

Lambeth Early Action Partnership

A Strategy for Lambeth Early Action Partnership (LEAP)

Bid for the BIG Lottery Fulfilling Lives; Better Start bid

The Lambeth Early Action Partnership (LEAP) has an ambitious ten year programme aimed at improving the lives of children through radically changing the way that we that we work with pregnant mothers, fathers, babies, their families and communities. The LEAP area, Stockwell, Coldharbour, Vassall and Tulse Hill, are some of the most diverse and economically deprived areas in the country. LEAP is determined to make this area the best place in world for children to be born and grow up.

To achieve this we have built a strong partnership comprised of parents and carers, babies, children, practitioners, academics, community groups and senior leaders from across the voluntary sector, local authority, police, health and schools in Lambeth. We believe that through consensus we have developed a strategy for real, ground-breaking change. We will shift resource and energy from treating children's problems to preventing them in all aspects of a child's life from conception onwards including their health and wellbeing, the environment they grow up in and the community and social structures in which they live. We have a real understanding of our needs and strengths and we know how to make a difference.

In order to do this we will work together at all levels to ensure that our vision is achieved. An overwhelming strength of this strategy is the voice of parents and the community. In a genuinely equal partnership we have identified and owned the problems as well as the solutions and together we have developed a strategy which is deliverable and sustainable. We have commitment from senior leaders in the borough who want to see change and new ways of working. The skills, knowledge and experience of people who live and work in the area will continue to be invaluable to the success of this strategy.

We know what success will look like and how to measure it. As a borough we have demonstrated success in delivering change at all levels, from leading the way in partnership working to delivering large transformational programmes and we have successfully tackled complex issues using a public health approach such as high teenage pregnancy rates and low numbers of women breastfeeding. We will now apply our learning to successfully deliver our LEAP strategy. We believe that we have the right model for creating lasting and sustainable change, and we know that the time is right for action.

The LEAP vision

Our vision is for Lambeth to be the best place in the world for children to be born and grow up and we will accept no less than for all of our children to be healthy, happy, confident, safe and able to achieve their aspirations.

We will promote health and we will work from the earliest stages to increase the number of healthy, full term babies, to improve the early experiences of young children and their outcomes.

Our LEAP vision is bold, ambitious and visionary. It reflects our belief that in order for children to be healthy, happy and confident we need to look at all aspects of a child's life. It is impossible to separate the social and emotional development of children, their language and communication skills and their health from the wellbeing of their parents, their social networks, the strength of their communities and the wider environment. Therefore our vision is to work together to improve all aspects of life for children, their parents and the wider community.

"I absolutely love the ambition – we want our outcomes to be better than the national average, not on a par ..." John McCay,

Everything we do will lead to real change in the lives of children in Lambeth today. Our strategy is based on these key elements:

- Community champions who support new parents to improve the better start outcomes and reduce isolation.
- A workforce which includes community champions and understands the better start outcomes and how to form respectful, positive and equal relationships with parents.
- Developing the role of General Practice as the trusted central point for child health with continual responsibility from birth to three in liaison with a range of other professionals.
- A commitment to shift resource to early intervention from specialist services.
- Evidence based programmes and innovation, co-produced and evaluated with families that will provide learning to disseminate across the borough and more widely.
- An ambitious public health approach and a gold standard enhanced Healthy Child Programme which is accessible for all.

Our children

Lambeth's diversity is one of its great strengths. It brings energy, enterprise and a wealth of experience to our part of London. However, there is also inequality and very different outcomes for children from different backgrounds. To address this, our strategy will bring about change for the whole population and reduce inequalities by narrowing the gaps in outcomes between different groups. As a partnership we know our communities well and we have built on this knowledge to develop a strong foundation for our bid.

Just over 300,000 people live in Lambeth and 62,800 in the LEAP wards. There are high levels of mobility, around a quarter of the population move in or out of the borough each year. The borough has high levels of deprivation (29th most deprived nationally and 9th in London). The LEAP wards are made up of neighbouring wards in the centre of the borough: Coldharbour, Stockwell, Tulse Hill and Vassall. These wards are home to a fifth of Lambeth's population and a quarter of our children under 18 (25% of whom are under four).

There were 3,357 under fours in the LEAP wards in 2012. Around 1,000 babies are born each year and the number of under-fives is expected to increase by 10% in the next decade. Our focus is improving the lives of over 10,000 babies who will be born in the ten-year period of the LEAP programme, and many more beyond this time as a result of the sustainable strategy we want to put in place.

The four wards are geographically linked. Three quarters of children under 18 in the LEAP area are from black and minority ethnic communities and over half of five year olds have English as an additional language. Improved participation in activities by English as an additional language speakers is an explicit aim of our strategy. Social cohesion is an issue that we want to address through the LEAP programme as Lambeth becomes increasingly diverse in terms of ethnicity and language and more polarised in terms of socio-economic groups.

"The grind eating away at the souls of mums and dads who are struggling to get by is made worse by the environment you live in. You get a picture of people locked away behind their front doors" Parent, Vassall Ward.

Our challenge is to reduce inequalities, health, social and economic outcomes. We will have closed the gap significantly by the end of the ten year programme, ensuring that all of our children have the opportunity to lead fulfilling lives.

Our parents and community

We have people with the necessary skills and knowledge within our communities to bring about radical change. Our partnership will be led by parents¹ working with public service professionals and community organisations to make our vision a reality.

The LEAP community includes strong voluntary sector organisations that support the better start outcomes, tenant management organisations and groups that support and outreach to black and minority ethnic communities such as the Muslim Womens' Group who have been very involved in developing our bid.

Our community champion programme will be coproduced with parents and will provide additional help to those parents who need it. Community champions will be trained to provide support to new parents both to promote key messages and to build connections in the community, in turn reducing social isolation. The role of fathers is firmly embedded into

¹ Where we use the term 'parent' we are referring to parents and carers of children, including extended family members and foster carers.

this model, encouraging fathers to come forward as community champions and working with all partners to strengthen their voice and role.

“Use the assets we have ... the community's strength and vibrancy ... this is about empowerment.” Victoria Sherwin, Lambeth Food Partnership

The community champions model reflects Lambeth's cooperative approach to coproduction, putting the citizen at the heart of service design and delivery and gives us a wealth of learning and innovative practice to draw on. For example, the Young Lambeth Co-operative which is an active partner in LEAP, is a membership organisation where young people, parents and community members are the decision makers. Involving the whole community in driving forward change will support our collective aspiration for social and economic sustainability.



