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Gwent
Public Services Board

DRAFT

# The Gwent Best Start in Life Regional Delivery Plan

**September 2026**

Working together, the Gwent Public Health Team have developed a suite of documents to deliver shared priorities, drive collective actions, and improve outcomes, to ensure **EVERY** baby and child has the best start in life

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# The Six Priorities for Improvement

This document sets out the six **Gwent Best Start in Life Regional Priorities for Improvement** and the collaborative actions that partners will take to improve outcomes for babies, children and families across Gwent.

The priorities have been informed by the evidence, engagement and strategic context described in the accompanying **The Gwent Best Start in Life: The Journey So Far document.** Together, these priorities provide a shared framework for collective action across Gwent.

This document should be read alongside the **The Gwent Best Start in Life: The Journey So Far document,** which outlines the evidence base, principles and approach underpinning the Delivery Plan, and the **An Early Years Framework for Action: Building an Early Years System in Gwent For The Long-Term document**, which describes how partners will work together to strengthen the early years system and create the conditions needed to deliver the priorities.

The Regional Delivery Plan provides a five-year framework for action, recognising that improving outcomes for babies, children and families requires sustained, long-term commitment. Progress will be reviewed annually across the six Regional Priorities for Improvement and the three Foundation Stones, assessing what has gone well, identifying areas for improvement, and highlighting the impact on babies, young children and families across Gwent.

**Click to view the**

- **The Journey So Far**
- **Building an Early Years System in Gwent for The Long-Term**

## The Six Priorities

### Priority 1

Planning and supporting the best pregnancy for me and my family

### Priority 2

Building strong emotional wellbeing and mental health for me and my family

### Priority 3

Supporting my family with my development from baby to child to help me be ready to start school

### Priority 4

Ensuring my home is healthy, safe, secure and comfortable in all weather for me and my family

### Priority 5

Helping my family to maximise their income to meet my needs

### Priority 6

Helping me and my family access high-quality, inclusive childcare

**Priority One**

# Planning and Supporting the Best Pregnancy for Me and My Family

**Leads: Jayne Beasley (Head of Midwifery & Gynaecology) and Claire Haymond (Public Health Lead Midwife)**

## Population Measures

- Increased proportion of women taking folic acid before pregnancy.
- Reduced smoking prevalence at maternity booking.
- Reduced prevalence of overweight and obesity at maternity booking.
- Reduced prevalence of substance use at maternity booking.
- Increased uptake of recommended vaccinations during pregnancy.
- Increased access to and uptake of contraception, leading to a reduction in unintended and repeat unintended pregnancies.
- Improved maternal mental wellbeing and equitable access to perinatal mental health support.
- Increased participation in antenatal education and other evidence-based pregnancy support programmes, particularly among underserved groups.
- Improved safety and wellbeing of women, babies and families affected by domestic abuse.
- Improved access to healthy food, physical activity opportunities and healthy weight support before and during pregnancy.
- Reduced pregnancy complications associated with obesity and other modifiable risk factors, including gestational diabetes.
- Improved reproductive, maternal and infant health outcomes.
- Reduced numbers of low birth weight and premature births.
- Reduced numbers of babies affected by prenatal substance exposure, including those requiring monitoring or support for neonatal withdrawal symptoms.
- Reduced inequalities in maternal, pregnancy and infant outcomes across Gwent.

## Marmot Recommendations

- Assess Gwent's current behaviour prevention policies (e.g. smoking, diet, physical activity, alcohol) and actions and standardise an equity and the social determinants of health approach and a whole systems working approach in Gwent.
- Develop training for primary and secondary care and Local Authority workforce to recognise signs of poverty, including fuel poverty, and best practice in referring to support services.
- Assess the steep decline in life expectancy for women in Gwent.
- Develop an approach to place-based working that takes account of the differential needs of communities in areas of higher deprivation.
- Adopt an equity-informed approach in services working with populations experiencing the greatest disadvantage.
- Work with communities to develop actions to improve use of green spaces and local heritage sites for those living in areas of higher deprivation.
- Review exercise on referral and social prescribing offers to ensure they are addressing the social determinants of health and offered to citizens living on lower incomes.

## Target Groups

- Adults of childbearing age, pregnant and postnatal women, fathers, partners and families across Gwent.
- People at increased risk of health inequalities, poorer pregnancy and birth outcomes, or reduced access to support.
- People experiencing socioeconomic disadvantage, poverty, housing insecurity, safeguarding concerns, or multiple and complex vulnerabilities.
- Care-experienced individuals.
- Younger and older parents.
- Ethnic minority, refugee, asylum seeker, migrant and linguistically diverse communities.
- People with physical or mental health conditions, those who smoke, use substances or are living with obesity.
- People with previous adverse pregnancy or reproductive outcomes.
- People experiencing social isolation or limited support networks.
- First-time parents, parents expecting multiple births, and families with premature or low-birth-weight infants.
- People experiencing breastfeeding challenges.
- Anyone facing barriers to accessing services and support.

