

Blackpool Better Start

Better Start Offices: Introductory Meeting with Senior Leaders

Attendees:

Clare Law - Director, Better Start (host)

Annette Algie, Strategic Service Manager, Better Start

Vicki Morgan, Senior Development Manager, Better Start

Graeme Dowd, Assistant Director of Childrens Social Care, Education and Skills, Blackpool Council

Ariff? Public Health Lead

NHS Lead

- The importance of place, integration and working with partners:
There have been lots of structural changes but not at place level, so not helpful. Decision making has become more remote to place because of ICB system- challenge of moving from place-based system to Lancashire and North Cumbria level.
 - Would like to delegate budget, resource and decision-making to be place-level. Sussex has done this.
 - Entire Exec team of ICB has changed= no consistent leadership.
Relationship based rather than system based delivery.
 - ICB cutting £350mil-exacerbating deprivation challenges
 - However, there are examples of effective and close working relationships with the ICB locally i.e. maternity and mental health ICB through Blackpool PaIRS and the perinatal mental health and parent-infant and early years relationship integrated working, strategy and pathways.
- Design services that meet needs of the population- Early parenting service is bespoke to Blackpool. Blackpool senior leaders highlighted that through listening to families and using data to inform decision-making some parenting programmes have been decommissioned in favour of co-creating, evidence-informed models that reach more of and better meet the needs of the local

population. An example referenced in the discussion was Family Nurse Partnership.

- Lots of work around developing health visits service – move from 5 to 8 visit and the school readiness visit. Also redesigning the visits. Family-based partnership, not convinced to designed the early parenting services (moving away from a “teenage mum” audience)
- Blackpool has better early years vaccination rates than NW and national averages because they got involved at a place-level and have started to commission things themselves in addition to what the NHS commissions.
 - Eg. Measles was a national problem- cases rising in areas like Manchester, only nine in Blackpool but commissioned additional services. Access and availability were a barrier for lots of parents they spoke to. So they worked with GPs to target families who had not responded to multiple invites and offered these additional services through community centres and at home. Vaccinated 200+ children this way. (extra cost was £25k-used public health budget for this)
 - Also vaccinated older children who didn’t get vaccine as they posed a risk- over 12 months.
 - Used GP Out of Hours Services. Couldn’t use health visitors because they weren’t vaccinated against measles and didn’t have time to train them up but would like to use them for in the long-term to do the hard-to-reach areas. This would be a more sustainable model for this service.
- Challenges to population:
 - More deprived area and don’t have affluent areas to offset the deprivation
 - Drug and alcohol abuse
 - Low educational attainment
 - Poor housing
 - Houses of multiple occupancy
 - Low wages
 - Low age economy/seasonal economy (Main USP is being a tourist town)

Strategy: economy is creating good quality jobs and improving education and health.

- The partnership has worked together to provide a support for families who are asylum seekers and have been housed in a local hotel (Metropole). This includes but not exclusive to; a Specialist Health Visitor, Midwifery, Community Connector. The Committee was particularly interested in this.
- Approaches differ between areas of Blackpool so this model could be applied on a larger scale to work for areas with different barriers
 - There are still elements of the model of building local systems that can be replicated everywhere-more about the way you do things than what you do.

- How you research, commission and evaluate can be replicated even if the intervention that your population needs are different.
 - Allows taking initiative without waiting for approval
- Better Start's 12-year funding from National Lottery ensures longevity and sustainability.
 - Importance of long-term funding-hasn't required lots of quarterly reporting.
 - Have continued Lottery funding and secured funding from NSPCC=looking to be sustainable after 12-year tenure is finished = purpose is to be able to sustain programmes/systems even if the team is gone. Eg. EPS and Home-visiting system is embedded in regular commissioning system
- Thinking about commissioning differently- centralised support for local commissioners.
 - FMP programme redesign
 - Parent-infant relationship service
 - Better Start will only support commission if ICB guarantees longer-term funding commitment (and not on a 2 year basis) because it is unethical to fund programmes that disappear after a couple of years and little is possible/feasible in terms of outcome data in a 2 year period.
 - Incorporate funding for mental health service into the baseline so that it should be deliverable in the long term.
 - Challenging conversations with partners and meaningful co-creation rather than consultation.
- Graham- There is a gap in the school readiness services and the outcomes. Have stuck to 'one size fits all' approach to education provision = SATs results have gone down. Silo between education and healthcare system as Education are not learning from Health's early years intervention approach.
 - The group stressed that school readiness is a developmental journey that begins in pregnancy, not just the year before school. They called for consistent, reinforced interventions that support children's readiness for every stage of learning across the early years system.
 - Programme about being school-ready but this should carry on throughout school years to be secondary-school ready etc.
- Data Measuring types of intervention, venue for delivery, Admin DATA MATCH WITH service attendance data. Linkage with GSNA.
Data not nationally accessible but working on making it visually representative and nationally available
- Other National Lottery Programmes: Headstart and Fulfilling lives