The LEAP commitment

The LEAP Partnership understands that in order to deliver improved and sustained outcomes for children and their families we have to transform the way large public sector organisations plan, commission, procure and deliver services, moving to a true

collaboration with parents and the wider community. All public sector organisations are facing significant financial challenges, Lambeth Council's mainstream Government funding will have almost halved between 2010/11 and 2016 and there is increasing demand for

“Preventative services are where we are at ... we also want to reduce inequalities. If we can reduce the number of people going into treatment, the more we can help across the population” – Andrew Eyres, Chief Officer, Lambeth Clinical Commissioning Group.

health treatments to be met from a flat budget. Services cannot continue to be commissioned and delivered in the way they have with a disproportionate reliance and spend on treatment and specialist service provision. Our response is a strategic and ambitious one. The constrained financial environment has served to focus our ambition to embed lasting change in the way we commission and deliver children's services. We are committed to this change rather than addressing financial challenges simply through incremental and damaging service reductions.

NCB will receive the funds from the Big Lottery Fund and hold them in a distinct subset of NCB's main account as the 'LEAP Bank'. The bank will use the funding to support partnership and community based commissioning of interventions and services as set out in the agreed plans. The Bank will be held to account by the LEAP Executive and the LEAP Partnership Board. The LEAP Bank will serve the partnership but will also serve as a spur to further development, seeking opportunities for gaining additional funding as well as tracking the use of leveraged funds from partners. The LEAP Bank will respect the wishes of the LEAP area it is established to serve and will make a real and positive contribution to the development of the four wards and the sustainability of activity so as to effect system change.

Our approach is based on three key elements:

1. Shifting resource

The LEAP partnership has an ambition to shift 3% of total spend into early intervention as the financial returns from Big Lottery investment are realised. The Lambeth Fund map gives us a detailed understanding of how we currently invest in children's services. To quantify the percentage shift, we have adjusted the baseline to reflect 2014/15 reduced budgets. We have excluded school spend from this, as schools already commission a significant number of early intervention programmes which we will strengthen further in the LEAP area and align with the LEAP interventions. The 3 % therefore equates to approximately £4.3m per annum, starting from when cost benefits are realised. We will work closely with the London School of Economics and Kings Health Partners at a local level to pin point the economic value of the whole programme and identify those interventions evidenced as having greatest impact. We are developing a financial framework through the 'LEAP Bank' and have commitment from the statutory fund holders to shift resource to early intervention in line with cost benefits achieved.

2. Financial leverage

In addition to the shift in resource allocation, there is considerable leverage factored throughout the programme in the form of staff time, volunteer time and mainstream funding of some of the interventions on a recurrent basis throughout the programme. We anticipate that this may change as evidence of success informs financial planning in the later years of the programme. In addition the Council and Clinical Commissioning Group will invest £1.8m, which equates to approximately half of the interventions in the first 2 years of the programme, excluding the capital project. This means we are jointly funding with Big Lottery the activities which we believe will produce both social and economic

benefits relatively quickly in the ten year programme, releasing resources to further sustain the shift towards early intervention and prevention.

3. System change

We recognise that just 'shifting' resource is not enough and that system change is necessary to ensure lasting impact. Lambeth is committed to transforming the way children's services are funded and commissioned. Lambeth has a track record of implementing innovative approaches to commissioning and service delivery as evidenced by a strengthened integrated commissioning function, the development of the Young Lambeth Cooperative, co-producing service re-design and delivery with young people and the involvement with community interest companies. The LEAP programme will enable us to co-produce an integrated model which is most effective and sustainable based on emerging evidence throughout the lifetime of the programme.

Our partnership believes that in the current financial climate, transformational change is the only way to ensure the effective use of decreasing resources. Our direction of travel is clear, we are investing to transform. The Big lottery investment will help us to make an even bigger impact, at pace and at scale. The additional resource will act as a catalyst; an invest-to save fund to drive early returns and to model good practice and accelerate whole system change towards achieving what is most important - improving the lives of all our children and their families.

"We've been on this (early intervention) journey for a while and we are reaching the next stage, where we have to take it very much higher...." Derrick Anderson, Chief

Our partnership

We are well placed to deliver our aspirations through the establishment of LEAP to oversee the ten year programme. The LEAP board has come together effectively during the development phase of the bid in a partnership that exudes excitement and energy.

The partnership is made up of National Children's Bureau (lead voluntary sector organisation), local voluntary organisations, community groups, parents, babies and children, the Young Lambeth Co-op, schools, nurseries and statutory bodies: Lambeth Council (senior officers, cabinet member and ward councillors), Lambeth Clinical Commissioning Group (CCG), Kings Health Partners ² (KHP), and local police leaders.

More detail on our governance structures can be found in Annex M.

National Children's Bureau (NCB), as the lead voluntary sector organisation, is well positioned as 'Strategic Partner' for the Department for Education and Department of

² Kings Health Partners is an Academic Health Science Centre which brings together Kings College London University and three NHS Foundation Trusts (Guys and St Thomas, Kings College Hospital and South London and Maudsley).

Health. NCB has a local position in Lambeth and has national standing through its strategic partner role working between policy and practice. NCB has a long history of effective partnership working, while recognising and accepting the less publicly visible position as the accountable body.

High quality partnership working in Lambeth is not new, we have a long history of working effectively together. Our award winning³ Local Strategic Partnership, Lambeth First, is highly regarded and continues to improve outcomes through joined up working, and an emphasis on action rather than talk. Examples include: the implementation of the Teenage Pregnancy Strategy which has led to one of the most significant rates of reduction in teenage pregnancy across the country; the roll out of one of the largest children's centre programmes in London with 90% per cent judged as good or outstanding by Ofsted; and the move towards integration of adult services across health and the local authority. We already have integrated commissioning across the CCG (Clinical Commissioning Group) and the council and have a successful Children's Trust Board.

The organisations involved in the LEAP partnership are all high performing. Lambeth's children's services are rated as excellent.

Kings Health Partners are one of the leading research centres globally and include three Major Foundation Trusts. Our Safeguarding and Looked After Children Services were judged as Outstanding by Ofsted and CQC in 2012.

Lambeth is a leader in innovative methods of coproduction. The voices of parents and the wider community are central to our thinking and our proposals.

Networks have strengthened and new connections have been made as people have felt inspired to contribute to the plans for LEAP by a real desire to bring about change for our babies and young children. We will build on this by working with parents to co-produce the outcomes framework for systems change, plans to alleviate overcrowding, the community champion scheme and also how we monitor and evaluate the programme.

We have mapped the public services, community and voluntary sector organisations in our area and we have looked at how they work together from the perspective of children and families. The LEAP wards are rich in resources including GP practices, Kings Health Partners, children's centres, childcare providers, schools, healthy living pharmacies and a network of community facilities and organisations. We have found strengths as well as areas for improvement. Parents and professionals told us there are inconsistent messages, complicated referral pathways and disjointed services. We will address this through an

"We've been developing partnership working here in Lambeth for quite some time ... but I've never encountered a process like this; people from all sorts of backgrounds, and everyone talking as equals. To have the on-the-ground observations of the parents has been very valuable." Ruth Wallis, Director of Public Health

³ First place in the Local Government Chronicle (LGC) award for Local Strategic Partnerships (LSP) 2009

improved integrated delivery model with community champions at the heart. This means that where possible professionals and parents will work from the same base and will work more closely together to provide families with a joined up approach.

