

MEETING Health & Wellbeing Board	AGENDA ITEM 12
MEETING DATE 01 February 2017	REPORT NUMBER ABS/001/17
SUBJECT ABSS Strategic Proposition 2017/18 v 10	
REPORT AUTHOR Alison Clare, Interim Programme Director	
PRESENTED BY Alison Clare, Interim Programme Director	

SUMMARY

This document sets out the strategy and delivery focus for the Better Start Programme for 2017/18. This proposal has been requested by the Big Lottery Fund within tight time constraints and the detail is still in development. Version 09 of the proposal was approved by the ABSS Partnership Board on 24 January 2017.

RECOMMENDATIONS

The Health & Wellbeing Board is asked to:

- a) Agree the strategic direction and priorities proposed in the document
- b) Delegate to the Partnership Board sign-off of the final version of this proposal which will include all financial detail, to meet the Big Lottery Fund's deadline of 03 February 2017
- c) Delegate to the Partnership Board sign-off of the second part of the submission which will set out the detail of the projects to be delivered.

BACKGROUND

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 Executive Board initiated a review of the programme structure and processes over the summer of 2016. The resulting plan of action has successfully put in place effective governance and project development processes, strengthened the links between our strategic partners, and created a firm platform for the future.

BLF has requested that for 2017/18 the programme focuses new activity on a single outcome, delivering fewer projects that will have a real impact; and this continues the direction of travel being taken within the programme since last summer. At the same time we will be developing our approach to research, service design and evaluation to meet the requirements of this complex research and development programme.

On 15 December 2016, the reconvened Partnership Board agreed that for 2017-18 the programme will focus its portfolio of activity on improving Diet and Nutrition outcomes, believing that improved infant and maternal health has a significant part to play in all aspects of physical and emotional development, and that early tangible outcomes will lead to sustainable long term change.

This proposal sets out the background and rationale for this focus. It will be assessed by BLF for its 'fit' with the ABS programme criteria overall, governance and management, value for money and eligibility go proposed costs. The original deadline for this submission was 31 January 2017 but we have negotiated for a longer timescale in order that it can be scrutinised and approved through the programme's governance structure (Partnership Board and Health & Wellbeing Board).

Part 1 of the submission (attached) is due in on 03 February 2017. Part 2 which details projects to be delivered, communications and marketing, equalities and implementation timetable, is due in on 15 February 2017.

**A Better Start Southend
2017-2019 Portfolio Strategy & Delivery Plan, DRAFT v10**

Approval process

Date	Governance Body	Version	Status
24/01/17	Partnership Board	DRAFT V 09	Approved with amendments
02/02/17	Health & Wellbeing Board	DRAFT V10	
02/02/17	Partnership Board	DRAFT V10	

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Background & purpose of this document

This submission sets out the rationale and evidence for the 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 (breastfeeding; demand-led bottle feeding & hygiene where breastfeeding may not be possible and support with bottle-feeding is required; the introduction of solid food)
- Joined up services and co-production around all services for children aged 0-4 in ABSS wards.

This focus has been determined and agreed by the programme's Partnership Board, with reference to an agreed set of the 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 ABSS 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, with 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.

¹ The ABSS PACEC Childhood Obesity Study (Sept 2016)

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. 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.

Base line 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 borough.

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

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

Measurement data showing around 10% of reception-age children (4–5) 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 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; demand-led bottle feeding & 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 [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 improves 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 full accreditation. 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 will be 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 note that 12% of women smoked during pregnancy in 2010-11, the dangers of childhood obesity and the risks for later life. The strategy cites findings from the National Childhood Measurement 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 year's settings, and is thus well-placed to draw on the Partnership's

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.

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 year's 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 aligned 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 life-long 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, 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. One of the early focuses of the FNP national pilot was to improve the rates of breastfeeding initiation & 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. It is an informal opportunity for mothers to seek professional advice with breastfeeding issues.

Crèche Services: 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. The crèche services programme will be able to 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).