- A lot of the early years work can be lost because the city is transient, and kids move around regionally (60% movement in some classes).
- Lots of other work on co-production, there is a co-production team in the council.
- Greg – NHS – Demand for SLT, challenge from short term funding set up.

Next Steps/Considerations

- Explore mechanisms to enhance place-based decision making and delegation with ICBs across the country.
- Consider how successful models like BBS can be sustained and scaled without reliance on pilots.
- Improve coordination across education and health sectors, particularly in mental health provision in schools.
- Develop strategies to mitigate the impact of transience in high-turnover areas.

Central Family Hub: School Readiness Session

Attendees:

Kathryn Morris, Development Manager (host)

Natasha Harrison, Development Support Officer

Becki McKay Early Years Worker

Community Connector

Blackpool school readiness data:

- National picture for school readiness is getting better: 65.2% to 67.7% reaching a good level of development when they start school (Blackpool level is 67.2%)
- Research suggests big diff between teachers and parents' view of school readiness: 35% teachers said children school ready but 91% parents said kids school ready
- School readiness strategic group come together to ensure same approach

- Pulled together early years practitioners and teachers to create 3 year programme with 9 priorities which focussed more on social/life foundational skills rather than academic skills (Listening and attention, making choices, talking about feelings, hand and finger strength and control, personal hygiene, mealtimes, getting dressed, recognising your names, expressive language)
- Year 1:
 - Looked at knowledge of priorities, confidence of practicing priorities
 - Some perception of priorities and their importance for school readiness
- Year 2:
 - Increasing sessions and report of taking practices/learnings away and applying in the home environment
 - Parents have greater understanding of the link between the priorities and school readiness
 - Getting feedback on their resources and format
- Findings:
 - Positive: teachers couldn't tell who had accessed the support
 - Increase in practice at home and parents' knowledge increased
 - Identified gaps: toilet training (so working group designed resources to combat this)
 - Impact on parents as much as children- practitioners started seeing parent peer support
 -
- Year 3:
 - Currently in year 3, closing the feedback loop
 - Families liked resources so they designed a website for ready access to online resources
 - Supporting settings by building partnerships and delivering programmes that are place-based
 - Provide a suite of documents for settings and support on how to complete them (docs co-produced with settings and schools)
 - Community scale up- school nurses, health visitors, anyone involved in early years are using same resources and sharing same messages
- School readiness Working Group Appreciative Inquiry led to look at research and see why and how these methods are working. A reflective piece of evaluation.
- Relationship with school:

- Provide information to settings
- Workshop for staff in setting to complete documents
- Enhanced transition for children with additional needs- settings and schools get together and they provide template for discussion on how to support families and children-supporting schools to ask the right questions.
 - Get schools admissions list and merge with other data sources to see list of children with additional needs that are not in a setting. Then home visitors do a welcome assessment which is shared with the school. (SLT Service access).
 - Portage service will see them if they are not in a setting. 3 ½ year visit from the health visitors - which allows 80% coverages of the 3ish year visits. 90% for earlier visits
- Capacity: Are you seeing the right people with your capacity and how is it targeted?
Take universal offer and deliver school readiness sessions in nurseries and induction sessions in schools and attendance monitored using postcodes. Health visitors give the information to all families and could do multiple referrals. GLD is shifting the focus on reception teachers.
- Good data linkage system to see where families are not accessing services and have good universal offer with various family hub services to meet needs. They provide Options – speech and language, and work around family availability. Take up of referred services is very high (data?)
- Official development assessments at 1, 2, and 3 years to see what services and support is needed
- Transience: Families moving in at later stage and have missed early years intervention or used early years and move somewhere else where they don't have continued support. Visit when people move in.
- Speech and language assessed and pre-12 months (9-12 months), looks at cues: sounds, babbling, pointing and give anticipatory guidance on what to practice at home.
 - Have audiology service to check there are no hearing issues

North Family Hub

Attendees:

Melanie Farman, Development Manager (host)

Family Hub Triage members:

Lynda Singleton – Service Manager Early Help and Support Services

Catherine Mitton – NHS Early Parenthood Service Nurse Manager

Tracy Greenwood, Service Manager/Specialist Health Visitor Parent-Infant Relationship Service

Ella Howard, Assistant Clinical Psychologist

Lisa Kane, Parent-Infant Therapist

Health Visiting Team Leader

Midwives

- Early Parenthood Service – new model that created this triage service, replaced the Family-burse partnership. Based on learning from the speech and language triage.
 - Data shows High levels of children in need and care and risk of having baby separated at birth= higher needs
 - Triage panel holds stakeholder events across town-discussions on how to strengthen integrated services so that they are trauma-informed (don't have to keep telling their story because info can be shared on system). Spoke to families and practitioners on how to maximise awareness of different services.
 - Request for support form that families fill out and get referred to necessary service
- Collaborative partnership thinking and helped understand each other's services and build working relationships between services. Information sharing across agencies (data sharing agreements).
- Workforce: Staffing problems in midwifery. They perform visits in the antenatal period but then only visit if families miss appointments or afterwards on the basis of medical need.
- Nursery nurse takes over and does reviews from 2.5-3.5 years.
 - Useful skill mix for visits: until Comprehensive antenatal training program – co delivered from multiple professions, universal education. Opt out system.
 - Part of the transformation was upskilled health visits – speech and language, mental health, trauma informed training.
 - Some challenges – aging workforce. A staff nurse development programme to grow or health visitors capacity. Take up around 86%
- Duty team: if anything comes through on a duty of concern eg. Police reports, who will look further into the situation

- Any professional working with the family can refer to triage
 - Direct single referral needs to meet criteria
 - No automatic referral to triage because it is consent-based (case by case approach)
- Separate to safeguarding protocols, triage more about additional support needs. The safeguarding and triage processes are involved with each other.
- Born into Care project- national project that Blackpool is a part of. Recurrent care service to try keeping families together where possible, keeping child with wider family and support parents where families have been separated.
 - Professionals realised families were confused by system, so pulled together map of all services. Use map when families referred to social care- show them where they are in the process so they understand the process, how long it takes and where it can go= give families foresight and ability to make their own choices which addresses concerns that things escalate to their children being taken straight away.
- No central data system, data discussed at discussion forums. Currently reliant on a data sharing agreements. Looking into a “child view” system but that is still being developed.

Roundtable Discussion with Strategic Leaders

Attendees:

Clare Law Director, Better Start (Chair)

Dianne Draper, Consultant Public Health

Jackie Routledge, Senior Public Health Practitioner

Carolyn Watkins, Mental Health Transformation Manager, ICB

Health Visiting Lead

Alex, Murphy, Public Health, Prevention and Early Intervention Strategic Clinical Manager, Women, Children and Maternity, ICB

Maternity and Neonatal ICB Lead

Joanne Stewart, Early Help and Support Services Lead

Siobhean McCarthy Perham – Expert by Experience

Colin Smy, Lauren Wolfenden and Kathryn Morris, Development Managers, Better Start

- Data on outcomes, workforce, integration (data), funding cycles
 - Start for life funding used to fill gaps rather than fund new projects
 - How to replicate model where everyone knows everyone?
 - Ans: easier in small area/ everyone linked into a network
 - Forming relationships and a collaborative culture
 - No hierarchy between services-service users have a voice
 - ICB involved in local services eg. SEND partnership board
 - Better start is a process rather than a services. Already done work to embed lesson – approach to commissioning, using data, using evidence
 - Commissioning – using better start funding to fill gaps rather than deliver core services.
- ICB and commissioner already in conversation about gaps in school readiness.
- Financial challenges to workforce for health visiting
 - Culture in health visiting and school nursing which allows staff retention, because of the leadership.
 - Daily hub meetings
 - Responded well to recommendations from reviews of the survey
 - No funding directly goes into health visiting
 - Blackpool already had elements of what family hub guidance stated but not local focal points
 - Enhance existing services rather than create something new
 - Better Start provided Partnership work, test and learn
 - Sustained funding has helped because staff moved when you don't know if family hub will exist next year
 - Can easily ask for help between services
 - Good relationships between ICB and local authorities-size of team helps
 - Multi-agency teams
 - Meetings have rep from relevant stakeholders
 - Policies are consistent with messaging
 - Safeguarding team works closely with ICB
 - Joint working around parent-infant relationship
 - Data driven from parent-infant foundation
 - Team meetings set up to find out where family needs are
 - Parent-infant relationship strategy to replicate work in Blackpool around Lancashire
 - Single record for children and families would massively help with data storage
 - Lots of areas willing to share data but barriers to data sharing and governance

