

Mayoral Combined Authority Board

12 March 2024

Beds for Babies: Safe Space to Sleep Programme South Yorkshire

Is the paper exempt from the press and public?	No
<i>Reason why exempt:</i>	Not applicable
Purpose of this report:	Decision
Is this a Key Decision?	Yes
Has it been included on the Forward Plan?	Yes

Director Approving Submission of the Report:

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Executive Summary

This paper seeks MCA Board approval for an investment of £2.2m to deliver a four-year Safe Space to Sleep Programme (SSTSP) in South Yorkshire for children aged 0-5.

What does this mean for businesses, people and places in South Yorkshire?

A safe space to sleep is one of the foundational elements of early childhood. By supporting families to access, where needed, a safe bed, crib, cot or moses basket we can make a huge difference to education, health and social outcomes later in life as well as reduce the real-life cost of living pressures facing many families in South Yorkshire right now.

Recommendations

The MCA Board is asked to approve:

1. Investment of £2.2m of MCA funds into a Safe Space to Sleep Programme that:
 - a. Tackles unmet and growing demand for cots, cot beds / toddler beds and Moses baskets for children aged 0-5 right across South Yorkshire.
 - b. Enables the region to test and learn: Delivers 4 test and learn pilots focused around delivering a safe space in Goldthorpe, Mexborough, Swinton and Gleadless to build a detailed evidence base of what works to deliver trust, stronger working relationships between statutory and non-statutory services, community and partner led project design at a community level.
 - c. Supports an evaluation programme: to build an investment case for shifting mainstream resources into prevention, social and community infrastructure capital.
2. The intention of the MCA and partners to align with existing services and to work through delivery partners from within the voluntary and community sector in South Yorkshire.
3. A delegation to the Head of Paid Service, S151 Officer and Monitoring Officer in consultation with the South Yorkshire Mayor to put in place the required legal agreements with both the delivery partners and the project evaluators.

Consideration by any other Board, Committee, Assurance or Advisory Panel

n/a

1. Background

1.1

Health inequalities are stark in South Yorkshire

Health inequalities in South Yorkshire are some of the poorest in England; these issues are stark for children and young people. The causes of health inequalities are complex; connected to poverty rates, constraints on public funding and not enough of a focus on preventative early interventions.

1.2

A multi-disciplinary team working across the system to develop a proposal to tackle the issue

Over the last nine months a cross system team representing social care, VCSE, early years education and care, primary and community care, wider health, Local Authorities, public health and the Mayoral Combined Authority have used a Problem Driven methodology to develop workable proposals to tackle the issues of health inequalities in the region.

1.3

Agreement to focus on early years and a 'generative' entry point to the issue

The team has spent several months exploring the root causes of health inequalities in early years and testing possible interventions with a wide range of stakeholders. Following significant engagement with stakeholders and iteration of understanding the complex problem of health inequalities, the focus was narrowed to developing approaches that could make an impact on health inequalities in the first five years of a child's life in particular tackling the challenge of a lack of a safe space to sleep (including cots, Moses baskets, bedding, cribs and beds).

The issue of bed poverty and a lack of a safe space to sleep for young children appears to be getting worse.

The focus on Safe Space to Sleep is not the only area where action is needed, however, it is an area where a difference could be made quickly and that will have a significant impact for relative low cost.

2. Key Issues

2.1

The proposal

The programme is split across three separate strands:

1) Deliver a Bed and Bedding for every child who needs it in South Yorkshire

- a. Delivered through commissioning trusted VCS organisations in SY to deliver a bed and bedding to any family with a child aged between 0-5 following a referral from a voluntary and community sector organisation or a statutory service such as a Family Hub.
- b. Delivery partners will include existing VCS orgs in SY with proven capability in responding and an existing referral network in place.

2) Test and learn: 4 test and learn pilots in Goldthorpe, Mexborough, Swinton and Gleadless to build a detailed evidence base of what works at a community level including:

- a. The provision of beds, cots and bedding
- b. Liaising with housing services and connecting families to access other services
- c. Utilising new methods of trusted intermediaries in communities – with a focus on testing whether trust and supporting families can improve SStS (and health outcomes)
- d. Data sharing protocols and activity that deepen the understanding of the issue locally – connecting services better and building a no wrong door approach.

3) Evaluation: The pilots will enable the MCA and Integrated Care Partnership to test a different way of working at a community level as well as delivering improved health outcomes for CYP in South Yorkshire.

2.2

Alignment with health inequalities strategies at the regional and local level

The Integrated Care Strategy approved by the Integrated Care Partnership in 2023 has four specific bold ambitions where working together as a whole system provided a greater chance of making significant improvements to improve wellbeing and tackle health inequalities, these are:



The proposals set out in this paper align directly to these ambitions as well as localised NHS, Public Health and Children’s Services plans.

