A. Service Specifications

<table>
<thead>
<tr>
<th>Service Specification No.</th>
<th>Service</th>
<th>Commissioner Lead</th>
<th>Provider Lead</th>
<th>Period</th>
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<tr>
<td></td>
<td>Community Mums and Dads – Thurrock Only (Service Specification as at December 2013)</td>
<td>Head of Public Health</td>
<td>Integrated Care Director - NELFT</td>
<td>1 April 2015 to 30 June 2015</td>
<td>July 2015</td>
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</table>

1. Population Needs

1.1 National/local context and evidence base

Community development is identified as a model of working that can reach the most disadvantaged groups. The reasons for poorer health in these communities are multi factorial which has significant impact upon when individuals identify health problems and seek. The community development model has substantial and proven outcomes in relation to improving diets, promoting breastfeeding and other healthy lifestyle factors, providing information and advice on parenting skills, improving basic literacy skills and early year’s development, and raising the confidence and self-esteem of parents and young children in less advantaged communities. The community mums and dads best practice development model is evidence-based and designed from the University of Bristol child development programme, aimed at strengthening communities through mobilising resources within the community itself. This community development model has substantial and proven outcomes in relation to improving poor diets, and other healthy lifestyle factors, providing information and advice on parenting skills, improving basic literacy skills and early year’s development, and raising the confidence, self-esteem and aspirations of parents and children in less advantaged communities (EC, 2002; Johnson et al., 1993, 2000).

The Community Mums and Dads Service is a support programme designed to develop the skills and self-esteem of parents who live in mainly disadvantaged areas. The model is one of parent-capacitation and empowerment. The model is evidence-based and is aimed at strengthening communities through mobilising resources within the local community. Local community members (mothers and fathers) are recruited as volunteers and trained with the aim of enabling them to gain employment on the programme with the support of a labour intensive training programme. Initially set up to improve family diets, educational, social and cognitive development of children; reduce child accidents and hospital admission and reduce the level of depression amongst mothers.

The main activity of the programme is to: provide an outreach home visiting programme to develop parenting skills; promote and support mother’s breast feeding in identified areas of Thurrock and facilitate training. To provide a variety of informal and formal groups, activities and training for parents/carers and local volunteers.
2. Scope

2.1 Aims and objectives of service

The programme is delivered with a combination of non-professional, trained, skilled workers and supported by trained volunteers from the local community, who undergo a series of structured training programmes. The community mums and dads service support, help and work with families to develop parenting capacity, build community networks and improve outcomes for children and families targeting areas of social deprivation. Aims and objectives for this service include:

**Aims**
- Contribute to improved health outcomes for children, parents/carers and families and marginalised communities.
- Contribute to the reduction of health inequalities locally.
- Gain insight into the local customer perceptions of health, parenting and community learning issues and plan appropriate collaborative care accordingly.
- To reduce the need for professional crisis intervention by providing early intervention techniques through informal, accessible and collaborative support for parents.
- To enable and improve access by vulnerable families to local services in the community including health services, children centres, learning opportunities and other services for young families, using an integrated multi-agency approach.
- Promote initiation and provide support to sustain breastfeeding in the local population.

**Objectives**
- Contribute to an improvement in family diets and educational, social, language and cognitive development of children, to reduce child accidents and hospital admissions, and to reduce the level of depression amongst mothers.
- Contribute to an improvement in parenting skills and increasing families’ confidence and understanding of their child’s development.
- To encourage and motivate more disadvantaged communities to take action to improve their own health and personal development, involving them in service provision.
- To enable mums to initiate and sustain breastfeeding for longer – improving locality breastfeeding prevalence rates.
- Promote and encourage compliance with the child immunisation programme and newborn screening programmes.
- To support and enable vulnerable families to access appropriate services in the local community for their individual needs.
- To support families to prevent crises intervention from other services, supporting ‘hard to reach’ families and encouraging them to achieve their own individual goals using a peer to peer parenting support style of delivery.
- To develop and build capacity within the local community.