# Priority One

## Preconception Care, Information & Advice

### Action 1A: Support pregnancy planning, in a non-stigmatising way, to enable individuals to make informed choices

**Action Leads:** ABUHB Public Health Lead Midwife | ABUHB Gwent Public Health Team | ABUHB Primary Care and Community Services | ABUHB Sexual Health & Reproductive Services.
**Timescale:** Short-term; 12-18 months.
**Resources:** Women's Health Funding - to be determined.

#### How

- Develop an evidence-based and behaviourally informed communications toolkit for preconception planning and care. Tailored for people planning for pregnancy, with appropriate signposting information on all the key areas.
- Embed and evaluate the impact of the preconception toolkit across health, community and partner services, ensuring practitioners are equipped to provide consistent, evidence-based information, advice and signposting to individuals who may be considering pregnancy.

#### Performance Measures

- Number of individuals accessing the preconception toolkit and associated resources across all platforms.
- Number and range of organisations, services and websites actively promoting or hosting the preconception toolkit.
- Percentage of relevant practitioners briefed or trained to use the toolkit and deliver consistent preconception messages.

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### Action 1B: Support practitioners to have stigma free conversations about drug and alcohol use in pregnancy and enable individuals of childbearing age to access specialist advice and treatment where appropriate

**Action Leads:** Specialist Public Health Nursing (Health Visiting) | School Nursing | Gwent Public Health Team | ABUHB Public Health Lead Midwife.
**Timescale:** Short-term; 12-24 months.
**Resources:** To be determined.

#### How

- Work collaboratively across health, Local Authorities, housing associations, criminal justice, substance use and third sector services to develop a consistent, evidence-based and stigma-free approach to discussing alcohol and drug use with individuals planning a pregnancy or who may become pregnant.
- Provide Making Every Contact Count (Level 2) Training, to any practitioner that is working with individuals planning for pregnancy, equipping them with the skills, confidence and resources to have stigma-free conversations about drug and alcohol use and promote the Three A's Framework (Ask, Advice & Act).
- Analyse BadgerNet data to understand trends and inequalities in drug and alcohol use in pregnancy.

#### Performance Measures

- Number and percentage of practitioners completing Making Every Contact Count (Level 2) training.
- Number of organisations adopting the Three A's Framework.
- Completion of a Gwent-wide assessment of substance use in pregnancy.

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# Priority One

## Pregnancy

### Action 1C: Increase uptake of recommended vaccinations during pregnancy (Pertussis, Respiratory Syncytial Virus [RSV] and Influenza) through improving access, awareness and informed decision-making

**Action Leads:** ABUHB Midwifery Service | ABUHB Vaccination Service.
**Timescale:** Short-term; 12-24 months.
**Resources:** Secure funding to support dedicated vaccinators within community settings (including Antenatal Clinics).

#### How

- Systematically embed vaccination conversations into every routine antenatal contact.
- Undertake targeted engagement with pregnant women that have lower vaccination uptake.
- Provide mandated training for all maternity staff regarding confident vaccine conversations.
- Work with community and volunteer sectors to harness their expertise in targeting groups with lower uptake.

#### Performance Measures

- The percentage of pregnant women offered vaccinations at their booking appointment.
- Uptake rates for Pertussis, RSV and Influenza vaccination.
- Uptake by deprivation, ethnicity and locality.
- Completeness of recording in BadgerNet and the Welsh Immunisation System (WIS).

### Action 1D: Strengthen integration of contraception within all routine contacts and Making Every Contact Count (Level 2) Training, in a non-stigmatising way, to improve sexual and reproductive health in pregnancy and postnatally

**Action Leads:** ABUHB Public Health Lead Midwife | ABUHB Sexual & Reproductive Health Services | ABUHB Midwifery Service.
**Timescale:** Short-term; 12-24 months.
**Resource:** To be determined.

#### How

- Work collaboratively across Maternity Services, Sexual and Reproductive Health Services, Primary Care, Local Authorities and community services to develop a coordinated approach to improving contraception awareness, access and uptake.
- Deliver Making Every Contact Count (Level 2) training that is aligned to contraception advice and support to increase practitioner confidence in discussing contraception and reproductive choices in a non-stigmatising way.
- Embed consistent and evidence-based contraception conversations within routine contacts across pregnancy, postnatal and early years services.
- Sustain and promote equitable access to Long-Acting Reversible Contraception (LARC) across hospital, primary care and community settings.
- Raise awareness of available contraception services and support, including the Gwent C-Card Scheme, to improve access for young people and those less likely to engage with traditional services.

#### Performance Measures

- Number and percentage of practitioners completing Making Every Contact Count (Level 2) training.
- Number of organisations adopting the Three A's Framework.
  Completion of a Gwent-wide assessment of substance use in pregnancy.