For the LEAP programme, where the evidence base is weak we have drawn on the knowledge and innovation of our communities to identify programmes that we will monitor and evaluate rigorously. Whilst we recognise the importance of the 'sure bet' programmes rooted in evidence, Lambeth has a history of embracing innovation to affect change. We want success and are committed to working in partnership to test out and produce the evidence of what really works.

"This BIG Lottery bid has unleashed the talent we have in Lambeth...we have world class teaching hospitals and professionals and a hugely energetic and vibrant community." Professor John Moxham, Kings Health Partners.

The following part of our strategy covers how we developed the priorities and outcomes we want to see for children, the scope of our strategy and how it fits together and the activities and interventions that we propose for our programme.

What good looks like...

Throughout the strategy days, participants shared an ambition for Lambeth to be the best place in the world for children to grow up. We were asked to look at what best meant – as a way of articulating the ambitious vision we shared, and – if we could achieve it – what it would mean for children in the LEAP area. To do this, 'Base Camp' colleagues who were supporting the strategy days looked beyond the UK, to find the countries performing best against a range of indicators related to the three outcomes. We wanted to know where the best places are for children to grow up in the world, and the journey we had to travel if we are to secure for Lambeth's children the same life chances they would have if born in these countries. This research enabled us to estimate the number of children whose outcomes would be improved if the LEAP area was good as the best countries, for example:

- ***if we reduced infant mortality to Iceland's level, 10 fewer babies a year would die in the LEAP wards;***
- ***if levels were in line with Iceland's, 43 fewer babies would be born with low birth weight each year;***
- ***if child immunisation was at levels reported by Greece and Hungary, 79 more children would be vaccinated each year;***
- ***if children were enrolled in early education at the levels of France and Belgium, 184 additional three and four years old would benefit;***
- ***if we reduced obesity in line with Switzerland, 410 fewer children in the LEAP area would be obese at age 11.***

These comparisons give us a high bar to aim for, and a unique illustration (annexed) of the potential for change across LEAP, which reflects the ambitions of our partners at the strategy days.

Our priorities

A key factor for Lambeth is that, while we have strong assets in the community and excellence in some services, we still have some poor outcomes for our children. This is our opportunity to make a change and turn this around, for good. To determine exactly what contributes to poor outcomes in Lambeth we have engaged in extensive evidence gathering and needs analysis and a fuller picture of need is in Annex A. From this analysis we have been able to determine our priorities and outcomes for the LEAP wards at the Strategy Days in January and a range of other sources.

A review of relevant data and information

to learn more about the needs of young parents, pregnant women, babies and children. This is the first time that data from the full range of sources across the Healthy Child Programme pathway has been collated and used to consider the wider outcomes, risks and



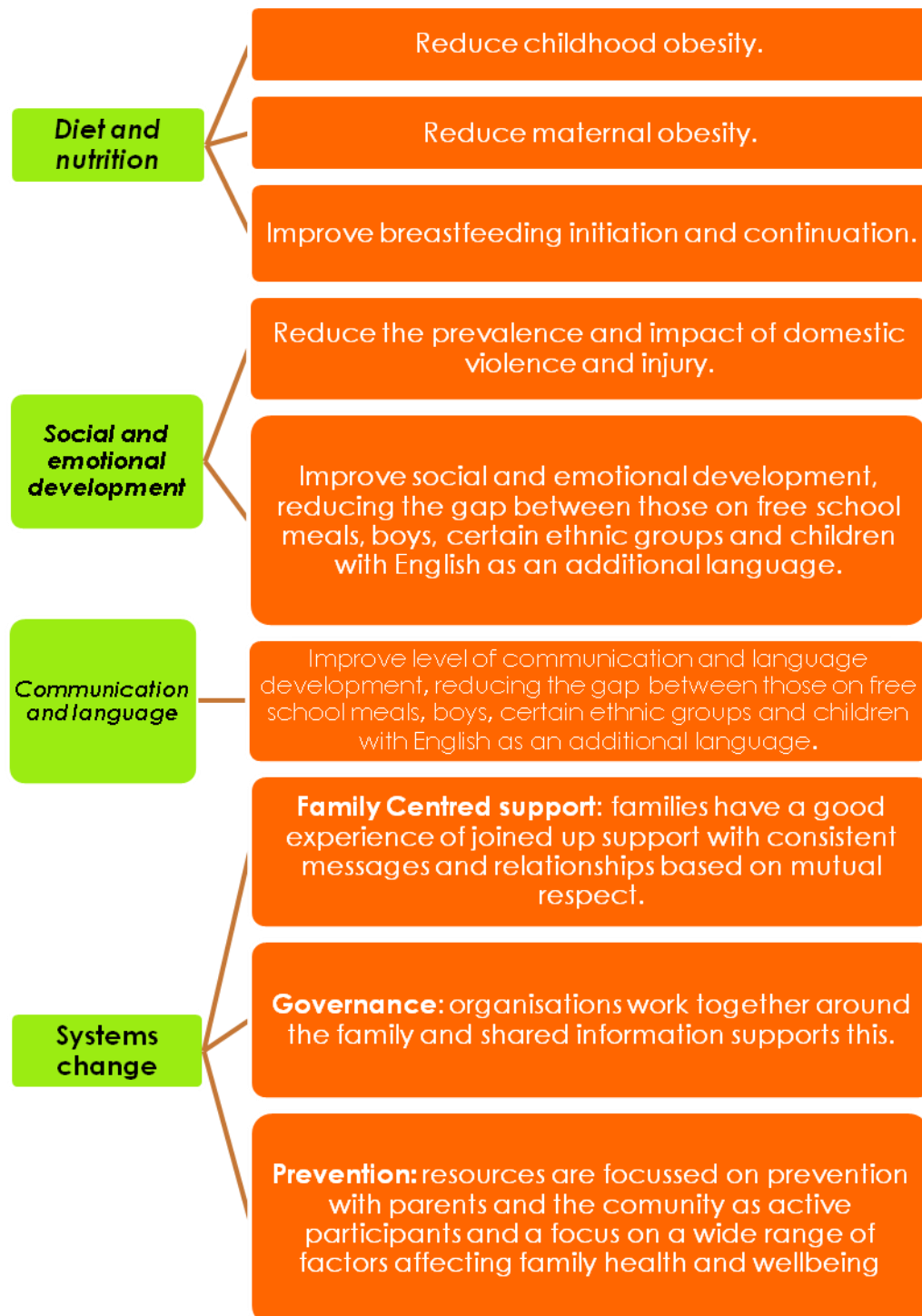
protective factors. The effects of inequality and inequity were routinely considered in this process. Locally, we have extracted GP data, maternity records, hospital activity, health visitor data, Early Years Foundation Stage Profile results and various service activity data including police, local authority, health and the voluntary sectors to complement existing routine and local analyses. Other data sources include a 'deep dive' research report on the 0-2 years population by NSPCC, CAMHS needs assessment, substance misuse needs analysis, parenting review, safeguarding data, Lambeth Joint Strategic Needs Assessment (JSNA), Lambeth Children's JSNA, Foundation Stage Profile data, National Support Team report on infant mortality, Health Visiting Review, Vitamin D business case, obesity in pregnancy needs analysis, unintentional injuries epidemiology report, detailed work from developing the Children's Integrated Care Pathway (the Evelina London Child Health Programme) and the CCG Lambeth Big Health Debate.