2.2 Service description/care pathway

To deliver a service in the most disadvantaged groups and areas and that is based on evidence-based community development models for community parenting. The availability of care and quality of service afforded to individuals must be based on individual’s clinical need. The services delivered should include:

- An outreach home visiting programme by trained non-professionals in both an employed and
voluntary capacity. The programme will utilise the skills and learning of mums and dads from the community to promote both the health of children and parents through a series of interventions.

- The delivery of informal and formal groups, community activities and training courses to deliver the outcomes specified and promote behaviour change for children, parents and families
- Develop and provide effective and accessible communication about services;

The key services to be delivered include:

**Parenting Skills for health and wellbeing (referrals via the 0-19 service)**

The Community Mums and Dads services should support parenting skills for positive health and well-being and should:

- Provide and facilitate access to early parenting support including:
  - Basic skills, including literacy and numeracy,
  - Models of parenting,
  - Early years’ development,
  - Raising confidence & self-esteem of parents.
  - Contribute to improving relationships and attachments,
  - Contribute to improving family diets, and physical and mental health and well-being.
  - Contribute to improving educational, social, language and cognitive development of children through early learning.
- Provide interventions which include understanding the health and social needs of children and development of parenting skills.
- Identify and support ‘hard to reach’ families and encouraging them to set and achieve their own individual goals using a peer to peer parenting support style delivery recognising achievements regarding positive parenting skills.
- Provide information about new born screening, newborn/child immunisation and other appropriate programmes and services.
- Provide support to parents who are under Child Protection or Children in Need Plans (this is a voluntary option for parents).

The service will primarily deliver these services through:

- A home visiting programme.
- Informal and formal groups.

**Home visiting programme**

Volunteers and trained workers visit parents in their homes once a month, providing a peer to peer support service offering empathy, encouragement and information in a non-directive way to foster positive parenting skills and parental self-esteem. The issues discussed at each visit are tailored to the particular needs of the family, the programme works by using motivational interviewing techniques to elicit behaviour change through small goal setting. The approach is supportive of the parents own ideas and recognises the parents desire to do what is best for their child. They use a clear and flexible set of strategies and focus on all aspects of healthcare, nutrition, overall child development, emotional health and wellbeing of the family and child safety. Skills for Health/Life is embedded into the home visiting programme offering parents:

- Numeracy skills
- Literacy skills
- Cartoon materials are utilised to support parents with numeracy and literacy from basic level to Level 2

This programme is offered once a need is identified, the skills for health was originally developed by Thurrock’s Community mothers workers and the Department of Health after our cartoons materials were identified as good practice and a tool that could be used to help support learning. There are a range of subjects including topics such as family life, focusing on parenting and family health. Many of our programmes use the materials that have been developed to support and inform parents that access our groups and activities.
Informal and formal groups (to be reviewed in line with reduction of service June to August 2013)
The programme will offer and deliver a range of informal and formal groups to promote physical and mental health and well-being, promote, encourage and support breastfeeding, and to support and develop parenting skills.

‘Yummy Mummy’ – an informal, relaxed support group for pregnant women and breastfeeding mums. The aim of these groups is to promote and enable women to breastfeed for longer, share experiences and information, and increase social networks and support. The group is supported through information and advice from trained, skilled workers and volunteers. Guest speakers are invited to these groups to discuss and inform parents i.e. introducing solids and other support services that parents can access.

‘Life Behind the Buggy’ – a fun and relaxed group, suitable for new parents with a baby under six months old. Topics covered in this group include; peer pressure, creative play and learning, health and well-being, introducing solids and healthy diets, oral hygiene, home safety, by discussing life as a new parent the group can encourage the development of early learning skills with their children whilst increasing support from social networks.