Additional activity to support breastfeeding underway in Southend

Ante-natal care

Midwives offer infant feeding advice as part of antenatal contact; health visitors offer advice at antenatal contact and additional written information as required or requested. 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

Colleen Begg to provide any additional information on other activity underway

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.

Other resource

The Developing Everyone's Learning and Thinking Abilities (DELTA) parenting programme is delivered locally through Hamstel Children's Centre 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.

Programme office to check details of this programme with SEPT colleagues.

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 agreed to the principle of aligning statutory services and making a commitment, where appropriate, to placing 31% (6/19) of non- statutory provision at the disposal of the Partnership Board.

This provision 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).

Action: Partners to advise on the range of provision to be included here.

5. Providing a platform for the future

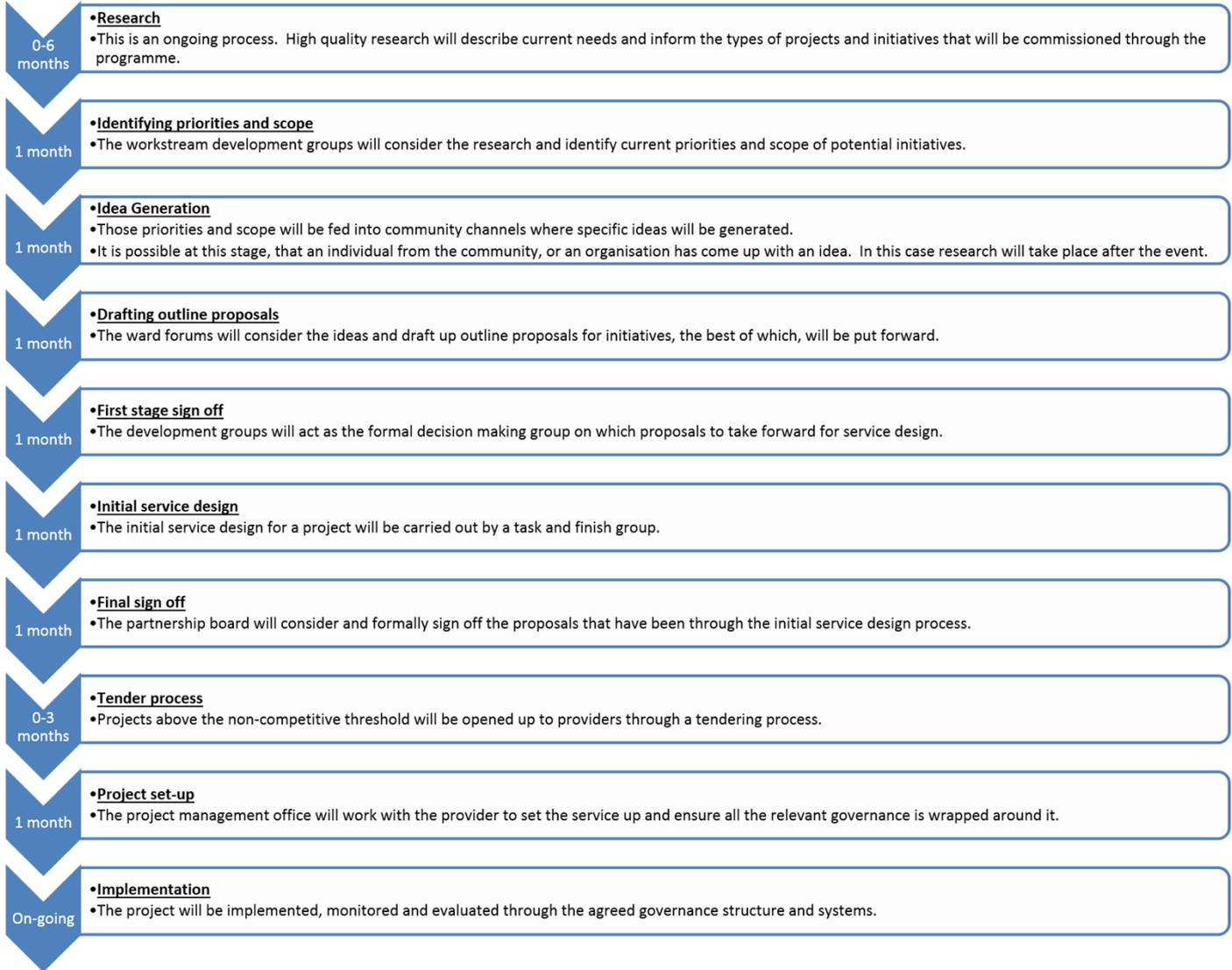
Programme management and governance

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 structures please see section 7)