- **Outcome groups for each of the better start outcomes and domestic violence** involving parents, community organisations, professionals and regional and national experts to consider current activity, key outcomes and potential interventions. Over 100 people who work with families including midwives, health visitors, family support workers and social workers told us their views about what's good and what needs to change to improve services.
- An analysis of the strengths and gaps of the **Healthy Child Programme**: The healthy child programme was reviewed in three ways during the development phase:
 - Consultation with parents
 - Review by key professionals, including mapping the areas where needs are not met by current services and referral pathways.
 - An event attended by 50 multi-agency professionals to consider the current Healthy Child Programme and how it needs to be improved.
- **The Area Wellbeing Profile** undertaken by the Social Research Unit, Dartington.
- Extension of the Social Research Unit 'What Works' criteria to allow robust appraisal of **science-based and local innovation** programmes and consideration of the local fit for our population and system
- A **comprehensive programme of community and workforce engagement** including events, discussions and parents undertaking ethnographic research. Our approach was authentic community engagement, rather than community consultation.
 - Over 150 parents talked about their experience of giving birth and bringing up a baby in the LEAP wards.
 - Some parents who took part were committed to overcoming challenges in their lives such as substance misuse and domestic violence.
 - Fifteen parents interviewed other parents (22 in total) who don't access services to find out their needs.
- A review of **capital assets and the public realm** to identify priority needs. This included Children's Centres, estate community facilities, Stay and Play One O'Clock clubs and a look at the public realm.
- A detailed **review of the multi-agency workforce** and future requirements.
- A review of **local and national policy drivers**
- Detailed **fund mapping to review** spend on children and young people's services and current investment in early intervention.
- A group to review the **information and data** issues across the partnership.

Using such a wide range of data sources has helped us to develop an unprecedented understanding of the local picture in the four wards. Whilst local progress has been made in some areas, outcomes for children are still poor and vary widely across the population. We have low levels of children achieving a good level of both social and emotional and communication and language development, particularly for children on free school meals, boys, Portuguese, 'mixed/black African' children and those with English as an additional language. Domestic violence and injury are also significant local problems.

Rates of childhood obesity, maternal obesity and some vitamin deficiencies are high in the LEAP area and we have evidence of poor physical health in children. The LEAP area has high levels of many of the risk factors relating to Better Start outcomes, including worse infant and parent health and wellbeing, worse family management, domestic violence, social isolation, fear of crime and environments that are less conducive to supporting healthy families and child development. Parents, professionals and service reviews have highlighted a number of key gaps in our Healthy Child Programme.

From our extensive analysis and the input of the partnership during the strategy days we have agreed the following priority outcomes. Further Intermediate and short term outcomes, targets and number of beneficiaries are outlined in Annex J.



Over the ten year programme we will:

- improve the rates of children achieving a good level of social and emotional development in the target wards from 68% to 95%.
- improve the rates of children achieving a good level of communication and language development in the target wards from 63 % to 95%
- eliminate the gaps in achievement for boys, children on free school meals and particular ethnic groups for social and emotional development and communication and language development.
- reduce obesity rates at school entry by from 15% to 9%

- halt rising rates of obesity for all groups at age 11 in the target wards.

In the LEAP areas, to address these priorities requires action across a number of areas including:

- Mental wellbeing, domestic violence, smoking, drinking and substance misuse during pregnancy.
- Family mental health and wellbeing (including both parents and children).
- Parents' skills and confidence, including their effectiveness and capabilities for supporting good child development and health diet and nutrition.
- Parental social support and relationships, including family conflict.
- Overcrowded and unsuitable housing.
- Unhealthy environments (including exposure to smoke, violence and lack of accessible play areas).
- Financial and economic hardship experienced by families.
- Lambeth's co-productive approach to service design, commissioning, delivery, monitoring and evaluation.

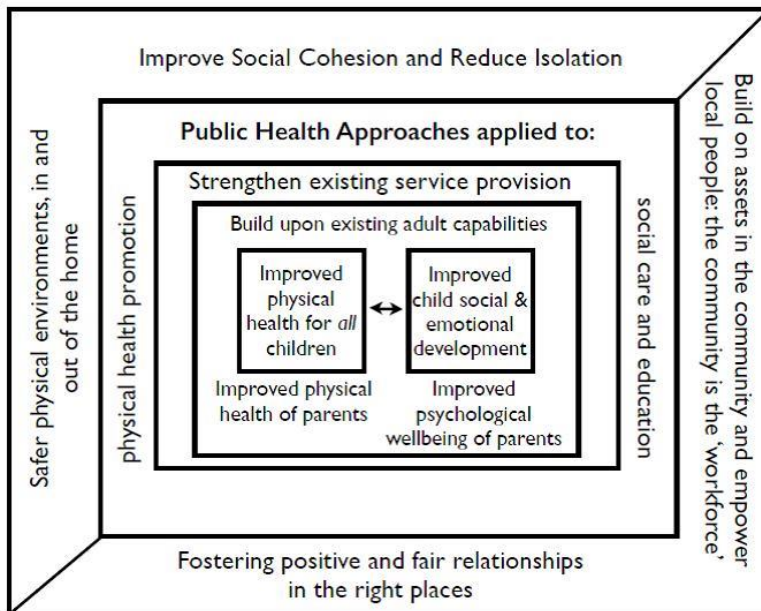
Our strategy

***"We have a bold, ambitious vision ... one that is aspirational."* Andrew Eyres, Chief Officer of Lambeth Clinical Commissioning Group**

Lambeth's strategy is based on the following principles:

- That the three Better Start outcomes, social and emotional development, communication and language and diet and nutrition, are at the core of our programme.
- Parents are the most important influence upon, and primary educators of, children.
- Fathers will be enabled and supported to play a positive and significant role in their child's life.
- Couples will be supported to reduce conflict and enable them to parent collaboratively even when estranged or experiencing high levels of stress
- Services will support parents to achieve the best outcomes for their children.
- Transitions between services and agencies will be supported by effective multiagency working and protocols.
- Children at risk of abuse and neglect will be identified earlier and offered appropriate support and intervention

- Communication between families, professionals and agencies will be simplified so that all parents experience a seamless service.
- The community is diverse and rich in assets and we will work to enable and strengthen these family to family networks.
- The Healthy Child Programme is a 'gold standard' offer



The diagram produced from the Strategy Days (see above) together with other information from local services and community engagement, has been adapted to a public health approach as advocated at the strategy days. One critical element includes strengthening existing service provision, ensuring the Healthy Child Programme is a 'gold standard' offer, with our additional LEAP interventions and pathways supporting and strengthening the offer even further. This comprises just one element of a public health approach.