‘Family Focus’ – is a coaching skill for parent’s course, developed for parents with children from toddlers to teenagers and designed to help parents recognise, and enjoy, the responsibility they have and the difference they can make to themselves, their children and their family unit. The workshops will provide a safe environment for parents to explore, discuss and reflect on their own experiences whilst focusing on their own individual needs as a pivotal part of parenting. Between workshops parents are expected to practice these new parenting skills and techniques & to be aware of any changes that they notice within themselves, their children's behaviour & their overall family dynamics. The facilitators elicit parents to focus on their own individual strengths & encourage them to share their thoughts, feelings & experiences within the confidential boundaries of the group. This enables the group to learn from each other & provides a learning environment that is safe to explore within, whilst improving their relationships and attachment with their children within their family unit.

‘Speakeasy’ - The Speakeasy parents’ course is a fun and relaxed course that helps parents and carers become more confident in talking to their children about sex, relationships and growing up. The parents learn together, building on what they already know as well as gaining new information and ideas for how to talk to their children. The course is accredited at levels 1 and 2 through the Open College Network Eastern Region but accreditation is optional for parents.

All clusters/localities in Thurrock should have a training planner of groups, with rolling programmes and to ensure permanent support groups. These should be updated on a quarterly basis to meet the identified needs of the local community and in response to feedback from on-going parent evaluation, volunteers, workers and stakeholders. Groups can be co-facilitated or facilitated by trained volunteers. A current planner is listed in Appendix A of Section B, Part 1. This is not an exhaustive list and should be reviewed and updated with new and emerging evidence and best practice.

The service will update and record all interventions data on the SystmOne data monitoring unit or other appropriate electronic system.

Breastfeeding

The service will be proactive in encouraging and presenting clear consistent messages to parents about the benefits of breastfeeding. The service will work to Baby Friendly Initiatives (BFI) standards incorporating antenatal and post natal support to parents through a variety of different interventions.
including peer support, telephone contact, information group’s and one to one support. All the community mums and dads workers and breastfeeding peer support volunteers should be Baby Friendly Initiative (BFI) trained. The service will provide 8 parent drop-ins and breastfeeding support groups.

**Focused Antenatal group and 1:1 antenatal home visiting where referral via 0-19 service is identified** – Provision of early intervention antenatal services, meeting with parents at antenatal clinics & making contact with antenatal parents-to-be so that they can be offered support early and discuss and provide information on feeding options. The antenatal lists are sent from the maternity system manager at BTUH at 7 months gestation period so that contact and support is initiated early and workers can offer pregnant mums and fathers to access an antenatal home visit or an organised antenatal group in their local area.

**Postnatal breastfeeding support** – The community mums and dads administration team should contact BTUH Cedar Ward on a daily basis to obtain the contact information regarding the hospital discharges. The contacts that are obtained are recorded on SystmOne and each locality area is responsible for contacting (telephone consultations) each new mum to offer advice, support and information. As a backup to this system and to ensure that we make contact with all new mums in Thurrock, community mums and dads are sent the hospital lists on a monthly basis from BTUH, which lists all the mums discharged from Basildon Hospital into the Thurrock locality.

If there are problems or issues relating to breastfeeding, home visits should be arranged and workers/volunteers will assess this on a needs basis and will offer an immediate support visit. All mums should be allocated to a skilled worker or trained volunteer who is able to offer support, encouragement and advice on a needs basis throughout the postnatal period. The community mums and dads should, where appropriate, offer alternative support services (home visiting, groups & activities) and signpost to other partnership services in their local area (healthcare, Children centres and parent support groups).

**Breastfeeding home visiting & telephone support** – Community mums and dads breastfeeding peer support volunteers will contact, encourage and support new mums at discharge, 10 days, 6 weeks, 4 months and 6 months offering appropriate breastfeeding advice throughout this postnatal period depending on the individual’s needs, workers will encourage new mums and provide valuable information via support telephone consultations. Information resources and leaflets are sent out to all new parents in Thurrock and home visits are available for extra support. New mums and dads should be encouraged to attend the CMDs formal and information groups and the home visiting programme on a voluntary basis.

