



Headline Delivery Plan 2018-2021

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Preface

This project represents a unique opportunity to both improve the life chances of many thousands of Lambeth children and make a substantial contribution to the evidence on early years practice. Since 2015, we have laid solid foundations. The task ahead is to bring the LEAP vision to life.

With this in mind, our LEAP Headline Delivery Plan for 2018-2021 has seven key objectives as set out below:

1. describe LEAP delivery during the set-up phase (2015-2018),
2. show the key population-level indicators of children's early developmental outcomes that LEAP aims to change by 2025,
3. provide an overview of LEAP's plans for scaling and learning from services,
4. provide an overview of LEAP's plans for helping to build a single early years pathway,
5. present 2018/19 implementation roadmaps for each strand of activity, showing the stepping-stones to scale that are absent from headline figures,
6. demonstrate how funding will be allocated across years, and between services, and explain the reasons for these allocations,
7. summarise key points and actions.

The first two objectives are addressed in Section 1 of the plan, objectives three and four are covered in Section 2, objective five is the focus of Section 3, and objective six relates to Section 4. Our Executive Summary gives an overview of all key points and actions.

The document is intended to be a visual and accessible summary of LEAP's plans. As such, it is underpinned by several, more detailed supporting papers including our "Preparing for Scale Action Plan" and individual "Service Plans".

All this work has been either produced by, or in close consultation with, our partners. They include the National Children's Bureau, Lambeth Council, Lambeth Clinical Commissioning Group, local NHS Trusts, voluntary organisations, community groups, and parents. By working together on the design and delivery of LEAP, we hope to create a deep and enduring commitment to working in partnership so that Lambeth's babies and toddlers and their families benefit from the best and fullest pathway of support possible.

If you would like more information on LEAP's delivery plans for the next few years, please do not hesitate to contact us through the details given on the back page.

Laura McFarlane
LEAP Director

Chris Wellings
LEAP Assistant Director

Executive Summary

Setting the Scene

The journey so far

- The LEAP strategy is twofold.
 - First, we will improve children's lives by radically changing the way that we collectively work with pregnant mothers, fathers, babies, their families, and communities, in the four LEAP wards of Coldharbour, Stockwell, Tulse Hill, and Vassall.
 - Second, through this area targeted work, we will generate a body of knowledge about prevention and early intervention that strengthens services across Lambeth and more widely.
- To help us plan the remaining delivery of the programme, we have divided 2018-2025 into three distinct phases: 1) Scale; 2) Whole system; and 3) Influence. We describe 2015-2018 as the Set-up phase.
- During the scale phase, we will focus on supporting services as they move from prototyping (often with limited reach) to more mature services with a significant footprint across the population.
- The scaling of LEAP services is underpinned by solid foundations. As a result of the Set-up phase, we have a portfolio of locally tested (and where necessary adapted) early years services ready for rollout, a talented and experienced core team, a full suite of capital projects either started or about to start, and a partnership that is bigger and stronger than ever.

Key population indicators

- To monitor both need and change at a population level, a set of outcome indicators was developed at the bid phase for LEAP. There are around 60 of these indicators, including demographic information. This has proved a useful resource for the core team, but a less effective driver of challenge and action at a partnership level.
- To help make our partnership more data-driven, we have selected a set of "Core Indicators" from the wider list. This set of indicators, including trend data from previous years where available, will be updated and presented annually (March) to LEAP's Senior Leaders Meeting and Partnership Board.

Programme Priorities

- First, we want to scale LEAP services. To rigorously test each service, we need to see how they perform when delivery is increased and extended to new settings. Moreover, LEAP's ambition to improve population-level outcomes can only be met through an early years pathway that has both broad reach and additional targeted support where it is most needed.
- Second, we want to maximise learning from these services. This project represents a unique opportunity to learn about what works, for whom, in what contexts and with what outcomes.
- Third, we want to build a single early years pathway for children and their families. Single interventions or services can help bring about important improvements for babies and toddlers, but there is good reason to believe that an integrated and coherent early years system will be worth more than the sum of its parts.

Scaling LEAP services

- To support the scaling of LEAP services, we have introduced several new internal processes.
 1. Each LEAP service has produced (some are in the process of producing) a Service Plan. This annually updated document sets out the rationale, evidence, core content, delivery schedule, budget, outputs and outcomes, risk register, and staffing that comprise the service
 2. Service Reviews are being held quarterly for each individual service. In these reviews, delivery leads and the LEAP Director and Assistant Director discuss delivery (and spend) and how best to deal with implementation challenges. An action log is produced after each meeting with a set of tasks, details on who will complete each task, and timeframes for completion.
 3. LEAP and delivery leads will together agree a clear direction of travel for each service, including reach targets to the end of 2021. We will monitor not just how many families we reach but also who we reach.
- Section 2.1 provides a summary of our plans for scaling LEAP services. For each service, we explore the underlying challenge, provide the size of the overall target population, give reach milestones for the next three years, consider reach size (2020-2021) versus the size of the target population, show the age breakdown of beneficiaries, and highlight the key scale strategies to be used.

Learning from LEAP services

- To help us capitalise on the opportunities for learning associated with LEAP services we have:
 1. Significantly increased LEAP's investment in data, evidence and learning, with three recruitments to the core team (recruited a new Evaluation and Research Manager and also recruited an Evaluation and Research Officer and a Data Analyst, Programmes)
 2. Set a clear focus for LEAP's new evaluation team around enhancing our routine monitoring and overseeing service-level process and outcomes evaluations.
- In addition, we will work on and introduce a method for tracking the participants of each service. This is essential as we need to ensure our services are not just reaching more families but also reaching the right families.
- Section 2.2 starts to show how we will learn from LEAP services. Alongside each service, we show the desired outcome, outcome measurement tools, and the frequency and mechanism for reporting. We also show a key early question relating to the service's implementation that our practitioners will set out to answer.

Building a single Early Years Pathway

- To help build a single early years pathway, we have:
 1. Established Strand Groups for Diet & Nutrition, Social and Emotional Development, and Communication and Language Development. Strand Groups have a remit both to strengthen links between LEAP services, and between LEAP services and the wider local system, and to consider the effectiveness of provision across the strand area.
 2. Started the process of recruiting Pathway Coordinators. Pathway Coordinators will identify LEAP women at the point of booking into the midwifery service and, where requested, will help them access appropriate follow-on services.
 3. Set out a timeline and action plan for linking data across LEAP services. This will be critical in helping us to ascertain whether families have accessed one, two, three, four or more LEAP services and which service pathways are associated with better outcomes.

In addition, we will continue to play a full role in Lambeth's boroughwide Better Start programme. This will help ensure LEAP services are embedded within (and enhance) the core early years offer. The core offer is outlined in Appendix 2.

Implementation Roadmaps

- Section 3.1 sets out 2018/19 implementation roadmaps for LEAP's work on Systems Change, Communication and Language Development, Social and Emotional Development, and Diet and Nutrition. For each roadmap, key quarterly milestones are presented.
- The purpose here is to show the tasks and small steps that are absent from the headline figures but essential components of LEAP's journey to scale. They are specific actions we are taking to translate our high-level delivery aims into practice.

Funding

- From the £36 million Big Lottery Fund grant, over £25 million is being spent on new services and systems change projects. A further £4 million is being invested in capital works across the four wards. The remaining funds have been allocated to local evaluation and learning and meeting core team costs.
- LEAP's financial strategy mirrors the four phases of the programme outlined in Section 1. Spend increases gradually during the set-up phase, with larger increases as the programme scales. We plan to maintain high levels of spending until the end of Year 8 (2022 - 2023), when our work will become more focused on influencing the local system.
- Maintaining a high level of spend on services until the end of year 8 will enable the collection of both service-level outcomes data and evidence regarding how services work together, whilst avoiding a spending cliff-edge at the end of the programme.

Setting the Scene

1.1 The journey so far

Every family with a very young child should be entitled to a clear pathway of personalised support from midwives and health visitors and easy access to GPs and nurses in their community. They should be able to take part in a wide-range of universal services in children's centres and neighbourhood settings. They should be able to benefit from specialist support so that any problems are prevented or responded to at the earliest opportunity. They should have a high-quality childcare place. Finally, the entire system should be seamless, and should empower parents and community groups to help ensure no child or family is left behind.

Laura McFarlane, Director of the Lambeth Early Action Partnership

In this sub-section, we describe LEAP, outline our goals, and set out key phases to help navigate the programme's implementation. We also summarise the set-up phase from 2015-2018 and highlight where changes have been made since the bid.

LEAP and our goals

The LEAP Partnership is hosted by the National Children's Bureau and comprised of many organisations, including Lambeth Council and Clinical Commissioning Group, King's Health Partners, as well as schools, nurseries, police leaders, local voluntary organisations, community groups, parents, babies and children. In 2014, we came together to develop a bold vision of Lambeth as the best place in the world for babies and toddlers to be born and to grow up, and a strategy to help realise this vision.

The LEAP strategy is twofold. First, we will improve children's lives by radically changing the way that agencies collectively work with pregnant mothers, fathers, babies, their families, and communities, in the four LEAP wards of Coldharbour, Stockwell, Tulse Hill and Vassall. Second, through this area targeted approach, we will generate a body of knowledge about prevention and early intervention that strengthens early years services across Lambeth and more widely.

Programme phases

Alongside four other sites nationally, LEAP was awarded Big Lottery funding (£36 million) in April 2015 for a ten-year period as part of the A Better Start project. To help us plan delivery, we divided 2015-2025 into four phases: 1) Set-up, 2) Scale, 3) Whole system, and 4) Influence.

Figure 1 sets out broad timings associated with these phases and some general tasks that sit under them. LEAP's role in disseminating learning across Lambeth should run throughout the project, but, as shown below, it will become a major focus during the final phase.

Headline Delivery Plan

Section 1: Setting the Scene - The journey so far

Figure 1:



The Set-Up Phase (2015-2018)

LEAP's set-up can be described under the headings of Service Design, Core Team, Capital, and Partnership Governance.

Service Design

During the programme's initial three years, LEAP designed and tested 17 services across our four outcome areas of Diet and Nutrition, Social and Emotional development, Communication and Language development, and Systems Change. This work included both minor adaptations to established service models and the creation of largely new approaches. Our service design process, which was developed in partnership with external experts, incorporates consultation with service users, initial testing, and the drafting and refining of a theory of change and service blueprint. In practice, this process has led to many innovations including the use of culturally-acceptable foods in our dietary work with pregnant women, the introduction of tailored family Together Time groups, and an emphasis on one-to-one breastfeeding peer support.

Core Team

A further priority was building a LEAP core team with the skills and experience to oversee a programme of this complexity and scale. There will soon be over 20 core team members including an evaluation and research function, a community engagement team, communications and data specialists, a workforce lead, public health expertise, and those with extensive experience in contracts and finance, service design, and programme management.

Capital

Out of all the A Better Start sites, LEAP proposed the most extensive capital works. This was driven by a desire to create an interconnected network of early years settings across the four LEAP wards. The network includes enhanced children's centres with additional multi-agency space, improved One O'Clock Clubs, and four new Early Years Hubs on our major estates to test what happens when you take services to families and communities. Over the last couple of years, we have engaged architects, consulted widely with local stakeholders, signed-off plans, run tender exercises, and completed one of our eleven projects. The remaining ten projects are set to be completed in the 2018/2019 financial year (more detail is available in Appendix 3).

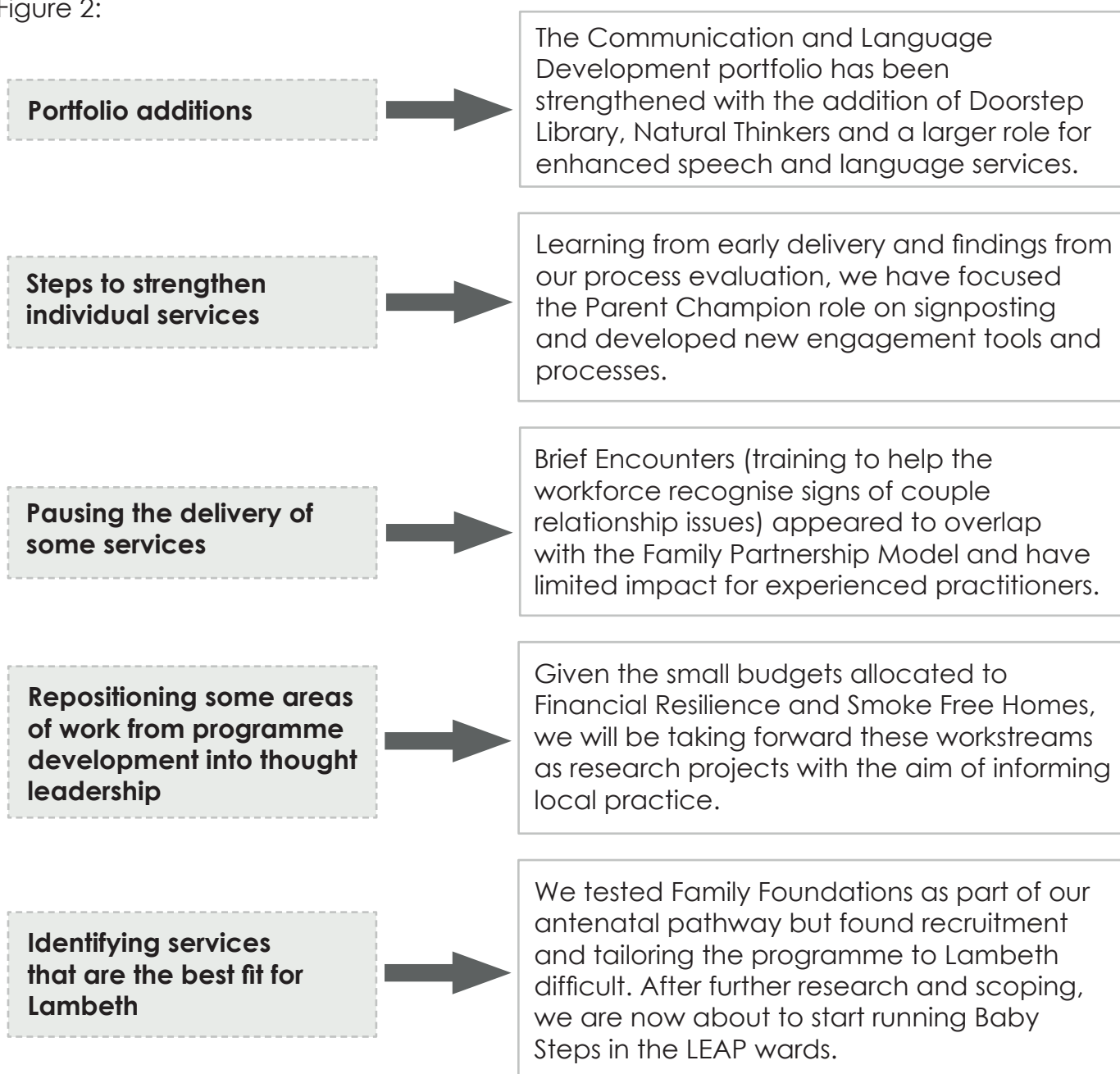
Partnership Governance

We have also worked hard over the last three years to sustain and grow the outstanding local partnership that was such an important feature of our successful bid. For example, our October 2017 Strategy Day was an opportunity for all key partners to come together, consider progress made and challenges remaining, and renew our commitment to giving babies and toddlers in Lambeth the best start.

Changes since the bid phase

Inevitably, complex programmes such as this evolve as they move from design into delivery and new opportunities and challenges arise. Below, we capture some key changes to LEAP since the bid.

Figure 2:



Since 2015, we have also seen broader changes. Core government funding to Lambeth Council has been reduced and tighter controls have been placed on NHS spending. A major programme of work has been delivered locally to improve Children's Social Care. The national Better Births Review has been published and is influencing local practice. All these factors help shape the context for our work.

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Section1: Setting the Scene - The journey so far



In summary, LEAP has an overarching strategy, a high-level implementation plan based on programme phases, and solid foundations from the set-up phase. As would be expected, we've made some changes since the original bid to both strengthen individual services and sharpen the overall portfolio. The broader context continues to change, creating new opportunities and challenges. In the next sub-section, we set out the core outcome indicators of children's early development that LEAP aims to change by 2025. Additionally, we show local trends for childhood obesity, communication and language development, and social and emotional development.

1.2 Key Population Indicators

Core Indicators

This sub-section focuses on the population data that LEAP will draw on to monitor impact. A set of population-level outcome indicators were developed at the bid phase for LEAP. There are around 60 of these indicators, including demographic information. This has proved a useful resource for the core team, but a less effective driver of challenge and action at a partnership level.

To help make our partnership more data-driven, we have also selected a set of “Core Indicators” from the wider list as shown in the table below. This focused set of indicators will be updated and presented to LEAP Senior Leaders Meeting and the LEAP Partnership Board annually in March, with trend data from previous years included when available. For all these indicators, data will be presented at a LEAP aggregate level, where possible at a LEAP ward level, and at a Lambeth level. For some indicators, we will do further in-depth analysis (using particular datasets we can merge multiple years to increase numbers and look more meaningfully at differing outcomes by ethnicity and deprivation).

Table 1:

Indicator	Source	Reporting period
Proportion of babies with a birth weight over 4000g	ONS vital statistics/Local birth files or local maternity data	ONS vital statistics annual release (towards end of calendar year); local birth files in financial year quarters
Proportion of mothers breastfeeding at 6-8 weeks	Health Visitor Care Notes system - GSTT	Sharing in development, period to be defined
Proportion of children overweight at school entry	National Child Measurement Programme Data (NCMP) - GSTT, contracted by Public Health	Annual academic year end
Proportion of children obese at school entry	NCMP - GSTT, contracted by Public Health	Annual academic year end
Proportion of children achieving at least the expected level of development in all personal, social and emotional early learning goals at age 5	EYFSP - Lambeth Education and Learning	Annual academic year end

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Section 1: Setting the Scene - Key population indicators



Proportion of children on child protection plans at age 5	Lambeth Children's Services	Annual extract
Gap between children eligible for the Pupil Premium and those not eligible achieving at least the expected level in all PSE early learning goals	EYFSP - Lambeth Education and Learning	Annual academic year end
Proportion of children achieving at least the expected level of development in all communication and language early learning goals at age 5	EYFSP - Lambeth Education and Learning	Annual academic year end
Gap between children eligible for the Pupil Premium and those not eligible achieving at least the expected level in all CLD early learning goals	EYFSP - Lambeth Education and Learning	Annual academic year end
Gap between boys and girls achieving at least the expected level in all CLD early learning goals	EYFSP - Lambeth Education and Learning	Annual academic year end
Proportion of children achieving at least the expected level of overall development at age five	EYFSP - Lambeth Education and Learning	Annual academic year end

Overview of Local Trends

Figure 3 shows the prevalence of overweight and very overweight reception pupils over a four-year period. It provides data for the LEAP wards, Lambeth's non-LEAP wards, and Lambeth as a whole.

The LEAP wards have a consistently higher proportion of overweight and very overweight reception pupils than the rest of Lambeth across all four years of data. Further analysis by LEAP and Lambeth Public Health demonstrated this difference to be significant and found that pupils living in the LEAP wards were more likely to live in areas of deprivation than pupils in the rest of Lambeth. This supports the recognised association (World Health Organisation) between area deprivation and childhood obesity.

Figure 4 shows levels of development for children aged five over a three-year period. It covers Personal, Social and Emotional development and Communication and Language development in both LEAP wards and in Lambeth as a whole.

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Section 1: Setting the Scene - Key population indicators

The proportion of children achieving an overall expected level of development is marginally higher in Lambeth as a whole than in the LEAP wards. In both 2015/16 and 2016/17, a slightly higher proportion of children across Lambeth achieved a good level of Personal, Social and Emotional Development than children in the LEAP wards. In terms of Communication and Language Development, a slightly lower proportion of LEAP children achieved a good level of development (compared to the Lambeth figures) for both 2015/16 and 2016/17.

