

A Better Start Southend 2017-2019 Portfolio Strategy & Delivery Plan

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Prepared on behalf of the Partnership Board
by the Better Start Programme Office.



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**A Better Start Southend
2017-2019 Portfolio Strategy & Delivery Plan,
v12**

Approval process

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Contents

Introduction.....	3
Background & purpose of this document	4
Rationale for focusing on Diet & Nutrition	5
1. Achieving the A Better Start outcomes	5
2. Meeting local needs and priorities.....	6
3. Building on and incorporating local skills and strengths	8
4. Leverage and in-kind support from partnership, community and other key stakeholders	11
5. Providing a platform for the future.....	12
6. Governance arrangements and costs 2017-19	16
7. Existing financial commitments 2017-19	17
8. Risk register	19
Appendix 1 A Better Start Southend Principles, Values, Objectives.....	20
Appendix 2 Task and Finish Group Membership	21
Appendix 3 Diet & Nutrition Outcomes, Measures, Baseline data and Targets	22
Appendix 4 Existing Projects in the ABSS portfolio to 2020	25

Introduction

We know that infant and maternal health play a central role in supporting all other aspects of child development. We also know that there is an urgent need to address diet, nutrition and levels of maternal and childhood obesity in Southend, particularly in the Better Start wards. That's why, going forward, *A Better Start Southend* will focus its efforts on improving maternal and infant diet and nutrition outcomes. This document sets out an overview of our ambitions for the coming 12 months.

As we move forward, we will build upon the previous work of the Better Start team – in particular, the effective governance and project development processes put in place following the recent programme review. This, alongside a renewed emphasis on genuine co-production with the local community, will ensure we have a solid platform to deliver *A Better Start* over the long term. Crucially, we are now also able to draw on the experience and expertise of a committed Partnership Board whose members have shaped each stage of the development of this submission.

By focusing on diet and nutrition we will be able to take full advantage of the existing strengths of Southend's public health infrastructure and the strong appetite to deliver change. Our programme of work – as set out in our twin submission documents – will allow us to support the efforts of our partners, develop new projects and approaches, learn from our shared experiences, and build something that will benefit Southend, both now and in the future.

Neil Leitch

Chair, Better Start Southend Partnership Board

Background & purpose of this document

This submission sets out the rationale and evidence for the A Better Start Southend (ABSS) partnership focusing on improving diet & nutrition outcomes for children in the six Better Start wards in Southend throughout 2017-18. And for selecting the following research and development projects for implementation in 2017-18:

- Infant feeding (supporting responsive feeding whether breastfeeding, mixed feeding or formula feeding depending on maternal choice; the introduction of solid food)
- Joined up services and co-production around all services for children aged 0-4 in ABSS wards.

The document sets proposals for the coming 12 months within the context of a two-year strategy to align our work with the Theory of Change and with key Better Start programme milestones at 2019. This focus has been determined and agreed by the programme's Partnership Board, with reference to an agreed set of core principles which will underpin the work (see Appendix 1). Nominated colleagues from each of the Partner organisations, with community engagement, service delivery and subject matter expertise, were tasked with drawing up the strategy with support from the ABSS programme team. (Members of this group are listed at Appendix 2).

The submission has been structured around five core areas for assessment by the Big Lottery Fund (BLF):

1. Portfolio Level Overview
2. Service design of specific interventions
3. Implementation and delivery timetable
4. Communications and Marketing
5. Equalities

Following agreement with the Big Lottery, the submission is being made in two parts. This initial document deals with the strategic portfolio overview; the remaining elements will be addressed in a second document due for submission in mid-February 2017.

The submission will be assessed by the BLF programme team for fit with ABS programme criteria overall, governance and management, value for money and eligibility. In addition, it will be assessed by Chris Cuthbert, Director of Development for A Better Start based on the following:

1. Overall coherence of the proposed package of work: how well does the proposed portfolio / package of work fit together to meet local need and fit with A Better Start aims, outcomes and approach?
2. Delivery planning of the proposed work package: is it realistic and deliverable?
3. Individual service (or 'project' planning): is the project planning well enough thought through to ensure quality implementation and successful delivery?

Rationale for focusing on Diet & Nutrition

A Better Start Southend will concentrate its efforts on improving outcomes in the area of diet and nutrition. Research commissioned by ABSS in 2016¹ indicates that this is an area of particular need in Southend, with indicators above the national average in obesity rates in our target wards and a food environment which is not conducive to healthy eating, and fast food outlets per capita amongst the highest in the country (see section 2 below).

The Better Start Southend Partnership Board has taken the decision to concentrate on this area of work for the period 2017-19, believing that targeting improvements in maternal and infant nutrition will directly impact on developmental outcomes for Southend's children on a number of related areas. The Board feels that developing projects to target this outcome:

- builds on existing core strengths in planning, cross-system working and delivery which are already evident in Southend (see section 3 below)
- offers opportunities to reach our target audience through the combined efforts of public health and early years settings
- offers practical support to local families where the need for intervention is clear
- will help to build the evidence base around interventions
- offers opportunities to link improvements in diet and nutritional standards with the programme's wider ambitions to address social and emotional development and communications and language skills.

The Partnership Board suggests that this is considered as a 2-year strategy covering the period 2017-19 in order to align with the ABSS Theory of Change and key Better Start programme milestones at 2019.

1. Achieving the A Better Start outcomes

The primary focus for the programme's portfolio of activity for 2017-19 will be improving diet and nutrition outcomes for pregnant women, babies and children up to the age of four.

Specific outcomes as set out in the ABSS Theory of Change are that by 2019, in our six ABS wards:

- More children will be healthier as more mothers will initiate and sustain breastfeeding.
- More children will have reduced risk of illness such as diarrhoea and vomiting and respiratory infections.

The diet and nutrition work stream also contributes to the outcomes for social and emotional development and language and communication:

Breastfeeding promotes normal oral-facial development and improves the coordination of the mouth, lips, tongue, and jaw muscles required for speech. In addition, breastfed babies are less likely to get glue ear at a young age which can cause temporary deafness. If a child is unable to hear speech sounds and words clearly, he or she will be unable to copy them which may delay speech and language development.

Breastfeeding and the skin-to-skin contact involved releases the hormones serotonin and oxytocin in both the mother and baby, which encourages good attachment and a strong emotional bond between them. Closeness and responsiveness with the baby during infant feeding helps build a loving relationship which leads to better social and emotional development and stability. Stimulation promotes the development of neural connections, and positive healthy interactions reduce the impact of illness. The protection buffers the brain from the negative impact of stress.

¹ The ABSS PACEC Childhood Obesity Study (Sept 2016)
ABSS Portfolio Strategy & Delivery Plan 2017-19 / version 0.12 / Alison Clare / 03.02.17

Before babies and toddlers develop language, they develop an understanding of how language and communication works. They engage in the turn-taking of conversation. During feeding and other interactions mother and baby learn how to interpret and respond to non-verbal cues such as facial expression and gestures which are a vital prerequisite for developing language and communication. The concept of mind-mindedness, which refers to parents' ability or willingness to represent their children's likely thoughts and feelings is related to important developmental outcomes.

Embedding healthy eating and social communication as part of family meals right from the start of life influences children's social and emotional development, as well as their weight and health into adulthood.

As such, breastfeeding has a key preventive role in improving school readiness which is core to our theory of change.

Baseline data and targets for evidencing progress in delivering these outcomes is outlined in information set out as Appendix 3:

- ABSS Key Developmental Outcomes table version 0.8
- Cross Site Common Outcomes Framework (London School of Economics)
- Public Health Outcomes Framework

2. Meeting local needs and priorities

Wider policy context:

Healthy Lives Healthy People (2011) detailed the government's strategy for delivering life-style driven public health challenges. The paper described obesity as "probably the most widespread threat to health and wellbeing" in England. The emphasis on diet, nutrition and, particularly, obesity in children has subsequently been a constant feature of the policy landscape. As recently as 25 January 2017 the Royal College of Paediatrics and Child Health launched a report on the *State of Child Health in the UK*. The report includes a list of 25 measures of the health of UK children, including obesity, breastfeeding rates and smoking in pregnancy, providing an "across the board" snapshot of child health and wellbeing in the UK. The report highlights the impact of deprivation on child health.²

Locally, the 2015 Annual Public Health Report highlighted that a fifth of 4-5 year olds and a third of 10-11 year olds in Southend are overweight or obese (2013/14 data from the National Child Measurement Programme). The Report also highlighted aspects of the environment of the borough which may impact on population levels of overweight and obesity, including access to green spaces and that Southend has a fast food-rich environment.