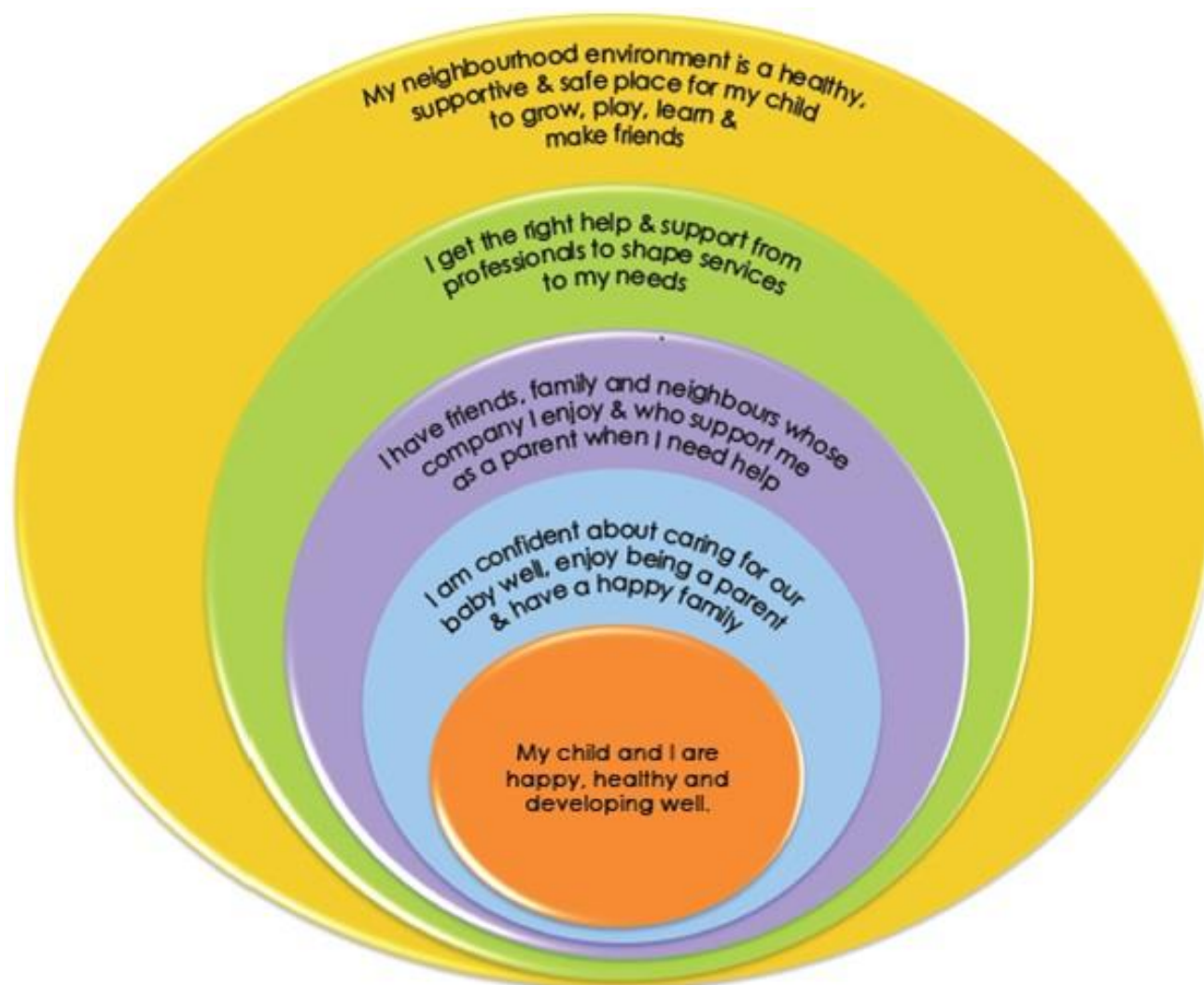
This approach, based on good practice, allows a better understanding of the influences on health from the conditions in which people are born, live, work and age. It looks at all the various determinants of health and wellbeing in an area to help inform action.

This approach points to the following areas for action:

- Creating a family friendly environment with strong and supportive communities: this looks at for instance, housing conditions, the roads and green/play spaces, licensing of premises.
- Services for all through an enhanced Healthy Child Programme: simple, accessible, fair and effective comprising health, early years, social care and other services.
- Better social relationships and supportive relationships through increasing social capita. This includes better quality relationships and not only the number of contacts
- Strengthening families, parenting effectiveness, capabilities and wellbeing

- Being mindful of an individual's own characteristics and how they may affect health and wellbeing such as age, sex and ethnicity.

The above provide a holistic, public health approach to improve the better start outcomes and address the risk factors that are prevalent for our babies and children. The rainbow figure below shows the public health approach from the viewpoint of a parent/carer.



The LEAP Rainbow: a public health approach to improve health and wellbeing and reduce inequalities

Activities and interventions

The LEAP Rainbow informs our strategy and interventions. The interventions will mean an enhanced Healthy Child Programme and more broadly we will address the wider family, economic, social and environmental issues that we know affect these children's outcomes.

These proposals and how they fit within a range of existing service provision and initiatives across the partnership are outlined below:

Communication and Language Development

We want to improve communication and language outcomes particularly for targeted groups including boys, particular ethnic groups and children on free school meals.

A number of communication and language programmes are currently offered but we recognise that these are not sufficiently well co-ordinated to provide a clear pathway and progression route for families.

Through the LEAP programme we will look at how to strengthen this pathway to ensure that existing programmes are effectively targeted and evaluated.

We have three specific proposals to enhance our communication and language offer. These are:

- Home delivery of Bookstart Corner alongside the existing Parents as Partners in Early Learning Programme.
- A new early literacy programme for 0-2s
- A new model of English as a Second Language provision combined with children's activities.
- Newly built space and resources in children's centres for parents to learn with their children.
- Parent champions trained to promote and support improved communication and language development.

These new interventions will strengthen the existing activities and programmes which are described below.

At a universal level the Talk to Your Baby resources are promoted through children's centres in group activities and by Speech and Language Therapists and health visitors in more targeted groups. We intend to increase the systematic use of Talk to Your Baby to promote key messages through the workforce including community champions.

There is a growing body of evidence for the Bookstart programme which is well embedded in Lambeth with packs distributed by a range of agencies and practitioners including health visitors, the library service, children's centres and childcare providers. Home delivery of Bookstart Corner will strengthen this offer.