Figure 3:

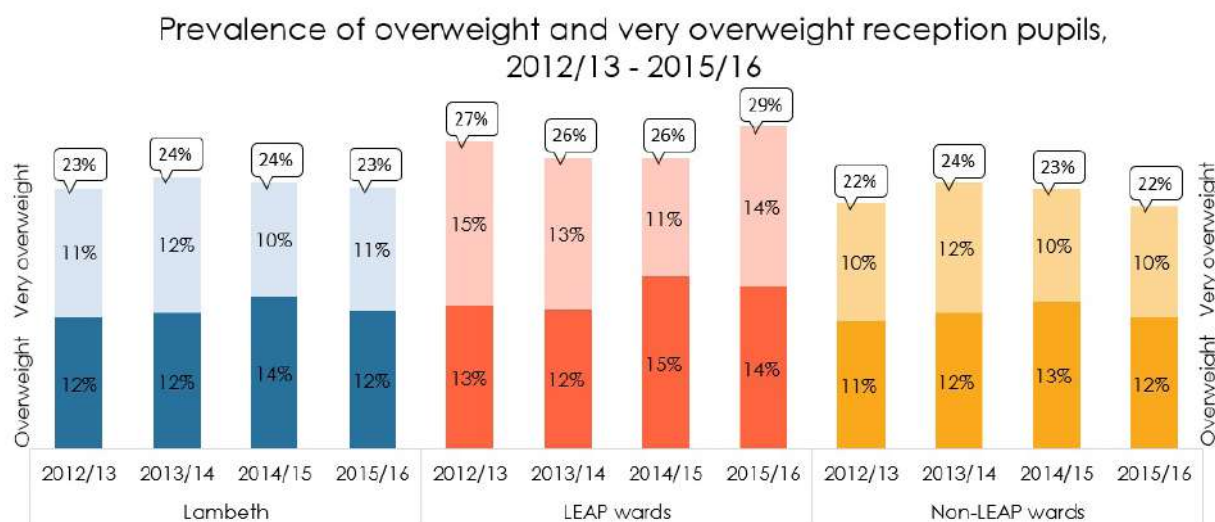
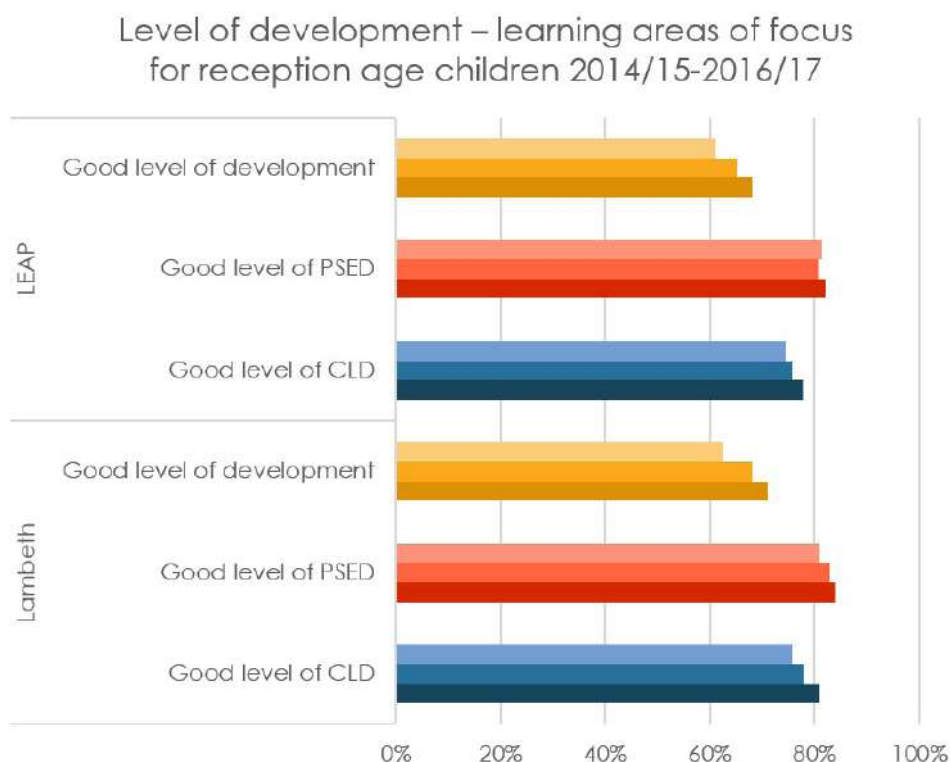


Figure 4:



PSED – personal, social and emotional development
CLD – communication and language development

Each bar represents a single year within the learning areas, from light (2013/14) to dark (2016/17)

Programme Priorities

Section 2 outlines the key programme priorities for LEAP during the 2018-2021 period. First, we want to scale LEAP services. To rigorously test each service, we need to see how they perform when delivery is increased and extended to new settings. Moreover, LEAP's ambition to improve population-level outcomes can only be met through an early years pathway that has both broad reach and additional targeted support where it is most needed. Second, we want to maximise learning from these services. This project represents a unique opportunity to learn about what works, for whom, in what contexts, and with what outcomes. The knowledge we accumulate should help influence early years provision across Lambeth and more widely. Third, we want to build a single early years pathway for children and their families. Single interventions or services can help bring about important improvements for babies and toddlers, but there is good reason to believe that an integrated and coherent early years system will be worth more than the sum of its parts.

2.1 Scaling LEAP services

During the scale phase, we will focus on supporting services as they move from prototyping (often with limited reach) to more mature services with a significant footprint across the population. To support the scaling of LEAP services, we have introduced new internal processes.

- Each LEAP service has produced (or is producing) a Service Plan. This annually updated document sets out the rationale, evidence, core content, delivery schedule, budget, outputs and outcomes, risk register, and staffing that comprise the service.
- Service Reviews will be held quarterly for each individual service. In these reviews, delivery leads and the LEAP Director and Assistant Director will discuss delivery (and spend) and how best to deal with implementation challenges.
- LEAP and delivery leads will together agree a clear direction of travel for each service, including reach targets to the end of the year 2020-2021. We will monitor not just how many families we reach but also who we reach.

The table on the following pages provides a summary of our plans to scale LEAP services. For each service, we explore the underlying challenge, provide the size of the overall target population, give reach milestones for the next three years, consider reach size (2020-2021) versus the size of the target population, show the age breakdown of beneficiaries, and describe key scale strategies to be used. More detailed information on each service is in the separate service plans. An explanatory note with further details on the table is available at Appendix 4.

Several points of information and caveats apply to the table. First, the details given on the underlying challenge are estimates with future outcome projections informed by historic data. They should be interpreted and applied carefully. Second, the target population for each service will typically represent a subset of those affected by the underlying challenge (on occasion, it represents the entire group). That is, each service has been designed to make a meaningful contribution towards addressing (rather than individually

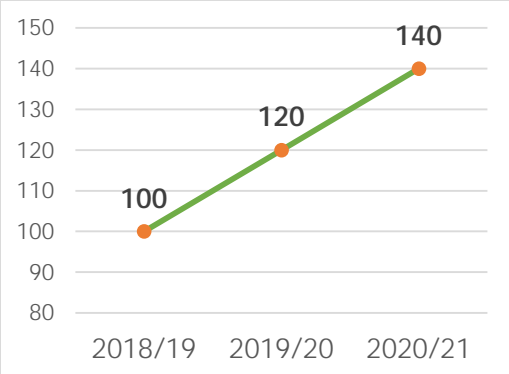
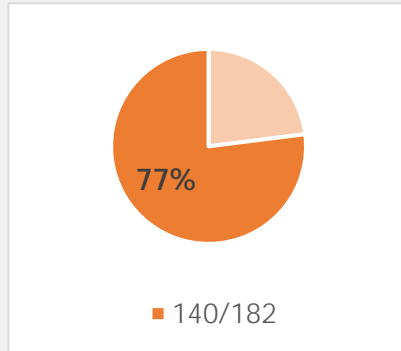
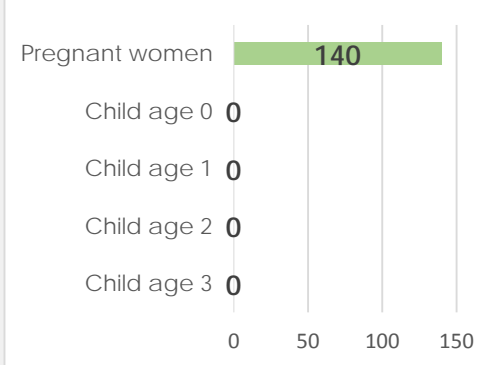
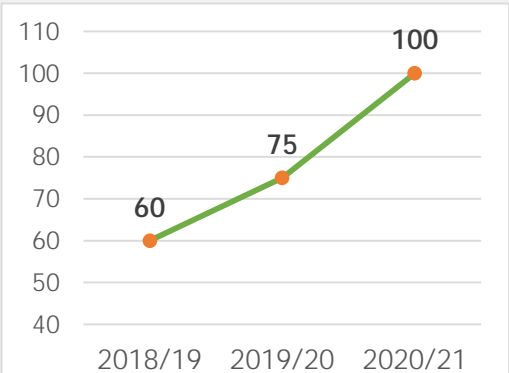
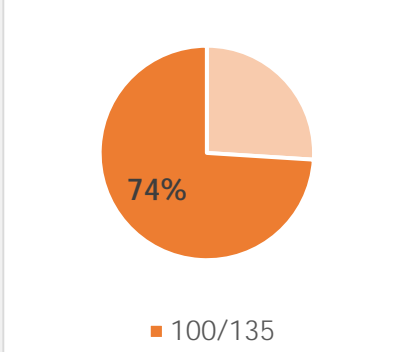
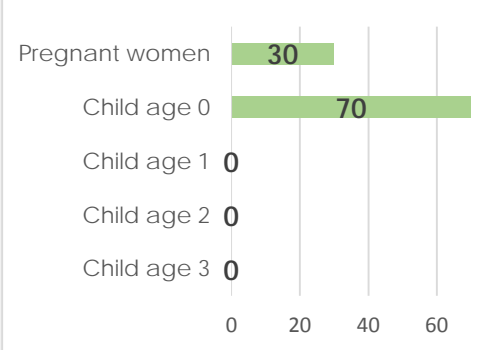
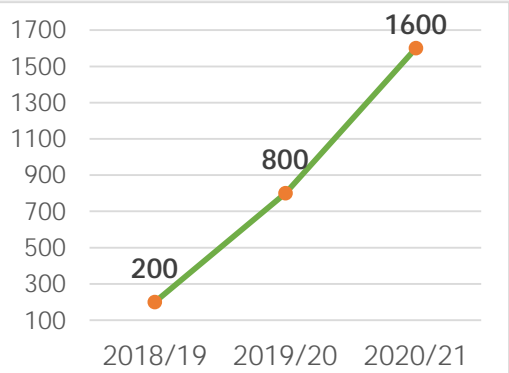
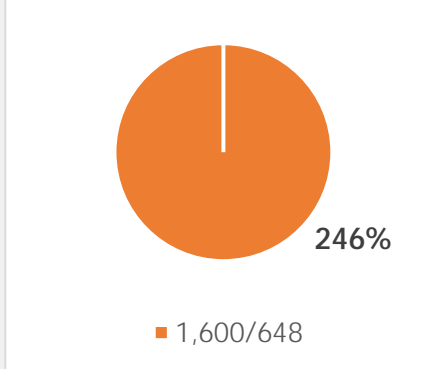
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Section 2: Programme Priorities - Scaling LEAP services



solving) the underlying challenge. Third, service reach (as shown in annual milestones in column 4) cannot be assumed to be in the target population (i.e. drawn from those affected by the underlying challenge). It will be critical to monitor not just the number of beneficiaries, but also their characteristics, so we can tell whether scale as required is being achieved. Finally, the main beneficiary (column 5) is the baby or toddler unless the service occurs during pregnancy.

Scaling LEAP services 2018-2021

STRAND AND SERVICE	THE UNDERLYING CHALLENGE	OVERALL TARGET POPULATION SIZE FOR EACH SERVICE	ANNUAL REACH MILESTONES	REACH SIZE (2020-2021) AS A PROPORTION OF EACH SERVICE'S OVERALL TARGET POPULATION SIZE	APPROXIMATE AGE PROFILE OF PRIMARY BENEFICIARIES (2020/2021)	SCALE STRATEGIES																						
DIET AND NUTRITION: Community, Activity and Nutrition (Targeted)	Within the LEAP area, there are approximately 260 pregnant women per year with a Body Mass Index (BMI) of 25 or over (obesity amongst pregnant women is associated with a range of risks and birth complications). Our estimate as to the size of the underlying challenge is therefore 260 women per year .	182 women per year <i>Equivalent to 70 per cent of the size of the underlying challenge (260 women)</i>	 <table><tr><th>Year</th><th>Reach</th></tr><tr><td>2018/19</td><td>100</td></tr><tr><td>2019/20</td><td>120</td></tr><tr><td>2020/21</td><td>140</td></tr></table>	Year	Reach	2018/19	100	2019/20	120	2020/21	140	 <table><tr><th>Proportion</th></tr><tr><td>140/182 = 77%</td></tr></table>	Proportion	140/182 = 77%	 <table><tr><th>Age Group</th><th>Count</th></tr><tr><td>Pregnant women</td><td>140</td></tr><tr><td>Child age 0</td><td>0</td></tr><tr><td>Child age 1</td><td>0</td></tr><tr><td>Child age 2</td><td>0</td></tr><tr><td>Child age 3</td><td>0</td></tr></table>	Age Group	Count	Pregnant women	140	Child age 0	0	Child age 1	0	Child age 2	0	Child age 3	0	<ul style="list-style-type: none">Enhance delivery capacityPromote adaptabilityBuild professional coalition
Year	Reach																											
2018/19	100																											
2019/20	120																											
2020/21	140																											
Proportion																												
140/182 = 77%																												
Age Group	Count																											
Pregnant women	140																											
Child age 0	0																											
Child age 1	0																											
Child age 2	0																											
Child age 3	0																											
DIET AND NUTRITION: Breastfeeding Peer Support (Targeted)	Approximately 30 per cent of LEAP women with newborn babies, representing around 270 women per year, did not sustain breastfeeding for 6-8 weeks in 2017 (breastfeeding is associated with lower rates of infection, an improved bond between mother and child and lower rates of postnatal depression). Our estimate as to the size of the underlying challenge is therefore 270 women per year . Locally, low breastfeeding rates at 6-8 weeks are particularly associated with those living in deprived areas, with younger mothers, and with mothers from Black Caribbean communities.	135 women per year <i>Equivalent to 50 per cent of the size of the underlying challenge (270 women)</i>	 <table><tr><th>Year</th><th>Reach</th></tr><tr><td>2018/19</td><td>60</td></tr><tr><td>2019/20</td><td>75</td></tr><tr><td>2020/21</td><td>100</td></tr></table>	Year	Reach	2018/19	60	2019/20	75	2020/21	100	 <table><tr><th>Proportion</th></tr><tr><td>100/135 = 74%</td></tr></table>	Proportion	100/135 = 74%	 <table><tr><th>Age Group</th><th>Count</th></tr><tr><td>Pregnant women</td><td>30</td></tr><tr><td>Child age 0</td><td>70</td></tr><tr><td>Child age 1</td><td>0</td></tr><tr><td>Child age 2</td><td>0</td></tr><tr><td>Child age 3</td><td>0</td></tr></table>	Age Group	Count	Pregnant women	30	Child age 0	70	Child age 1	0	Child age 2	0	Child age 3	0	<ul style="list-style-type: none">New partnership with agencies and servicesDistribute promotional materialsDedicated recruitment capacity
Year	Reach																											
2018/19	60																											
2019/20	75																											
2020/21	100																											
Proportion																												
100/135 = 74%																												
Age Group	Count																											
Pregnant women	30																											
Child age 0	70																											
Child age 1	0																											
Child age 2	0																											
Child age 3	0																											
DIET AND NUTRITION: LEAP into Healthy Living (Targeted)	In recent years, approximately 30 per cent of LEAP reception children have been overweight or very overweight (childhood obesity can profoundly affect children's physical health, social and emotional well-being, and self-esteem). 30 per cent of the total LEAP cohort (0-3) represents around 1,080 children. Our estimate as to the size of the underlying challenge is therefore 1,080 children .	648 women per year <i>Equivalent to 60 per cent of the size of the underlying challenge (1,080 children)</i>	 <table><tr><th>Year</th><th>Reach</th></tr><tr><td>2018/19</td><td>200</td></tr><tr><td>2019/20</td><td>800</td></tr><tr><td>2020/21</td><td>1600</td></tr></table>	Year	Reach	2018/19	200	2019/20	800	2020/21	1600	 <table><tr><th>Proportion</th></tr><tr><td>1,600/648 = 246%</td></tr></table>	Proportion	1,600/648 = 246%	 <table><tr><th>Age Group</th><th>Count</th></tr><tr><td>Pregnant women</td><td>320</td></tr><tr><td>Child age 0</td><td>320</td></tr><tr><td>Child age 1</td><td>320</td></tr><tr><td>Child age 2</td><td>320</td></tr><tr><td>Child age 3</td><td>320</td></tr></table>	Age Group	Count	Pregnant women	320	Child age 0	320	Child age 1	320	Child age 2	320	Child age 3	320	<ul style="list-style-type: none">Enhance delivery capacityDistribute promotional materialsWork across 11 core delivery sites
Year	Reach																											
2018/19	200																											
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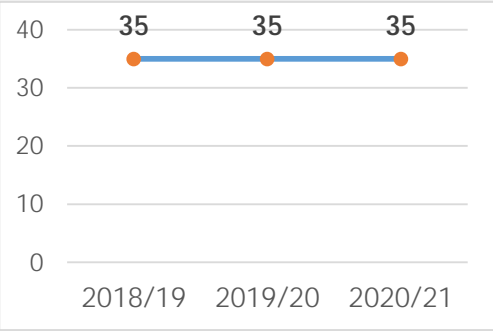
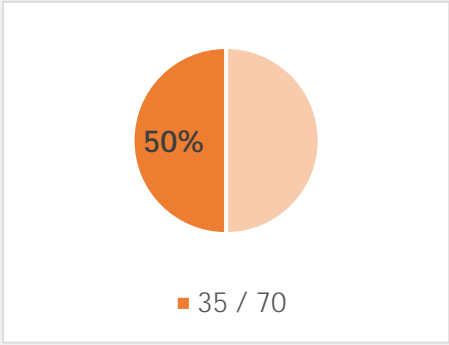
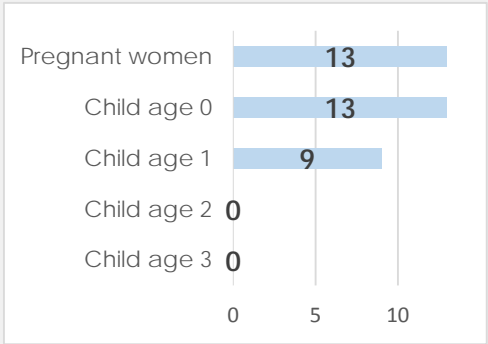
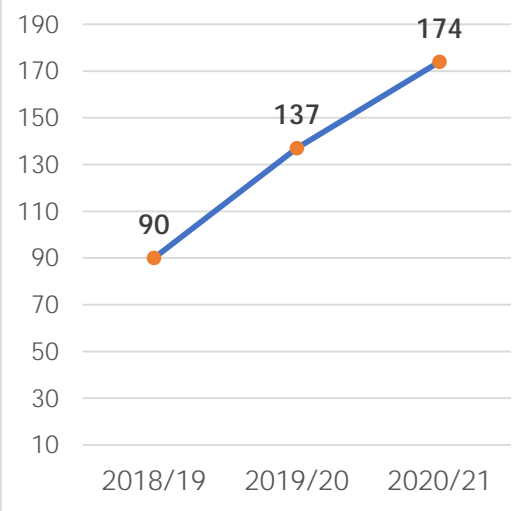
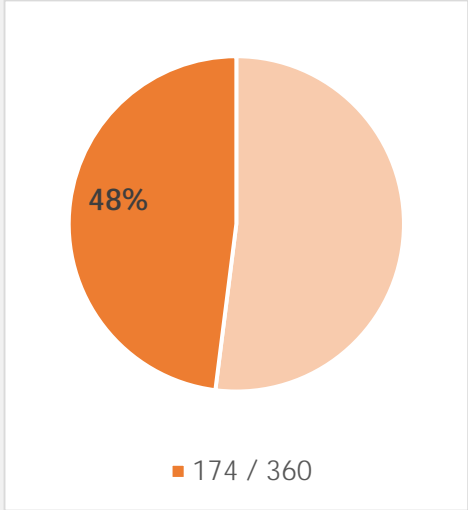
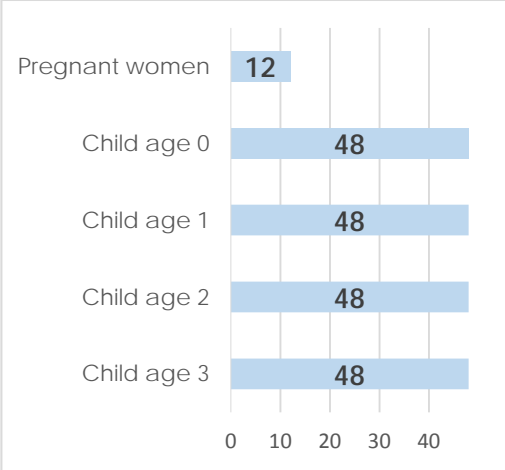
Scaling LEAP services 2018-2021