In March 2016 a Childhood Obesity Task and Finish Group established by the Southend Health & Wellbeing Board commissioned an evidence-based review of childhood obesity prevention and access to healthy food for local children aged 0-4 and their families. The report's authors were tasked with delivering:

- Proposals for a locally focused set of strategic interventions.
- A robust delivery plan and proposals for evaluation.
- Baseline data and a set of system wide indicators.
- The strategic interventions to be implemented as a pilot in the six wards aligned to A Better Start Southend, with their impact subsequently evaluated and considered for roll out across Southend.

² <http://www.rcpch.ac.uk/state-of-child-health/report-in-a-glance>

The resulting report (*Better Start Southend: Childhood Obesity Prevention*) highlighted that five of the top six wards ranked in order of childhood obesity rates were Better Start wards, with National Child Measurement data showing around 10% of reception-age children (4–5 year olds) were obese as of 2014. These numbers are higher than the average for the east of England (8.4%) and England as a whole (9.4%). The target wards were also found to feature higher levels of deprivation, more lone parents and higher levels of child poverty. The food environment, known to contribute to childhood obesity, was not found to be conducive to healthy eating strategies, with the number of fast food outlets per capita among the highest in the country (22nd among English local authorities and 2nd in east England).

The report's authors made 5 recommendations; in October 2016 the Executive Board approved this as the framework for improving diet and nutrition outcomes:

1. **Breastfeeding:** expand **breastfeeding peer support** services as well as services supporting the **introduction of solids**. This should include drop-in services and, where resources are available, home visits. Breastfeeding promotion is one of six high impact areas outlined in the Early Years' Commissioning Guidelines. The evidence reviewed (in this report) supports the idea that breastfeeding is a protective factor against childhood obesity, and there is latent demand for related services throughout the borough. Peer support has also been found and evidenced to be a protective factor in that women are significantly influenced by their social networks in terms of infant feeding decisions.
2. **Joined up services:** provide training and advice to GPs locally to improve **signposting for childhood obesity-related services**, particularly health visiting and Children's Centres, promoting preventive approaches in addition to clinical provision including early intervention.
3. **Healthy Cooking and the promotion of Cook 4 Life:** ensure consistent support for cooking classes that support healthy eating across the Borough, with an emphasis on budget / low cost and convenient cooking. Promote new smartphone technology providing recipe and sugar content information such as the Change4Life Sugar Smart and Smart Recipe smartphone apps.
4. **Shopping and the food environment:** ensure complete availability of **healthy start vouchers** across all wards within the Borough, with visible promotion in Children's Centres. Consider including promotion of healthy start vouchers (i.e. signs in participating retailers) as part of the Public Health Responsibility Deal.
5. **Engagement:** develop a strategy and key actions to engage hard-to-reach and minority groups, particularly those with a different food culture. This should build on the work of the local partners with strong knowledge of the challenges of engaging hard-to-reach groups.

For 2017/18 the focus of diet and nutrition interventions will be on:

- Infant feeding (breastfeeding; responsive bottle feeding and hygiene where breastfeeding may not be possible and support with bottle-feeding is required; the introduction of solid food) [Recommendation 1]
- Joined up services and co-production around all services for children aged 0-4 in ABSS wards [Recommendations 2 and 5].

3. Building on and incorporating local skills and strengths

Local context:

Better Start Southend's focus on diet and nutrition builds on an emerging approach to preventive health measures which is already becoming established in Southend and which has the support of all key stakeholders in the Borough.

The Childhood Obesity Prevention Report sets out this joined-up approach to the provision of health care services, highlighting a developing approach focusing on integrated, evidence-based health intervention services, with cross-system efforts already being made to reduce childhood obesity rates. In particular it notes the Southend CCG Strategic Plan (2014-19) designed to develop prevention-led activities for families and children from conception through to pre-school age and which sets out an integrated five year vision for a system-wide approach to transforming services. The Plan's strategic objectives include:

- System objective 2 – 'encourage and support local people to make healthier choices'
- System objective 3 – 'reduce the health gap between the most and least wealthy'

In addition, the Children and Young People's Plan 2016-17 developed by the Success For All Children Group³ identifies improved levels of breastfeeding and obesity as two areas to focus on as part of an overall preventative approach. The next iteration of this work, the Children's Services Integration Strategy (the Children and Young People's Plan for 2017-18) will set out a vision for a more integrated model of service delivery, underpinned by co-production and delivered through a set of over-arching principles which closely echo the founding principles of A Better Start, seeking to:

- Create a sustainable mix of integration across the partnership
- Develop the culture and capacity for change
- Create an integrated assessment process
- Introduce co-location of services and multi-disciplinary teams
- Remove communication barriers between professionals and improve information sharing, signposting and synergy between services
- Use innovative customer contact technology – channel shift and community resilience building

A local infant feeding policy (2012) has been jointly written by Maternity and health visiting services and has been produced in accordance with the UNICEF Baby Friendly Initiative (BFI) guidance on writing an infant feeding policy. Southend University Hospital NHS Foundation Trust and South Essex Partnership NHS Foundation Trust (SEPT) are committed to implementing UNICEF BFI standards and have achieved Level 2 and Level 3 accreditation respectively. Southend Neo-Natal Unit has achieved Level 2 of the UNICEF standards and is working towards full accreditation, one of the first such units in the country to do so. As part of the commitment to promoting breastfeeding across the ABSS wards, local Children's Centres have enrolled in the UNICEF programme. This is being supported in those centres operating in the ABSS wards, with a view to achieving the initial Level 1 accreditation by the end of 2017.

Finally, The Health & Wellbeing Board's strategic plan for improving health outcomes in Southend outlines the key priorities for improving health and wellbeing for all of the Borough's residents, bringing together the Board's key partners (NHS, public health, and children's services) to plan appropriate services for Southend residents. The strategy outlines nine ambitions, including:

- Ambition 2: Promoting healthy lifestyles: The Board notes ... the dangers of childhood obesity and the risks for later life. The strategy cites findings from the National Childhood Measurement

³ The Success for All Children Group is the Children's Trust in Southend, supporting the Health and Wellbeing Board. The group features the CCG, SAVS, Foundation Trust SEPT as well as local education and policy stakeholders who also form the core of the Better Start Partnership.

Programme showing that 8.3% (156) of 4-5 year olds in the local authority area were classified as obese. The Board pledges to increase green spaces and work with families on early preventative interventions.

Membership of national networks:

The Pre-school Learning Alliance is a core member of the Early Years Nutrition Partnership (EYNP) which provides 'hands-on' help for early years settings, and is thus well-placed to draw on the Partnership's expertise and good practice. EYNP's approach is delivered by a network of nutrition professionals (registered nutritionists and dieticians) with experience in the early years who work alongside local settings to improve their practice, supporting them on their journey to improve and enhance their whole setting approach.

Current assets and existing activity:

Changes in services for child / pregnant mothers' nutrition form part of an enhanced maternity- to-age 3 pathway which links 'Preparation for Birth and Beyond' and '0-5 years Healthy Child Programme' (two year old health development checks) with the 'Early Years Foundation Progress Check'.

A key goal of A Better Start Southend is to enhance this maternity to age 3 pathway, creating a more personal and joined up service underlined by improvements in information sharing. Work is underway to map all of the touch-points along this pathway at which it will be possible for a range of professional practitioners from health and early years settings to intervene to influence behaviour among target audience groups. An infant feeding steering group has been set up bringing together practitioners in public health and early years provision to direct our combined efforts in this work.