**Breast Pump Loans** – Community mums and dads will provide a breast pumps loan service in the Thurrock area according to the local Breastfeeding policy and procedure.

To sustain breastfeeding the service should attempt to make first contact within two working days of date of notification of baby’s birth. Parents will also be contacted when the baby is six weeks old, four months old and six months old if still supported by the programme. Per quarter there are 580 births per year on average.

The service will update and record all interventions and breastfeeding data on the SystmOne data monitoring unit or other appropriate electronic system.

**Community Volunteers, Training and Volunteer Pathway**

The community mums and dads approach is based on the recruitment, training and on-going support and development of local parent volunteers. A key element in recruiting volunteers is that they reflect the ethos of the community they intend to support, working alongside parents/carers to resolve a range of personal and institutional barriers that are associated with low income, self-esteem, confidence, motivation and a lack of opportunities. This investment in the community, by the community will increase the communities’ social capital and lead to the achievement of the objectives for the service. Key components of the service delivery include:
• Develop local capacity by:
  o Actively recruiting and training volunteers onto the programme through a volunteering pathway commencing with a pre-volunteer course that builds self-confidence and self-esteem, offering sharing ideas and exploring volunteering opportunities. A pre-volunteer programme should be delivered frequently throughout the year (minimum of 4).
  o Delivering an intensive training and development scheme.
  o Providing opportunities for community member volunteering within the programme
  o Supporting local community members to apply for voluntary and employed work, within and out with the CMD service.
• The service will maintain a minimum of 30 active volunteers to deliver the programme.
• Support local people to offer peer to peer support and raise aspirations in the community.

Volunteers training and on-going development

‘Reflections’ – pre-volunteering course, the learning outcomes for this include:
• Get a pathway back into the workplace
• Build confidence and self-esteem – raising aspirations
• Develop new skills
• Help to seek new qualifications
• Opportunities to volunteer for Community mums and dads or other services

Volunteer pathway: Once volunteers have attended reflections and applied to NELFT to become a volunteer they will be invited to ‘core training’, the learning outcomes for this include;
• Understanding the ethos behind volunteering, responsibilities & boundaries
• Understanding confidentiality
• Being aware of health & safety, equality & diversity and equal opportunities
• Understanding policies and procedures
• Volunteer support, training and on-going development
• Safeguarding information and procedures

Specialist Volunteers training: Once volunteers have completed the core-training they will access the Breastfeeding (Unicef/BFI)/ OCN Level 2 Breastfeeding Training or Community mums and dads Home visiting training. This will develop volunteers as peer to peer supporters and ensure that they are trained to support parents and families in the community. Each volunteer is assigned to a Development Worker who will supervise their support work and encourage them to develop further with other training that we can offer or access via the community:
• Skilled for Life/Health – literacy & numeracy basic skills to Level 2 (in house)
• Speak easy training – Level 1 & 2 (via Sexual Health Service)
• Walk Leader training – English Heritage accredited (via community)
• Making Every Contact Count (via Vitality)

Volunteers will attend on-going training/support sessions 6 times per annum with the community mums and dads teams, these cover an array of topics including the latest evidence based research relevant to parenting, families and breastfeeding. Volunteers will also attend Cluster meetings on a regular basis and peer support meetings bi-monthly to input into service design, development and delivery.

Volunteers can support all parts of the community mums and dads programme: administration & office duties, telephone consultations, group work and activities, events in the community, marketing and advertising.

The service will update and record all interventions data on the SystmOne data monitoring unit or other appropriate electronic system. The provider will develop and keep a system detailing the demographics of volunteers in line with recruitment policies of the Trust.
2.3 Population covered

The Community Mums and Dads service will support families, mums and dads who have children up to the age of 5 years and are resident in the Thurrock Council area or registered with a GP in Thurrock.