Programme delivery

The programme team has developed an "end to end" process for identifying, developing and commissioning projects for the programme (see below) 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,

A Better Start Southend



Please note: The above diagram shows the full process from initial research and idea generation through to implementation. New projects proposed in this submission are currently at the mid-way point of this process, the Initial Service Design stage, awaiting approval from the BLF England Committee before being opened to tender. This means that we anticipate there will be a period of approximately five months from the BLF approval of this submission to commencement of delivery.

Partners to note, this diagram will be amended to present the information as a Gantt chart in the next version of the document.

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 coproduction strategy and build the platform for developing and delivering our parent engagement and coproduction model. Once the framework is established by July 2017, it will provide the platform to continuously develop parents to take part in ABSS in whatever way they choose. Our approach will embed 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 children.

A work plan giving the timeframes for developing engagement in each ward is included below 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 will be identified with the aim of building an initial group to be taken through an informal Introduction to Volunteering session and then encouraged to take up Parent Champion training or Volunteer Preparation training. SAVS will bring the parents together to develop Parent Forums at times and frequencies agreed with them. The hope is that Parent Champions will chair the Forums. Terms of Reference for the Parent Forums and Ward Panels will be developed in partnership with each group.

Parent Champions Trained: A 4-week Parent Champion training course is being developed in collaboration with parents who have been involved with ABSS previously. Initial sessions will be for parents (some of whom have already been identified) in Victoria and Kursaal. Training will be adjusted as necessary taking into account parent feedback. The aim of the Parent Champion training will be to inform, empower and support parents to participate fully in the various governance levels of ABSS. They will lead the Parent Forums, perhaps jointly lead 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 will be mapping the activities taking place in each ward to identify volunteering opportunities, community groups and community leaders, many of whom we already have relationships with. From this, the ward forums will be developed, including reps from the parent forums. Forums will be developed to coincide with the training of the Parent Champions, development of the Innovation Fund and volunteer training to ensure parents are fully equipped to participate.

Volunteer opportunity map/database/Volunteer opportunity pathway: The Volunteer Centre at SAVS provides a central point for volunteering opportunities that exist in Southend and beyond – currently there are 439 live opportunities. However, there will be grass roots community groups who may not be registered. Each ward will therefore be mapped to identify other groups and potential volunteering opportunities. As part of the review we will ensure all ABSS volunteering opportunities are registered with SAVS and will develop new opportunities where a need is identified. Parents will be encouraged to pursue volunteering and will be made aware of how this can help them into paid employment in future.

Volunteer Training programme: In partnership with parents we are developing a Volunteer Preparation course that will be run over 4 sessions, looking at all aspects of volunteering and encouraging parents to review their own skills and aspirations; to build confidence and equip people to volunteer. These parents will be part of the Parents Forum and will volunteer in different ways, for example, through Time banking activities with other parents. We will discuss with parents whether this training should be accredited in the future and will explore the time implications and associated costs.

Innovation fund operating in wards and parent forums: SAVS will coproduce the Innovation Grant process alongside parents. Learning from other Better Start programmes they will devise 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 March 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 that a robust way forward is in place by the end of the pilot.

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)		Ward Panel First Meeting (S&WS)
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.
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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.