English as a second or additional language is a key issue for Lambeth. The value of an additional language is well recognised but enabling parents to support children's language development in all aspects including reading and literacy is important.

The Parents as partners in Early Learning Programme is currently delivered through children's centres and aimed specifically at parents who speak English as an additional language. We propose through the LEAP programme to link this to Bookstart Corner in order to provide further support to parents who need it.

Lambeth is one of 12 pilot authorities for the National Literacy Trust Early Words Together. This programme identifies and engages families not routinely accessing children's centre

services and supports them to improve their home learning by working with trained community volunteers.

Chattertime groups are run by Speech and Language Therapists in children's centres to offer early intervention support for children at risk of speech and language delay. Children's Centres also offer a range of teacher led drop in groups and programmes to support children's communication and language development.

The REAL (Raising Early Literacy) is already provided in Lambeth and we propose through the LEAP programme to develop a programme for 0-2s based on the principles of REAL. Further targeted programmes are delivered in Lambeth through children's centres including ' Supporting my Bi-lingual Child' and a programme targeted at boys' development. Feedback about these programmes is positive and retention rates are high.

English as a Second or Additional Language courses are provided in children's centres by two voluntary sector commissioned providers and increasingly by other local adult learning providers including Morley College and City Lit however children's centres report difficulties in engaging ESOL learners in wider activities which are focused on their child's development and on adult/child inter-action (eg stay and play). While ensuring that any accreditation requirements of ESOL are met we propose through the LEAP programme to develop and evaluate a more integrated model of delivery that incorporates both aspects of provision within one course offer.

Diet and Nutrition

We have identified child and maternal obesity as important priorities for our strategy. Although the Lambeth Healthy Weight care pathway is well defined there are gaps to support our ambition to reduce obesity and promote good diet and nutrition.

We are aware that it is important in the early years to start where the family are at and to understand the determinants of poor diet and nutrition: for example the issues may be about family management and boundaries rather than targeting an overweight child..

The specific LEAP proposals for diet and nutrition are:

- Breast feeding peer supporters fully integrated into the maternity pathway and increasing breast feeding at six months.
- Through workforce development and social marketing we will establish strong and clear messages about issues such as weight gain and loss during pregnancy
- A targeted programme for obese pregnant women
- VCS led and co-produced diet and exercise programme to link early years and food growing activities.
- Level 1 healthy weight training for the workforce including community champions.
- A healthy catering commitment to support food outlets and organisations to produce healthy food.
- Family Friendly Licensing
- Better oral health through tooth brushing in nurseries.

- New play areas on estates and at one o'clock clubs.

These interventions are described below in the context of the overall delivery of the healthy weight care pathway.

At a universal level, Multi-agency healthy weight training is currently delivered to professionals as part of a one day course which covers the 0-11 age group. This is delivered by Imperial College and we are looking at accreditation for the programme. Monitoring and evaluation is in place. As part of the LEAP programme we propose to introduce a full day course which is focussed on 0-4s. This will enable greater focus on issues such as breast feeding and weaning and allow for training about the key messages about healthy weight as well as practical skills for engaging with families.

A further proposal through the LEAP programme is to co-produce with the community a food and exercise programme which will link children's centre activities to the wider food growing partnership activities in Lambeth. We want the community to shape this programme and for it to be led by the voluntary and community sector recognising the added value that co-production can bring. Activities could include shopping tours, shopping on a budget, cook and eat sessions and food growing.

Practitioners can currently signpost to targeted activities which include the Ready, Steady, Go programme which incorporates the principles of MEND. This is a family based intervention for families with children aged 3-5. It is less structured than MEND which had significant retention issues. The programme includes working with parents and children and includes exercise. It is delivered by the council's health lifestyles team.

Level 3 specialist support is currently provided by a consortium led by the South London and Maudsley (SLAM). A multi-disciplinary team, led by a clinical family therapist and including a community paediatrician, nutritionist and exercise facilitator, receive referrals via a specialist school nurse for obese children with complex needs. The LEAP programme will increase access to this service for younger children.

More widely we will make the environment more friendly to families so that it is easier to make healthy choices. We will do this through a healthy catering initiative and a stricter family- friendly licensing policy to restrict new fast food outlets near schools and nurseries

Social and Emotional Development

We have identified poor child outcomes involving social and emotional development and clear gaps in our local pathway. Our evidence and engagement has set clear priority actions to improve these, including earlier identification and better management of family risk, maternal and infant mental health and wellbeing through our investment in a shift in workforce approach. We are also using our investment to strengthen the support available across the Healthy Child Programme, particularly the antenatal offer and for those below existing thresholds (i.e. with mild to moderate needs).

The new proposals for the LEAP programme are:

- Early identification through screening
- Targeted maternity pathway
- Evidence based parenting programmes
- Extended Family Nurse Partnership, for all first time young parents
- Community based perinatal mental health support
- Wait, Watch and Wonder programme, for parents where attachment is an issue
- Domestic violence interventions including perpetrator programmes, support for young children, and workforce training in Brief Encounters
- Community champions trained to support parents with social and emotional development and signpost appropriately.
- Health visitors will use Video Interactive Guidance with parents to support interaction with baby

The LEAP programme will improve early identification of risk by embedding the Family Partnership Model⁴ across all providers, developing strong relationships between providers and families to help difficult conversations. The workforce will be supported to identify domestic violence identification (brief encounters). In collaboration with maternity and community services, we will introduce promotional interviewing ante and postnatally to support identification of risk as part of the universal pathway. Lambeth has a challenging trajectory for increasing health visiting capacity. We have a comprehensive recruitment and retention strategy and our health visiting workforce will have doubled by 2015.

The ante natal pathway that we propose has clear referral pathways. First time young parents will be referred to the Family Nurse Partnership, those with mild to moderate needs to centring parenting groups and those with more complex needs to caseload midwifery for specialist 121 support. We are also offering the opportunity to take up a parenting programme where additional support needs are identified. We have selected Family Foundations as an ante – natal parenting programme for co-habiting couples which promotes positive relationships and Mellow Bumps and Mellow Dads which is suitable for more vulnerable parents. A range of additional post natal parenting support will also be put in place including targeted parenting programmes (Triple P, Triple P Stepping Stones and Mellow Babies and Dads).

Space in children's centres through the LEAP capital programme will create areas for parents to develop their own activities and resources to support them and their child's development.

We also propose to enhance the mental health and wellbeing support for parents particularly in terms of preventative services and support for those with mild to moderate needs. Our LEAP programme will develop a community perinatal mental health service and strengthen links between maternity services and GPs to ensure that parents who need it don't miss out on this important support. Where particular issues related to 'attachment'

⁴ The Family Partnership Model is an innovative workforce programme to develop 'helper' qualities and skills that enable families to overcome difficulties and build strengths and resilience

are identified parents will be referred to the Watch, Wait and Wonder programme for additional support.