Specific formal and informal groups are offered to parents of teenagers, who are identified as vulnerable/requires support/have complex needs/through the MAGs panel.

The service will be provided to:
- lone parents, and those affected by child poverty,
- mums aged 20 and under,
- parents to be,
- new first time parents and
- those relocating into the defined disadvantaged communities.
- Those identified by the 0-19 service as requiring additional support

Providers will ensure that services are accessible to all, taking full account of personal circumstances and diversity. Services should target their capacity and resources to take account of the most deprived communities. Services will deliver consistent outcomes for patients regardless of gender, race, age, ethnicity, income, education, disability or sexual orientation. Providers, in partnership with Thurrock Local Authority, will use evidence on inequalities to inform decisions on service planning and delivery. Services will be flexible in adapting to future needs of the population.

Community Mums and Dads Service activity may be both opportunistic and planned. All projects will be committed to public involvement and responsive to evaluation.

Geographic coverage/boundaries

The service will be provided to those registered (or with children registered) with a GP in the Thurrock locality (including temporary residents) or, if unregistered, living within the Thurrock locality. The service will concentrate resources to the 20% most deprived LSOA within Thurrock.

Location(s) of Service Delivery

The wide ranging nature of activities contained within this service specification allow for delivery across many locations, depending on the type and purpose of activity being delivered. These include:
- Individuals Homes
- Health and Social Care venues
- Market Places and Shopping Centres;
- Children’s Centres;
- Community Centres;
- Homeless hostels/women’s refuge

Days/Hours of operation

Community Mums and Dads Service will operate within the hours of 09.00am - 17.00pm Monday to Friday, excluding bank holidays. The service will operate in evenings and weekends to support events in the community where there is an identified need.

Any acceptance and exclusion criteria

Referral criteria

The Community Mums and Dads service will support families, Mums and Dads who have children up to the age of 5 years living within the Thurrock Council area or registered with a GP in Thurrock.

Specific formal and informal groups are offered to parents of teenagers, who are identified as vulnerable/requires support/have complex needs/through the MAGs panel or the 0-19 Allocations meetings.
The service will be provided to:
- lone parents, and those affected by child poverty,
- mums aged 20 and under,
- parents to be,
- new first time parents and
- those relocating into the defined disadvantaged communities.

The service will be provided to those registered (or with children registered) with a GP in Thurrock (including temporary residents) or, if unregistered, living within Thurrock.

Referral route
The service will accept self-referrals (achieved through promotional marketing or direct engagement) or referrals from health and social care practitioners.

Exclusion criteria
The following exclusion criteria will apply for this service:
- People not registered with a GP within Thurrock, or if unregistered not residing within Thurrock locality

In addition, patients may be excluded from this service in line with the NHS Zero Tolerance Zone (HSC 1999 /226)

If the above exclusion criteria apply then the team will offer advice on how to access alternative services.

Response time & detail and prioritisation
The service will respond in a timely manner to self and direct referrals and deliver services within timescales agreed with the commissioner and in line with the jointly agreed NHS South West Essex Access Policy.

To sustain breastfeeding the service, in conjunction with the 0-19 service should make first contact within 48 hours of date of notification of baby’s birth.

Discharge Criteria
Discharge from the service may occur in the following circumstances:
- Upon completion of specific programme
- Upon referral or signposting to alternative services;
- From community mothers programme following six month intervention, extended to nine months for those with complex needs. This is reviewed for further support if parents are subject to a child protection or children in need plan;
- People may also be discharged from the service, if the service has been repeatedly unable to contact the person, in line with the agreed Access Policy.