There are a number of projects in the existing ABSS portfolio which directly impact on diet and nutrition; others reflect and reinforce work in this area (for a list of current projects and their alignment with this outcome please see Appendix 4). Key parts of the existing diet and nutrition portfolio include:

- **Baby Buddy & Small Wonders:** An interactive, customisable app that guides families through pregnancy and the first six months of a baby's life. It has been designed to deliver best-practice advice to mums to enable the best possible start in life and to support maternal health and wellbeing. The Baby Buddy app provides direct advice and guidance on infant feeding, as well as signposting to local support services. It also provides antenatal dietary advice to support good nutrition throughout pregnancy
- **HENRY:** HENRY (Health, Exercise and Nutrition for the Really Young) is an evidence-based programme aimed at developing lifelong positive approaches to food, nutrition and physical well-being. Typical topics covered include the preparation, cooking and storing of healthy meals / snacks for the whole family, portion sizes / controls, dealing with 'fussy' eating phases and the importance of establishing positive food behaviours / routines in the home.
- **Family Nurse Partnership (FNP):** An intensive programme of support offered to first-time vulnerable teenage mums-to-be / mothers delivered via a network of specially-trained nurse practitioners. The nurses offer intensive 1:1 support over a number of weeks to improve pregnancy outcomes, child health and development and parents' economic and life outcomes by supporting the mums-to-be to develop appropriate skills and the ability to access and engage with support networks, linking with other key local services / agencies where needed. One of the early focuses of the FNP national pilot was to improve the rates of breastfeeding initiation and continuation from birth through to 6-8 weeks as a minimum. The adapted programme in Southend will continue to pursue this aim, as well as develop appropriate links / professional development of staff to enable accessible support services for diet and nutrition advice and information within the ABSS wards.
- **Breastfeeding Support drop in service:** A weekly drop in advice service has been started, based in Southend's central library, as an informal opportunity for mothers to seek professional advice.

- **Crèche Services:** The crèche services project takes the provision of childcare services a step further by having a workforce trained in additional support to reflect the range of services offered via ABSS, e.g. providing direct support, advice and signposting services to parents, reinforcing the behaviours intended by other programmes within the portfolio, linking with other professionals where appropriate. The crèche services programme will provide proactive and targeted support for a range of subjects, including advice under the infant feeding programme (breastfeeding support, advice on safe preparation and demand-led bottle feeding, healthy snacks, portion sizes etc).

To support delivery of the primary focus of improving diet and nutrition outcomes for pregnant women, babies and children up to the age of four, baseline and current monthly data have now been established in respect of three key indicators. Data relating to breastfeeding initiation in the first 48 hours after birth and breastfeeding at 6-8 weeks both support monitoring of the delivery of the short-term objective 'More children will be healthier as more mothers will initiate and sustain breastfeeding'; and data relating to the birth weight of children born within the Borough supports the medium-term objective 'Mothers have good nutrition and healthy lifestyles in pregnancy.' Comparison data for the ABSS target wards and other wards within the Borough allow the relative differences to be tracked on a cumulative monthly basis over the course of the programme's portfolio of activity.

Additional activity to support breastfeeding underway in Southend

Antenatal care

- Midwives offer infant feeding advice as part of antenatal conversations. This includes encouraging parents to connect with their baby, the benefits of skin contact and responding to baby's needs; how closeness, love and comfort can help baby's brain to develop and the value of breastfeeding as protection, comfort and food. Health Visitors offer advice at antenatal contact and additional written information as required or requested. In accordance with UNICEF Baby Friendly Initiative standards this includes discussions on skin to skin contact and the value of breastfeeding/ breastmilk. Community midwifery services offer parent education classes to couples which includes basic breastfeeding management and how to get breastfeeding off to a good start.
- Pregnant women with a medical history which could impact feeding are referred to the infant feeding team for specialist advice during the antenatal period. Southend University Hospital has an antenatal colostrum harvesting service for pregnant women with diabetes as part of the Maternal Medicine antenatal clinic; this service is also offered to pregnant women with more complex medical issues i.e. previous breast surgery, hypoplastic breasts.
- All pregnant women have the opportunity to discuss feeding and caring for their baby with a member of the health visiting team. Mothers can be signposted to support groups at Blenheim and Hamstel Children's Centre for additional peer support and further exploration of feeding choices. National helplines and approved websites are shared whenever a contact is made and whenever this is appropriate or asked for. Information and links to approved websites are available on both SEPT (South Essex Partnership University NHS Foundation Trust) and the Southend Information Point (SHIP) websites.

Healthy child programme delivery

- Mothers are supported by midwives and a feeding assessment made within the first ten days. Health visitors offer care and will carry out a feeding assessment as part of the new birth offer. A formal breastfeeding assessment using the UNICEF tool is carried out at the 'birth visit' (10–14 days) to ensure effective feeding and well-being of mother and baby.
- For those mothers who require additional support for more complex breastfeeding challenges, a referral to the Infant Feeding Advisor Maternity Services can be made.
- Mothers can be signposted to support groups at Blenheim and Hamstel Children's Centre for additional peer support. Further feeding assessment is carried out as part of the universal contact at

6 – 8 weeks and additional support offered as above. Midwifery support is offered from Infant feeding advisers and by the midwifery service as part of the universal offer up to 28 days.

Peer support

- According to NICE guidance, peer support breastfeeding schemes should “be integrated with other elements of care for women requiring support for breastfeeding”. It is important to link any proposals for peer support into the local context for maternity service, health visiting, the Healthy Child Programme and national and local performance indicators. Peer support sessions are run at Hamstel and Blenheim Children’s Centres in Southend.

DELTA Parenting Programme

The Developing Everyone's Learning and Thinking Abilities (DELTA) parenting programme is delivered locally through Children’s Centres to promote both the holistic development of children and their parent's self-esteem in order to enhance the parent/carer and child relationship. DELTA operates on a multidisciplinary basis using a “Parents as Partners” model. The aim was to investigate the effects that mothers might have on their children's development by stimulating them through talking, listening and sharing books following the mother's attendance at a parenting programme. Broad positive gains were reported—maternal attitudes changed, as they felt they were sensitised to the natural learning opportunities in the home. Additionally, when fathers were involved significant higher gains were reported.

Health Visiting team	Location	Frequency
Central Southend	Centre Place/ Summercourt	5 week course every 7 weeks
West Southend	Little Treasures	5 week course except school holidays
South Southend	Friars/ Hamstel/ Temple Sutton	5 week course except school holidays

Local Authority Services

A range of statutory and other services are already working with the Better Start programme in Southend, including the Early Help team, which is actively engaged in delivery of one of the ABSS Communications and Language projects. Other services will be aligned through the emerging localities model, which, whilst not exactly co-terminus with the Better Start wards, offers an opportunity to tailor resource to target areas of the Borough.

4. Leverage and in-kind support from partnership, community and other key stakeholders

At its meeting on 24 January 2017 the strategic partners of the Partnership Board renewed their commitment to making resource contributions to the programme and to setting up the Bank. Partners are committed to the creation of a Bank, pooling resources to deliver the agreed outcomes of the Better Start partnership and to upscale projects into business as usual as the evidence base emerges. Partners agreed to the principle of aligning statutory services and making a commitment, where appropriate, to place non-statutory funds at the disposal of the Partnership Board (whilst acknowledging the statutory duties and governance of the partnership organisations). Leverage to the programme to date has been received in terms of other services and resources and, given the current financial climate, this is likely to be the continuing pattern.

Provision potentially available for Leverage includes the non-statutory elements of Children's Centres and Early Years services, Midwifery and Health Visiting, and communication and language services.

As part of the logic model and service design that will form the second part of this submission, Partners will indicate what leverage they are contributing to each intervention (in terms of restricted funding, unrestricted funding, existing and continuing services, and/or other services and resources).

5. Providing a platform for the future

Programme management and governance

Following the review of governance arrangements carried out in 2016, with the involvement of the local community, the programme now operates within a robust governance structure placing strategic partners at the heart of decision making and guaranteeing a voice for members of the local community through the co-production arrangements and training outlined below. (For more information about the governance structure please see section 6)

Programme delivery

The programme team has developed an “end to end” process for identifying, developing and commissioning projects for the programme and is developing a set of standard approaches for service design and evaluation. The focus on delivery around a smaller set of projects offers an opportunity to test and embed this approach thoroughly over the coming 12 months.