STRAND AND SERVICE	THE UNDERLYING CHALLENGE	OVERALL TARGET POPULATION SIZE FOR EACH SERVICE	ANNUAL REACH MILESTONES	REACH SIZE (2020-2021) AS A PROPORTION OF EACH SERVICE'S OVERALL TARGET POPULATION SIZE	APPROXIMATE AGE PROFILE OF PRIMARY BENEFICIARIES (2020/2021)	SCALE STRATEGIES
DIET AND NUTRITION: Oral Health - Distribution of tooth-brushing packs (Universal)	Data from the 2015 Oral Health Survey of five-year-old children (National Dental Epidemiology Programme), showed that 22.1 per cent of Lambeth children experienced dental decay. This data is only available at a boroughwide level. Given the association between deprivation and poor oral health, children in the LEAP wards may have worse oral health than children in the rest of Lambeth. For tooth-brushing packs, our estimate as to the size of the LEAP population in need of the service is all 900 LEAP one-year-olds per year . For supervised toothbrushing, our estimate as to the size of the underlying challenge is 675 children (25 per cent of LEAP's one to three year olds).	900 children per year <i>Equivalent to 100 per cent of the size of the underlying challenge (900 children)</i>				<ul style="list-style-type: none">Enhance delivery capacityRevise professional rolesObtain formal commitments
DIET AND NUTRITION: Oral Health - Supervised tooth-brushing in childcare settings (Targeted)		400 children per year <i>Equivalent to 60 per cent of the size of the underlying challenge (675)</i>				<ul style="list-style-type: none">Appoint a dedicated leadProvide ongoing supervision
SOCIAL AND EMOTIONAL DEVELOPMENT: Centring Pregnancy (Targeted)	We estimate that 40 per cent of LEAP pregnant women would benefit from enhanced midwifery support. Our estimate as to the size of the LEAP population that would benefit from enhanced midwifery support is therefore 360 women per year.	144 women per year <i>Equivalent to 40 per cent of the size of the underlying challenge (360 women)</i>				<ul style="list-style-type: none">Enhance delivery capacityProvide ongoing supervision

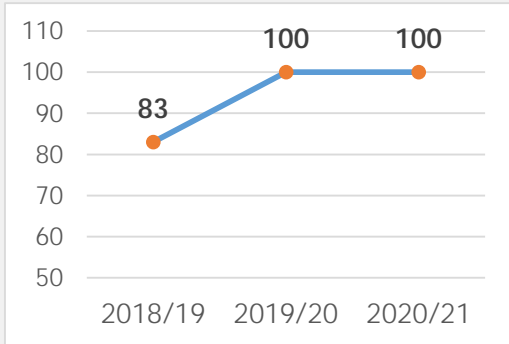
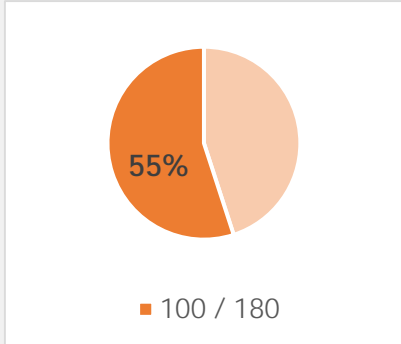
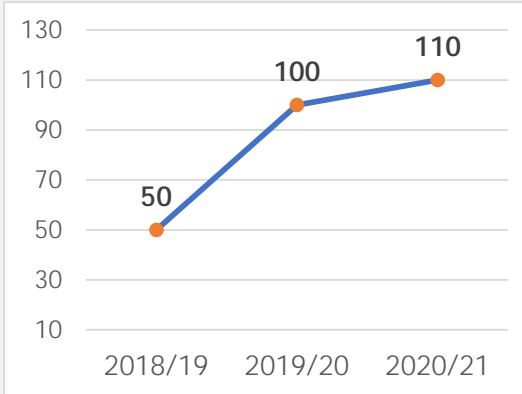
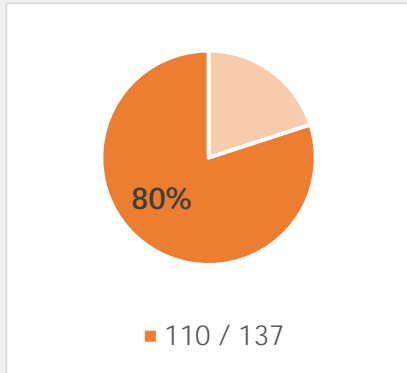
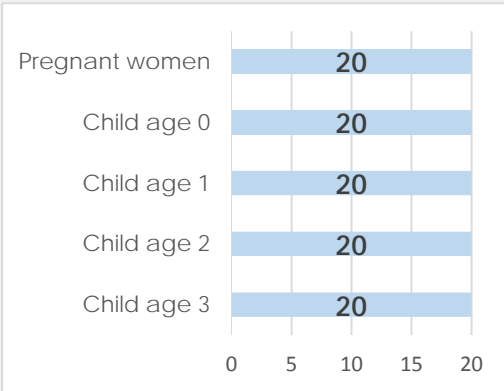
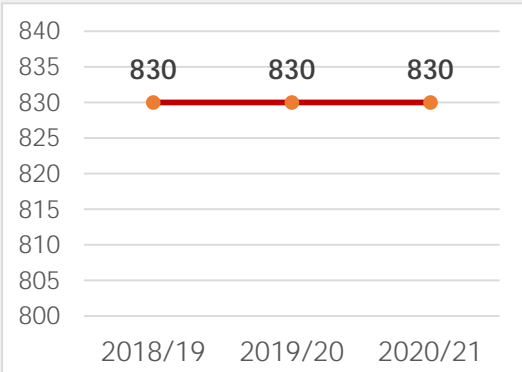
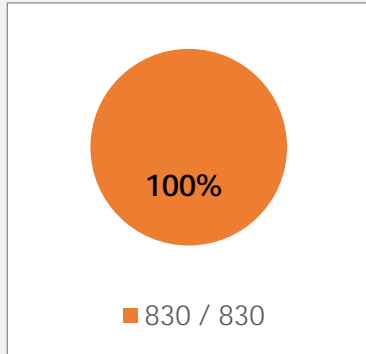
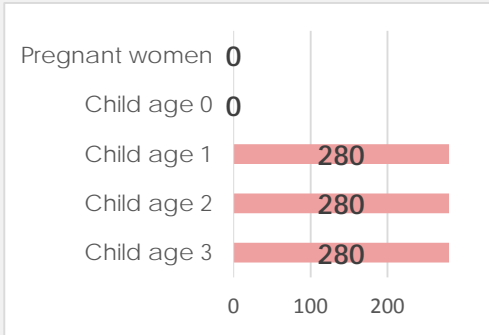
Scaling LEAP services 2018-2021

STRAND AND SERVICE	THE UNDERLYING CHALLENGE	OVERALL TARGET POPULATION SIZE FOR EACH SERVICE	ANNUAL REACH MILESTONES	REACH SIZE (2020-2021) AS A PROPORTION OF EACH SERVICE'S OVERALL TARGET POPULATION SIZE	APPROXIMATE AGE PROFILE OF PRIMARY BENEFICIARIES (2020/2021)	SCALE STRATEGIES
SOCIAL AND EMOTIONAL DEVELOPMENT: Baby Steps (Targeted)	At age five, around one in five children in the LEAP wards did not achieve a good level of social and emotional development in 2017 (children's social and emotional health includes their capacity to form secure relationships, experience and regulate emotions, and explore and learn). One in five pregnant LEAP women represents approximately 180 women. Our estimate as to the size of the underlying challenge is therefore 180 women per year.	144 women per year Equivalent to 80 per cent of the size of the underlying challenge (180 women)				<ul style="list-style-type: none">Enhance delivery capacityProvide ongoing supervision
SOCIAL AND EMOTIONAL DEVELOPMENT: Caseload Midwifery (Targeted)		180 women per year Equivalent to 100 per cent of the size of the underlying challenge (180 women)				
SOCIAL AND EMOTIONAL DEVELOPMENT: Universal Midwifery Pathway	Pregnancy is a critical time and so we want to ensure every LEAP family gets all the support they need. At maternity booking, women access one of three pathways: Caseload Midwifery, Centering Pregnancy or Community Midwifery. Additional support is available in the form of FNP, Baby Steps, CAN and BFPS. Every family will be offered ongoing support to access the services they need through Maternity Pathway Coordinators.	900 women per year Equivalent to 100 per cent of the size of the underlying challenge (900 women)				

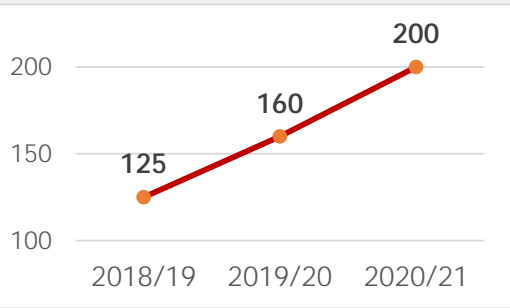
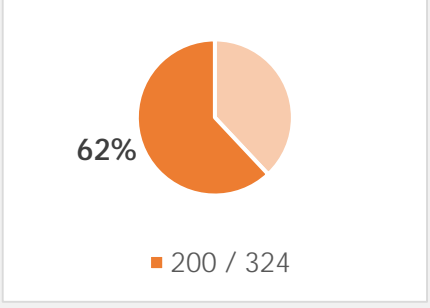
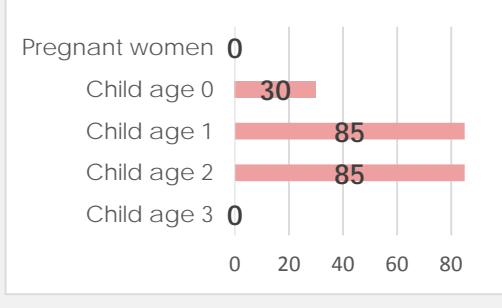
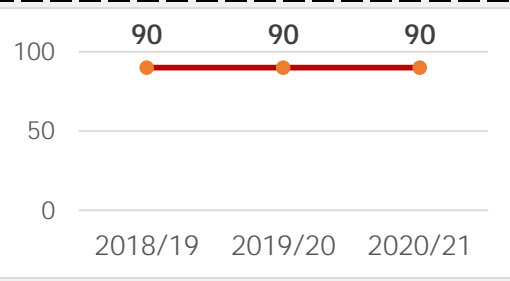
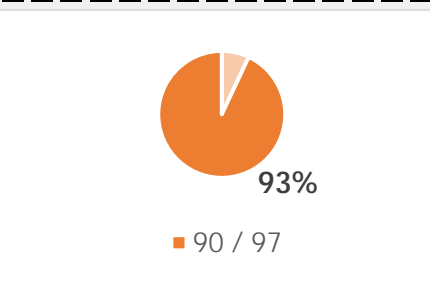
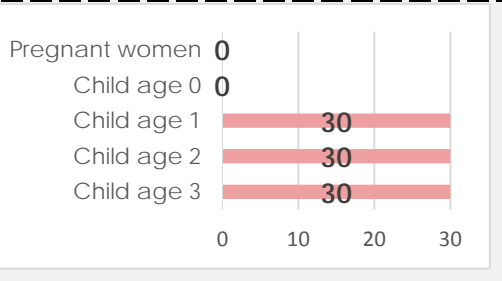
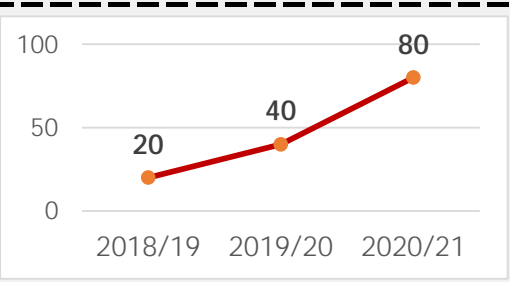
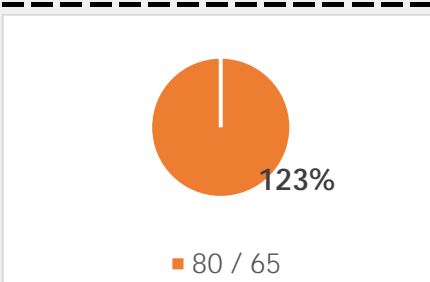
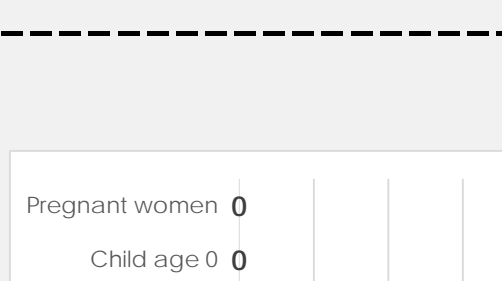
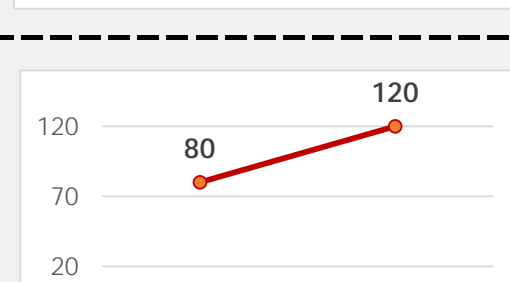
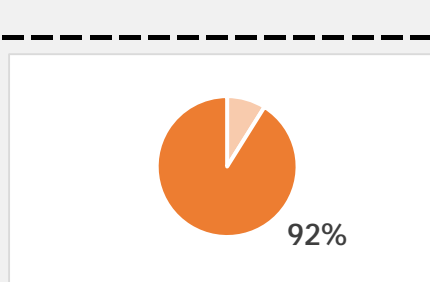
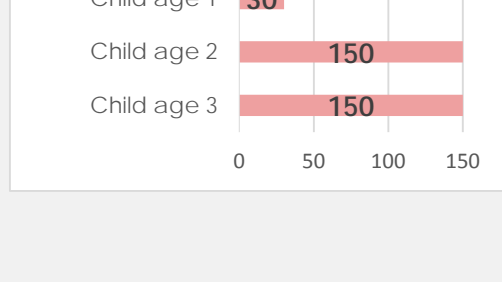
Scaling LEAP services 2018-2021

STRAND AND SERVICE	THE UNDERLYING CHALLENGE	OVERALL TARGET POPULATION SIZE FOR EACH SERVICE	ANNUAL REACH MILESTONES	REACH SIZE (2020-2021) AS A PROPORTION OF EACH SERVICE'S OVERALL TARGET POPULATION SIZE	APPROXIMATE AGE PROFILE OF PRIMARY BENEFICIARIES (2020/2021)	SCALE STRATEGIES
SOCIAL AND EMOTIONAL DEVELOPMENT: Family-Nurse Partnership (Targeted)	The Family-Nurse Partnership is offered to first-time mums under the age of 20. According to data from the Family Nurse team, our estimate as to the size of the LEAP population in need of the service is approximately 70 women per year .	70 women per year <i>Equivalent to 100 per cent of the eligible population (70 women)</i>				
SOCIAL AND EMOTIONAL DEVELOPMENT: PAIRS One-to-One, Together Time and Circle of Security (Targeted)	At age five, around one in five children in the LEAP wards did not achieve a good level of social and emotional development. Subsequently, the PAIRS service aims broadly to support the 20 per cent most disadvantaged babies and toddlers. This represents approximately 180 children in each age group or 720 children aged 0-3. Our estimate as to the size of the underlying challenge is therefore 720 children .	360 children <i>Equivalent to 50 per cent of the size of the underlying challenge (720 children)</i>				<ul style="list-style-type: none">Build a coalition of professionalsIncrease demandNew partnerships with other LEAP servicesObtain formal commitmentsProvide ongoing consultationChange service sites
SOCIAL AND EMOTIONAL DEVELOPMENT: PAIRS Together Time						
SOCIAL AND EMOTIONAL DEVELOPMENT: PAIRS Circle of Security						
SOCIAL AND EMOTIONAL DEVELOPMENT: PAIRS Workforce Support	Under development					