6. Management team structure and costs 2017-19

Note: The Programme Office is currently working up a costed permanent staffing structure for 2017-18 which will include a proposal for a staged approach to recruitment, starting with those roles which are likely to be the most challenging to recruit to, namely the Programme Director, Programme Manager and specialist Diet & Nutrition evaluator. This is not without its challenges given the following:

Functions

The complexity of this research and development programme, with its greater than usual level of governance and co-production and evaluation and test and learn activity, requires the following four functions:

1. Business & project support
2. Delivery and engagement
3. Data, research and evaluation
4. Comms and marketing

The current team (largely interims) comprises 19 staff across these four functions, plus a Programme Director and Programme Manager (21 total), who have been focused on the programme review, setting up systems and processes to get the programme to a business as usual state, as well as delivery of the existing projects in the portfolio. This has required a level of specialist expertise which will not be required longer term (for example, we have had an interim Finance Manager in post since December but once we are in a steady state, a Finance Officer will be able to manage the work required). Of these, 15 are full-time and 6 are part-time on secondment. Of the 15 full-time staff, 5 are on permanent contracts with the PSLA and 10 are interims / temps. Going forward, we will not require the type and level of expertise in the current team, but with a higher level of delivery activity the volume of work is likely to be similar but configured differently.

For example, we are not currently carrying out the level and type of monitoring and evaluation that is required by the programme and it is unclear what the shape and size of this work, and the resource requirements, will be longer term. We are still developing an understanding of what the data requirements and burden are, including centrally from BLF; and we do not yet know the shape and size of projects we will be running to support the focus on Diet & Nutrition interventions in 2017/18.

Challenges and risks

- BLF is asking that we reduce the ratio of central programme spend to project delivery spend. There is a risk that if we pare back on the structure too far, we will lose the expertise that is essential for delivery (test and learn, evaluation) and undermine the platform we have been building for the programme over the remaining 8 years
- The Partnership Board would like to move from an interim to a permanent staffing structure ASAP to reduce cost and embed a long term, permanent team

- BLF are proposing to approve funding in March 2017 for 2017/18, and to then review performance and approve funding for subsequent years. This means recruitment cannot commence until April 2017 and we could only guarantee appointments to March 2018. This potentially extends the need for interims in the short term and creates challenges in recruiting good calibre people on short term contracts. We need to avoid having a series of interims as this poses a risk to delivery.

Resourcing options

There are a few options in terms of how the team is resourced: Fully resourced through BLF grant funding and employed by the PSLA on behalf of the Partnership, for example, or a small core team employed by the PSLA, with specialist and subject matter experts resourced through other routes. For example:

1. Commissioned as and when required
2. Leveraged through Partners
3. A combination of the above

Different options will obviously have different cost implications (leveraged being the lowest cost and commissioned being the highest).

Programme Management Costs 2017-18

Draft Budget Summary		
Programme Management Office		
Period: April 2017-March 2018		£1,000s
		Costs:
Function:		
Management Fees - PLA		86.5
Management Fees - SBC		TBC
PMO Costs		704.2
Marketing & Communications		352.8
Monitoring, Evaluation, Data & Research		228.7
Co-Production		138.0
BLF National Expenditure*		140.0
Total Programme Management Office:		1650.3