To address family conflict and domestic violence we propose significant additional interventions to support the integrated model delivered by GAIA in Lambeth. Specifically we intend to implement and evaluate the Domestic Violence Intervention Programme for perpetrators and intensive outreach and support for very young children as well as ensuring that GPs are trained in the IRIS programme enabling them to more effectively deal with domestic violence issues.

Systems change

The systems change that underpins the strategy and supports the achievement of the outcomes described above is critical. This falls into five broad areas:

The Early Intervention Strategy

The strategy agreed by the Lambeth Children's Trust Board in July 2013 provides the impetus and the framework for shifting resources to early intervention. The LEAP area will be a test bed and model of good practice for early intervention accelerating change in the LEAP area and providing cost benefits to re-invest.

Through the Prevention and Early Intervention Strategy we will develop a fully integrated co-operative commissioning and delivery model for early intervention services. We already have integrated commissioning teams in place across the CCG and social care as well as a joint strategy. We are working collectively to progress more joined up support, co-produced with local people.

New spaces in children's centres built with the LEAP capital programme will enable those working with families to use the same base, sharing information and jointly working with parents in the centre, at home and in the community.

Governance and funding

The LEAP Partnership Board will be established as the body to oversee and be accountable for the LEAP funding and we will set up an executive group of key fund holders with delegated authority to take decisions about LEAP funding, through the 'LEAP Bank' arrangements. The Lambeth Children's Trust Board will provide oversight and scrutiny, linking with the Health & Wellbeing Board as appropriate. The LEAP Partnership Board will work within a community engagement model that provides a range of different ways for people who live and work in the LEAP area to take part in the programme. In doing this we will draw on the experience of the LEAP development phase which has involved a strong parent voice and reflected the diverse communities of the area. Lambeth will transform the way children's services are funded and commissioned, co-producing an integrated model which is effective and sustainable based on evidence from the programme.

Information sharing

We have identified a very significant opportunity through the LEAP programme to improve the engagement of young children with the enhanced Healthy Child Programme. We plan to develop the role of General Practice as the trusted central point for child health with continual responsibility from birth to under-4 in liaison with a range of other professionals. This represents a real step forward in knowing where children are and ensuring that they access key services.

More widely we will tackle data integration and common access to systems across the partnership to ensure that information is shared by multi-agency professionals.

Workforce transformation

The LEAP interventions will be supported by workforce⁵ transformation which will equip people who work with families to develop the knowledge, qualities and skills needed to form positive relationships and improve outcomes. The LEAP workforce will communicate effectively and consistently and will be able to identify needs and assets, refer seamlessly and intervene early where appropriate. To achieve this we will embed knowledge sharing, specialist and core training and integrated working across the workforce.

The programme covers two workforce innovations developed by the Centre for Child and Parent Support at the South London and Maudsley NHS Foundation Trust to support families. Firstly, the innovative Family Partnership Model to develop 'helper' qualities and skills that enable families to overcome difficulties and build strengths and resilience and secondly promotional interviewing which enables sensitive and appropriate conversations with families to identify needs and risks.

These will enable effective early identification of risk by midwives and health visitors as well as core training in the better start outcomes for a wide range of frontline workers from health, police, the voluntary sector and local authority as well as our community champions.

Social marketing (promoting behaviour change)

Our LEAP programme will be underpinned by in depth work with families and workers to find out about attitudes and behaviours. We will then implement a comprehensive social marketing programme using different ways of promoting credible and targeted messages with a diverse range of audiences. We recognise the importance of social media and we

⁵ Our LEAP workforce includes community champions alongside professionals. We will transform our workforce so that it is recognised and valued by everyone in the LEAP area and is held up as model of good practice in improving outcomes for children. When we refer to our LEAP workforce we are talking about community champions children's centre managers, outreach workers, teachers, crèche staff, health visitors, speech and language therapists, community paediatricians, nursery school teachers and assistants, early years foundation stage teams, GPs, midwives, CAMHS, family support workers, early intervention social workers, social workers, accident and emergency staff, childcare staff including childminders and voluntary sector early years providers.

are a pilot area for the Best Beginnings 'Baby Buddy' App and already have in place a Breastfeeding App, highlighting breastfeeding friendly locations in Lambeth.

The first 18 months...

The LEAP programme will make an immediate and visible impact.

- 150 parents will be invited to attend an ante natal or post natal parenting programme.
- 84 obese pregnant women will be invited to take part in the programme to reduce risk of complication in pregnancy and birth.
- 270 of our workforce will be trained in Brief Encounters to support parents experiencing relationship difficulties.
- 169 of our workforce will be trained in the Family Partnership Model to develop 'helper' qualities and skills that enable families to overcome difficulties and build strengths and resilience.
- 234 parents experiencing mild to moderate mental health problems will receive support through our community service
- 150 parents and their babies and children will receive support through the Watch, Wait, Wonder programme, to improve parent child bonding
- 75 parents with English as an additional language will complete a tailored LEAP course
- 120 babies and young children will benefit from the increased support around early language and literacy.
- 104 community champions will be recruited and trained to support parents and families to be healthy, happy and confident
- 400 families will be offered support to alleviate the impact of living in overcrowded accommodation.
- All first time young parents in the area will be offered the Family Nurse Partnership programme by the end of the first 18 months.
- New play areas on 4 estates and 4 one o'clock clubs will be created and new spaces in 5 children's centres will be built.
- 'Way-finding' will help families find services through highly visible and imaginative signage throughout the LEAP area, linking early years and health facilities to each other.
- People who live and work in the LEAP area will be told about the programme and invited to participate.

LEAP PORTFOLIO OF INTERVENTIONS of the three key areas of intervention

Social and Emotional Development

Improved mental health and wellbeing services for parents
(psychological therapies, Watch, Wait Wonder
) (mother/child attachment)

Intensive outreach and support
for children experiencing
domestic violence

Domestic violence intervention
programme for perpetrators

Support for parents in pregnancy according to need (FNP; 1-2-1 Caseload
Midwifery; Centring Parenting Groups; Breastfeeding Peer Support)

Communication and Language

Early literacy programme for 0-2s

Learn English and Play! (English as
an Additional Language with
children's learning activities)

Bookstart Corner

Diet and Nutrition

Targeted obesity in pregnancy
programme

VCS led community food and
exercise programme

Improved play areas on estates
and in One O'clock Clubs

Healthy Catering Commitment

Improved Oral Health

Strengthening families, parenting effectiveness and capabilities

Early screening for risk; ante and post natal parenting programmes; Video Interactive Guidance (health visitors use video
to work with parents on interaction with baby)

Better social networks and supportive relationships through increasing social capital

Community Champion programme; Extend Children's Centres

Creating a family friendly environment with strong and supportive communities

Way finding and signage; VCS led supporting overcrowded families; Smoke Free Homes; Family Friendly Licensing;