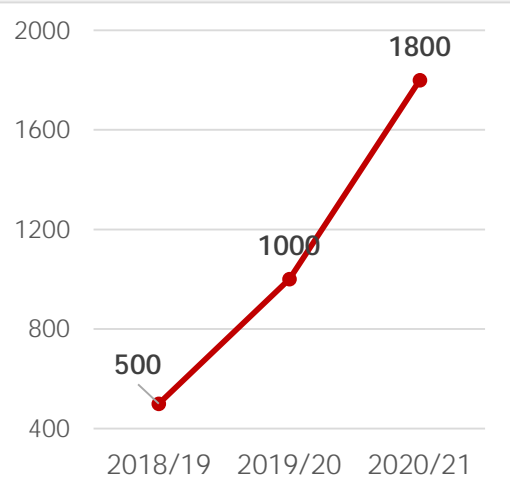
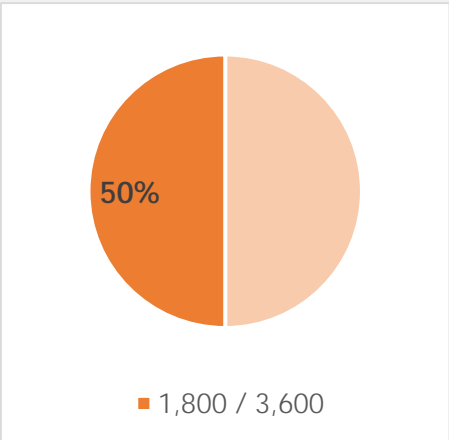
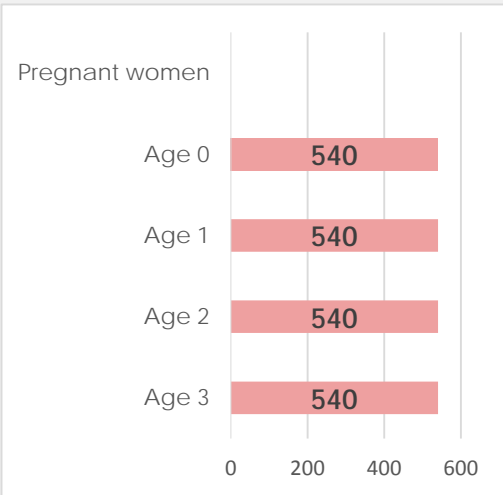
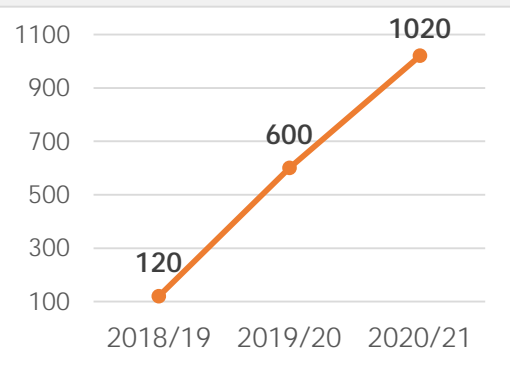
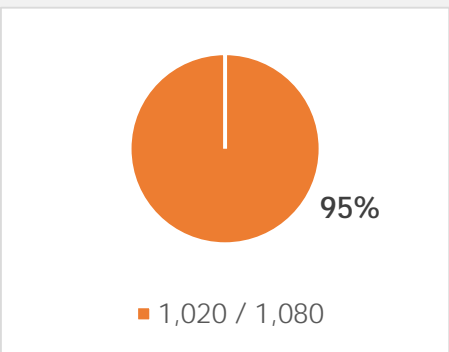
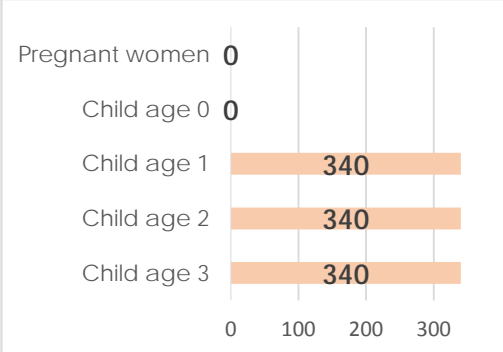
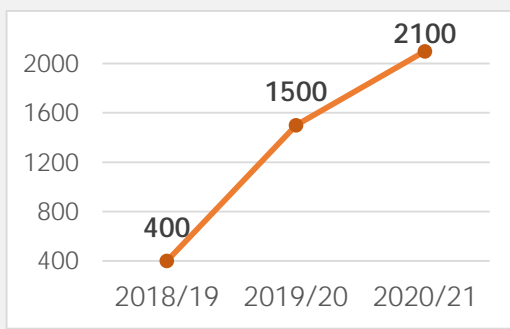
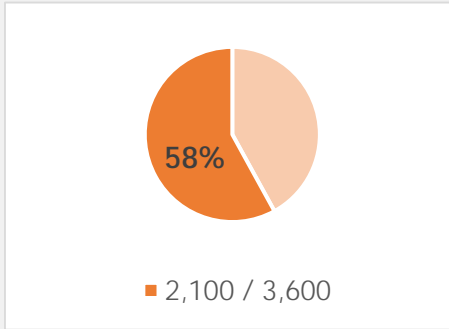
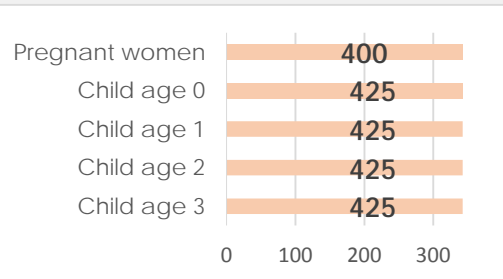
Scaling LEAP services 2018-2021

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SOCIAL AND EMOTIONAL DEVELOPMENT: Domestic Violence (Targeted)	Data on levels of domestic violence is difficult to obtain, given victims' reluctance to report. However, we do know that domestic violence is a significant local challenge. For instance, the average London ward records 19 DV crimes per month, the average Lambeth ward records 22 DV crimes per calendar month, and the average LEAP ward records 28 DV crimes per calendar month. We are working on the basis that 5 per cent of the LEAP population may require DV support. This equates to approximately 180 families.	180 families Equivalent to 100 per cent of the size of the underlying challenge (180 families)				
SOCIAL AND EMOTIONAL DEVELOPMENT: Overcrowded Housing (Targeted)	Levels of overcrowding across housing sectors are not routinely monitored. However, we do know that, at the end of July 2017, over 26,000 households were waiting on Lambeth Council's Housing Register for permanent housing. This includes 5,000 current council tenants seeking a transfer. Of these 5,000 council tenants, 195 are families with very young children in the LEAP wards who are seeking a move because of overcrowding. Our estimate as to the underlying challenge (in council accommodation) is therefore 195 families.	137 Equivalent to 70 per cent of the size of the underlying challenge (195 families)				<ul style="list-style-type: none">Enhance delivery capacityNew partnerships
COMMUNICATION AND LANGUAGE: Talk and Play Every Day - Work with PVIs (Targeted)		830 children per year Equivalent to 100 per cent of the size of the underlying challenge (830 children)				

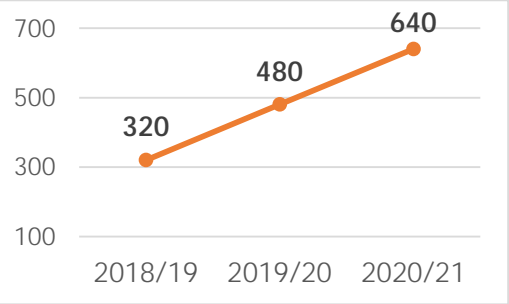
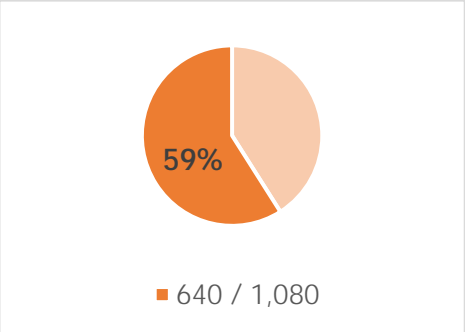
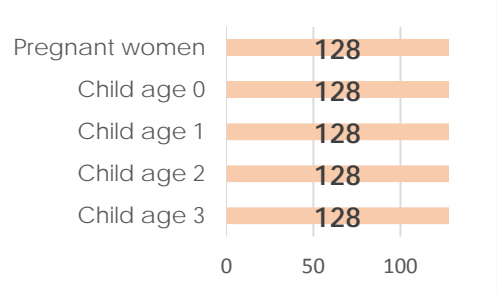
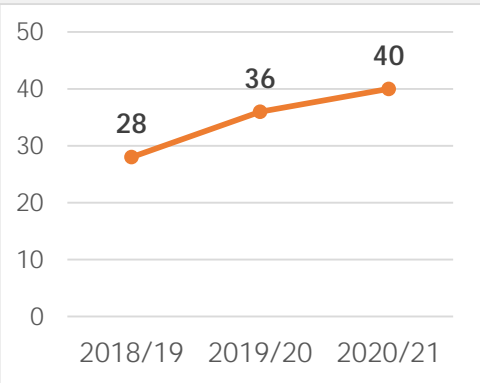
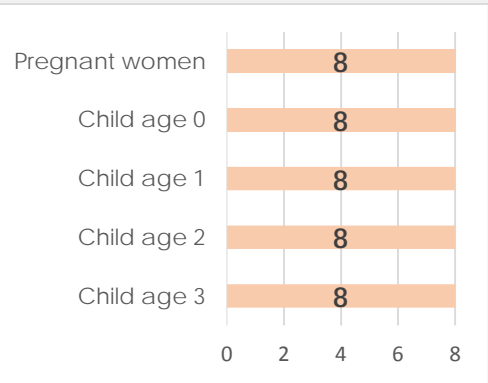
Scaling LEAP services 2018-2021

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COMMUNICATION AND LANGUAGE: Raising Early Achievement in Literacy (Making it REAL for under 3s) (Targeted)	Around one in four children in the LEAP wards did not achieve a good level of communication and language development in 2017 (children with poor language skills at age five are more likely to fall behind at school). 24 per cent of the total LEAP 0-2 population represents approximately 648 children. Our estimate as to the size of the underlying challenge amongst 0-2s (the target ages for REAL, Chattertime, Doorstep Library and Natural Thinkers) is therefore 648 children .	324 children per year <i>Equivalent to 50 per cent of the size of the underlying challenge (648 children)</i>				<ul style="list-style-type: none"> Identify early adopters Build a coalition of professionals New partnerships with other LEAP services Enhance delivery capacity
COMMUNICATION AND LANGUAGE: Talk and Play Every Day - Chattertime (Targeted)		97 children per year <i>Equivalent to 15 per cent of the size of the underlying challenge (648 children)</i>				
COMMUNICATION AND LANGUAGE: Doorstep Library (Targeted)		65 children per year <i>Equivalent to 10 per cent of the size of the underlying challenge (648 children)</i>				<ul style="list-style-type: none"> Identify and prepare champions Stage implementation scale up
COMMUNICATION AND LANGUAGE: Natural Thinkers - work with settings						<ul style="list-style-type: none"> Identify early adopters Provide technical assistance Provide ongoing consultation
COMMUNICATION AND LANGUAGE: Natural Thinkers - Stay and Play sessions (Targeted)		130 children per year <i>Equivalent to 20 per cent of the size of the underlying challenge (648 children)</i>				

Scaling LEAP services 2018-2021

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SYSTEMS CHANGE: Family Partnership Model	Initially, Health Visitors will be using the Family Partnership Model (FPM) with their Universal Partnership and Universal Partnership Plus cases. In time, they will aim to apply the model universally. Better Start Workers will be using FPM with their Tier 2 and Tier 1 cases. 65 out of 76 health visitors (85 per cent of the workforce), 14 out of 25 Early Help Team Workers (58 per cent of the workforce), and all 31 children's centre managers have completed the full five days of training.	3,600 children per year <i>Equivalent to 100 per cent of the size of the overall population (3,600)</i>				
SYSTEMS CHANGE: GP Connect (Targeted)	GP Connect will work across the LEAP wards, identifying and responding to very early indications of vulnerability in children aged 0-3. This service will focus on the 30 per cent most disadvantaged children. There are around 2,700 one, two and three year olds in the LEAP area. Our estimate as to the size of the LEAP population in need of the service is therefore 2,700 children.	1,080 children <i>Equivalent to 30 per cent of the size of the overall population (3,600)</i>				<ul style="list-style-type: none">Identify early adoptersRevise professional rolesObtain formal commitments
SYSTEMS CHANGE: Parent Champions (Universal)	Our Parent Champion project aims to reach out to all 3,600 families with young children in the LEAP wards.	3,600 children				<ul style="list-style-type: none">Enhance delivery capacityProvide ongoing supervisionDistribute promotional materials

Scaling LEAP services 2018-2021

STRAND AND SERVICE	THE UNDERLYING CHALLENGE	OVERALL TARGET POPULATION SIZE FOR EACH SERVICE	ANNUAL REACH MILESTONES	REACH SIZE (2020-2021) AS A PROPORTION OF EACH SERVICE'S OVERALL TARGET POPULATION SIZE	APPROXIMATE AGE PROFILE OF PRIMARY BENEFICIARIES (2020/2021)	SCALE STRATEGIES
SYSTEMS CHANGE: Community Engagement - Community Events	Our Community Engagement work sets out to reach the entire community of 0-3s and their families in the LEAP wards. This works out at approximately 900 children in each year group or around 3,600 babies and toddlers in total.	1,080 children <i>Equivalent to 30 per cent of the size of the overall population (3,600)</i>				<ul style="list-style-type: none">Ongoing supervisionIdentify and prepare champions
SYSTEMS CHANGE: Community Engagement - Early Years Forums						

Headline Delivery Plan

Section 2: Programme Priorities - Scaling LEAP services



From this work, we can better understand the overall scope and shape of LEAP at scale.

- o For instance, by 2020/21, we will have several workforce projects with broad reach. This includes our work on communication and language with the PVI workforce (impacting on around 800 children), work linking GPs and health visitors (impacting on around 1,000 children), work on supervised toothbrushing (impacting on approximately 300 children), work with practitioners on spotting the signs of domestic violence, and work with Universal Partnership Plus families through children's centres, health visitors, and early help teams.
- o We will have a set of universal access community activities and outreach work. Together, these should have well over 2,000 service user contacts (defined as attending an event or being contacted by a Parent Champion) in 2020/21.
- o In addition, we will have a wide-range of targeted services, with an approximate total of nearly 2,000 service beneficiaries (defined as those participating in a service) in 2020/21.

2.2 Learning from LEAP services

To help us capitalise on the opportunities for learning associated with LEAP services we have:

- Significantly increased LEAP's investment in data, evidence and learning, with three recruitments in the early part of 2018 to the core team (Evaluation and Research Manager, Evaluation and Research Officer, Data Analyst - Programmes)
- Set a clear focus for our new evaluation team around enhancing our routine monitoring and overseeing service-level process and outcomes evaluations.
- We will work on and introduce a method for tracking the participants of each service by ethnicity and deprivation. This is essential as we need to ensure our services are not just reaching more families but are also reaching the right families.

The table on the following pages shows how we will learn from LEAP services. Alongside each service, we show the desired outcome, outcome measurement tools, and the frequency and mechanism for reporting. We also show a key early question relating to the service's implementation that our practitioners will set out to answer. This table is very much a starting point and will be refined and developed further by our new Evaluation and Research team.

Learning from LEAP services

STRAND AND SERVICE	SERVICE OUTCOMES	OUTCOMES MEASUREMENT	OUTCOMES REPORTING	PROGRAMME OUTCOME	KEY IMPLEMENTATION RESEARCH QUESTION 2018/19
DIET AND NUTRITION: Community, Activity and Nutrition	1) Increase knowledge, awareness and opportunities around healthy diet and exercise during pregnancy 2) Improve early detection and management of gestational diabetes 3) Improve and sustain positive changes in diet and physical activity 4) Reduce the proportion of large for gestational age babies born in the LEAP area 5) Reduce the proportion of birth complications in the LEAP area 6) Increase identification of other needs and appropriate referrals	1) Knowledge and awareness of healthy diet and exercise: Pre-and-post CAN questionnaire 2) Gestational diabetes: 122 Oral Glucose Tolerance Tests 3) Positive changes in diet and physical activity: Pedometer step counts, International Physical Activity Questionnaire, Three-Factor Eating Questionnaire, Baby Eating Behaviour Questionnaire 4) Large for gestational age babies: GSTT data 5) Birth complications: GSTT data 6) Identification of other needs: Edinburgh Postnatal Depression Scale	Quarterly via the Diet & Nutrition Scorecard (with the financial year Quarter 2 scorecard including annual analysis on sustained dietary and physical activity changes) Independent outcomes evaluation planned - 2020/21	Proportion of babies with a birth weight over 4000g Proportion of children overweight at school entry Proportion of children very overweight at school entry	Is a light-touch CAN app a viable and effective way of engaging women who are too busy to attend sessions?
DIET AND NUTRITION: Breastfeeding Peer Support	Under development		Quarterly via the Diet & Nutrition Scorecard	Proportion of mothers breastfeeding at 6-8 weeks	What are the most effective approaches for engaging groups of women who are most "at risk" of not breastfeeding at 6-8 weeks?
DIET AND NUTRITION: LEAP into Healthy Living	Under development		Quarterly via the Diet & Nutrition Scorecard	Proportion of children overweight at school entry Proportion of children very overweight at school entry	

Learning from LEAP services

STRAND AND SERVICE	SERVICE OUTCOMES	OUTCOMES MEASUREMENT	OUTCOMES REPORTING	PROGRAMME OUTCOME	KEY IMPLEMENTATION RESEARCH QUESTION 2018/19
DIET AND NUTRITION: Oral Health	Under development		Quarterly via the Diet & Nutrition Scorecard		What conditions or wider factors enable childcare settings to effectively implement supervised toothbrushing?
SOCIAL AND EMOTIONAL DEVELOPMENT: Baby Steps	Increase parental capacity to care for and nurture their baby Strengthen baby-parent attachment and attunement Reduce birth complications and incidence of low birth weight Improve parental confidence Reduce parental anxiety	Improve parent-foetal relationship: Prenatal Attachment Inventory (PAI) Improve parent-infant relationship: Mothers' Object Relations Scale (MORS) Reduce anxiety and depression: Hospital Anxiety and Depression Scale (HADS) Improve self-esteem: Rosenberg Self-Esteem Scale	Quarterly via the Social and Emotional Development Scorecard Independent outcomes evaluation planned - 2021/22	Proportion of children achieving at least the expected level of development in all personal, social and emotional early learning goals at age five	
SOCIAL AND EMOTIONAL DEVELOPMENT: Caseload Midwifery	Under development		Quarterly via the Social and Emotional Development Scorecard		

Learning from LEAP services

STRAND AND SERVICE	SERVICE OUTCOMES	OUTCOMES MEASUREMENT	OUTCOMES REPORTING	PROGRAMME OUTCOME	KEY IMPLEMENTATION RESEARCH QUESTION 2018/19
SOCIAL AND EMOTIONAL DEVELOPMENT: Family-Nurse Partnership			Quarterly via the Social and Emotional Development Scorecard		
SOCIAL AND EMOTIONAL DEVELOPMENT: PAIRS One-to-One	Improved attachment and attunement between baby and parent 1) Parents/carers showing increased reflective functioning 2) Parents/carers displaying increased parental sensitivity 3) Parents/carers reporting improved connection to their child 4) Parents/carers with improved interaction with their child 5) Improved infant mental health	Parental Reflective Functioning Questionnaire Parental Sensitivity Subscale on the Keys to Interactive Parenting Scale (KIPS) Maternal Object Relations Scale (Subscales of Warmth and Invasion) Summary score on the KIPS and Diagnostic Classification for children aged 0-5 Ages and Stages Questionnaire	Quarterly via the Social and Emotional Development Scorecard Independent outcomes evaluation planned - 2021/22	Proportion of children achieving at least the expected level of development in all personal, social and emotional early learning goals at age five	What strategies are most effective at increasing referrals to PAIRS One-to-One from the children's workforce?
SOCIAL AND EMOTIONAL DEVELOPMENT: PAIRS Together Time	Improved attachment and attunement between baby and parent 1) Parents/carers showing increased reflective functioning 2) Parents/carers reporting an improved connection with their child 3) Parents/carers with improved interaction with their child 4) Babies/infants showing increased psychological functioning	1) Parental Reflective Functioning Questionnaire (PRFQ) 2) Maternal Object Relations Scale (Subscales of Warmth and Invasion) 3) Summary Score Diagnostic Classification 0-5, Level of Functioning 4) Summary Score Diagnostic Classification 0-5, Presence or Absence of Behavioural Difficulties	Quarterly via the Social and Emotional Development Scorecard Independent outcomes evaluation planned - 2021/22	Proportion of children achieving at least the expected level of development in all personal, social and emotional early learning goals at age five	Does concentrated hyper-local delivery of PAIRS Together Time help us to reach more families from socio-economically deprived backgrounds?