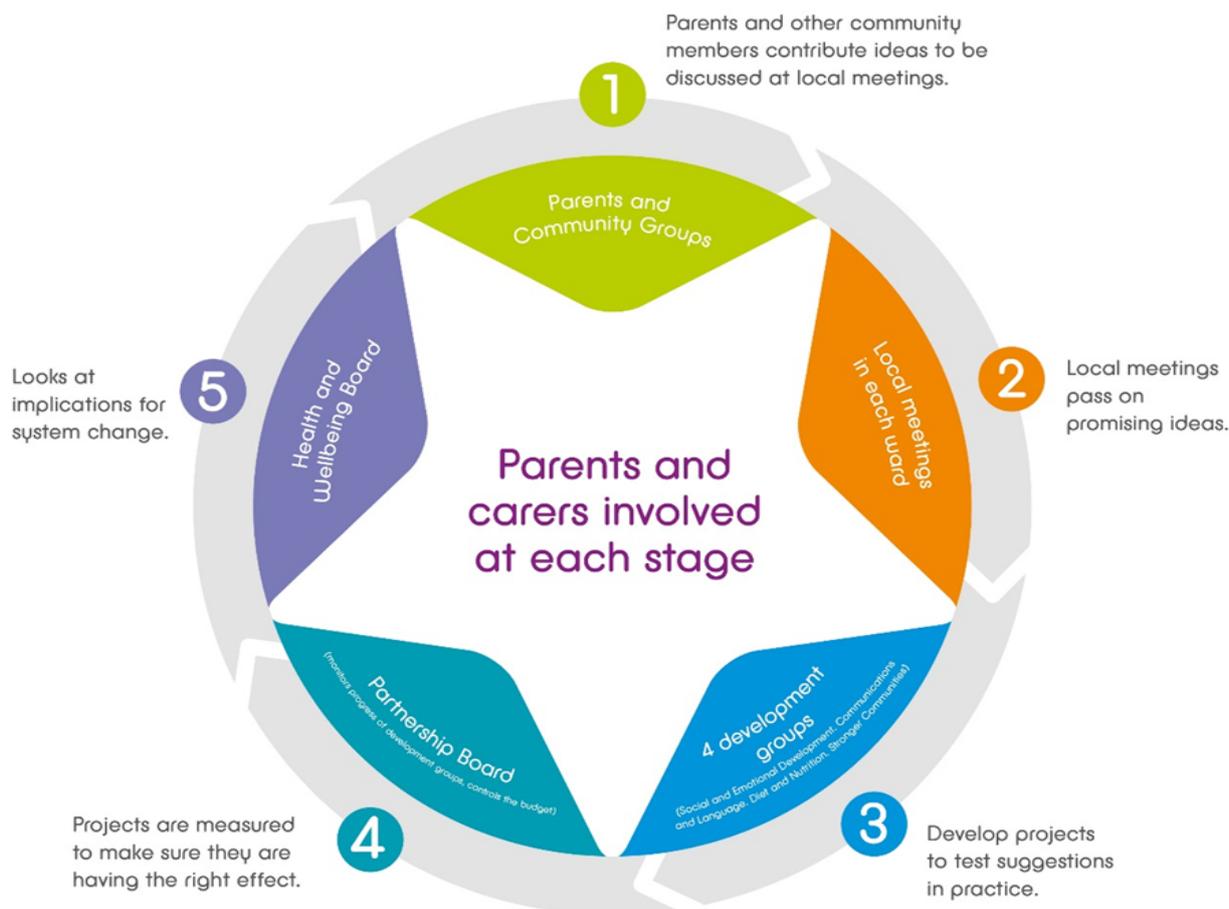
Partners to note, PMO costs include Salaries, NI, Pensions, Interim salaries, recruitment and training, travel and accommodation, professional and legal fees.

These are draft costs which have not yet been approved or reviewed.

*There is more detail about this item on page 18

7. Governance arrangements and costs 2017-19

The strengthened framework that came out of the governance review in 2016 comprises 5 levels with roles set out as follows. Work underway to establish the co-production elements of this structure is set out in section 5 above.



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	Being Coordinated	

Community Groups	through SAVS	
All Governance Meetings	Variable	Crèche to enable parent engagement & 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)

8. Other 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 & nutrition.

At April 2017 there will be **XX** projects in the portfolio, reducing down to **XX** in April 2018 (see Appendix 4) which will continue in delivery alongside activity on Infant Feeding and Joined up services and Co-production.

Projected Costs by Project	£	£	
	2017-18	2018-19	Project end date
Project:			
ID013: Buggy Active	-	-	Jan-17
ID014: Activise	-	-	Mar-17
ID015: Active Families	-	-	Mar-17
ID002: EPEC Baby and Us	55,201	-	Jul-17
ID003: EPEC Being a Parent	-	-	Jul-17
ID020: Let's Talk to Your Baby (ELKAN)	-	-	Aug-17
ID021: Help me to Talk (ELKAN)	160,872	-	Aug-17
ID028: Infant Feeding Programme	34,712	-	Aug-17
ID011: Baby Buddy & Small Wonders	40,250	-	Mar-18
ID025: HENRY - Parenting Programme	48,461	-	Jun-18
ID040: Crèche Services	TBC	TBC	Jul-18
ID050: Family Nurse Partnership (ADAPT)	448,557	123,726	Jul-18
ID005: Building Bridges	115,000	115,000	Feb-19
ID044: Workforce Development*	7,590	7,590	Feb-19