2.5 Interdependencies with other services

Whole System Relationships
In order to deliver integrated and seamless care, the Service will work closely with:
- GPs
- 0-19 community teams
- Midwives and maternity services
- Pharmacists
- Workplaces
- Community and voluntary sector
- Schools
Community services staff including nursing and therapies

Other NHS organisations

Training and skills service providers

Local authorities, (social care, family services and MAGS)

Safeguarding services

Contractual Interdependencies

There are contractual interdependencies in the delivery of this service with:

- The children’s weight management service (Children’s Weight Management Service) as the BFI training is delivered internally to the CMD service.
- 0-19 care pathway and the support this service provides in addition to the health visiting service to families with children under 5 years.
- BTUH Maternity Services.

Relevant networks and screening programmes

The service will work with all relevant networks and screening programmes including the Prevention and Screening Programme Board and Breastfeeding networks.

Sub-contractors

There are no sub-contractors in the delivery of this service.

Council Priorities

The provider should be aware of the following key priorities in Thurrock and work in partnership with the Council showing awareness and willingness to engage with developments in these areas and subscribing to the principles where appropriate.

Violence against Women and Girls (VAWG) Strategy:

The provider will be conversant with the Thurrock Violence Against Women and Girls Strategy.

Violence Against Women and Girls (VAWG) undermines confidence, opportunity and ambition for victim-survivors, especially where it takes place during childhood or adolescence. It is not only implicated in ongoing gender inequality, meaning women and girls do not reach their potential, but also results in mistrust and isolation that undermines communities. The impact of VAWG on the Council’s priorities is as follows:

1. Improve the education and skills of local people
   Awareness raising of violence against women and girls in local communities and training for workers, managers, commissioners and businesses will improve their education and skills, and enable them to intervene earlier, thus preventing the educational and occupational disadvantage that VAWG can result in.

2. Encourage and promote job creation and economic prosperity
   Unchecked violence against women and girls has been shown to impact on women’s productivity in employment, and even in some cases resulting in them giving up or losing their jobs.

3. Ensure a safe, clean and green environment
   Some women and girls do not currently enjoy safety in public or private life.

4. Provide and commission high quality and accessible services that meet, wherever possible, individual needs
   Specialised violence against women and girls services are vital for women to access support, deal with the consequences of violence and rebuild their lives. Thurrock currently has specialist services which are widely recognised as models of good practice.

5. Build pride, respect and responsibility in Thurrock’s communities and its residents
No local area can feel pride where levels of violence against women and girls continue at current levels, they indicate disrespect for women's physical integrity and sexual autonomy. Creating responsibility to support victim-survivors and challenge perpetrators restores respect and builds pride within the community.

Service providers are expected to sincerely subscribe to the ‘violence against women and girls’ core principles including:

1. **The most recent Home Office strategy defines Violence Against Women and Girls as:**
   ... any act of gender based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private.

2. **The UN framing from which this is drawn notes further that:**
   ... Violence that is directed against a woman because she is a woman or that affects women disproportionately... The term “women” is used to cover females of all ages, including girls under the age of 18... manifested in a continuum of multiple, interrelated and sometimes recurring forms... physical, sexual and psychological/emotional violence and economic abuse and exploitation, experienced in a range of settings, from private to public, and in today's globalized world, transcending national boundaries.

Service providers are expected to sincerely subscribe to the ‘Child Sexual Exploitation (CSE)’ core principles including:

**Child Sexual Exploitation (CSE)**

The provider will be conversant with CSE, its complexities, the warning signs and children’s vulnerabilities toward CSE. It is critical to both victim and public confidence that the response of partners is reflected accurately through operational activity, communications material and channels, and the media.

CSE is a form of abuse which involves children (male and female, of different ethnic origins and of different ages) receiving something in exchange for sexual activity. Perpetrators of CSE are found in all parts of the country, rural and urban areas and are not restricted to particular ethnic groups.

This definition is supported by a set of national key messages:

- CSE (aged 17 and under) involves situations, contexts and relationships where the young person receives ‘something’ (eg. food, accommodation, drugs, alcohol, cigarettes, affection, gifts and/or money) as a result of them performing, and/or others performing on them, sexual activities.