Learning from LEAP services

STRAND AND SERVICE	SERVICE OUTCOMES	OUTCOMES MEASUREMENT	OUTCOMES REPORTING	PROGRAMME OUTCOME	KEY IMPLEMENTATION RESEARCH QUESTION 2018/19
SOCIAL AND EMOTIONAL DEVELOPMENT: Domestic Violence	Service users: feel safer and less frightened; experience a decrease in injuries; experience a reduction in risk; report an improved quality of life; report reductions in feelings of social isolation; report improved feelings of health and wellbeing; are living in suitable safe accommodation; have an awareness of the risks and impact to their children. Workforce has increased knowledge, confidence and skills in identifying, assessing and responding to domestic violence.	GAIA Centre Service User Exit Questionnaire Workforce staff surveys Referral rates from agencies to the GAIA Centre	Quarterly via the Social and Emotional Development Scorecard Independent outcomes evaluation planned - 2020/2021	Proportion of children achieving at least the expected level of development in all personal, social and emotional early learning goals at age five	
SOCIAL AND EMOTIONAL DEVELOPMENT: Overcrowded Housing	Improved parental well-being Improving the appropriateness of the client's homes for raising young children Increasing parental connectedness to their local communities Increasing parental knowledge, confidence and skills to make changes to their home environment Increased family knowledge on housing options	The wellbeing of the primary caregiver will be measured pre-and-post intervention (baseline, 3 month, 1 year follow up), by using validated questions drawn from the Office for National Statistics The appropriateness of the client's homes will be measured, pre-and-post intervention, by a 7-point Likert Scale with questions drawn from the Housing Condition Survey Parental knowledge, skills and confidence to make changes to their home environment, and family knowledge on housing options, will be measured in the Service Exit Evaluation Questionnaire	Quarterly via the Social and Emotional Development Scorecard Independent outcomes evaluation planned - 2020/21	Proportion of children achieving at least the expected level of development in all personal, social and emotional early learning goals at age five	Which components of the Overcrowded Housing Support Service do parents feel has the biggest impact on improving their well-being?
COMMUNICATION AND LANGUAGE: Raising Early Achievement in Literacy (Making it REAL for under 3s)	Improved children's language skills and word/letter recognition Improved parent confidence to support their child's early learning at home Improved practitioner confidence working with parents	Child Observation Resource Sheet Pre-and-post training questionnaire for practitioners The Toddler Home Learning Environment Measure (Sylva, Sammons, Evangelou, Eisenstadt, Smith and Goff)	Quarterly via the Communication and Language Development Scorecard	Proportion of children achieving at least the expected level of development in all communication and language early learning goals at age five	How can settings be best supported to target REAL on those children who need it the most?

Learning from LEAP services

STRAND AND SERVICE	SERVICE OUTCOMES	OUTCOMES MEASUREMENT	OUTCOMES REPORTING	PROGRAMME OUTCOME	KEY IMPLEMENTATION RESEARCH QUESTION 2018/19
COMMUNICATION AND LANGUAGE: Talk and Play Every Day	Increase local awareness of speech, language and communication development and needs Improve speech, language and communication outcomes and experiences for children within the LEAP area	EY practitioners awareness and observed behaviours measured through self-report of confidence and skills at completion of training (Foundation Stage Evelina Award audit tool and Adult-Child Interaction Tally scales) Referral information to Speech and Language from PVI settings FOCUS scores for children with SLCN through joint parent-practitioner observation scales Emotional Social Battery (ESB) assessment tool Parents self-report of confidence and observable behaviours on video feedback sessions (Parent Child Interaction for Baby Chattertime)	Quarterly via the Communication and Language Development Scorecard Independent outcomes evaluation planned - 2020/21	Proportion of children achieving at least the expected level of development in all communication and language early learning goals at age five	
COMMUNICATION AND LANGUAGE: Doorstep Libraries	Under development		Quarterly via the Communication and Language Development Scorecard	Proportion of children achieving at least the expected level of development in all communication and language early learning goals at age five	
COMMUNICATION AND LANGUAGE: Natural Thinkers	Improve communication and language development for project children Increase early years practitioners confidence, knowledge and skills in using the outdoors creatively to support children's communication and language development and personal, social and emotional development	Leuven Scales of Involvement and Well-Being Speech and Language Assessment tool Pre-and-post questionnaires	Quarterly via the Communication and Language Development Scorecard Independent outcomes evaluation planned - 2021/22	Proportion of children achieving at least the expected level of development in all communication and language early learning goals at age five	
SYSTEMS CHANGE: Workforce	Increase understanding and knowledge amongst the workforce Increase practitioner confidence to support families Increase the use of evidence-based practices by the local workforce		Quarterly via the Systems Change Scorecard		What types of workforce training (in terms of both content and delivery) have the most influence on professional practice?

Learning from LEAP services

STRAND AND SERVICE	SERVICE OUTCOMES	OUTCOMES MEASUREMENT	OUTCOMES REPORTING	PROGRAMME OUTCOME	KEY IMPLEMENTATION RESEARCH QUESTION 2018/19
SYSTEMS CHANGE: Parent Champions	Established networks of active Parent Champions engaging with parents/carers across the four LEAP wards Increased engagement with appropriate family services by LEAP parents/carers Parent Champions gain skills, confidence and experience	Number of Community Chats Number of Community Conversations Actions taken as a result of Community Chats and Community Conversations Outcomes tracker - to compare levels of engagement with early years services, both in the LEAP wards and in similar neighbourhoods	Quarterly via the Systems Change Scorecard		Which strategies are most effective for engaging dads with the Parent Champion project?
SYSTEMS CHANGE: Community Engagement	To support local communities to help shape local early years services To create regular opportunities for local LEAP parents to get together and find out about LEAP services To build community capacity within the LEAP wards To recognise and refer families presenting as being in need of early intervention support services	Number of Early Years Forums held, attendees at Early Years Forums, new attendees at Early Years Forums, number of local LEAP representatives Number of Community Events held, number of families attending each Community Event, number of new families attending each Community Event Number of local organisations making contact with the LEAP Community Fund, number of joint ventures with existing VCS organisations, number of joint ventures with existing statutory services Outcomes tracker - to compare levels of engagement with early years services, both in the LEAP wards and in similar neighbourhoods	Quarterly via the Systems Change Scorecard		How can local community organisations be best supported to work together on early childhood development?

2.3 Building a single Early Years Pathway

LEAP's third 2018-2021 programme priority is to build a single early years pathway. Individual services can make important differences for babies and toddlers but they are likely to be more powerful when embedded within a coherent system with interventions complementing one another.

We have three priorities -

- Strand-level groups so that services work collectively on improving outcomes
- Pathway Coordinators who help parents to navigate their own customised route through several services
- Steps to align consent processes and to link data across LEAP services.

In addition, we will continue to play a full role in Lambeth's boroughwide Better Start programme. This will help ensure LEAP services are embedded with (and enhance) the core local early years offer. The core offer is outlined in Appendix 2.

Supporting services to work collectively

We want to support services to work collectively. First, we have established Strand Groups for Diet and Nutrition, Social and Emotional Development, and Communication and Language Development (see figure 5). Strand Groups are comprised of LEAP service providers and other strand-specific delivery organisations. They have a remit both to strengthen links between LEAP services, and between LEAP services and the wider local system, and to consider evidence and data on how best to bring about improvements in population-level outcomes for the strand as a whole. Second, we have introduced LEAP Service Provider events, to be held three times per year. These events will focus specifically on strengthening links between services across (as well as within) strands.

Pathway Coordinators

Pathway Coordinators help parents to access appropriate service pathways. We are recruiting two Maternity Pathway Coordinators (MPCs). One MPC will be based in Guy's and St Thomas' NHS Foundation Trust and the other will be based in King's College Hospital NHS Foundation Trust. They will identify LEAP women at the point of booking into the midwifery service and, where requested, will help them access appropriate follow-on services.

A broad outline of the process is illustrated in Figure 6 on the next page.

Headline Delivery Plan

Section 2: Programme Priorities - Building a single Early Years Pathway

Figure 5: LEAP Strand Groups

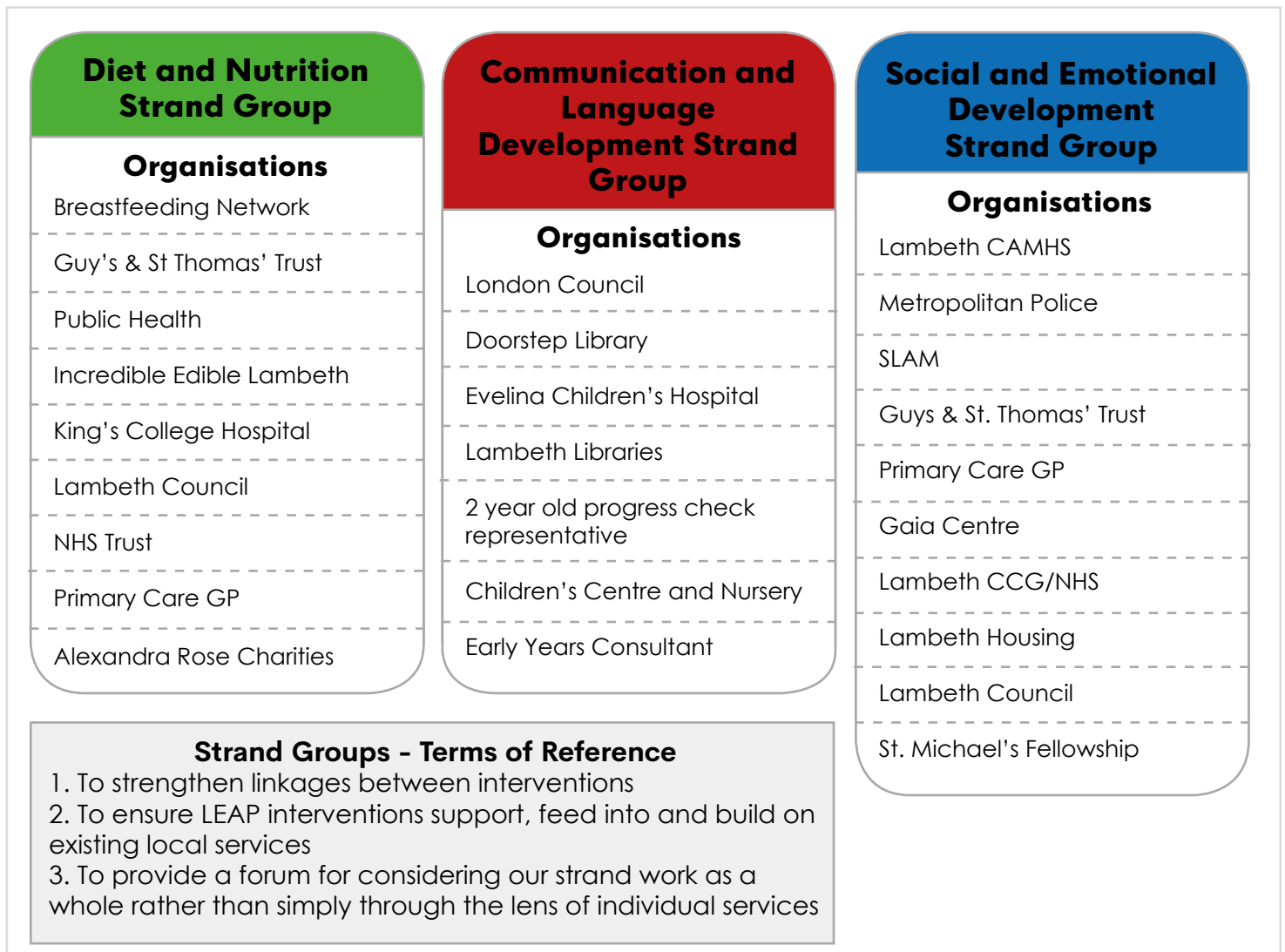
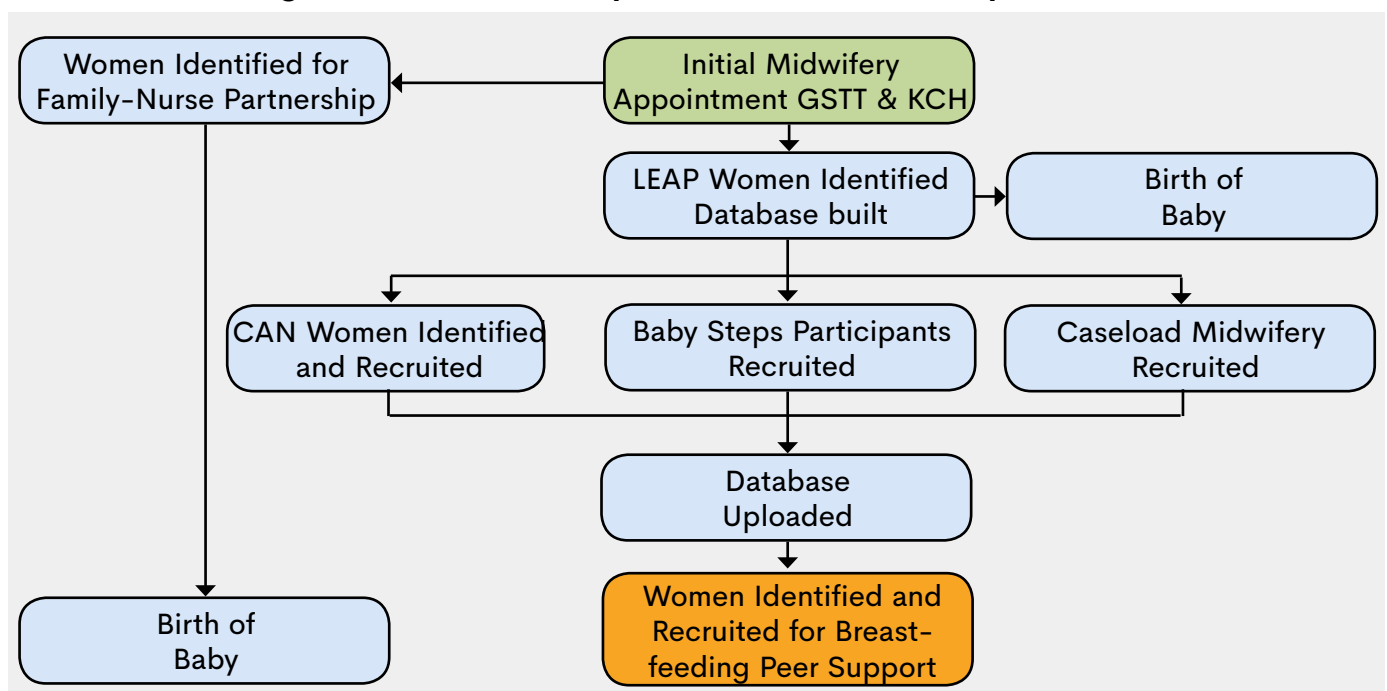


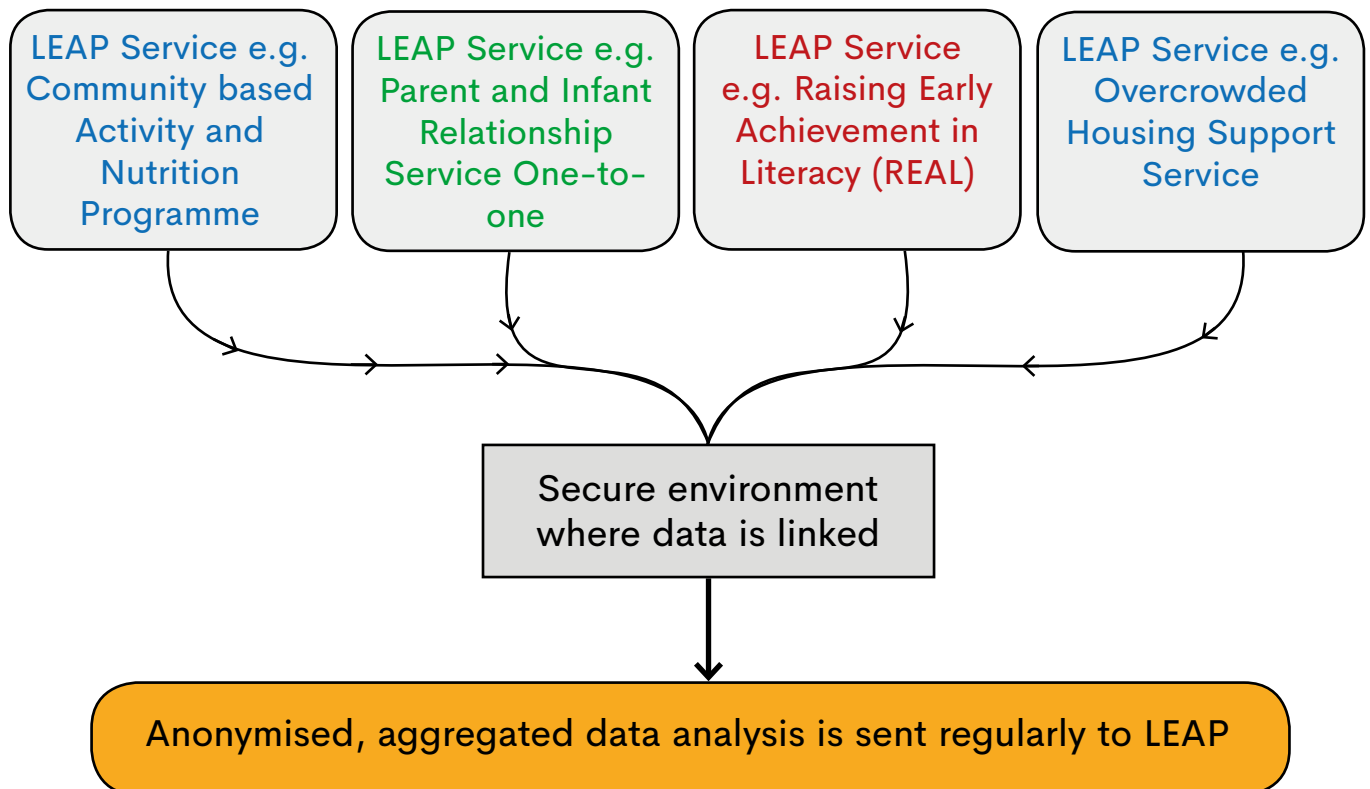
Figure 6: **DRAFT** Pathway Coordinators - currently under revision



Linking data across LEAP services

Finally, we are working towards being able to link data across LEAP services. This will be critical in helping us to ascertain whether families have accessed one, two, three, four or more LEAP services and which service pathways are associated with better outcomes. Once we have a unique identifier for LEAP children there will either be a warehouse or a more flexible means by which we can link data in a secure environment. Figure 7 provides an overview of the approach

Figure 7: **Linking data across LEAP services**



Over the coming months, we plan to work with external consultants to lay the foundations for data linkage. This will involve rapidly mapping the processes and information flows associated with each service, developing standardised consent materials, and identifying service pathways or groups of services that complement one another and where data should be linked. It will also involve agreeing a minimum dataset for each service and identifying an approach for consistently identifying individuals across service datasets.

2018-2019 Implementation Roadmaps

3.1 Roadmaps

The following pages set out 2018-2019 implementation roadmaps for LEAP's work on Systems Change, Communication and Language Development, Social and Emotional Development, and Diet and Nutrition. For each area, key quarterly milestones are presented. The purpose here is to show the tasks and small steps that are absent from the headline figures but essential components of LEAP's journey to scale. They are specific actions we are taking to translate our high-level delivery aims into practice.