The following diagram shows the full process from initial research and idea generation through to implementation. The new projects proposed in part 2 of this submission are currently at *Phase 4 – Drafting outline proposals*; *Phase 5 - First stage sign-off* will be by the Partnership Board at its meeting on 15 February 2017. Completion of this process for these projects will take a minimum of a further five to six months (see next page).

	Phase	M1	M2	M3	M4	M5	M6	M7	M8	M9	Implement, monitor and evaluate
1	Research										
2	Identifying priorities and scope										
3	Idea generation										
4	Drafting outline proposals										
5	First stage sign off										
6	Initial service design										
7	Final sign off										
8	Tender process										
9	Project set up										

1	Research	This is an ongoing process. High quality research will describe current needs and inform the types of projects and initiatives that will be commissioned through the programme.
2	Identifying priorities and scope	The workstream development groups will consider the research and identify current priorities and scope of potential initiatives.
3	Idea generation	Those priorities and scope will be fed into community channels where specific ideas will be generated. It is possible at this stage, that an individual from the community, or an organisation has come up with an idea. In this case research will take place after the event.
4	Drafting outline proposals	The ward forums will consider the ideas and draft up outline proposals for initiatives, the best of which, will be put forward.
5	First stage sign off	The development groups will act as the formal decision making group on which proposals to take forward for service design.
6	Initial service design	The initial service design for a project will be carried out by a task and finish group.
7	Final sign off	The partnership board will consider and formally sign off the proposals that have been through the initial service design process.
8	Tender process	Projects above the non-competitive threshold will be opened up to providers through a tendering process.
9	Project set up	The project management office will work with the provider to set the service up and ensure all the relevant governance is wrapped around it.

Co-production

Co-production with parents is a core principal of ABSS and it has been important for the partnership that we build on local expertise and knowledge in this area. We have engaged Southend Association for the Voluntary Sector (SAVS) to develop the co-production strategy and build the platform for developing and delivering our parent engagement and co-production model. By July 2017, it will provide the platform to continuously develop parents to take part in ABSS in whatever way they choose. Our approach is being developed in line with findings from our recent work on enhancing the Healthy Child Programme, focusing on delivery with parents. It embeds opportunities for parents and staff to become volunteer ABSS Champions and link into the wider volunteering and employment opportunities for parents as their children get older.

We know from engagement with parents over the past two years that mothers, fathers and carers are a huge asset for A Better Start in Southend. Recent parent focus groups facilitated by colleagues from the South London and Maudsley NHS Consortium Trust, as part of their work on the Enhanced Healthy Child programme – reportedly the most successful focus groups across the five sites – have confirmed that this is still the case. Our co-production strategy is key to supporting and developing self-organising groups of parents and carers, to maximise and build on what people can do for themselves to improve outcomes for their children⁴.

A work plan giving the timeframes for developing engagement in each ward is included overleaf and includes work to deliver the following elements:

- **Parent Forums:** Starting in Victoria and Kursaal Wards parents who want to be involved or who would benefit from being involved in ABSS have been identified with the aim of building an initial group to be taken through an informal Introduction to Volunteering session and encouraged to take up Parent Champion training or Volunteer Preparation training. SAVS is bringing the parents together to develop Parent Forums at times and frequencies agreed with them and with Terms of Reference to be developed in partnership with each group. The ambition is that Parent Champions will ultimately chair the Forums.
- **Parent Champion Training:** A 4-week Parent Champion training course has been developed in collaboration with parents who have been involved with ABSS previously. The aim of the Parent Champion training is to inform, empower and support parents to participate fully in the various governance levels of ABSS. They will lead the Parent Forums, share leadership of the Ward forums and play an active role in other elements of the programme including the Partnership Board and Health and Wellbeing Board (HWB), supporting an original intention for the HWB, that it be a true collaboration between professional practitioners, elected representatives in Southend and members of the local community. The on-going support to sustain this will be provided by a combination of SAVS and peer support and in the longer term by previous Parent Champions who will act as peer volunteer mentors.
- **Ward Forums/Panels:** We are mapping the activities taking place in each ward to identify volunteering opportunities, community groups and community leaders in order to develop the ward forums. Forums will be developed alongside the training of the Parent Champions, development of the Innovation Fund and volunteer training to ensure parents are fully equipped to participate. As part of the mapping process, all ABSS volunteering opportunities will be registered with SAVS who will develop new opportunities where a need is identified.
- **Volunteer Training programme:** In partnership with parents, SAVS has developed a Volunteer Preparation course that will be run over 4 sessions, looking at all aspects of volunteering and

⁴ A Better Start: Enhanced Healthy Child Programme, Strands 1-3 Report (January 2017), South London and Maudsley NHS Trust Consortium
ABSS Portfolio Strategy & Delivery Plan 2017-19 / version 0.12 / Alison Clare / 03.02.17

encouraging parents to review their own skills and aspirations, build their confidence and equip them to volunteer. These parents will be part of the Parents Forum and will volunteer in different ways, for example, through Timebanking activities with other parents.

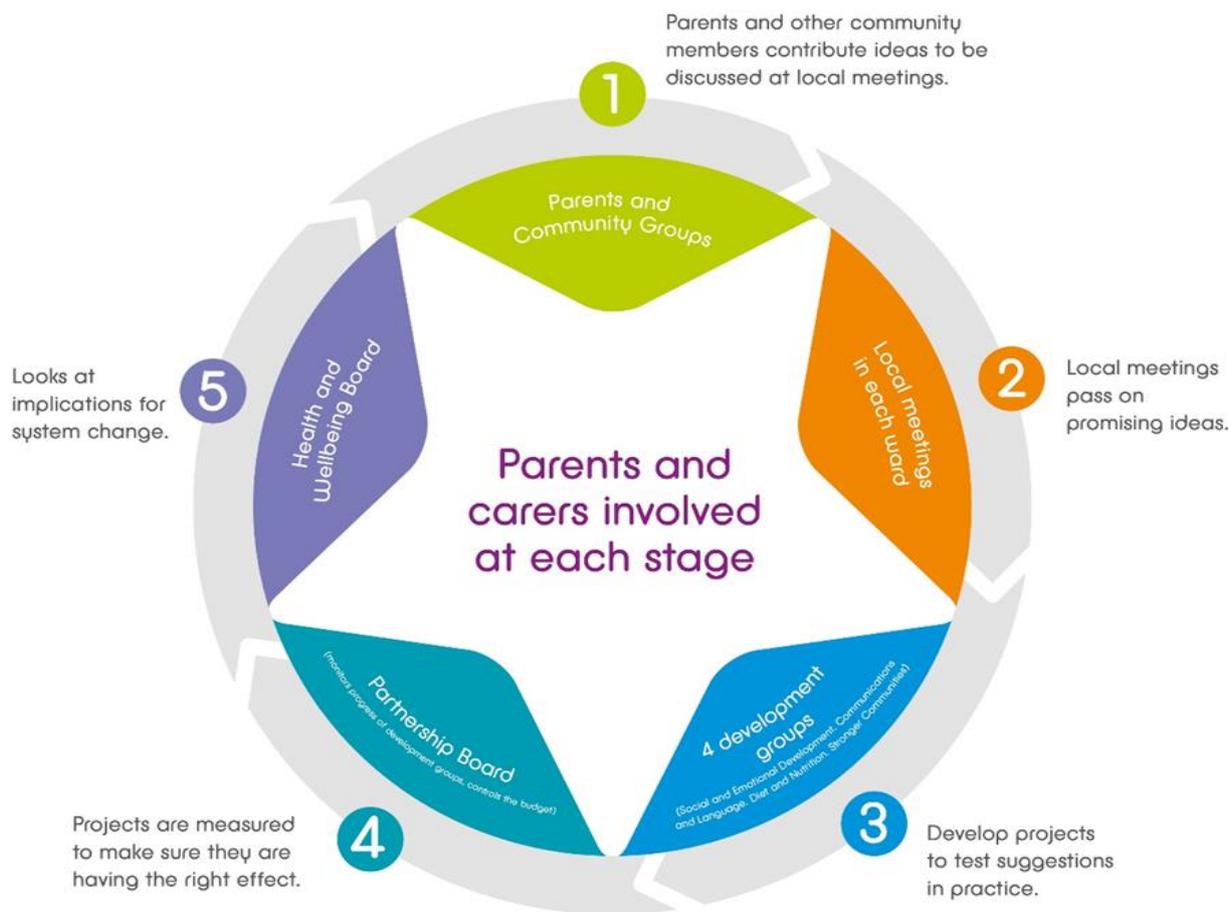
- **Innovation fund operating in wards and parent forums:** SAVS are co-producing the Innovation Grant process alongside parents, devising a process that is simple, easy to access but sufficiently robust to meet the programme's requirements. This work is underway, with a view to ideas being submitted and funds allocated from April 2017 via the Ward Forums.
- **Monitoring and Evaluation:** Every element of the co-production and engagement process will be tested along the way and learning will be recorded to ensure the strength of the approach.