Alignment with existing local service delivery and shared principles of design and delivery

Public Health, Directors of Children’s Services, the Integrated Care Partnership and the NHS have all indicated their support for the focus of this programme. All partners have made the case that any new programme needs to be developed in line with a commitment to add value to existing activity, be done ‘with’ (rather than ‘to’) services and communities and that delivery of the programme needs to have local flex, be responsive to need and be fully evaluated.

The proposals set out in this paper respond directly to this challenge – and the proposed delivery models, including through Family Hubs and existing local voluntary and community sector organisation and established referral routes will enable alignment and fit with local partner priorities.

2.3

Delivery mechanisms

- 1) **For the pilot areas:** It is proposed that programme management and coordination capability be established to support pilot areas develop their programme, build on good practice across the four areas and where sensible develop common systems and ensure coordination of evaluation, reporting and communications.
- 2) **For the wider SY programme:** It is proposed that we build upon existing delivery and referral organisations that exist across South Yorkshire; from pre-natal, post-natal and midwifery services, GPs, Family Hubs and Children’s Centres as well as voluntary and community sector organisations. In South Yorkshire there are at least 4 charities that presently provide beds for children aged 0-5 yrs from referrals across over 70 different organisations. These organisations, subject to their capability to deliver in line with the programme objectives will be central to the delivery of the project.

2.4

Evaluating the programme

The programme will enable the MCA, Councils and the wider Integrated Care Partnership to test a different way of working at a community level as well as delivering improved health outcomes for Children and Young People in South Yorkshire.

Outputs, impacts and benefits will differ across pilot areas; but could include

- Reductions in bed poverty / improvements in measures aligned to 'safe spaces to sleep'
- Reduced referrals to statutory agencies for support and improved cross-agency working
- Reduced costs to public services / health
- Reduced infant mortality
- Improvements in a child's 2.5 years of age developmental report
- Obesity levels, dental health, gross and fine motor skills, social capabilities (e.g. toileting) by age of 5.
- Increased trust in statutory service delivery agencies – increasing numbers of early referrals to help
- Improved relationships between statutory agencies, the Voluntary and Community Sector – including local data sharing arrangements

It is proposed that the project take the following approach to evaluating impact across the four sites:

- A focus on process evaluation, working with services and families on the ground to gather data on how the changes to service delivery impact for both. Ideally this would involve peer to peer interviewing / researching to build capacity in the communities selected.
- Baseline mapping of data for the areas and patterns of service engagement so that any changes and cost implications are included.
- A realistic approach to outcomes data, exploring where the project is likely to impact in the timescale.

3. Consultation on Proposal

- 3.1 The proposals set out in this paper have been the subject of a significant amount of engagement with providers and stakeholders across the children and young people's system. Including the Children and Young People's Alliance, DPHs, Directors of Children's Services, the Integrated Care Partnership, practitioners, policy makers and families.

4. Timetable and Accountability for Implementing this Decision

- 4.1 Subject to approval implementation can progress quickly. The four pilot areas map directly to existing Family Hub areas – with each area indicating their support to be part of a Safe Space to Sleep Programme.
- A proposed delivery model which centres on mobilising the voluntary and community sector to enable the provision of equipment, manage referrals with VCSE and statutory services and to handle the logistics of distribution can start to be delivered by April 2024.

5. Financial and Procurement Implications and Advice

- 5.1 This report proposes non-repeating expenditure totalling £2.2m to fund pilot activity. The MCA is not funded for this activity.

Resource can be made available from the additional £3m of revenue windfall

generated from treasury management income that is referenced in the Budget report on this agenda. Funding this activity on a sustained basis beyond the timeframe referenced in this report would require a new funding stream to be identified.

6. Legal Implications and Advice

- 6.1 The MCA has the General Power of Competence function under the Localism Act 2011. Appropriate contractual arrangements will be put in place with regards to the funding to be provided to the voluntary sector and the appointment of the evaluators.

7. Human Resources Implications and Advice

- 7.1 Any arising human resource requirements will be considered as necessary as work progresses through the usual business planning process.

8. Equality and Diversity Implications and Advice

- 8.1 Tackling Health Inequalities is a key driver of this work; with a focus on more detailed data analysis a central part of the pilot area approach. Investment through the programme in voluntary and community sector organisations working alongside statutory agencies will enable communities from right across South Yorkshire to access the offer available.

9. Climate Change Implications and Advice

- 9.1 There are no direct climate change implications to this report.

10. Information and Communication Technology Implications and Advice

- 10.1 There are no information and communication technology implications relating to this activity.

11. Communications and Marketing Implications and Advice

- 11.1 A communications plan has been developed to raise awareness of Safe Space to Sleep.

List of Appendices Included

n/a