Figure 8:

Implementation roadmap - Systems Change (2018-2019)

Quarter 4 (2017/18):

- LEAP Provider Event held to strengthen links between individual services
- New Community Engagement Task Orders agreed, including 2018/19 plans for 80 LEAP events and keeping-in-touch sessions for families
- External training secured to help LEAP Parent Representatives carry out their role effectively
- Parent Champion process evaluation published
- "Strengthening the Parent Champion Project" Partnership Board paper tabled
- Governance Refresh completed
- Early Childhood Workforce Officer recruited
- LEAP Data Linkage Exploration Phase completed (by Fotheringham Associates) to create a plan for aligning consent processes across services and linking data

Quarter 2 (2018/19):

- Ward Early Years Community Forums established with plans to meet 6 times a year
- Data Dashboard published on LEAP website to provide information on activities and reach
- Parent Champion recruitment and training completed in Coldharbour ward
- "Community Chats" and "Community Conversations" carried out by Parent Champions in all four LEAP wards
- Second LEAP Provider Event held
- Community Engagement Impact Tracker created to show levels of engagement in LEAP wards compared to similar areas

Quarter 3 (2018/19):

- LEAP Annual Report 2018 published
- "Welcome Booklet" launched for families with newborn babies
- Parent Champion recruitment and training completed in Vassall ward
- Community Fund launched inviting applications from parents and local groups
- Summer event held to thank Parent Champions and Parent Representatives for their work
- Learning section added to the LEAP website

Quarter 1 (2018/19):

- Delivery Plan 2018-2021 published
- Strand Groups established to help create a more integrated early years pathway of support
- LEAP Maternity Pathway Coordinators recruited in both NHS Trusts to provide a single, proactive approach to engagement with pregnant women and their partners
- Parent Champion Engagement postcard piloted in Tulse Hill
- Workshop held for the community and practitioners to reflect on findings from our local area surveys
- Expanded Evaluation and Research team appointed to bolster LEAP's work around gathering evidence and sharing learning
- Project Plan agreed for workforce activity between 2018-2021
- Level 1 accreditation introduced to Parent Champion training
- Parent Champion fleece and polo shirt unveiled to increase visibility in the community
- Bi-monthly LEAP newsletter launched including a calendar of upcoming community events

Quarter 4 (2018/19):

- Governance changes reviewed and adjusted accordingly
- All 11 capital projects completed (new Early Years Hubs on the Cowley Estate, Mursell Estate and Loughborough Estate, and upgraded facilities at four children's centres and three One O' clock clubs)

Programme delivery objectives

1. A single early years pathway around which organisations work together and information flows freely
2. A coherent and high-quality training offer for the early years workforce
3. A coordinated community approach with:
 - a) Parent Champions acting as a bridge between services and families through "Community Chats" and "Community Conversations" and
 - b) A package of ward-level engagement activities, overseen by local voluntary and community organisations, reaching a high proportion of the eligible population
 - c) A governance structure that puts parents and the community at the centre of decision-making
4. A body of learning about prevention and early intervention that can help strengthen services across the borough and more widely

Figure 9:

Implementation roadmap – Communication and Language Development (2018-2019)

Programme delivery objectives

Ensure more children achieve expected levels in CLD and reduce the CLD achievement gap between those eligible and not eligible for the Pupil Premium, boys and girls, and children from different ethnic backgrounds.

Quarter 4 (2017/18):

- Agreed the content of LEAP's enhanced speech and language offer
- Established Doorstep Library on the Tulse Hill estate
- Held Part one Natural Thinkers training for settings - sessions continued through the year
- Reviewed REAL's processes and information flows

Quarter 1 (2018/19):

- Established CLD Strand Group
- Designed and printed REAL under-2s material
- Developed REAL criteria to help settings select the children most likely to benefit
- Recruited new Speech and Language specialists to develop LEAP's enhanced offer
- Established Doorstep Library on 2nd estate - Loughborough
- Finalised training manual and materials for yearly Natural Thinkers programme

Quarter 3 (2018/19):

- Improved information and referral flows between CLD services
- Established Doorstep Library on 3rd estate - Coldharbour
- Started work with new REAL cohort, incorporating 8 new settings (taking our total to 22 settings and 125 children)
- Begun Natural Thinkers training for 2nd cohort of settings
- Completed REAL first home visits with the new cohort and visits continue through the year
- Work underway in at least half of PVI settings on Evelina Speech and Language awards

Quarter 4 (2018/19):

- Commenced work in all LEAP PVI settings, supporting them to achieve either the Evelina Speech and Language Foundation Award or the Evelina Speech and Language Advanced Award
- Established Doorstep Library on 4th estate - Stockwell
- Tulse Hill estate accredited as a Natural Thinkers Community

Quarter 2 (2018/19):

- Established an enhanced Speech and Language Chattertime offer including Baby Chattertime and Chattertime in PVIs
- Convened group to devise 5 commitments for developing a Natural Thinkers community on Tulse Hill estate and worked on developing the environment
- Confirmed the outcomes measures - including a parental home learning environment measure – that will be used across the CLD strand from September onwards

Figure 10:
Implementation roadmap – Diet & Nutrition (2018-2019)

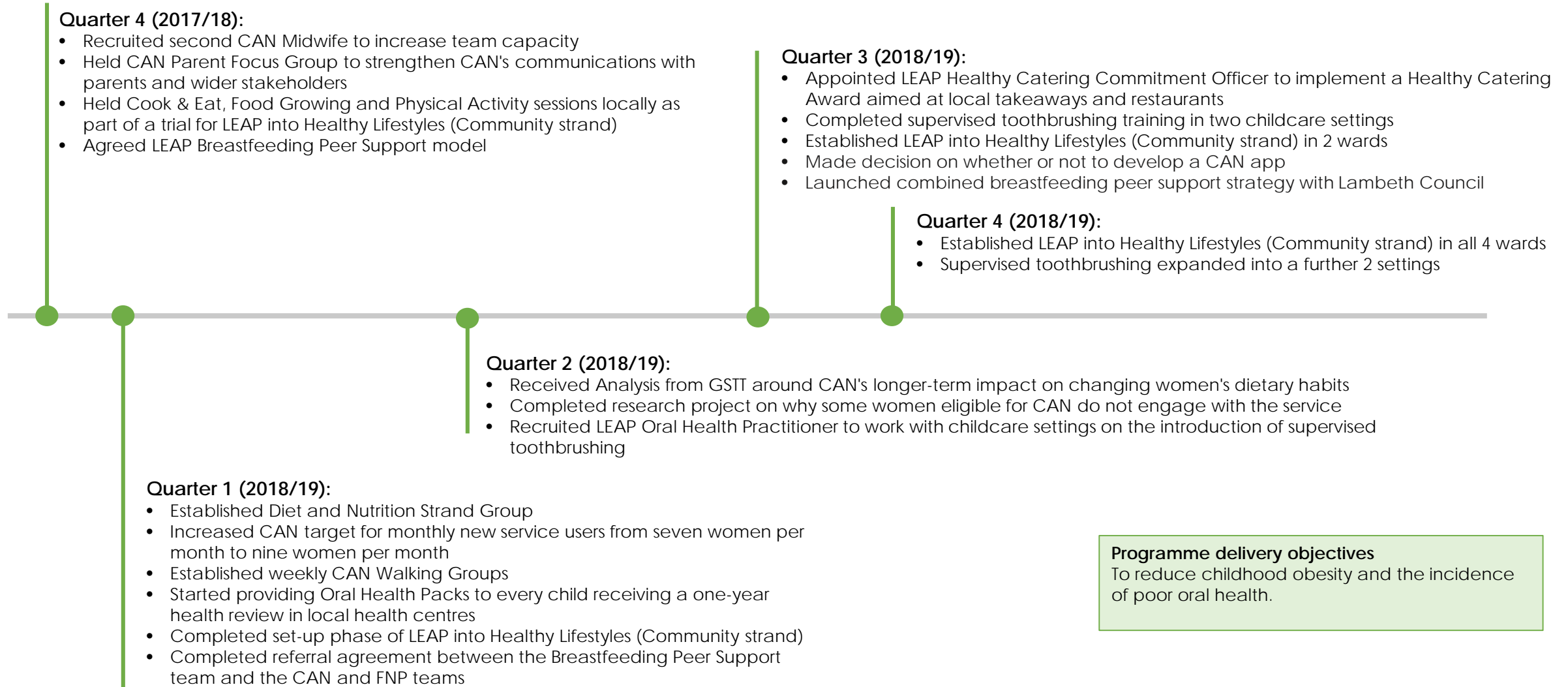


Figure 11:

Implementation roadmap – Social and Emotional Development (2018-2019)

Quarter 4 (2017/18):

- Recruited Team Leader and additional Child Psychotherapist to the PAIRS team (making a PAIRS team of 6 employees in total)
- Agreed a four-pronged PAIRS delivery model going forwards (with one-to-one work, two tiers of group work, and workforce supervisions)
- Recruited Workforce Lead and Enhanced Caseworker for the Domestic Violence Support Service

Quarter 1 (2018/19):

- Established Social and Emotional Development Strand Group
- Recruited LEAP Maternity Pathway Coordinators in NHS trusts
- Reviewed recruitment process for PAIRS Together Time
- Established PAIRS weekly supervision group for practitioners
- Recruited second Family Housing Advisor to the Overcrowded Housing Support Service
- Renewed partnership agreement between LEAP and Family Nurse Partnership

Quarter 3 (2018/19):

- Held PAIRS Circle of Security groups in 4 LEAP children's centres (as well as PAIRS Together Time groups)
- Piloted Baby Steps in all 4 LEAP wards
- Completed GP Connect pilot
- Introduced Video Interaction Guidance to the PAIRS service

Quarter 4 (2018/19):

- Established Caseload Midwifery and Centring Pregnancy offer
- Expanded local Baby Steps offer
- Introduced social marketing campaign focused on young children's SED and CLD

Programme delivery objectives

To improve the proportion of LEAP children meeting the expected Personal, Social and Emotional early learning goals and to reduce the gap between children from poorer backgrounds and their peers.

Quarter 2 (2018/19):

- Operationalised GP Connect in 4 GP practices
- Completed Domestic Violence workforce training in 2 early years settings and set out a plan for future work in settings
- Established Domestic Violence group work programmes for those at risk and those in recovery
- PAIRS and children's centre practitioners completed Circle of Security training
- Trialled and established new PAIRS Together Time parent recruitment process
- Recruited midwives for Caseload Midwifery and Centring Pregnancy
- Recruited Baby Steps team (1 midwife, 1 health visitor, 2 family support workers and 1 admin support)

Programme Funding

4. Funding

As part of the Delivery Plan, we committed to setting out how LEAP's budget will be allocated, both across years and between services, and the reasons for these allocations. LEAP was awarded £36 million from the Big Lottery Fund over a ten-year period (2015-2025). In this section, we present four budget figures and briefly explain each of them.

10-year spend allocation

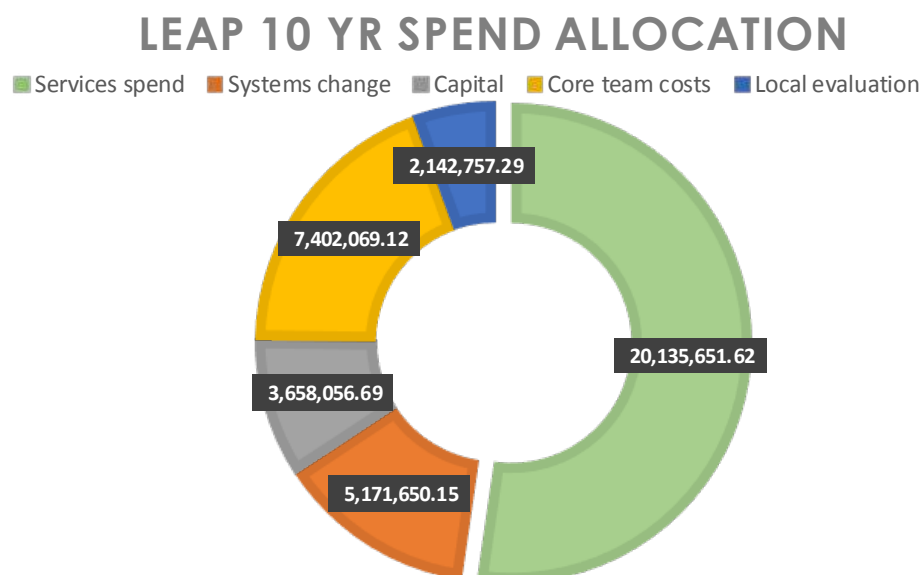
Figure 12 shows a topline breakdown of LEAP spend by priority theme across the full 10-year programme. Spend totals are provided for -

- Service design and delivery
- System Change projects
- Capital works
- Core Team costs
- Local Evaluation

To explain further, services spend incorporates LEAP's combined spend across our diet and nutrition, social and emotional development, and communication and language development strands. Systems change projects is an overarching banner for LEAP's work on community engagement, Parent Champions, workforce issues, and building an early years pathway. Capital involves LEAP's work on eleven projects across the 4 wards. Core Team costs include salaries and spend associated with governance, communications, marketing, and learning and dissemination. Local evaluation comprises LEAP's spend on intervention-level evaluation, system-level evaluation, and population-level surveys and research.

From the £36 million Big lottery fund grant, over £25 million is being spent on new services and system change projects. A further £4 million is being invested in capital works across the four wards. The remaining funds have been allocated to local evaluation and learning and meeting core team costs.

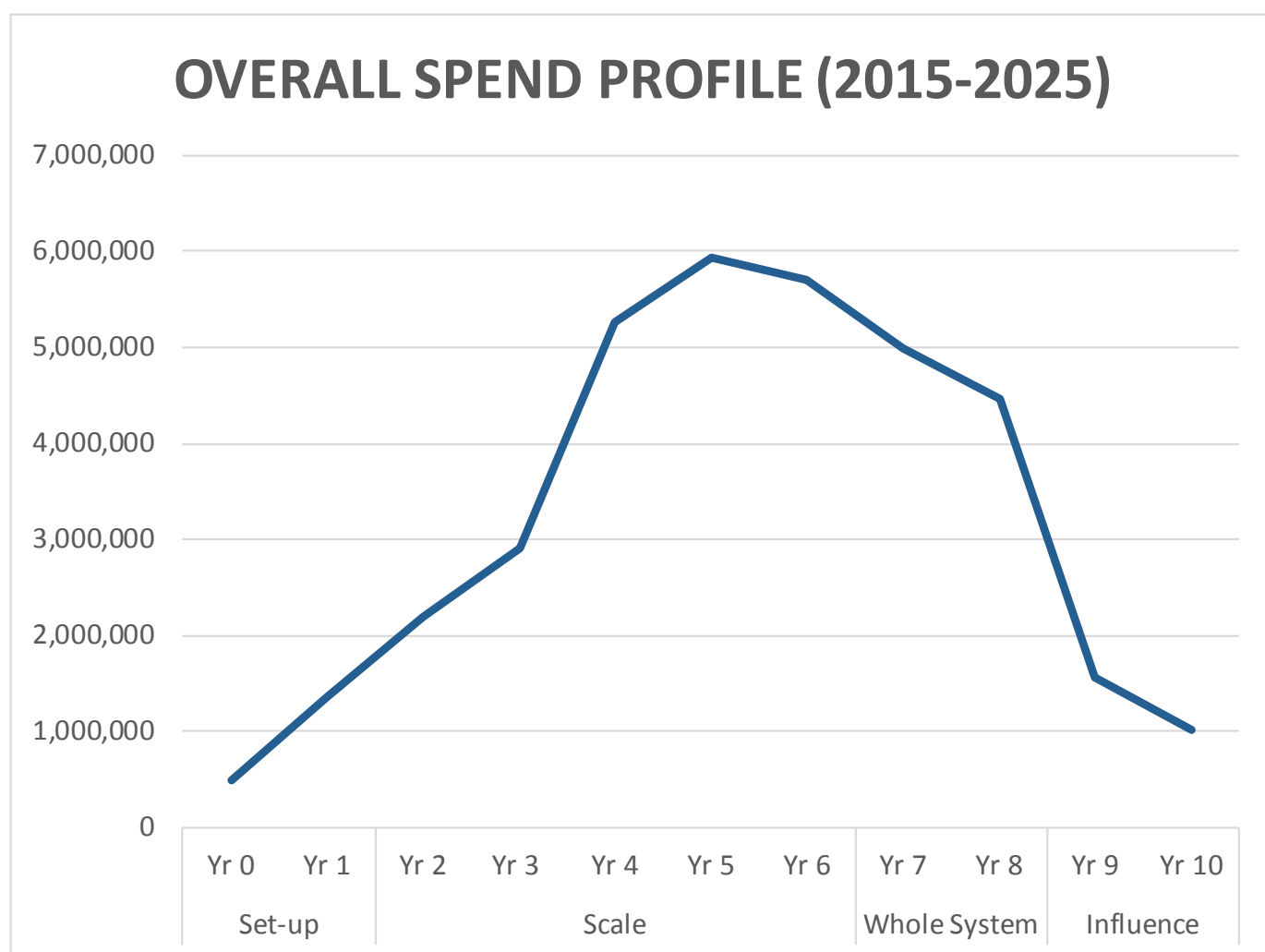
Figure12:



Services and Systems Change combined spend profile (2015-2025)

Figure 13 shows LEAP's combined Services and Systems Change spend profile over the ten years. Four distinct phases are highlighted on the x-axis. Phase 1 represents "Set up" and runs between Year 0 and Year 2, with spend increasing from below £1 million per year to over £2 million per year. Phase 2 is "Scale", and sees spend increase to a peak of approximately £5.5 million in Year 5. Phase 3 is "Whole System", where a wide-range of LEAP's most effective services are sustained and supported to work in concert. Finally, Phase 4 is called "Influence", and represents the culmination of LEAP's learning and dissemination work.

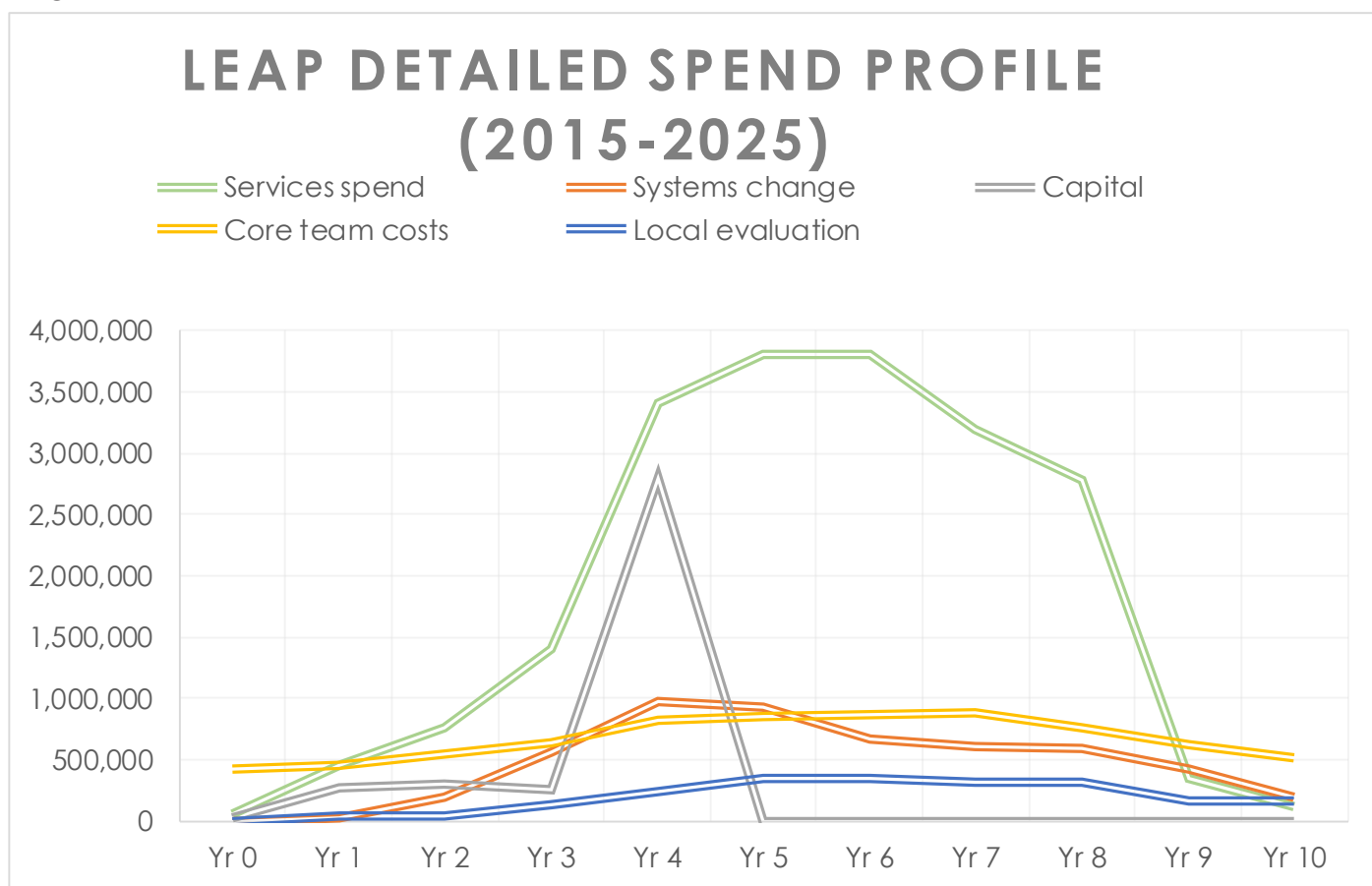
Figure 13:



Detailed spend profile (2015-2025)

Figure 14 shows separate spend profiles for Services, Systems Change, Capital, Core Team costs, and Local Evaluation. Core Team costs grew slightly over the first few years of the programme but are set to remain consistent thereafter. Similarly, Local Evaluation costs are low for the initial three years before increasing in Year 4. Capital spend peaks at Year 4 when most of the construction and renovation work gets underway and ends in Year 5.