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# Priority One

## Action 1E: Ensure that the Gwent Antenatal Programme has a focus on improving access, participation and outcomes for underserved groups

**Action Leads:** ABUHB Public Health Lead Midwife | Local Authority Antenatal Education Leads and Early Years Teams | ABUHB Maternity Services | Gwent Public Health Team | Specialist Community Public Health Nurses & Assistant Practitioners (Health Visiting).
**Timescale:** Short-term; 12-24 months.
**Resources:** to be determined.

### How

- Review attendance, engagement, and participant feedback data from the Gwent Antenatal Programme to understand uptake among underserved groups.
- Work collaboratively with Local Authorities, maternity services and families to identify barriers to participation and opportunities to improve access, experience and outcomes.
- Review the accessibility of the Gwent Antenatal Programme, taking into account transport links, digital access, language requirements, timing of sessions and suitability of venues across the five localities.
- Develop and implement an improvement plan informed by data, feedback and partner engagement to improve equitable access and participation.
- Actively involve fathers, partners, co-parents and significant caregivers throughout pregnancy and preparation for parenthood.
- Review available data on caesarean section rates and work with maternity services to ensure families receive consistent, evidence-based information about labour, birth and birth choices through antenatal education and communications activity.

### Performance Measures

- Attendance rates by deprivation, age, ethnicity and locality.
- Number and proportion of pregnant women, fathers, partners and families, from underserved groups, attending the programme.
- Percentage of participants reporting increased confidence and preparedness for labour, birth, infant feeding and early parenthood following programme completion.
- Participant satisfaction with programme content, accessibility and delivery.
- Number of service improvements implemented as a result of the review and improvement plan.

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# Pregnancy

## Action 1F: Improve provision and support for women experiencing mild-to-moderate mental health concerns

**Action Leads:** ABUHB Perinatal Mental Health Specialist Midwife | ABUHB Specialist Perinatal Mental Health Team | ABUHB Gwent Parental Infant Mental Health Service | ABUHB Maternity Service ABUHB Gwent Public Health Team | ABUHB Primary and Community Services (GP Practices) | ABUHB Primary Care Mental Health Services.
**Timescale:** Short-term; 12-24 months.
**Resources:** To be determined.

### How

- Increase awareness among women, families, and practitioners of the support services available for mild to moderate mental health concerns during pregnancy and the postnatal period.
- Strengthen referral pathways across maternity, mental health, primary care, Local Authorities and third sector services to improve access to timely support.
- Improve access to evidence-based information, early intervention and support for women and families experiencing mental health concerns.
- Increase practitioner confidence in identifying and responding to mild to moderate mental health concerns during pregnancy and the postnatal period.
- Improve recognition of difficulties within the parent-infant relationship and promote timely access to appropriate support.

### Performance Measures

- Number of women accessing support for mild-to-moderate perinatal mental health concerns.
- Percentage of women receiving timely referral to appropriate support services.
- Number of practitioners completing perinatal mental health training.
- Percentage of practitioners reporting increased confidence in identifying and supporting women experiencing mild-to-moderate mental health concerns.

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# Priority One

## Pregnancy

### Action 1H: Improve awareness of, access to, and uptake of the Healthy Pregnancy Service for pregnant women at increased risk of poorer maternal and pregnancy outcomes

**Action Leads:** Sue Carmichael (Principal Public Health Practitioner – ABUHB Gwent Public Health Team).
**Timescale:** Short-term; 6-12 months.
**Resources:** Permanent funding which has been secured via the Public Health Baseline to ABUHB Dietetics to deliver the service.

#### How

- Establish consistent referral pathways into the Healthy Pregnancy Service across Gwent.
- Improve awareness of the Healthy Pregnancy Service among practitioners, pregnant women, and families.
- Identify and address barriers to referral, access and engagement.
- Target improvement activity towards groups with lower uptake and poorer outcomes.
- Monitor service uptake, engagement and outcomes to support continuous improvement.

#### Performance Measures

- Number and proportion of eligible women referred to the Healthy Pregnancy Service.
- Number and proportion of eligible women accessing the Healthy Pregnancy Service.
- Uptake of the Healthy Pregnancy Service among women living in areas of greatest need.
- Number and proportion of service users achieving healthy weight gain during pregnancy.

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### Action 1I: Increase breastfeeding initiation, continuation and duration, with a focus on exclusive breastfeeding

**Action Leads:** ABUHB Lead Midwife for Infant Feeding | ABUHB Public Health Lead Midwife | Local Authority Antenatal Education Leads | ABUHB Senior Management Maternity Services | ABUHB Gwent Public Health Team | Specialist Public Health Nurses | Health Visiting Senior Management Team/Senior Nurses and/or Health Visiting Infant Feeding Lead.
**Timescale:** Short-term; 12-36 months.
**Resources:** Secure funding to support Baby Friendly Initiative (BFI) external auditing, assessment and awarding breastfeeding accreditation across the ABUHB Midwifery Service.