Systems Change

Family Centred support

Governance

Prevention

Social marketing

LEAP PORTFOLIO OF INTERVENTIONS – the first 18 months

Social and Emotional Development

Brief Encounters training for the workforce

Watch, Wait Wonder
(parent/child attachment)

Communication and Language

Early Literacy for 0-2s

Diet and Nutrition

Targeted obesity in pregnancy programme

VCS led community food programme

Improved play areas on estates and in One O'clock Clubs

Strengthening families, parenting effectiveness and capabilities

Early screening for risk; ante and post natal parenting programmes; Family Foundations, Mellow Bumps and Dads, Triple P, Family Nurse Partnership, Triple P Stepping Stones, Mellow Babies and Dads

Better social networks and supportive relationships through increasing social capital

Breastfeeding peer support and co-produce Community Champion programme; Extend Children's Centres

Creating a family friendly environment with strong and supportive communities

Way finding and signage VCS led supporting overcrowded families

Systems Change

Workforce transformation Funding and governance Information and tracking children Social marketing

Our capacity to deliver, monitor and evaluate

We are confident that we have the commitment, skills and capacity to understand and support the national evaluation led by Warwick and we have developed our own thinking and proposals about evaluation and monitoring that we need to put in place at the local level to complement the national evaluation. (See Annex J).

In terms of moving more towards implementing evidence based programmes and shifting systemically towards evidence based commissioning, we are fully versed in the importance of fidelity, and this will form a key part of our implementation plan.

We are working with Kings Health Partners (KHP), one of six Academic Health Sciences Centres nationally, to support the translation of maternity and early year's research into practice. We have excellent local evaluation expertise within KHP, including Kings Improvement Science and are keen to develop an on-going programme of local research to support the national evaluation. This will ensure that our work is based on sound evidence across the ten year programme and beyond and, where evidence is lacking, promising innovations are tried, tested and - if found effective -scaled-up.

We are committed to thorough monitoring, evaluation and on-going quality improvement and have designed a programme of local research to complement the Better Start evaluation. We will draw on the skills, knowledge and capacity of our local communities to support the Warwick led and our local evaluation.

We are interested in understanding the process of systems change to help us spread the learning and impact across other areas, populations and systems and will work closely with the national evaluation consortium to access funding resources to allow controlled evaluation of specific programmes and areas of innovation. We want other areas and communities to benefit from our learning and development.

Our future

The Lambeth Early Action Partnership is fully committed to transforming the lives of children in the area and beyond, drawing on the assets in the community to create a sustainable shift of public services towards prevention. We are passionate about making Lambeth the best place for children to be born and grow up, not just in London or the UK but in the world. We know this is ambitious and that it will take time and commitment to achieve but we believe we have the right enthusiasm, ambition and capability to deliver. The Better Start programme provides an opportunity for us to turn this ambition into a reality.

Appendix 1

What if the LEAP wards were as good as the best places in the world for children to grow up?

Our vision is for Lambeth to be the best place in the world for children to be born and grow up. Although it is an area with many strengths and assets, there are a range of factors that make it a challenging environment for children to be raised in. It is not enough for us to simply reduce these inequalities, or bring LEAP in line with the average - instead we have a long-term ambition that, if realised, will mean many fewer children have poor outcomes. We wanted to know where the best places are for children to grow up in the world, and how much better we could be. Our research illustrates starkly the journey we have to travel if we are to secure for our children the same life chances they would have if born in these countries - and the extent of the potential for change if we are successful:

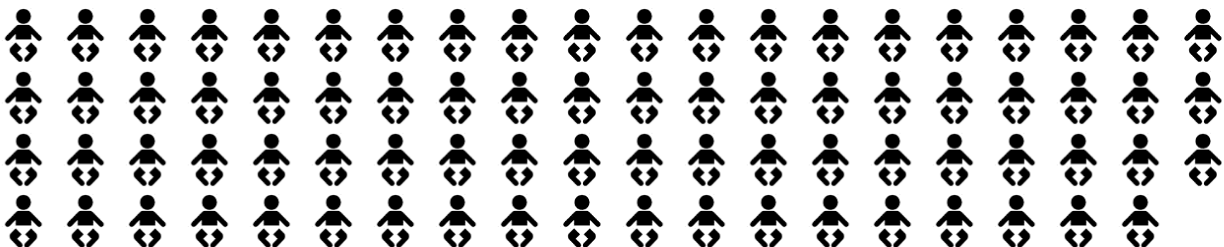
If infant mortality was reduced to the level of children born in Iceland, there would be up to 10 fewer deaths per year in the LEAP area (up to 30 in Lambeth)



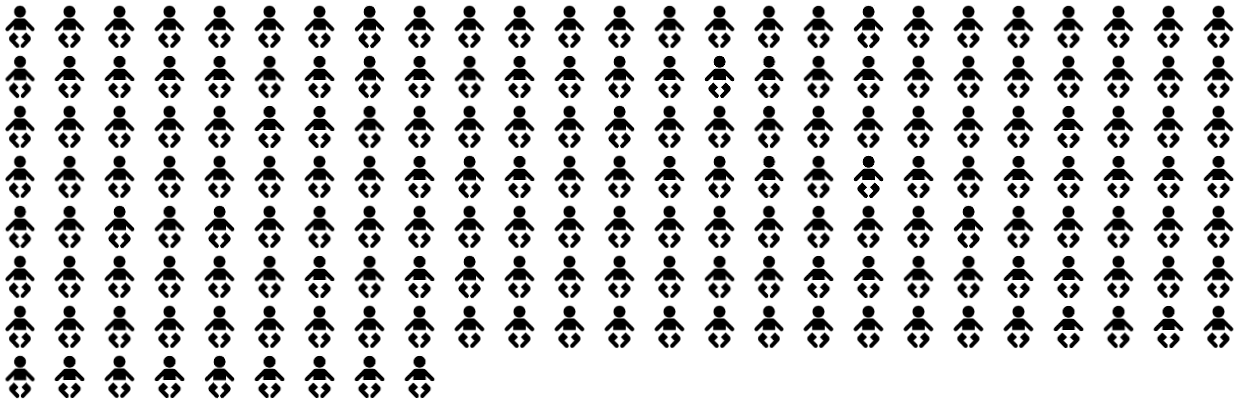
If the LEAP area's low birth weight levels were in line with Iceland's, an estimated 43 fewer babies would be born each year with low birth weight (169 fewer in Lambeth)



If 99% of children in the LEAP were full immunised at age one, as reported by Greece and Hungary, 79 additional children would be vaccinated each year (492 in Lambeth)



If LEAP children were enrolled in early years education at the levels seen in France and Belgium, 184 additional three and four year olds would be enrolled (1058 in Lambeth)



If the LEAP area reduced the rate of obesity in line with Switzerland's, 410 fewer eleven year olds would be obese (1384 in Lambeth)