In order to secure the platform for co-production, as well as developing parents we need to develop a different culture throughout the system, preparing those involved to operate effectively without feeling threatened. This means we will also be training and developing staff and councillors and improving the culture of how meetings are set up and run in order to encourage participation. The partners recognise that without addressing the business side, co-production of service design and development and decision making will never be effective and so are committed to bringing about the changes required.

Work Stream	Dec	Jan	Feb	Mar	Apr	May	June
Evaluation	Indicators Set (M&E)		Ongoing Monitoring & Evaluation				Final Evaluation
Identifying & Supporting Groups		Kursaal & Victoria (K&V)		Milton & Westborough (M&W)		Shoebury & West Shoebury (S&WS)	
	Ongoing support through informal groups						
Volunteer (Vol) Training	Training Developed		K&V		M&W		S&WS
Vol Opportunity Mapping	Mapping in all six wards						
Vol Opportunity Pathway	Opportunities and pathway developed and included in training						
Parent Champions	Training Developed		K&V Training		M&W Training		S&SW Training
Parent involvement in Governance	Parent champions help develop governance protocols						
	Parent champions attending meetings						
Development of Ward Forums	Mapping to identify forum members from each ward						
				Ward Panel First Meeting (K&W)	Ward Panel First Meeting (M&W)		
Idea Development & Implementation	Informal ideas explored with parents.			Presentation of Initial Ideas to Ward Panels at their first meetings (K&V - March), (M&W - April), (S&WS – June onwards)			
Strategy Development	Research	First draft				Review based on evaluation of pilot.	

6. Governance arrangements and costs 2017-19

The strengthened framework that came out of the 2016 governance review comprises 5 levels as follows.



Costs to deliver the governance structure outlined above are estimated as:

Meeting	Frequency	Costs
Health & Wellbeing Board	Quarterly	No direct costs but will incur proportion of staff time
Partnership Board	Monthly Apr-Jun Bi-monthly thereafter	£2450: Average of £325 per meeting, monthly then bi-monthly £630: Assume travel costs for 6 attendees @£15/trip Total cost £3080
Finance & Risk Board	Quarterly	£80: held in-house – refreshments only £160: Assume 2 attendees travel by rail Total cost £240
Development Groups	Dependent on outcome of Ward meetings & projects progressed	Suggest a provision of £2000 to cover potential meetings, development and testing? (£500/qtr) Total cost £2000
Local meetings/Focus Groups in Each Ward	Being Coordinated through SAVS	To pilot the coproduction model through test and learn and develop for up scaling (SAVS objective) Total cost £23,300
Parents and Community Groups	Being Coordinated through SAVS	
All Governance Meetings	Variable	Crèche to enable parent engagement and attendance TBA

Additional Governance Costs

Governance Secretariat: £12,000 - this assumes 40% of full time position is spent on Governance

Partnership Board Development Costs: £12,000 – estimate for external consultants/coach

Professional fees: £2000 – provision for compliance advice

Innovation Fund: £50,000

Total estimated cost for 2017/18: £104,620 (+ crèche costs)

7. Existing financial commitments 2017-19

The original Better Start bid set out an ambitious transformation programme for Southend and in 2015-16 the programme launched a large number of projects, many of which have delivered real benefits to local people. They did not however deliver a coherent, sustainable programme and as a result, the then Executive Board initiated a review of all projects in the portfolio over the summer of 2016. The outcome of this review was that some projects were halted and others were paused. We now have a portfolio of activity that is making good progress in delivering our BIG 3 outcomes and which has been further reviewed and re-aligned with the 2017-18 focus on diet and nutrition.

From the list of projects committed for delivery (below): at April 2017 there will be 15 projects in the portfolio; at April 2018, there will be 12 projects in the portfolio; and at April 2019 there will be 3 (see Appendix 4) which will continue in delivery alongside activity on Infant Feeding, joined up services and co-production.

Projected Costs by Project	£	£	£	
	2017-18	2018-19	2019-20	Project end date
ID002./3: EPEC Baby and Us / EPEC Being a Parent	63001	-	-	Jul-17
ID002./3: EPEC Baby and Us / EPEC Being a Parent		-	-	Jul-17
ID028: Infant Feeding Programme	35392	-	-	Aug-17
ID011: Baby Buddy & Small Wonders	96859	-	-	Mar-18
ID025: HENRY - Parenting Programme	129097	30399	-	Jun-18
ID040: Crèche Services	90507	90507	-	Jul-18
ID050: Family Nurse Partnership (ADAPT)	394050	204310	-	Jul-18
ID005: Building Bridges	100000	134500	-	Feb-19
ID044: Workforce Development	72052	137724	-	Feb-19
ID022: Fathers Reading Every Day (FRED)	50000	129747	-	Mar-19
ID019: Southend Early Autism Support	37280	50141	-	Mar-19
ID048: Family Focussed GPs	81750	100574	-	Mar-19

ID020/1: Let's Talk to Your Baby / Help me to Talk (ELKAN)	335734	335734	96524	Jun-19
ID036: ABSS Work Skills Project	3900	3900	36461	Oct-19
ID051: Enhanced Healthy Child Programme	47552	47552	12675	Dec-19
ID049: Perinatal Mental Health	TBC	TBC	TBC	TBC
Total Costs	1,537,174	1,265,088	145,660	

In addition, the programme has a number of other financial commitments:

Cross-site marketing and communications campaign directed by Big Lottery Fund, due for implementation from October 2017.	100,000
Cross-site workforce development campaign	40,000
National evaluation (for detail see below)	TBC

National Evaluation

There are two distinct approaches to the National Evaluation of A Better Start a cohort study and an implementation (process) study. Together they will assess the overall impact of A Better Start, and form part of the way that the sites governance is formed. Both will require resources to be provided:

1. Cohort study

The overall aim of the independent research evaluation by the Warwick Consortium is to provide **robust research evidence about the impact and cost-effectiveness of the overall ABS programme**. It will focus on the first three years of life, identifying what interventions work for whom and under what circumstances. The data will be matched against 15 comparative non ABS sites.

Its focus is on answering the following questions:

1. How quickly do we find improvements in outcomes, and how sustainable are these over time?
2. How does this compare with families in other areas not supported by Big Lottery's investment?
3. Is the programme investment worthwhile?
4. How much does it cost to run the programme, including the initial set up and over time?
5. How cost effective are different approaches in terms of the outcome achieved?

Before running the longitudinal study, the consortium will run a **small pilot in all intervention areas** (along with 5 comparison areas) to test its recruitment and early data collection methods. This will start in 2016.

Resource	Resource Requirement
Southend University Hospital NHS Foundation Trust	Antenatal Recruitment for pilot study (starts 2016) (n = 50)
Southend University Hospital NHS Foundation Trust	Antenatal Recruitment (n = 577)
ABSS Data, Research and Evidence Group	Support e.g. trajectory monitoring

2. Implementation (process) Study

The overall aim of the implementation/process evaluation is to provide data that will enable identification of the factors in terms of the key practice and systems lessons that are necessary for wider replication and taking to scale.