#### How

- Develop and implement a coordinated infant feeding improvement approach across maternity, neonatal and health visiting including workforce development and training with a target of achieving at least 80% compliance with infant feeding education requirements.
- Embed evidence-based infant feeding conversations and support throughout the antenatal, birth and postnatal pathway, ensuring families receive consistent information, advice and skilled support.
- Strengthen and evaluate targeted support for groups at increased risk of early breastfeeding cessation, including through peer support, community champions and implementation of UNICEF Baby Friendly standards.

#### Performance Measures

- Percentage compliance with infant feeding training requirements (target ≥80%).
- Achievement and maintenance of UNICEF Baby Friendly accreditation standards.
- Number of infant feeding champions and peer supporters active across acute and community settings.
- Percentage of eligible staff trained in infant feeding support.
- Number of women and families accessing peer support and infant feeding support services.

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# Priority One

## Action 1J: Increase Help Me Quit referrals from maternity services for those who are pregnant and smoke

**Action Leads:** Anna Morgan (Deputy Head of Public Health, ABUHB Gwent Public Health Team) | ABUHB Public Health Lead Midwife.
**Timescale:** Short-term; 12-18 months.
**Resources:** To be determined.

### How

- Strengthen awareness and promotion of the Help Me Quit service across maternity services, ensuring pregnant women who smoke receive consistent information, advice and support.
- Embed routine Carbon Monoxide monitoring and referral to Help Me Quit within maternity pathways, supporting timely identification and access to smoking cessation support.
- Monitor and evaluate referral pathways, uptake and outcomes to identify opportunities to improve engagement and reduce inequalities.

### Performance Measures

- Percentage of pregnant women receiving Carbon Monoxide monitoring at maternity booking and at the 36-week appointment.
- The number of pregnant women referred to the Help Me Quit Service.
- Percentage of pregnant women accepting a referral into the Help Me Quit Service.
- Percentage of smokers setting a quit date through the Help Me Quit Service.
- Percentage of smokers achieving a Carbon Monoxide validated quit.

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## Pregnancy

## Action 1K: Support informed decision-making around mode of birth

**Action Leads:** ABUHB Head of Midwifery and Gynaecology | ABUHB Public Health Lead Midwife | ABUHB Gwent Public Health Team.
**Timescale:** Short-term; 12-24 months.
**Resources:** To be determined.

### How

- Analyse caesarean section data across Gwent to understand trends, variation and inequalities by locality, deprivation, age, ethnicity and other relevant population characteristics.
- Work collaboratively with maternity services, public health and families to understand factors contributing to increasing caesarean section rates.
- Develop and promote consistent, evidence-based public health messaging regarding labour, birth and mode of birth, ensuring women and families are supported to make informed decisions.
- Strengthen opportunities within antenatal education and maternity pathways for discussions about birth preferences, birth choices and informed consent.
- Identify groups experiencing poorer outcomes or differing caesarean section rates and develop targeted improvement actions where appropriate.
- Share learning and emerging evidence through regional maternity and early years partnerships.

### Performance Measures

- Completion of a review of caesarean section rates and variation across Gwent.
- caesarean section rates reported by deprivation, age, ethnicity and locality.
- Development and dissemination of evidence-based public health messaging regarding birth choices.
- Number of women accessing antenatal education that includes information on mode of birth and informed decision-making.
- Percentage of women reporting that they felt informed and involved in decisions regarding their birth.
- Evidence of actions implemented to address identified inequalities or unwarranted variation.

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# Priority Two

# Building Strong Emotional Wellbeing and Mental Health for Me and My Family

**Lead: Gemma Burns (Joint Head of Child and Family Psychology and Therapies Service)**

## Population Measures

- More children able to identify at least two trusted adults in their lives.
- Improved emotional wellbeing outcomes for babies, young children and families.
- Improved parental confidence in supporting their child's emotional wellbeing and development.
- Increased access to early intervention and prevention support for emotional wellbeing concerns.
- Reduced inequalities in emotional wellbeing and mental health outcomes across Gwent.
- Increased proportion of children and families reporting positive relationships, social connectedness and a sense of belonging.

## Marmot Recommendations

- Reduce duplication and provide consistent offer of mental health support in schools. Proportionate offer of support according to number of students eligible for free school meals and where there are pockets of deprivation.
- Assess Gwent's current behaviour prevention policies (e.g. smoking, diet, physical activity, alcohol) and actions and standardise an equity and the social determinants of health approach and a whole systems working approach in Gwent.
- Develop training for primary and secondary care and Local Authority workforce to recognise signs of poverty, including fuel poverty, and best practice in referring to support services.
- Define proportionate universalism in Gwent and communicate and adopt.