ID022: Fathers Reading Every Day (FRED)*	57,500	109,250	Mar-19
ID019: Southend Early Autism Support	42,872	42,872	Mar-19
ID048: Family Focussed GPs	94,013	84,812	Mar-19
ID036: ABSS Work Skills Project*	62,505	62,505	Oct-19
ID051: Enhanced Healthy Child Programme	6,900	-	Dec-19
ID049: Perinatal Mental Health*	TBC	TBC	TBC
Total Costs:	1,174,433	545,755	

* Partners to note that these commitments are currently under review and figures are being checked.

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
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

9. Risk register

Risk Description	Risk Impact (1-4)
There will be insufficient time to deliver and evaluate improvement in D&N outcomes by 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
It will be difficult to commission providers to deliver worthwhile interventions in a 12-month timescale	3
Recruitment to a permanent structure will be made more difficult by time constraints (ie “permanent” may mean employment to March 2018 with a recruitment process not commencing until Q1 2017-18)	4
If we reduce the team size too much we risk losing capability to deliver all requirements (data, evaluation, test and learn contribution to wider programme).	4
The transition from an interim to a permanent staff structure in the programme team threatens a loss of programme knowledge, contacts and expertise in key areas if not planned and executed rigorously.	3
Continuity of approach may be challenged with new CEOs at the Borough Council, Hospital and CCG due to take up posts this year.	3
Partners will not provide sufficient leverage 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 explicit.	4

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

Action: Partners are asked to add areas of concern to this register, and assess their likely impact on the delivery of the programme

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 community⁴. 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 (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 touch points 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 co-ordinated	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 6 wards	ABSS programme objectives
10.	The strategy & plan should reflect and reinforce the conceptual approach of the Early Years Nutrition Partnership (EYNP) to tailor	http://www.eynpartnership.org

⁴ Southend on Sea Better Start Strategy, February 2014

	support to the demographic of each particular setting and community in which it operates.	
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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
- **Laura Needham**, Senior Admin Officer
- **Penny Neu**, interim Strategic Comms Lead
- **Rachel Wood**, Service Design & Research Lead
- **James Boxer**, Project Manager
- **James Howell**, Project Manager