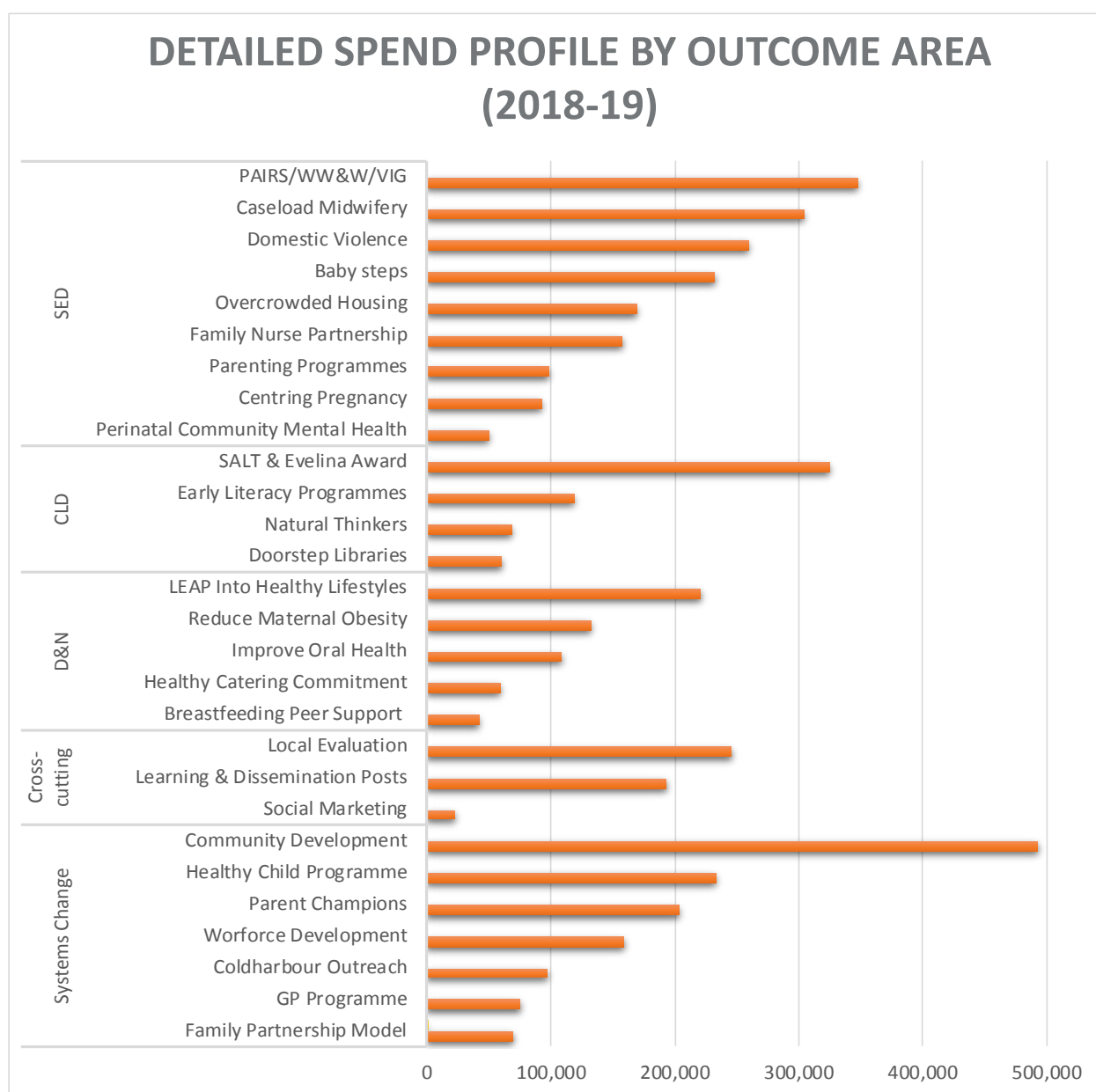
Figure 14:



Breakdown of 2018/19 services spend

Figure 15 provides a breakdown of spend on LEAP's services and cross-cutting functions such as local evaluation for the 2018/19 financial year

Figure 15:



These budget figures show the breakdown of LEAP's overall spend, the 2015-2025 spend profile for priority themes, and budget allocations for 2018/19. All these allocations are informed by LEAP's programme priorities around delivering improved early years facilities through capital projects, scaling and learning from our services, and building a single early years pathway.

Conclusion

5. Concluding points

LEAP's Headline Delivery Plan 2018-2021 comprises several interrelated sections. First, we reaffirm our goals, outline the programme's delivery phases, describe LEAP's set-up, and highlight where changes have been made since the bid. Second, we identify a priority set of population-level outcome indicators to be used for both monitoring by the partnership and in-depth analysis by the core team. Third, we set out our broad approach to scaling and learning from LEAP services and to building a seamless early years pathway for young children and their families. In section 4, we outline implementation roadmaps for each strand of activity, drawing attention to the specific actions being taken and key milestones. Section 5 gives a breakdown of LEAP funding and how it is being allocated across years and services.

The Headline Delivery Plan is not an operational plan for LEAP's twenty-two services. We have individual Service Plans that underpin this document and provide greater detail on single services and their successes, opportunities and challenges. Instead, the plan shows how LEAP as a whole will grow and develop over the next few years. It sets out a direction of travel with priorities, targets, milestones and key delivery principles to help guide LEAP's work.

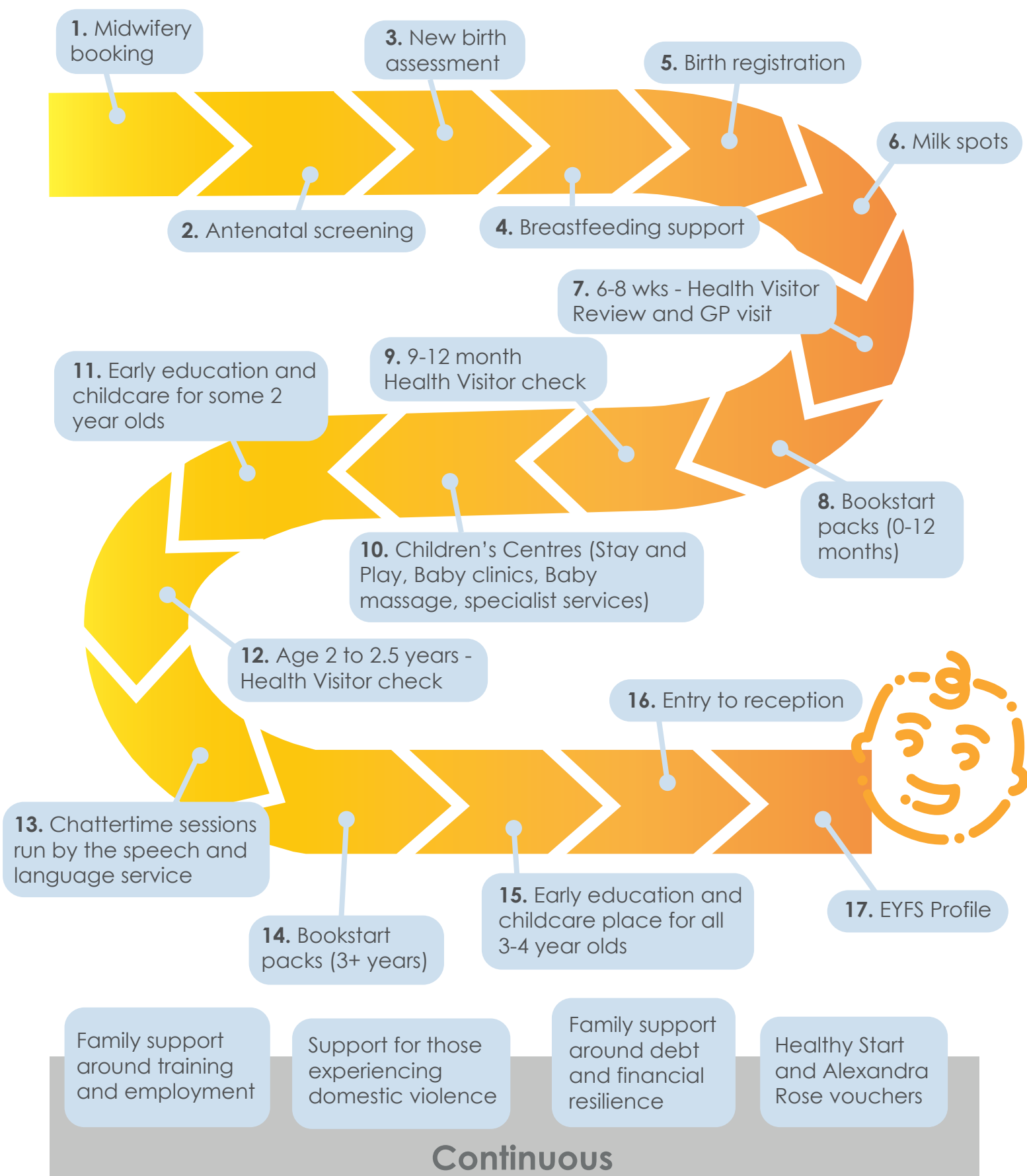
Going forwards, we will use the Headline Delivery Plan as a key resource in LEAP's business planning. Where appropriate, we will draw on the plan to help inform discussions at LEAP's new Early Years Community Forums. Finally, we will refresh the plan annually and regularly report on progress with implementation to the LEAP Partnership Board.

LEAP's Portfolio of Services

Community, Activity and Nutrition (CAN)	The CAN service supports pregnant women with a BMI of 25 or above to adopt a healthier diet and lifestyle and to sustain these changes.
Breastfeeding Peer Support	The Breastfeeding Peer Support Network provides one-to-one and group support for new mothers with the aim of improving take up and prevalence rates for breastfeeding.
LEAP into Healthy Living	LEAP into Healthy Living is a multi-strand approach to reducing childhood obesity. It includes training for the workforce on healthy diet and nutrition, work with local food businesses, Cook and Eat sessions, food growing, and physical activity sessions.
Oral Health	Our oral health work-stream includes the distribution of oral health packs to all children attending their age one health checks and support for childcare settings to introduce supervised tooth brushing.
Caseload Midwifery	Caseload Midwifery involves care from a named midwife throughout pregnancy and birth.
Centring Pregnancy	Centring Pregnancy groups are a form of prenatal care. Women meet with a healthcare professional in groups and engage in their care by taking their own weight and blood pressure and recording their own data.
Baby Steps	A service for soon-to-be parents in the run up to the birth of their baby. Baby Steps aims to increase parental capacity to nurture and care for their baby.
Family Nurse Partnership	A home visiting service for first time young mothers from pregnancy until their child is two.
Parent and Infant Relationship Service (PAIRS) One-to-One	PAIRS One-to-One aims to help strengthen the parent-child bond through therapeutic support for attachment and attunement.
Parent and Infant Relationship Service (PAIRS) Together Time	A group work service (6 weekly sessions co-delivered by a practitioner with therapeutic training) to help strengthen the relationship between parent and child.

Parent and Infant Relationship Service (PAIRS) Circle of Security	A group work service (8 weekly sessions delivered by trained children's sector or community sector workers) to show how secure parent-child relationships can be supported and strengthened.
Parent and Infant Relationship Service (PAIRS) Workforce Supervision	Attachment, attunement and infant mental health support from the PAIRS team for practitioners delivering LEAP services or working locally.
GP Connect	GP Connect brings together GPs, health visitors, and children's centre workers to identify and respond to early signs of problems (as indicated by, for example, missed immunisations and GP appointments and A&E admissions)
Overcrowded Housing Support Service	This service aims to improve parental well-being through home visits, space-saving advice, workshops and activities.
Domestic Violence Support Service	The Domestic Violence Support Service is a multi-strand approach to supporting local parents with young children. It includes enhanced casework, group work, and workforce support.
Making it REAL for under 3s	A home visiting service that trains local practitioners to work with parents on supporting children's early literacy and language development.
Enhanced Speech and Language	This is a multi-strand offer aimed at delivering a first-class speech and language service in the LEAP wards. The work includes audits and support for PVI settings, new Chattertime groups, and new Baby Chattertime sessions.
Doorstep Library	Doorstep Library is an estate-based home visiting service. Trained volunteers read with children in their homes.
Natural Thinkers	Natural Thinkers uses outdoor spaces and nature to promote children's early language. The service is particularly targeted at boys.
Parent Champions	Our local volunteer Parent Champions act as a bridge between services and local families and communities.
Community Engagement	LEAP's Community Engagement Strategy is delivered in partnership with the local voluntary and community sector. It incorporates community events, local early years forums, and LEAP Parent Representatives.
Family Partnership Model	Family Partnership Model is a workforce approach for developing and applying helper qualities and goal-setting. The model is being adopted by children's centre workers, early help workers, and health visitors.

Lambeth's boroughwide early years offer



Informed by LEAP and the national A Better Start project, Lambeth has established a boroughwide Better Start programme. This aims to bring services together within an integrated approach so that children and families are better supported to realise their potential. The existing boroughwide early years offer is set out on this page. In Coldharbour, Stockwell, Tulse Hill and Vassall, LEAP's services complement this offer (providing enhanced support within some of the borough's most disadvantaged wards).

Appendix 3



REACH MILESTONES EXPLAINED

Strand and Service	Annual Reach Milestones	Calculations that underpin these projections
DIET AND NUTRITION: <i>Community, Activity and Nutrition</i>	2018/19 = 100 2019/20 = 120 2020/21 = 140	<i>In 2017/18, CAN had a target to reach 84 women (approximately seven women entering the service per month). For 2018/19, we have increased the target to 100 women (just over eight women per month). For 2019/20, the target is 120 women (around ten women per month), and for 2020/21, the target is 140 women (just over 11 women per month).</i>
DIET AND NUTRITION: <i>Breastfeeding Peer Support</i>	2018/19 = 60 2019/20 = 75 2020/21 = 100	<i>In 2018/19, we aim for the Breastfeeding Peer Support Service to be reaching approximately 15 women per quarter or 60 women over the course of the year. In 2019/20, we aim for the service to be reaching nearly 20 women per quarter or 75 women over the course of the year. In 2020/21, we aim for the service to be reaching 25 women per quarter or 100 women over the course of the year.</i>
DIET AND NUTRITION: <i>Oral Health(Toothbrushing packs)</i>	2018/19 = 810 2019/20 = 810 2020/21 = 810	<i>There are approximately 900 births per year in the LEAP wards. Toothbrushing packs will be distributed universally at the 9-12 month health visitor check. Given current attendance rates at this check, we estimate that approximately 810 packs will be distributed to LEAP children per year.</i>
DIET AND NUTRITION: <i>Leap into Healthy Living (Community)</i>	2018/19 = 200 2019/20 = 800 2020/21 = 1600	<i>By quarter 4 of 2018/19, we aim to be running at least one event per ward every week. With 10 weeks of activity for each ward per quarter, this would give us 40 activities across LEAP per quarter or 160 activities across LEAP per year. In 2018/19, given this level of delivery will only be achieved in quarter 4, we are aiming for 200 engagement points. In 2019/20, we hope to run a full programme of 160 activities with a minimum of five attendees per activity (a total of 800 engagement points). By 2020/21, we hope to have a minimum of ten attendees at each of our 160 activities (a total of 1,600 engagement points).</i>
SOCIAL AND EMOTIONAL DEVELOPMENT: <i>Caseload Midwifery</i>	2018/19 = 60 2019/20 = 180 2020/21 = 180	<i>At scale (2019/20 and 2020/21), we will have a team of six Caseload Midwives (with a caseload of 30 women per midwife). Annually, the team as a whole will support 180 women.</i>
SOCIAL AND EMOTIONAL DEVELOPMENT: <i>Baby Steps</i>	2018/19 = 35 2019/20 = 100 2020/21 = 150	

REACH MILESTONES EXPLAINED

Strand and Service	Annual Reach Milestones	Calculations that underpin these projections
SOCIAL AND EMOTIONAL DEVELOPMENT: Family Nurse Partnership	2018/19 = 35 2019/20 = 35 2020/21 = 35	<i>The Family Nurse Partnership team works with approximately 35 LEAP women at any one time. Each Family Nurse holds a maximum caseload of 25 women and we fund two Family Nurses. Internal data from the Family Nurse team indicates that FNP is offered to around 70 eligible LEAP women per year, with a take-up rate of around 50 per cent.</i>
SOCIAL AND EMOTIONAL DEVELOPMENT: Centring Pregnancy	2018/19 = 36 2019/20 = 108 2020/21 = 144	<i>Centring Pregnancy will be offered to LEAP women identified as socially isolated at booking. In 2018/19, we aim to work with 36 women. In 2019/20, we aim to work with 108 women. In 2020/21, we aim to work with 144 women.</i>
SOCIAL AND EMOTIONAL DEVELOPMENT: PAIRS One-to-One	2018/19 = 40 2019/20 = 50 2020/21 = 60	<i>The PAIRS team is comprised of one 0.8 FTE Clinical Psychologist, one 0.4 FTE Lead Child Psychotherapist, two 0.6 FTE Child Psychotherapists, one full-time Team Leader (0.6 on management and 0.4 for clinical activity), and two trainees. Association of Family Therapy states that caseload sizes are likely to vary between seven cases per full-time worker to 15 cases per full-time worker. Also, they state that complex cases are likely to remain open for 9 months, with medium complex cases open for 7-8 months, and standard cases remaining open for 4-5 months. Without including trainee time, the PAIRS team has approximately 2.8 FTE of clinical capacity (however, this is to be shared across 1/1 support, group work, and workforce training). For the one-to-one service, we aim to reach 40 families in 2018/19, 50 families in 2019/20, and 60 families in 2020/21. This will be achieved by growth in team numbers and gradual steps towards a more balanced set of referrals (including both complex and less complex cases).</i>
SOCIAL AND EMOTIONAL DEVELOPMENT: PAIRS Together Time	2018/19 = 30 2019/20 = 42 2020/21 = 54	<i>PAIRS Together Time should be delivered to between seven and nine families and each group consists of eight sessions. In 2018/19, we plan to offer five Together Time groups with a target of 30 families to be engaged. In 2019/20, we plan to offer six Together Time groups with a target to engage 42 families. In 2020/21, we again plan to offer six Together Time groups, with 9 families in attendance at each group and 54 families engaged overall.</i>
SOCIAL AND EMOTIONAL DEVELOPMENT: Circle of Security	2018/19 = 20 2019/20 = 45 2020/21 = 60	<i>PAIRS Circle of Security will be delivered by local practitioners from the statutory and community sectors. Each group should reach between six and nine families. In 2018/19, we plan to run a minimum of three groups with a target to engage 20 families. In 2019/20, we plan to six groups with a target to engage 45 families. In 2020/21, we plan to run 8 groups, with a target to engage 60 families per year.</i>
SOCIAL AND EMOTIONAL DEVELOPMENT: Overcrowded Housing Support Service	2018/19 = 50 2019/20 = 100 2020/21 = 100	<i>The Overcrowded Housing Support Service will be comprised of two Family Housing Advisers (one is in post and the recruitment for the second post is underway). Each Family Housing Advisor will hold a caseload of ten families per quarter or 40 families over the course of the year. Two Family Housing Advisors should, therefore, work with approximately 80 families per year. We will also work with additional families through our DIY and wider workshops. In 2018/19, factoring in recruitment of the second Family Housing Advisor, we aim to work with 50 families. In 2019/20 and 2020/21, we aim to work with 100 families.</i>