## Target Groups

**All children and families within Gwent, with a particular focus on those who:**

- Have experienced early developmental trauma or adverse childhood experiences (ACEs).
- Are care-experienced.
- Are young carers.
- Have additional learning needs (ALN).
- Are experiencing emerging emotional wellbeing, behavioural, or developmental concerns.
- Live in areas of socioeconomic deprivation or experience socioeconomic disadvantage.
- Live in temporary accommodation or experience housing insecurity.
- Are from ethnic minority and underrepresented communities.
- Have parents or carers who experience poor mental health.
- Have parents who are care-experienced.
- Experience social isolation or have limited support networks.
- Face barriers to accessing services and support.
- Have been identified through community hubs or early intervention services as requiring additional support.
- Experience poorer emotional wellbeing and developmental outcomes.
- Experience multiple and overlapping forms of disadvantage.
- Live in communities experiencing the greatest health inequities across Gwent.

# Priority Two

## Action 2A: Building safe and connected relationships for children and their families in the communities where they live

**Action Leads:** Gemma Burns (Joint Head of Child and Family Psychology and Therapies Service, ABUHB Families & Therapies Service) | Specialist Public Health Nursing (Health Visiting).
**Timescale:** Short-term; 12-24 months.
**Resources:** To be determined.

### How

- Work collaboratively across partners including voluntary and community sector organisations to scale up child development, attachment and trauma-informed knowledge and skills.
- Work with Health Visiting Teams to embed routine conversations with caregivers about the quality of their relationship with their children.
- Work collaboratively across partners to provide child development training for professionals working with children and families, alongside ongoing support to help embed knowledge and skills into practice.

### Performance Measures

- Number of practitioners completing child development, attachment and trauma-informed training.
- Percentage of practitioners reporting increased confidence in supporting parent-child relationships.
- Number of services embedding routine conversations about parent-child relationships.
- Evidence of relationship-based approaches being embedded across participating services.

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## Action 2B: Strengthen early intervention and prevention pathways to support the emotional wellbeing of babies, young children and their families

**Action Leads:** Gemma Burns (Joint Head of Child and Family Psychology and Therapies Service, ABUHB Families & Therapies Service) | Specialist Public Health Nurses (Health Visiting).
**Timescale:** Short-term; 12-24 months.
**Resources:** To be determined.

### How

- Work collaboratively across partners to ensure that practitioners can access timely specialist advice and support when emotional wellbeing or developmental concerns begin to emerge.
- Ensure that existing community hubs are staffed by multi-agency teams with the expertise to support families around practical advice and child development support.
- Build on learning from the 19 Hills Best Start in Life collaborative pilot project to inform future approaches to supporting the emotional wellbeing of babies, children and families across Gwent.
- Work collaboratively across partners to embed good psychological support within nursery and childcare settings.

### Performance Measures

- Number of practitioners accessing timely specialist advice and support for emerging emotional wellbeing or developmental concerns.
- Percentage of practitioners reporting increased confidence in supporting babies, young children and families with emotional wellbeing concerns.
- Number of community hubs providing multi-agency emotional wellbeing and child development support.
- Number and proportion of families accessing support through community hubs.

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# Priority Two

## Action 2C: Use data, intelligence and community insight to identify and respond to communities experiencing the greatest inequities

**Action Leads:** Gemma Burns (Joint Head of Child and Family Psychology and Therapies Service, ABUHB Families & Therapies Service) | Safer Communities Area of Focus Lead (Sam Slater).
**Timescale:** Short-term; 12-24 months.
**Resources:** To be determined.

### How

- Work collaboratively across partners including Single Point of Access for Children's Emotional (S.P.A.C.E) Wellbeing panels to use referral data and intelligence, to identify population-level need.
- Link together cross-agency data to better understand where greatest inequities exist in communities across Gwent.
- Work with communities and partners to embed services within areas experiencing the greatest inequities, using co-production approaches to understand local need and design effective interventions.

### Performance Measures

- Completion of a population needs assessment using referral data and intelligence from S.P.A.C.E Wellbeing Panels and partner organisations.
- Development of a cross-agency dataset identifying communities experiencing the greatest inequities across Gwent.
- Number of communities identified as priorities for targeted intervention and support.

## Action 2D: Develop a whole-system approach that creates connected communities and provides coordinated, wraparound support for children and families

**Action Leads:** Gemma Burns (Joint Head of Child and Family Psychology and Therapies Service) | Safer Communities Area of Focus Lead (Sam Slater).
**Timescale:** Short-term; 12-24 months.
**Resources:** To be determined.

### How

- Work collaboratively across agencies to develop sustainable jointly commissioned services that support children and families.
- Establish a single cross-partnership focus on equity and providing intervention for children and families.

### Performance Measures

To be determined.