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

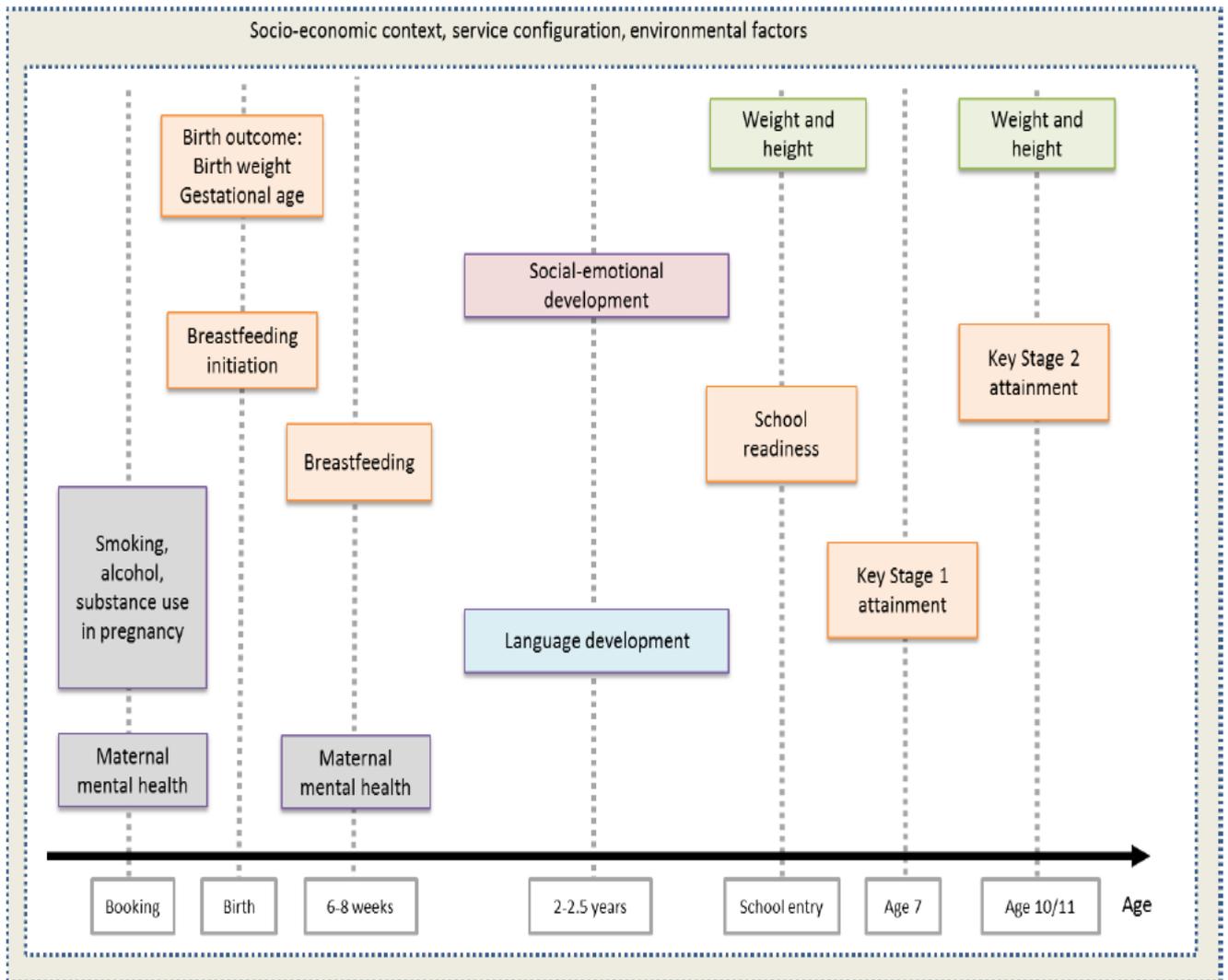
London School of Economics – Common Outcomes Framework

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:

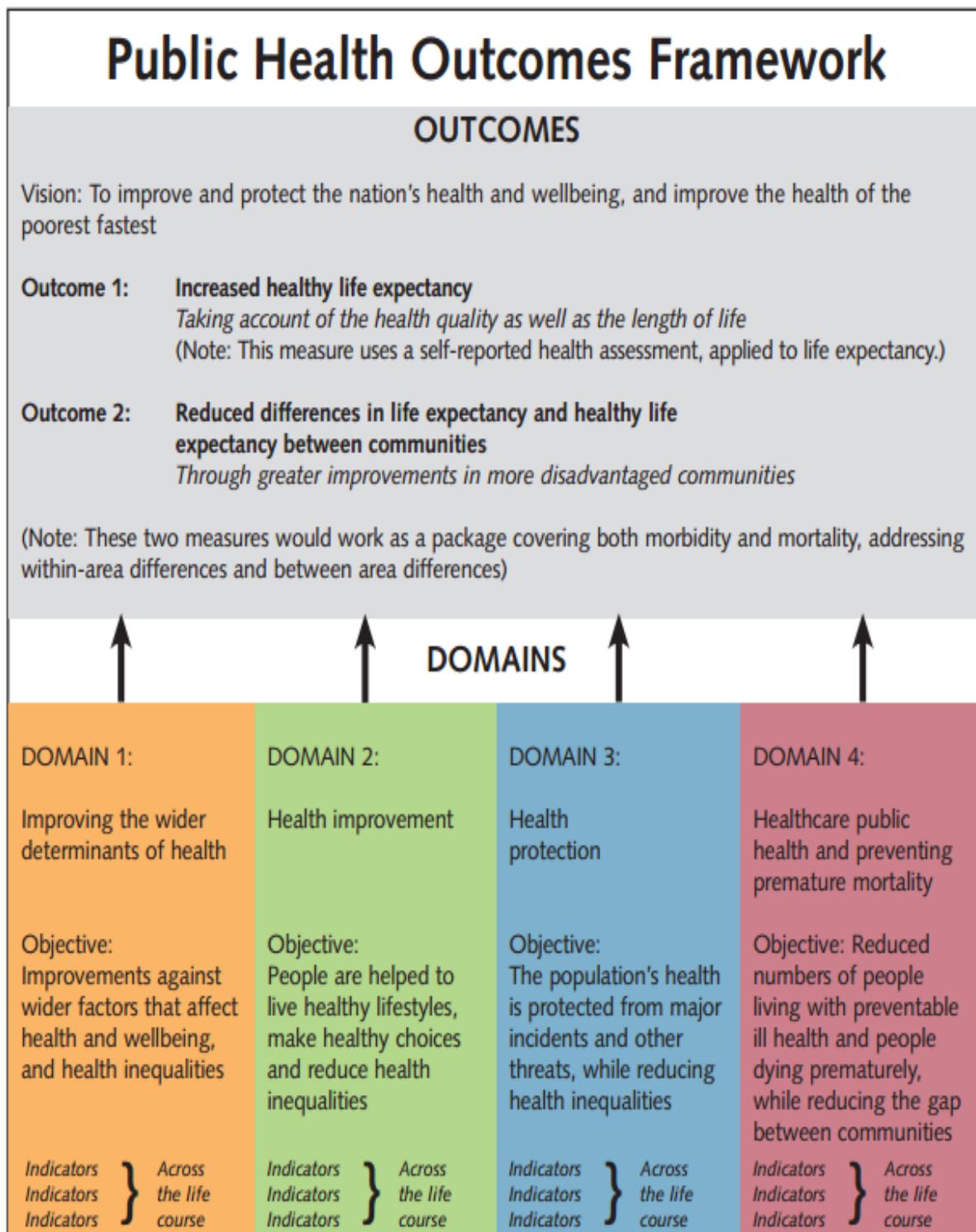
Figure 10: ABS COF – Common Core of outcomes



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 Portfolio Projects Aligned to Diet and Nutrition Workstream

Current projects & links to Diet & Nutrition:	
Project	Link
<p>1. Baby Buddy & Small Wonders: 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>Links to the Diet & Nutrition Portfolio: The Baby Buddy app provides direct advice and guidance on infant feeding, as well as signposting to local support services. The app also provides antenatal dietary advice to support good nutrition throughout pregnancy</p>
<p>2. HENRY: HENRY (Health, Exercise and Nutrition for the Really Young) is a parenting programme aimed at developing life-long 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>Links to the Diet & Nutrition Portfolio: 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>3. Infant Feeding Programme (IFP): 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>Links to the Diet & Nutrition Portfolio: “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>4. Workforce Development: 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 upskilling 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>Links to the Diet & Nutrition Portfolio: 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>5. 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, 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>Links to the Diet & Nutrition Portfolio: One of the early focuses of the FNP national pilot was to improve the rates of breastfeeding initiation & 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.</p>
<p>6. Crèche Services: 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>Links to the Diet & Nutrition Portfolio: 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>7. Let's Talk: 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 • Building relationships with parents of young children and enable the completion of an early assessment of communication in order to identify need. 	<p>Links to the Diet & Nutrition Portfolio: 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</p>
<p>8. FRED (Father's reading every day): A group based intervention in which fathers are given the skills to read to their children on 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>Links to the Diet & Nutrition Portfolio: The fatherhood institute integrate their knowledge of diet and nutrition issues and actively promote knowledge and advice to support the outcomes of the ABS strategy</p>

<p>9. Family focussed GP's: 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>Links to the Diet & Nutrition Portfolio: 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.</p>
<p>10. Building Bridges: 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>Links to the Diet & Nutrition Portfolio: Nutritionist 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>11. EPEC – Parenting courses: 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>Links to the Diet & Nutrition Portfolio: The providers are 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</p>

Partners to note: An amended version of this table including indicators of progress made to date will be added to the next version of this document