- CSE can occur through the use of technology without the child's immediate recognition; for example, being persuaded to post images on the internet / mobile phones without immediate payment or gain.

Further information and advice on CSE can be obtained from the Local Safeguarding Children Board (LSCB).

Service providers are expected to sincerely subscribe to the “Making Every Contact Count (MECC)” core principles including:

**Making Every Contact Count (MECC)**

Making Every Contact Count uses the contacts that any MECC trained workers or community
members have to start conversations about health and wellbeing, provide brief advice and signposting to local services that can help and support people to make positive changes to their lifestyle. To improve the health of the population by using every appropriate contact with an individual to maintain or improve their mental and physical health and wellbeing. Ensuring that all service users who have lifestyle risk factors e.g. smoking, alcohol misuse, physical inactivity, obesity etc. are identified, provided with brief opportunistic advice which is empowering and culturally sensitive, and signposted or referred to local healthy lifestyle services of their choice.

Service providers are expected to sincerely subscribe to the “Public Health Responsibility Deal (PHRD)” core principles including:

Public Health Responsibility Deal (PHRD)

Thurrock Council has signed up to the Public Health Responsibility Deal and would expect partners or companies delivering council contracts to voluntarily sign up to the responsibility deal.

The purpose of the PHRD is to harness the potential for local businesses to play their part in shaping an environment which supports people to make healthier choices. Signing the PHRD will commit businesses to play their part in improving public health in Thurrock. There are obvious benefits to consumers and workforce staff including better health, healthier diets, improved lifestyles and well being, a reduction in long term health conditions and slower disease progression. The benefits to employers include: a healthier workforce, reduced absenteeism, increased productivity and improvement in service delivery."

3. Applicable Service Standards

3.1 Applicable national standards e.g. NICE, Royal College

NICE PH6 Behaviour Change
NICE PH9 Community Engagement
UNICEF Baby Friendly Initiative
Developing and Parenting
Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children March 2010

3.2 Applicable local standards

The SHA Cluster Ambitions are as follows:

Create a revolution in patient and customer experience
Making Every Contact Count through systematic healthy lifestyle advice delivered through front line staff
Ensure radically strengthened Partnerships between the NHS and local government

4. Key Service Outcomes
Expected Outcomes (to be reviewed in line with reduction of service) June to August 2013

The expected outcomes of the Community Mums and Dads Service include:

- Contribution to Improved life expectancy;
- Contribution to Reduction in health inequalities;
- Contribution to Reduction in postnatal and other depressive illnesses amongst mothers;
- Contribution to Improved educational, social and cognitive development of children;
- Contribution to Reduce child accidents and subsequent hospital admissions;
- Contribution to Increase in breastfeeding rates (initiation, at 6 weeks and at 6 months);
- Contribution to Increase in childhood immunisation uptake within targeted communities;
- Contribute to the increase in the number of new-born hearing screens undertaken within targeted communities;
- Contribution to Increase access to other relevant support services.

These outcomes should be monitored pre and post intervention and reported bi-annually:

- Increase in breastfeeding rates (initiation, at 6 weeks and at 6 months)
- Encourages development of early learning skills with their children
- Reduces the level of isolation & social exclusion amongst parents
- Greater awareness of the risks associated with introducing solid foods early
- Increases parent’s confidence & self-esteem as a new parent
- Improved awareness of home safety measures
- Improves family diets and understanding about nutrition
- Improving parenting skills and techniques
- Improving and developing effective tools and techniques for families to develop more effective relationships and attachments for parents and children’s development
- Building social capital and increasing volunteers to help the local community support each other
- Increase access to other relevant support services.

Activity and Performance Monitoring
The following key performance indicators will be monitored on a monthly basis:

Key Performance Indicators Monitoring

Health Inequalities
- At least 50% of clients accessing the CMD services are from the LSOAs in Quintiles 4 and 5 (most deprived quintiles)

Parenting Skills for health and wellbeing
- A minimum of 75% of mums/dads setting parenting goals, achieve them.