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# Priority Two

## Action 2E: Enhancing and shape the future of the Whole School Approach to Emotional and Mental Wellbeing (WSAEMWB) programme through improved partnership working, system understanding and long-term planning

**Action Leads:** Gemma Burns (Joint Head of Child and Family Psychology and Therapies Service, ABUHB Families & Therapies Service) | Whole School Approach to Emotional Mental Wellbeing Implementation Leads.
**Timescale:** Short-term; 12-24 months.
**Resources:** To be determined.

### How

- Engage communities around school clusters to co-produce a shared understanding of community-based need and a plan for effective emotional and mental wellbeing support.
- Map current emotional wellbeing and mental health programmes, services and interventions being delivered within schools across Gwent.
- Work collaboratively with schools, children, young people, families and partners to understand what is currently working well, identify duplication, gaps and opportunities for improvement.
- Develop a shared understanding of the different offers available to schools, clarifying how programmes, services and interventions complement one another and contribute to the Whole School Approach.
- Strengthen partnership working across education, health, local authorities and the third sector to improve coordination, communication and shared planning.
- Use data, intelligence, community insight and emerging evidence to identify future emotional wellbeing needs and priorities.
- Develop recommendations to inform the future evolution of the Whole School Approach and support delivery over the next 10 years.

### Performance Measures

- Completion of a mapping exercise of emotional wellbeing and mental health provision available to schools across Gwent.
- Development of a framework describing available offers, referral pathways and partner contributions.
- Number and range of partners engaged in the review process.
- Number of gaps, duplication issues and improvement opportunities identified.
- Percentage of schools reporting improved understanding of available emotional wellbeing support and how services fit together.
- Production of recommendations to support the future development of the Whole School Approach over the next 10 years.

# Priority Three

# Supporting My Family With My Development From Baby to Child to Help Me Be Ready to Start School

**Leads: Mandy Shide (Prevention and Inclusion Service Manager, Newport City Council), Penelope Phillips (Early Years Team Manager, Newport City Council)**

## Population Measures

- Increased parental involvement in their child's development, improved wellbeing scores, and stronger social connections.
- Residents of Gwent are better able to access healthy food and physical activity opportunities that support them be a healthy weight.
- Increase in number of children who are a healthy weight when they start school.
- Increase in number of adults that are a healthy weight.
- Increase in number of children achieving the Chief Medical Officers Guideline for physical activity.
- Healthy preschools and healthy schools have adopted a whole system approach to healthy weight.
- Increased number of early years staff achieving Nutrition Skills for Life (NSFL) accreditation.
- Child Measurement Programme (CMP) is better aligned to provide advice and support to parents through the programme communication.
- Improved health and wellbeing outcomes for children and families accessing the Level 3 Weight Management Service, demonstrated through improvements in BMI/BMI z-score, dietary behaviours, physical activity levels, screen time, and consumption of sugary drinks.
- Increased proportion of children who are school-ready, based on an agreed definition of school readiness.
- Increased proportion of children entering reception who are developmentally on track and ready to learn, with a reduction in inequalities between communities

## Marmot Recommendations

- Define best start and school readiness in Gwent in partnership with parents, early years staff and health.
- Assess Gwent's current behaviour prevention policies (e.g. smoking, diet, physical activity, alcohol) and actions and standardise an equity and social determinants of health approach and a whole systems working approach in Gwent.
- Healthy Schools scheme in primary and secondary schools shifts to proportionate offer to schools that have higher number of students eligible for free school meals and where there are pockets of deprivation.
- Review exercise on referral and social prescribing offers to ensure they are addressing the social determinants of health and offered to Gwent residents living on lower incomes.

## Target Groups

- **Children, young people and families** particularly those experiencing health, social or economic disadvantage; barriers to accessing support and services; social isolation; poorer health, wellbeing, developmental or communication outcomes; or multiple and complex needs. This includes families from ethnic minority and underrepresented communities, those for whom English is an additional language, those with additional learning needs , care-experienced children and families, those requiring support to achieve and maintain a healthy weight, and other underserved groups at greater risk of poorer outcomes.
- **Parents, carers, fathers, partners and co-parents,** particularly those experiencing disadvantage, poor mental health, disability, financial hardship, domestic abuse, social isolation, or other factors that may impact family wellbeing and access to support.
- **Education settings**, including preschool and primary school settings engaged with the Welsh Network of Health and Well-being Promoting Schools Scheme.

# Priority Three

## Child Development: Speech, Language and Communication

### Action 3A: Develop a whole-system approach that creates connected communities and provides coordinated, wraparound support for children and families

**Action Leads:** Home-Start Cymru | ABUHB Speech, Language & Communication Therapists | Local Authority Early Years Leads | ABUHB Gwent Public Health Team | Specialist Public Health Nursing (Health Visiting).
**Timescale:** Long-term; 12-60 months.
**Resources:** Funding from the 1001 Critical Days Foundation.