Family Hubs and Start in Life Funding

Blackpool Stakeholders reaffirmed the importance of Family Hubs as central to early intervention and support, particularly in communities experiencing high levels of deprivation. However, they were clear that Family Hubs are not a panacea – health visiting and wider wraparound services must be embedded with the system to create a full offer. The BBS programme in Blackpool is used to fill critical gaps, not to fund new standalone projects. The funding had supported innovation around father engagement, co-production, parent-infant relationship support and testing new models for targeted support. Blackpool is a trailblazer site in the perinatal mental health and parent-infant relationship strand of the Family Hub and Start for Life programme.

BBS partners noted Blackpool's success stems from its ability to build on sustained long-term investment, laying the foundations for a culture of cross-sector collaboration and embedded practice. There is concern from the Committee about a funding gap between Blackpool Better Start and any subsequent national funding stream, which could threaten service continuity. Prior to BBS' conception, there was no specific cross-sector early years governance, no culture of parent and infant voice.

Role of ICBs and System Leadership

The integration of services throughout the ICB is a significant enabler of Blackpool's success. Individuals spoke to the importance of aligning local needs with commissioning decisions at the system level. Those who work closely with the ICB reported that they are not completely remote but are involved in plenty of partnerships and are familiar with many in the room.

Paulette Hamilton MP, drawing on her experience as a local councillor on an ICB, recognised the value of integrated care systems. In Lancashire and South Cumbria ICB in which Blackpool sits there are strong examples of ICB commissioners working closely with colleagues to ensure that local needs and practices are not isolated but embedded in decision-making at every level—bringing frontline insight into system-wide planning.

Roundtable participants emphasised that services are now co-located and well embedded within Family Hubs, and that co-production with families has been a “golden thread” across projects. NHS representatives suggest the co-locating culture allows for quicker responses to safeguarding needs. They pointed to strong evidence of improved breastfeeding rates and service use resulting from these embedded models.

Ultimately, the team working and the mutual respect is what helps BBS operate: “It’s about a culture of teamworking and service user voice.” - Clare Law

Health Visiting: Challenges and Sustainability

It was recognised that the Blackpool Better Start partnership have worked together to transform the local health visiting service, and since 2018 the enhanced service now offer eight universal visits. The Committee were interested to learn more about how Blackpool have been able to maintain the stability of their health visiting service and ongoing commitment to sustainability. Collective responsibility across the system is seen as key. Leaders highlighted that while there is a culture of low attrition and high retention locally, nationally the profession faces a staffing crisis.

Workforce Investment and Infrastructure

A recurring theme was the investment in workforce infrastructure as critical to programme funding. Training and upskilling have improved confidence, allowed for consistent messaging across services, and contributed to higher staff retention. Staff feel more connected to a wider system, improving their ability to recommend, signpost, and support families. There is a strong sense of shared responsibility across the workforce, fostered by co-location, shared KPIs, and mutual respect.

Participants noted that cross-partnership training (e.g. on breastfeeding, mental health, safeguarding) allows for greater consistency, especially where staff are working across NHS, council, and voluntary sector boundaries. The embedding of speech and language services (a passion of Jen Craft MP's) into this structure was highlighted as an area needing further attention throughout Lancashire, with per-head investment in Blackpool differing to the wider region.

Culture, Co-production, and System Design

Stakeholders repeatedly cited culture as Blackpool's unique strength; "You can ask for help and someone will help pull something together." Success of the BBS model is

attributed to long-standing relationships, system wide trust, and shared commitment to service user voice. Jen Craft MP and Danny Beales MP noted that the BBS infrastructure helps build a collaborative culture that cannot be easily replicated elsewhere. The model is deeply embedded, rather than personality driven, and the system avoids siloed working by incorporating wider networks, such as the ICB.

Collective shared responsibility is important. There is an expectation collaboration in Blackpool would continue without Better Start but it might not be seamless.

Evidence, Outcomes, and Return on Investment

The Health Select Committee, particularly Dr Beccy Cooper MP, were keen to know more about the data-driven approaches into service design and evaluation. There was discussion around the need for more robust return on investment analysis to support future business cases, particularly as the 10-year Health Plan is being implemented and refined. Initial findings from National Better Start Evaluation is expected in Spring 2026. Suggested next steps include evidencing the cost savings from current BBS initiatives that have been evaluated.