Resource	Resource Requirement
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ABSS Programme Office	Coordination of partner interviews and evidence
ABSS Service Information Questionnaires	ABSS Service Design and Research Lead
ABSS Data, Research and Evidence Group	Cross Site Consultation
ABSS Data, Research and Evidence Group	Overall data dashboard – consultation and on-going data transmission

8. Risk register

Risk Description	Risk Impact (1-4)
There is insufficient time to deliver and evaluate improvement in D&N outcomes by March 2018, given the time required to design, commission and deliver projects and evidence impact (test and learn, evaluation etc).	3
Partners may be asked to make financial decisions on continuing or halting portfolio projects before adequate evidence can be gathered as to their worth.	3
Continuity of approach may be challenged with new CEOs at the Borough Council, NHS Hospital Trust and Southend CCG due to take up posts this year.	3
Partners may not provide type and levels of leverage sufficient to meet the Big Lottery Fund's expectations.	3
Programme may not meet BLF's success criteria at the end of 2017-18 which are not yet confirmed.	4

IMPACT (grade 1 to 4)			
1 - Negligible	2 - Marginal	3 - Serious	4 - Critical

Appendix 1 A Better Start Southend Principles, Values, Objectives

A Better Start offers a once in a generation opportunity to make a real difference to the future of all of Southend on Sea's children, particularly those in the most disadvantaged parts of our community⁵. We will do this by delivering activity based around the core principles, values and objectives set out below.

Core principles (defined in the bid preparation and refined throughout the remediation phase in 2016)

1. Child-centred
2. Co-designed and co-produced with parents and the local community
3. Focused on prevention and early intervention
4. Based on a rigorous test and learn approach
5. Evidence-based
6. Designed to produce long-term, sustainable change

Principles, values & objectives set by the Partnership Board on 09 January 2017

No.	Principle, values, objectives	Source
1.	The focus will be on the ABSS Diet & Nutrition outcome using activities which will also improve Communication & Language and Social & Emotional outcomes (e.g. jaw development and swallowing).	ABSS Theory of Change
2.	Priorities for the next 2 years will be shaped by the recommendations in the Better Start: Childhood Obesity Prevention review approved by the Exec Board on 31/10/16: For 2017/18: recs 1, 2 and 5; for 2018/19: recs 1 to 5.	A Better Start: Childhood Obesity Prevention (PACEC) Sept 2016
3.	The Healthy Child Programme is the spine for aligning delivery (and we should define what this means).	N/A
4.	All cross-system touchpoints with pregnant women and families with small children should be maximised including hospital (in – patient, out-patient, A&E); Health Visitors; Midwives, GP surgeries, Children's Centres, Early Years settings, social housing and private landlords, voluntary sector organisations, faith groups.	Success For All Children
5	Formal / primary signposting services and opportunities should be joined up and optimised. Secondary cross-system inspection and check points, e.g. property inspections and housing officer visits, children's settings inspections, Health Visitor checks should be utilised and coordinated.	Cross-system Partnership intelligence
6	Existing projects in the portfolio should be aligned to the strategy and plan. FNP and FNP Adapt should be strategically integrated and aligned.	ABSS Programme Portfolio and delivery partners
7.	A workforce development strategy and plan to support delivery of the strategy and plan should be included.	N/A
8.	The strategy should align with the emerging Southend Children's Integrated Services Strategy.	JenniNaish@southend.gov.uk
9.	Delivery should be in all six wards.	ABSS programme objectives
10.	The strategy and plan should reflect and reinforce the conceptual approach of the Early Years Nutrition Partnership (EYNP) to tailor support to the demographic of each particular setting and community in which it operates.	http://www.eynpartnership.org

⁵ Southend on Sea Better Start Strategy, February 2014
ABSS Portfolio Strategy & Delivery Plan 2017-19 / version 0.12 /Alison Clare / 03.02.17

Appendix 2 Task and Finish Group Membership

Partnership colleagues

- **CCG:** Ross Gerrie, Commissioning Manager Children, Young People and Maternity Services
- **Pre-school Learning Alliance:** Michael Freeston, Director of Quality Improvement
- **Pre-school Learning Alliance:** Annie Denny, Diet & Nutrition Specialist Advisor
- **SAVS:** Maureen Longley, Chair
- **SEPT:** Debbie Payne, Professional Lead Health Visiting; Morag Strycharczyk, Clinical Service Manager; Gill O'Connor, Breast Feeding Specialist, Joanne Page, Principal Paediatric Speech and Language Therapist
- **Southend Borough Council, Early Years:** Elaine Hammans, Early Years Group Manager
- **Southend Borough Council, Public Health:** Margaret Gray, Head of Public Health
- **Southend NHS Hospital Trust:** Colleen Begg – Head of Midwifery and Gynaecology
- **Southend NHS Hospital Trust:** Lesley Overy, Deputy Head of Midwifery and Gynecology

ABSS programme team

- **Alison Clare**, interim Programme Director
- **Gary May**, interim Programme Manager
- **Penny Neu**, interim Strategic Comms Lead
- **Arlene Perry**, temp Business Support Manager
- **Tim Jarvis**, interim Finance Manager
- **Rachel Wood**, Service Design & Research Lead
- **James Boxer**, interim Project Manager
- **James Howell**, interim Project Manager
- **Laura Needham**, temp Senior Admin Officer

Appendix 3 Diet & Nutrition Outcomes, Measures, Baseline data and Targets

By 2019, children in our ABSS wards will have improved outcomes for diet and nutrition:

Outcome	Indicator or Measure	Baseline 2014 in ABSS wards	Target 2019 in ABSS wards
More children will be healthier as more mothers will initiate and sustain breastfeeding	Southend Child Health Profile 2014 (Public Health England) 25. Breastfeeding Initiation % 2014-2105	Not available (only held at PCT level)	73.9%
	Southend Child Health Profile 2014 (Public Health England) 26. Breastfeeding prevalence (6-8 weeks) % 2014-2015	Not available (only held at PCT level)	47.2%
More children will have reduced risk of illness such as diarrhoea and vomiting and respiratory infections	Hospital Episode Statistics (HES) Hospital admissions for children less than 12 months for gastrointestinal and respiratory infections	TBC	TBC

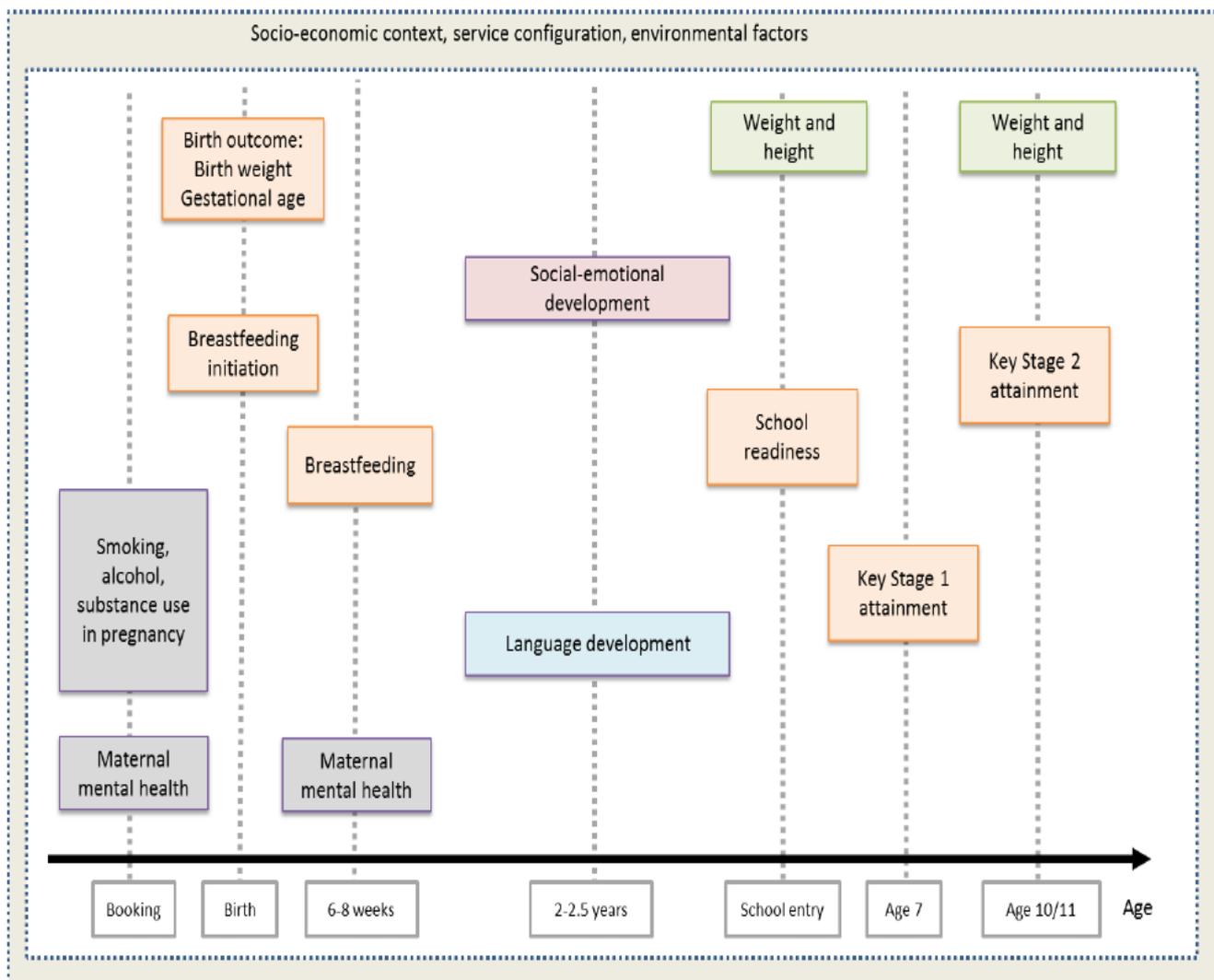
London School of Economics – Common Outcomes Framework