### How

- Work collaboratively with Health Visitors, Integrated Children's Centres and community partners to provide families with holistic support through term-time cohorts, including home-based sessions and group activities.
- Delivery of the To and Fro programme, a strengths-based adult–child interaction intervention using video feedback, alongside complementary support groups to integrate families into their community.

### Performance Measures

- Percentage of parents/carers demonstrating improved responsive adult-child interactions, measured using the Parental Responsiveness Rating Scale (PaRRiS).
- Percentage of parents/carers reporting increased confidence in supporting their child's speech, language and communication development following programme participation.
- Percentage of families reporting improved social connectedness and access to community support following programme participation.
- Number and proportion of families completing the To and Fro programme.
- Evidence from Family Support Coordinator observations demonstrating improvements in parent-child interactions and engagement.

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### Action 3B: Identify best practice for Speech, Language & Communication pathways and provision across Gwent and identify gaps in provision for evidence-based risk groups and underserved groups or communities who may experience barriers to accessing support

**Action Leads:** Newport Local Authority: Mandy Shide (Service Manager) | Penelope Phillips (Early Years Team Manager) | Emily Hoskins and/or Lynette Kimberley (ABUHB Speech and Language Therapy Services).
**Timescale:** Short-term; 12-24 months.
**Resources:** To be determined.

### How

- Work collaboratively with Local Authority, health and wider partners to complete a detailed mapping of available speech, language and communication provision across Gwent and identifying gaps, inequities and opportunities for improvement.
- Review available digital Speech, Language Therapy resources and how these are in use across Gwent. Evaluate how these can be best utilised and embedded into all BSiL activity in the Gwent region.
- Work with Local Authority Early Years Teams to develop and implement an equitable and inclusive plan to promote the new national screen time guidance across Gwent.
- Work collaboratively across partners to ensure that speech, language, and communication is embedded within BSiL planning and child development priorities across Gwent.
- Collaborate with Public Health Wales, Welsh Government and wider system partners to advocate for a national Child Development/School Readiness measure that includes speech, language and communication development.

### Performance Measures

To be determined.

Bwrdd Gwasanaethau Cyhoeddus Gwent Public Services Board

# Priority Three

## Child Development: Physical, Cognitive, Speech Language & Communication and Social-Emotional Development

### Action 3C: Roll-out and evaluate the "Get Ready for School" pre-school packs

**Action Leads:** Local Authority Early Years Leads | ABUHB Health Visiting Service | Torfaen Health Determinants Research Collaborative | ABUHB Gwent Public Health Team | Specialist Public Health Nursing (Health Visiting).
**Timescale:** Short-term; 12-24 months.
**Resources:** To be determined.

#### How

- Work collaboratively across Health Visiting, and wider partners to deliver and evaluate the pre-school packs through the Healthy Child Wales Programme (HCWP) universal contacts at 15 months and 3.5 years.
- Support families to access the packs through routine HCWP contacts, providing resources that support school readiness and early child development.
- Use population data, practitioner insight and family feedback to identify groups requiring additional support and tailor the universal offer where appropriate to support school readiness and successful transition into school.
- Use population data, practitioner insight and family feedback to identify groups requiring additional support and tailor the universal offer where appropriate to improve school readiness and support positive transitions into school.

#### Performance Measures

To be determined.

### Action 3D: Develop a shared understanding of school readiness across Gwent

**Action Leads:** Local Authority Early Years Leads, ABUHB Specialist Public Health Nursing (Health Visiting) | ABUHB Speech and Language Therapy Services | ABUHB Gwent Public Health Team | Home-Start Cymru.
**Timescale:** Short-term; 12-24 months.
**Resources:** To be determined.

#### How

- Work in collaboration with Public Health Wales, Welsh Government and wider system partners to advocate for a national Child Development/School Readiness measure.
- Work collaboratively with partners to develop and agree a school readiness framework and develop guidance and resources that support a shared understanding of school readiness.
- Work collaboratively with partners to identify, share and promote effective practice that supports school readiness across Gwent.

#### Performance Measures

- Development and agreement of a school readiness framework, guidance and resources.
- Evidence of effective practice identified, shared and implemented across Gwent.

Tîm Iechyd Cyhoeddus Gwent Public Health Team

Bwrdd Gwasanaethau Cyhoeddus Gwent Public Services Board

# Priority Three

## Child Development: Physical, Cognitive, Speech Language & Communication and Social-Emotional Development

### Action 3E: Identify support required for fathers, partners and co-parents to strengthen relationships, connectedness and child development

**Action Leads:** Newport Local Authority: Mandy Shide (Service Manager) and Penelope Phillips (Team Manager – Early Support) | Specialist Public Health Nursing (Health Visiting).
**Timescale:** Medium-term; 12-24 months.
**Resources:** To be determined.