Breastfeeding
- 95% new mums have a contact attempted within 48 hours (2 working days) of notification of discharge.
- 45% of parents receiving breastfeeding support through CMDs maintain full or partial breastfeeding at 6-8 weeks. Data will be reported two months retrospectively from baby’s registered birth.

The following key performance indicators will be monitored on a quarterly basis:

Training and Community Volunteers
- Maintain a minimum of 20 parents actively volunteering on the community mums and dads programme by end of March 2014.
- Grow the number of active volunteers within the programme by 20% by end of March 2014.
2013/14 NHS STANDARD CONTRACT
FOR ACUTE, AMBULANCE, COMMUNITY AND MENTAL HEALTH
AND LEARNING DISABILITY SERVICES
(BILATERAL)

(benchmark 20)

- Recruit, train and support a minimum of 10 parents through the CMD programme by end of March 2014.

These KPIs should be reported against on a monthly basis.

**Activity Monitoring**

The following activity will be reported and monitored on a monthly basis:

- Number and percentage of mums/dads contacted within 1 month following date of birth of baby in Thurrock broken down by LSOA
- Number and percentage of mums/dads supported through a home visiting programme.
- Number and percentage of babies by feeding status at six-eight weeks (this will be reported two months retrospective from baby’s registered birth)

The following activity will be reported and monitored on a quarterly basis:

- The number of people starting the programme/groups, broken down by formal/informal group:
  - Life Behind the Buggy
  - Family Focus
  - Antenatal Groups
  - Speakeasy
  - Yummy Mummy
- The number of people completing the programme groups (as above) broken down by formal/informal groups.

Monthly:

- % of parents breast feeding or wishing to breast feed take up the offer of breastfeeding support.

Quarterly:

- Total number of eligible frontline staff signing up for training in brief opportunistic advice (in agreed staff groups or settings to meet commissioners requirements).
- Total number of referrals into NHS Stop smoking services from CMD service.
- Number of eligible frontline staff and volunteers who have completed training in healthy lifestyles brief opportunistic advice to enable identification and give brief advice for lifestyles, particularly in relation to smoking, alcohol use, physical activity and obesity.
- Number of contacts to raise healthy lifestyle issues and offer brief opportunistic advice by all trained staff and with other staff and /or patients.

**Stakeholder Experience**

Patient, parent and carer experience surveys, utilising appropriate specific tool, will be undertaken at least annually. An annual report on actions taken as a consequence of the survey, ensuring patients and carers have been involved in the development of the plan, will be submitted to the Commissioner.

Professional experience surveys, utilising specific tool to measure satisfaction with the service provided, will be undertaken at least annually. In addition, pre and post evaluation questionnaires for all training interventions delivered will be utilised. An annual report on actions as a consequence of the survey, ensuring professionals have been involved in the development of the plan, will be submitted to the Commissioner.

The Provider’s Premises are located at:

**South Ockenden Health Centre**
<table>
<thead>
<tr>
<th>Tilbury offices, Calcutta Road, Tilbury</th>
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<tbody>
<tr>
<td>B. Individual Service User Placement</td>
</tr>
<tr>
<td>NOT APPLICABLE</td>
</tr>
</tbody>
</table>
Appendix A – Groups Planner
Cluster matrix has changed and therefore we need to identify those groups which take places at the new cluster level (number =3):
Suggest maximum of:
Yummy mummy (weekly) 1-2 sites per cluster
Antenatal groups x1 per month
Life Behind the Buggy weekly x1 per month Course run across all 3 clusters:
Reflections course (3 per year)
Core training for CMD home visiting or BFI/OCN Level 2 (3 per year)
Speakeasy (1-2 per year)
Family Focus (1-2 per year)

SECTION B PART 7 - EXPECTED ANNUAL CONTRACT VALUES
3 months only £75,000