of not achieving targets
- Agreement of reward for progress against identified targets
- Discussion on how reward can be used to improve service delivery.

# Targets 2012/13



In the trial there are 3 targets which will trigger the payment mechanism:

- No. of women completing Great Expectations courses:
- No. of women receiving support with Breastfeeding in the post natal period 0-6 weeks:
- No. of referrals to stop smoking services:

# Pathway to improved outcomes



Pathway	Number of pregnant women registered with CC	Number of women enrolling on GE programme	Number of women completing the GE programme	Number of 1 to 1 Breast feeding support phone contacts offered to women	Number of mothers receiving breastfeeding support in post natal period( 0-6 weeks)
Baseline					
Target					

# Possible payment measure in future



Increase in % of pregnant women registered with Children's Centre still breast feeding at 6 – 8 weeks

Contribute to national measure of .....

An increase in breastfeeding prevalence at 6-8 weeks in the local authority area over a 1 year period.

# Payment mechanism



- 3 targets will trigger payment mechanism
- 4 points will be awarded to each target
- Maximum points awarded is 12 ( 3 targets x 4 points)
- Reward will be paid for progress towards the target at each quarter
- Expectation that reward is used to improve service delivery

# Example



Breast feeding support	Reach ( pregnant women) 188
Points	
1	16
2	23
3	31
4 ( 2012/13 target)	38

- 1<sup>st</sup> Qtr. 14 women have support - nil points awarded
- 2<sup>nd</sup> Qtr. A further 8 women receive support bringing the cumulative total to 22 - 1 point awarded.
- 3<sup>rd</sup> Qtr. 10 women receive support, cumulative total 32 - 2 more points awarded (total now 3 points)
- 4<sup>th</sup> Qtr. 5 women receive support, cumulative 37 - nil points awarded, (total remains at 3 points)



# Budget



- Identified budget is £80,000
- Paid in the month after each quarter – therefore quarter 4's payment would have to be paid out of 2013/14 budget
- Each point has a value of £672
- Expectation that an average achievement by each Children's Centre is 7 points
- 17 Centres achieving 7 points each = £80,000
- Financial risk

# Information sharing



- Working towards establishing a joint referral form so that the same information is shared between Health and Children's Centres
- Information sharing – aiming for key data sets Named Maternity Booking Data and Live Birth data to be made available to CC's
- Data sharing is built into all SLAs – some still under development
- Progress being made

# Improve quality of resources



- Improved quality = increased participation
- Strengthened Great Expectations quality assurance group
- Current programme redesigned to ensure consistent high quality materials
- Consultation as part of this review
- Training for practitioners
- New programme in place with robust monitoring, evaluation and quality assurance built into the process

# Assessment of PSED and early identification of need



- Four Children's Centres in deprived locality
- Commissioned leadership role
- Researched models for assessing social and emotional development - multi- agency group
- Schedule of Growing skills and Thrive
- Training for practitioners
- Evaluation and further roll out.
- Development of outcome pathway

# Delivering quality



- Strong relationships
- Multi- agency approach
- Shared Common Purpose - Ethos
- Involvement of contract leads
- Robust performance management cycle
- Prompt payments to allow time to invest money back into service delivery
- Appropriate training
- Quality assurance of sessions

# Measuring quality and outcomes



- Performance Management Process
- Contract management framework
- Individual targets for each centre – realistic but ambitious
- Incentive for Children's Centres to ensure accurate data is collected and recorded
- Identifying pathways to improved outcomes
- Incorporating qualitative evaluations into measuring performance

# Challenges



- Ensuring accurate baseline data and a regular updating of data
- Reward payments acting as a perverse incentive
- Financial risk
- Identifying Children's Centre contribution to an intended outcome ( as many are shared outcomes where different partners each have their roles to play)
- Impact on partnership working
  - Sharing data
  - Impact of Children's Centre targets on other service delivery  
e.g. of target for Great Expectations - and how this effects what the health service need to deliver in order for the Children's Centres to achieve this