Bonin, E-M, Matosevic, T and Beecham, J (2016) 'A Better Start' Common Outcomes Framework Final Report

To complement the National Evaluation of ABS led by the Warwick Consortium, The Big Lottery Fund commissioned the PSSRU at the London School of Economics to support the ABS partnerships in their work on population level outcomes and indicators with the aim of developing a Common Outcomes Framework (COF). This is intended to allow the ABS sites to track their outcomes locally, as well as comparing trends across sites, and to national level data where these are available.

The common core outcomes are as follows:

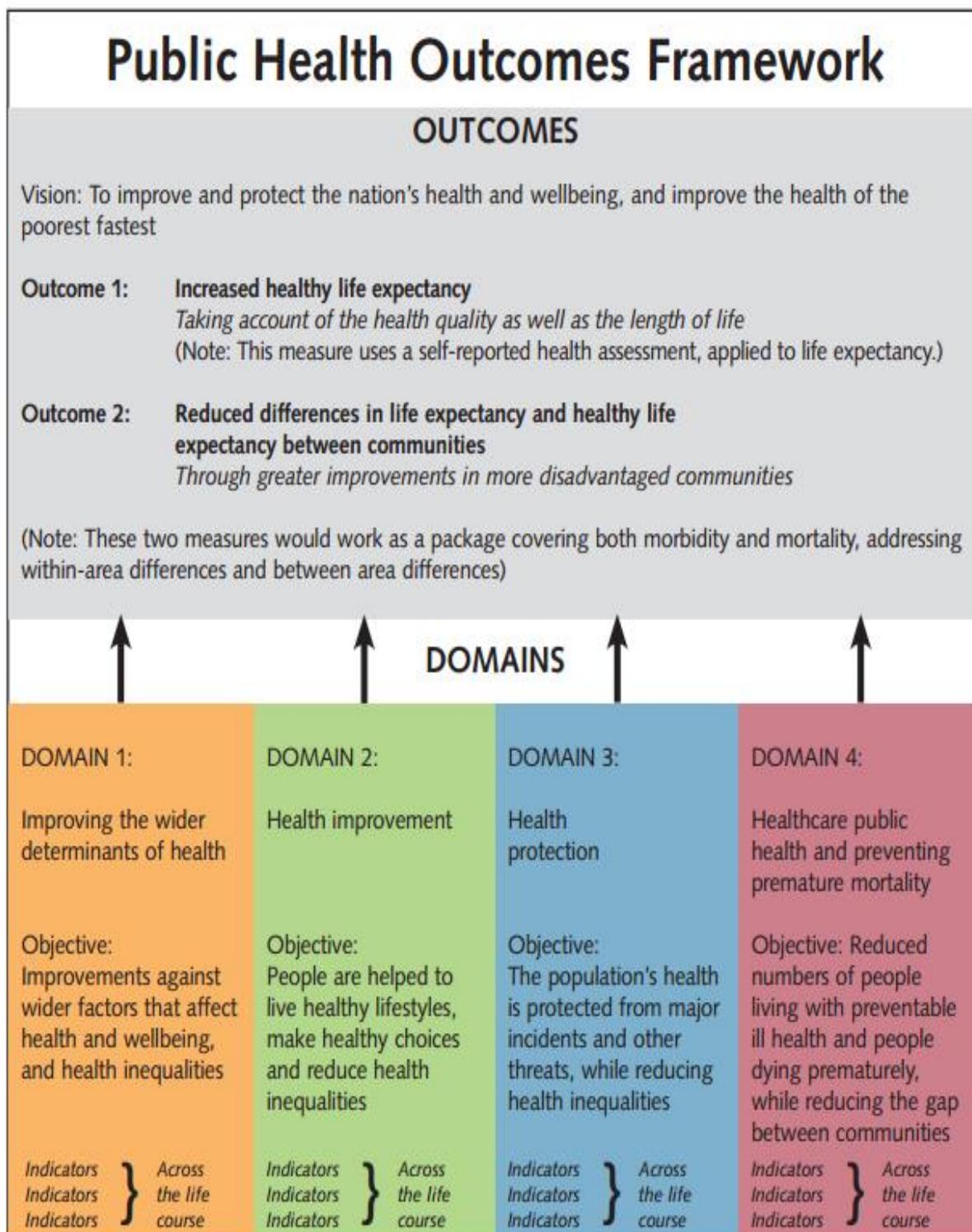
Figure 10: ABS COF – Common Core of outcomes



Public Health Framework

<https://www.gov.uk/government/collections/public-health-outcomes-framework>

The framework “Healthy People: Improving Outcomes and Supporting Transparency” sets out the vision for Public Health, desired outcomes and the indicators that are used to understand how public health is being improved and protected.



Appendix 4 Existing Projects in the ABSS portfolio to 2020

Current projects & links to Diet & Nutrition:	
<u>Project</u>	<u>How does this project link to and improve the diet and nutrition outcomes?</u>
<p><u>ID002/3 EPEC Baby and Us / Being a Parent</u></p> <p>To support parents to provide nurturing and loving family environments, which provide enriched learning opportunities with clear guidance, boundaries and support through peer led parenting programmes for parents and carers of babies. This is further developed through a peer-led universal primary prevention parenting follow-on programme (Being A Parent) for mothers and fathers of children aged 2 to 4 years to improve parent-child relationships and interactions; reduce child disruptive behaviour and other problems; and increase participants' confidence in their parenting abilities.</p>	<p>The provider is committed to delivering a range of advice and support topics, and will be supporting the delivery of the D&N portfolio through linking with other services, delivering bite-sized 'taster' sessions of other interventions (such as HENRY) and demonstrating how good eating habits and approaches to sugar intake etc. can be used to reinforce good behaviours. They will be measured against some specific diet and nutrition metrics as well as the existing social and emotional outcomes they are working to.</p>
<p><u>ID028 Infant Feeding Programme (IFP)</u></p> <p>The IFP is the umbrella programme of activities that drive the core of the D & N portfolio, and all related activities sit underneath this programme. One of the core components of the IFP is the rollout of the UNICEF 'Baby Friendly' accreditation.</p>	<p>"Infant feeding" covers the whole range of diet and nutrition in the early phases of a child's life, incorporating breastfeeding, demand-led bottle feeding (where breastfeeding has not been established) through to the introduction of solids. This programme is designed to create a pathway from birth through to early childhood that provides the children and their families with the best possible start in life, and a lifelong understanding of the importance of good nutrition and eating habits.</p>
<p><u>ID011 Baby Buddy & Small Wonders</u></p> <p>An interactive, customisable app that guides families through pregnancy and the first six months of your baby's life. It has been designed to deliver best-practice advice to mums to enable the best possible start in life and to support maternal health and wellbeing.</p>	<p>The Baby Buddy app provides direct advice and guidance on infant feeding, as well as signposting to local support services. The app also provides ante and post-natal dietary advice to support good nutrition throughout pregnancy.</p>
<p><u>ID025 HENRY Parenting Programme</u></p> <p>HENRY (Health, Exercise and Nutrition for the Really Young) is a parenting programme aimed at developing lifelong positive approaches to food, nutrition and physical well-being. Typical topics covered include the preparation, cooking and storing of healthy meals / snacks for the whole family, portion sizes / controls, dealing with 'fussy' eating phases and the importance of establishing positive food behaviours / routines in the home.</p>	<p>The HENRY programme sits as a core element of the D&N portfolio, addressing cooking skills and nutritional education / behaviours as a central theme of the intervention.</p>