REACH MILESTONES EXPLAINED

Strand and Service	Annual Reach Milestones	Calculations that underpin these projections
<i>SOCIAL AND EMOTIONAL DEVELOPMENT: Domestic Violence Support Service</i>	2018/19 = 83 2019/20 = 100 2020/21 = 100	<i>The Enhanced Casework Service (offered at Gaia and staffed by a Team Manager and an Enhanced Caseworker) will hold a caseload of approximately 30 families at any one time. Our domestic violence groups will aim to reach approximately 50 clients per year. Therefore, in 2018/19 we aim to reach approximately 83 clients. In 2019/20 and in 2020/21, we aim to reach around 100 clients per year.</i>
<i>COMMUNICATION AND LANGUAGE DEVELOPMENT: Raising Early Achievement in Literacy</i>	2018/19 = 125 2019/20 = 160 2020/21 = 200	<i>In 2018/19, we aim to work with 125 children and siblings. This will involve retaining 14 settings and adding an additional eight settings. In 2019/20, we aim to work with 160 children and siblings. This will involve retaining 22 settings and working with an additional eight settings. In 2020/21, we aim to work with 200 children and siblings. This will involve retaining 30 settings and adding an additional eight settings.</i>
<i>COMMUNICATION AND LANGUAGE DEVELOPMENT: Enhanced Speech and Language therapy</i>	2018/19 = 830 2019/20 = 830 2020/21 = 830	<i>According to Lambeth Council's 2014 Childcare Sufficiency Assessment, there are 5,202 PVI places for 0-4s in Lambeth. In total, there are 8,474 childcare places for 0-4s (so PVI places make up 61 per cent of the total). In the LEAP wards, there are 1,363 childcare places for 0-4s. Presuming the PVI to other childcare ratio is the same in LEAP as in wider Lambeth (and that all places are full, on a one child-per place basis), we estimate there are 830 LEAP children in PVI settings. Through our enhanced speech and language service, we plan to work closely with every PVI setting in the LEAP wards. We therefore expect every child in these settings to benefit from an improved environment for children's language development.</i>
<i>COMMUNICATION AND LANGUAGE DEVELOPMENT: Doorstep Library</i>	2018/19 = 20 2019/20 = 40 2020/21 = 80	<i>Through Doorstep Library, we aim to work with 20 children on each of our four main estates. By 2020/21, we therefore aim to be working with 80 children.</i>
<i>COMMUNICATION AND LANGUAGE DEVELOPMENT: Natural Thinkers</i>	2018/19 = 48 2019/20 = 72 2020/21 = 100	
<i>SYSTEMS CHANGE: GP Connect</i>	2018/19 = 120 2019/20 = 600 2020/21 = 1020	<i>We have identified 17 LEAP GP practices (see the Service Plan for more detail on how LEAP practices are defined). In 2018/19, we plan to engage four GP practices in a 6-month pilot. Each practice will hold one meeting per month where five cases will be discussed. Therefore, we estimate that 30 children will be discussed by each practice over the 6 months (120 children discussed across the four practices). In 2019/20, we aim to be working with 10 GP practices over the full 12 months (five cases per month gives 60 cases per practice or 600 cases across 10 practices). In 2020/21, we aim to be working with all 17 GP practices over the full 12 months (five cases per month gives 60 cases per practice or 1,020 cases across the entire 17 GP practices).</i>

REACH MILESTONES EXPLAINED

Strand and Service	Annual Reach Milestones	Calculations that underpin these projections
SYSTEMS CHANGE: PARENT CHAMPIONS	2018/19 = 900 2019/20 = 1500 2020/21 = 2100	<i>Parent Champion reach figures should be seen in the context of increasing Parent Champion numbers. We estimate that Parent Champion teams will be "active" in the community for 40 weeks per year. In 2018/19, we are aiming for twelve Parent Champions to carry out two Community Chats per week, for 40 weeks of the year. Therefore, we aim to record over 900 Community Chats (960) over the course of the year. In 2019/20, we are aiming for 20 Parent Champions to carry out two Community Chats per week, for 40 weeks of the year. Therefore, we aim to record over 1,500 (1,600) Community Chats over the course of the year. In 2020/21, we are aiming for 30 Parent Champions to carry out two Community Chats per week, for 40 weeks of the year. Therefore, we aim to record over 2,100 (2,400) Community Chats over the course of the year.</i>
SYSTEMS CHANGE: Community Engagement Events	2018/19 = 320 2019/20 = 480 2020/21 = 640	<i>Each ward has been asked to run two Community Engagement events per quarter (eight Community Engagement events over the course of each year). Across the four wards, this works out at 32 Community Engagement events each year. In 2018/19, we are aiming for ten attendees per event (320 attendees in total). In 2019/20, we are aiming for 15 attendees per event (480 attendees in total). In 2020/21, we are aiming for 20 attendees per event (640 attendees in total).</i>

Appendix 4

Explanatory Note - Scaling LEAP services table

Could you provide a definition for each column?

Strand and service	This locates each service within one of our strands (Diet and Nutrition, Social and Emotional Development, Communication and Language Development, and Systems Change).
The underlying challenge	The information in this column represents an estimate as to the scale of the underlying challenge. This is the total number of women or children at risk of poor outcomes in relation to a particular domain.
Overall target population for each service	This refers to the contribution that we expect each service to make in helping to address the underlying challenge. For example, one of our underlying challenges is that approximately 270 new mothers per year do not sustain breastfeeding to 6-8 weeks. This underlying challenge will require many solutions depending on the specific circumstances of those women. One solution for some of these women may well be the provision of breastfeeding peer supporters. Therefore, our overall target population for LEAP's Breastfeeding Peer Support Service is 135 women or around half of the size of the underlying challenge.
Annual Reach Milestones	These are the reach milestones that an individual service will aim to meet. Given fluctuations in birth rates, they are approximate numbers but they do set out a clear direction of travel. They represent individual years rather than cumulative (total over time) numbers.
Reach size (2020-2021) as a proportion of each service's target population size	This column aims to give an indication of how the reach size (2020-2021) for a given service compares to the size of service's overall target population.
Approximate age profile of primary beneficiaries	Under the A Better Start project, the primary beneficiary is defined as a pregnant mother before birth and the child thereafter. Therefore, this column provides information on who the primary beneficiaries of each service are and (if children) their approximate age profile.

Scale strategies	These are the topline approaches being used to scale our services. More detail on specific actions are available in individual Service Plans.
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How have Annual Reach Milestones been calculated?

Annual Reach Milestones are based on a range of factors including target population size, current reach, and the likely impact of various scale strategies (for example, improving infrastructure, establishing local supporters, obtaining formal commitments etc). They are intended to be realistic whilst establishing a clear and ambitious direction of travel.

The annual target for the number of tooth-brushing packs given out is 810. Could you explain?

This refers to the number of LEAP one-year-olds who we hope will receive a tooth-brushing pack. The packs will be given out universally at one-year-old checks and the latest Lambeth figures show that 90 per cent of children attend these checks. The 810 figure represents 90 per cent of the total LEAP population of children aged one (900). In fact, we expect to give out about 1,500 packs per year, so several hundred children from outside the LEAP wards will also benefit.

Through the Talk and Play service's work with PVI settings, LEAP aims to reach around 830 children per year. Could you give more detail?

Our aim through this aspect of LEAP is to show what a first-class speech and language service could look like. Currently, speech and language provision for young children is concentrated in children's centres and maintained settings. We will extend the offer so that speech and language therapists are working closely with every single PVI setting in the LEAP wards (carrying out audits and supporting them to reach required levels under the Evelina speech and language award).

According to Lambeth Council's 2014 Childcare Sufficiency Assessment, there are 5,202 PVI places for 0-4s in Lambeth. In total, there are 8,474 childcare places for 0-4s (so PVI places make up 61 per cent of the total). In the LEAP wards, there are 1,363 childcare places for 0-4s. Presuming the PVI to other childcare ratio is the same in LEAP as in wider Lambeth (and that all places are full, on a one-child-per-place basis), we estimate there are 830 LEAP children in PVI settings.

If the reach size equals or is higher than the overall target population size, does this mean the service is reaching everyone needed?

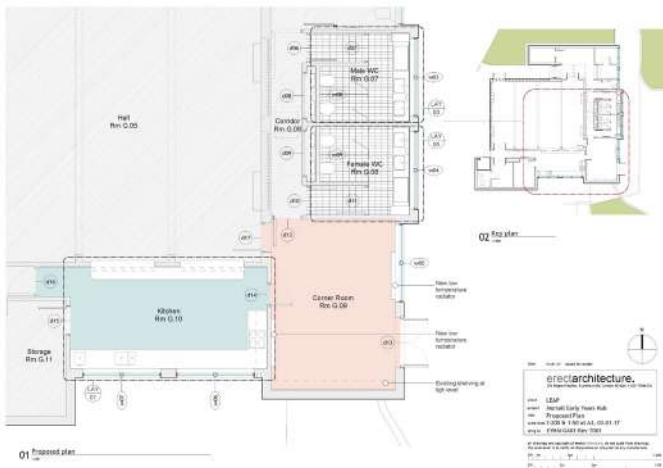
It would be incorrect to make this assumption. Where the reach size equals the target population size, we are reaching broadly the right number of families. However, we also need to make sure our participants reflect the groups most likely to be in need. Therefore, we have introduced a commitment to closely monitor the demographics of service users to ensure we are reaching those most in need/most at risk of poor outcomes.

Could you explain the column relating to the breakdown of primary beneficiaries?

Based on A Better Start guidelines from the Big Lottery Fund, the primary beneficiary is the pregnant woman before the birth and the child thereafter. This column, therefore, helps provide a picture of who the primary beneficiary for each service is and (if children) their approximate age-profile.



Capital Projects



LEAP Capital Project

Lambeth Early Action Partnership (LEAP) have embarked on a rebuilding and refurbishing programme of children's early years buildings in Lambeth, using four million pounds of National Lottery funding.

The LEAP Capital Project will include rebuilding and refurbishment work on the following sites:

- **The Mulberry Centre**
- **Cowley Early years Hub**
- **Tulse Hill Early Years Hub**
- **Brockwell One O'clock Club**
- **Max Roach One O'clock Club**
- **Mursell Early Years Hub**
- **Loughborough Estate Early Years Hub**
- **Jubilee Children's Centre**
- **Loughborough Children's Centre**
- **St Stephens Children's Centre**
- **Liz Atkinson Children's Centre**

Stockwell Ward

St Stephens Centre

Cost: £1.2M

Start date: July 2018

Work:

- Adding an additional floor to existing building.
- Expansion and improvements to outside space.

Mursell Early Years Hub

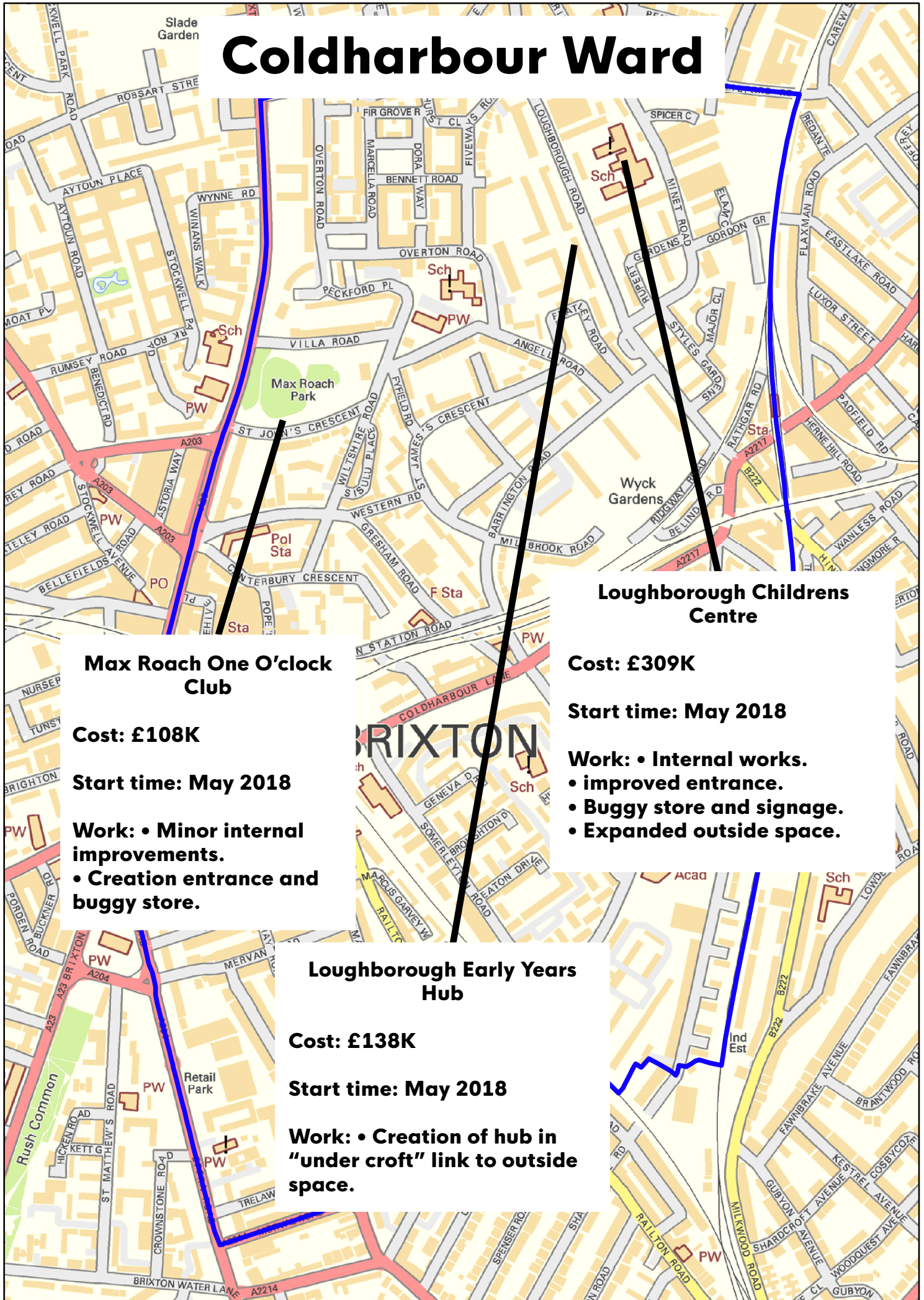
Cost: £127K

Start date: May 2018

Work:

- Internal works to toilets and kitchen.

Coldharbour Ward



Max Roach One O'clock Club

Cost: £108K

Start time: May 2018

Work:

- Minor internal improvements.
- Creation entrance and buggy store.

Loughborough Childrens Centre

Cost: £309K

Start time: May 2018

Work:

- Internal works.
- improved entrance.
- Buggy store and signage.
- Expanded outside space.

Loughborough Early Years Hub

Cost: £138K

Start time: May 2018

Work:

- Creation of hub in "under croft" link to outside space.

Tulse Hill Ward

Jubilee Children's Centre

Cost: £1.06 M

Start time: May 2018

Work: • Creation of a "garden room" for extra service delivery.

Brockwell One O'clock Club

Cost: £159K

Start time: May 2018

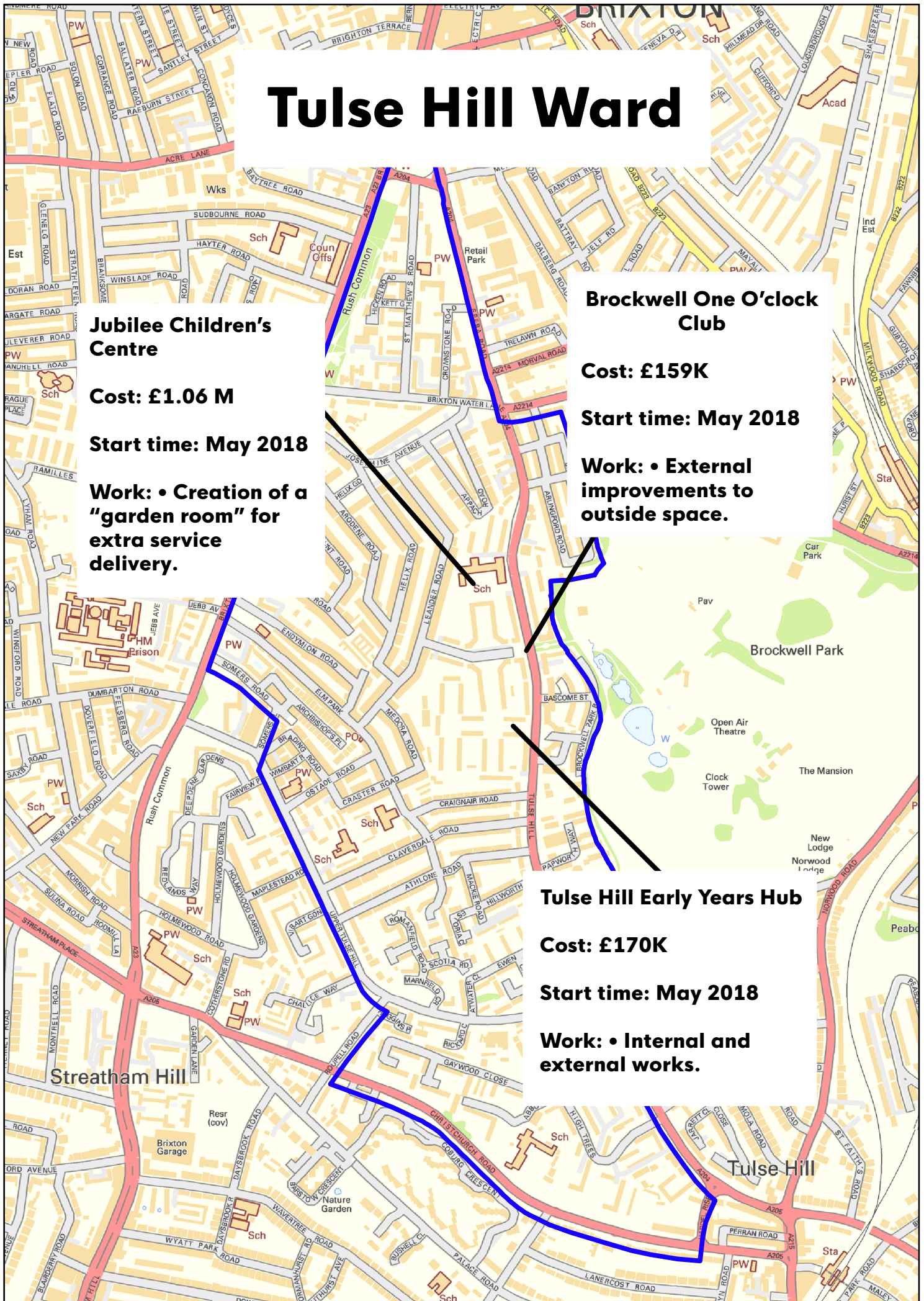
Work: • External improvements to outside space.

Tulse Hill Early Years Hub

Cost: £170K

Start time: May 2018

Work: • Internal and external works.



Vassall Ward

The Mulberry Centre

Cost: £59K

**Start time: Complete
November 2017**

Work: • Internal works.
• Children toilet
improvements.

Cowley Early Years Hub

Cost: £124K

Start time: May 2018

Work: • Work on early
years' playground.
• Some minor internal
works.

Liz Atkinson Childrens Centre

Cost: £511K

Start time: May 2018

Work: • Internal and
external re-modelling.



Lambeth Early Action Partnership

Liz Atkinson Children's Centre
9 Mostyn Road
London SW9 6PH

Tel.: 0207 582 4182

E-mail: leapadmin@ncb.org.uk