<p><u>ID040 Crèche Services</u></p> <p>The provision of suitably qualified members of staff of the Professional Association for Childcare and Early Years (PACEY) to deliver Crèche Development Services on behalf of the Pre-School Learning Alliance (PSLA) / A Better Start Southend (ABS). The Crèche services project takes the provision of childcare services a step further by having a workforce trained in additional support (that reflects the range of services offered via ABSS) to provide direct support, advice and signposting services to parents and reinforcing the learning / behaviours intended by other programmes within the portfolio, linking with other professionals where appropriate.</p>	<p>The crèche services programme will be able to provide proactive and targeted support (e.g. where issues are observed / potential opportunities to provide advice and support) for a range of subjects, including advice under the infant feeding programme (breastfeeding support, advice on safe preparation and demand-led bottle feeding, healthy snacks, portion sizes etc).</p>
<p><u>ID050 Family Nurse Partnership (FNP)</u></p> <p>An intensive programme of support offered to first-time vulnerable teenage mums-to-be / mothers delivered via a network of specially-trained nurse practitioners. The nurses offer intensive, 1:1 support over a number of weeks to improve pregnancy outcomes, improve child health and development and improve parents' economic and life outcomes through supporting the mums-to-be to develop appropriate skills and the ability to access and engage with their support networks, linking with other key local services / agencies where needed.</p>	<p>One of the early focuses of the FNP national pilot was to improve the rates of breastfeeding initiation and continuation from birth through to 6-8 weeks as a minimum. The adapted programme in ABSS will continue to pursue this aim, as well as develop appropriate links / professional development of staff to enable accessible support services for diet and nutrition advice and information within the ABSS wards. Support and advice is also provided for introducing solids and nutritious family foods.</p>
<p><u>ID005 Building Bridges</u></p> <p>Family support services for families that are de-escalating from higher tiers of need; this is a preventative service which aims to support families and prevent return to more formal methods of statutory support.</p>	<p>Nutritionists to function as part of the core delivery of this service to explain how people can consume healthy foods in a way that is economically viable for them and their children. Families and their children will be educated and signposted to relevant information advice and guidance. Courses / group sessions on diet and nutrition will also feature as part of the model.</p>
<p><u>ID044 Workforce Development</u></p> <p>The creation of a series of interventions and system-change initiatives to identify and upskill core, shared competencies across the whole spectrum of the workforce (paid professionals and volunteers) who are engaged with our target cohort of children and families. By up skilling the workforce, we will be reducing the incidence of conflicting advice, developing best practice across professional boundaries and improving the breadth and quality of services / advice delivered to children, parents and families</p>	<p>In the mapping of core competencies across the workforce, common approaches to diet and nutrition / infant feeding will be a core component. One of the early initiatives under the workforce development approaches is the UNICEF 'Baby Friendly' initiative, which delivers core training to all staff in children's settings (hospitals, neo-natal units, children's centres through to GP surgeries etc.). In addition to whole-workforce training, the system-change elements are embedded through a series of workshops and development of bespoke policies and practices within each establishment / setting.</p>

<p><u>ID022 FRED (Father's reading every day)</u></p> <p>A group based intervention in which fathers are given the skills to read to their children in order to:</p> <ul style="list-style-type: none"> • Support fathers with skills to encourage communication and attachment with their child and as part of the Inclusion agenda • Support fathers as part of the Inclusion agenda with on-going Social and Emotional benefits • Assist children with Age and Stage / Readiness for school attainment 	<p>The messages that fathers receive as part of the process include messaging about breastfeeding, engagement in early care of children – including feeding and the impact dads have on infant and maternal obesity. In terms of the development of father-inclusive practice across ABS in Southend, the Fatherhood Institute are testing the impacts of giving very early messages to dads via health professionals about breastfeeding, nutrition and parental dietary change.</p>
<p><u>ID019 – SEAS (Southend Early Autism Support)</u></p> <p>This project supports and signposts families with a child / children with autism to provide them with coping strategies to better understand and respond to their child's day-to-day behaviours in a supportive and appropriate way.</p>	<p>This is a discrete project with no clear and obvious link to the diet and nutrition outcomes in the strategy.</p>
<p><u>ID048 Family focused GPs</u></p> <p>An integrated approach to delivering primary care services for children aged between 0-4 and their families through increased, dedicated provision for primary care services and a multi-disciplinary team of professionals wrapped around the family.</p>	<p>The service makes a commitment to educate its health workers in issues of diet and nutrition, ensuring practitioners promote new approaches, are up to date and use the correct terminology. The practitioners have knowledge of and will signpost towards relevant diet and nutrition services. Some hours of community nutritionists will be built into the core delivery of the multi-disciplinary approach. The UNICEF baby friendly initiative links strongly with this project and will support continuation of breastfeeding.</p>
<p><u>ID 020/1 Let's Talk programmes</u></p> <p>A preventative, group based approach to communication and language development for families and children aged between 0-4:</p> <ul style="list-style-type: none"> • Supporting parents with skills to encourage communication and attachment with their child • Improving parents understanding of how speech is developed in the really young so they can communicate more effectively with their child <p>Building relationships with parents of young children and enable the completion of an early assessment of communication in order to identify need.</p>	<p>The Let's Talk programme will focus on oral motor development and number of general motor skills and behavioural changes which, while not specific to feeding, play an important part in the development of an infant's eating habits. Through their close links with statutory SLT service the Let's Talk practitioners will aim to; increase the number of early assessments for infant feeding issues, increase referrals to the dysphagia service and increase general access to infant feeding related information advice and guidance.</p>

<p>ID036 ABSS Workskills project</p> <p>A collaboration between ABSS and Southend Borough Council's economic development team, to improve parental employability, increase the local capacity of enterprises to deliver local opportunities to ABSS cohorts. This will lead to increasing rates of sustained employment and a reduction in the numbers of children growing up in poverty within the target wards and exposure to known risk factors for childhood obesity.</p>	<p>The ABSS workskills project supports the wider message that families and their children need to be fit and healthy in order to be productive in life. The project promotes solutions to diet and nutrition related issues to increase numbers of people going into voluntary roles, full time work and training and education opportunities.</p>
<p>ID051 Enhanced Healthy Child Programme</p> <p>The Healthy Child Programme (HCP) for the early life stages focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting. The enhanced HCP is the additional early intervention and prevention public health programme that lies at the heart of our universal service for children and families. at a crucial stage of life, the HCP's universal reach provides an invaluable opportunity to identify families that are in need of additional support and children who are at risk of poor outcomes.</p>	<p>This is a national initiative. The Framework For Action identifies eating behaviour and nutrition among its strategic themes. The national guidance - (http://www.noo.org.uk/uploads/doc/vid_4865_rudolf_TacklingObesity1_210110.pdf) sets out the links that are being made between the EHCP and diet and nutrition more generally.</p>
<p>ID049 Perinatal Mental Health</p> <p>This project aims to support mothers at risk of developing and suffering from issues related to perinatal mental health. While the project is not directly commissioned through the ABSS funding, there are clear links between the programme and the perinatal mental health model. ABSS will assist in the development of the project to ensure it is aligned with the ABSS outcomes.</p>	<p>The ABSS programme team will be working with colleagues in the Perinatal mental health project to identify where this project can reflect, link in with and contribute to the delivery of the diet and nutrition outcomes in this strategy.</p>