#### How

- Review existing provision across Gwent to identify gaps, barriers and opportunities to improve engagement and support for fathers, partners and co-parents.
- Work collaboratively with fathers, partners and co-parents to understand the support needed to strengthen relationships, connectedness and child development.
- Work collaboratively to facilitate active involvement of fathers, partners, co-parents and significant caregivers throughout pregnancy, infancy and early childhood.
- Use evidence, data and lived experience to inform recommendations for future support and service development.

#### Performance Measures

To be determined.

### Action 3F: Work with Public Health Wales and system partners to co-develop, test and evaluate a behavioural and systems-based approach to improving early childhood nutrition and healthy weight outcomes

**Action Leads:** Sue Carmichael (Principal Public Health Practitioner – ABUHB Gwent Public Health Team).
**Timescale:** Short-term; 12 months.
**Resources:** To be determined.

#### How

- Work collaboratively with Public Health Wales, academic partners and other pilot sites to understand the barriers and enablers to four key behaviours: healthy eating in pregnancy, breastfeeding, safe and appropriate formula feeding, and the introduction of solid foods.

#### Performance Measures

- Development of a causal loop diagram.
- Identification of the areas where action is needed.
- Build local capacity to support system and behavioural level changes.

Tîm Iechyd Cyhoeddus Gwent Public Health Team

Bwrdd Gwasanaethau Cyhoeddus Gwent Public Services Board

# Priority Three

## Action 3G: Identify existing support for children and young people to be a healthy weight and make recommendations in line with the All-Wales Weight Management Pathway

**Action Leads:** Sue Carmichael (Principal Public Health Practitioner – ABUHB Gwent Public Health Team) | Healthy and Sustainable Pre School Scheme and Welsh Network of Health Promoting Schools Scheme workforce | ABUHB Public Health Dietetics | ABUHB Children's Weight Management Service | Specialist Public Health Nursing (Health Visiting / School Nursing Teams).
**Timescale:** Short-term; 12-24 months.
**Resources:** To be determined.

### How

- Work collaboratively with Healthy and Sustainable Pre-School Scheme and Welsh Network of Health Promoting Schools Scheme to review nutrition and physical activity provision and to develop a whole-setting approach to healthy weight.
- Collaborate with School Nursing teams, Child Measurement Programme (CMP) leads and partners to review the CMP letter to ensure provision of consistent advice and signposting information.
- Work collaboratively across partners to promote uptake of Nutrition Skills for Life training for professionals working in pre-school settings.
- Work with partners to identify and address gaps within the All-Wales Weight Management Pathway for children and young people, while strengthening signposting and referrals to the existing Level 3 weight management services.
- Work collaboratively with partners to understand the Daily Active offer and identify opportunities for alignment across the eight domains.
- Work collaboratively with partners to increase opportunities for play, movement, exploration and outdoor experiences.

### Performance Measures

To be determined.

# Priority Four

# Ensuring My Home is Healthy, Safe, Secure and Comfortable in All Weather for Me and My Family

**Leads: James Attwood (Health Intelligence Consultant) and Richard Francis (Principal Public Health Practitioner)**

## Population Measures

- Reduced numbers of babies, children and families experiencing fuel poverty.
- Reduced exposure of babies and children to tobacco smoke and e-cigarette vapour in the home.
- Reduced respiratory illness associated with poor housing conditions.
- Reduced inequalities in housing-related health outcomes across Gwent.
- Improved suitability of housing and temporary accommodation for families with babies and young children.
- Increased identification and support for families affected by Violence Against Women, Domestic Abuse and Sexual Violence.

## Marmot Recommendations

- Public health and primary care work with residents to identify information and approaches needed to reduce risks of housing causing poor physical and mental health.
- Develop linked or shared data to better identify and support those who are homeless or living in insecure housing.
- Assess Gwent's current behaviour prevention policies (smoking, diet, physical activity, alcohol) and standardise an equity focused, social determinants of health approach using whole-system working.
- Work with police in Gwent to define and implement a public health approach to violence prevention.

## Target Groups

- **Families experiencing socioeconomic and housing disadvantage** particularly those living in areas of socioeconomic disadvantage or low-income households, experiencing fuel poverty or financial insecurity, experiencing housing insecurity, homelessness, or living in temporary accommodation, living in cold, damp, overcrowded, poor-quality, or energy-inefficient homes.
- **Families experiencing health-related vulnerabilities** particularly those with respiratory conditions, with mental health concerns. with substance use issues, exposed to tobacco smoke or e-cigarette vapour within the home or family environment, during pregnancy and the early years.
- **Families affected by violence, abuse and safeguarding concerns** particularly those experiencing or at risk of Violence Against Women, domestic Abuse and Sexual Violence (VAWDASV), experiencing abuse, victimisation, exploitation, or offending, affected by imprisonment or involvement with the criminal justice system, experiencing other safeguarding concerns or harms.
- **Communities experiencing barriers to inclusion and support and multiple disadvantages** particularly those **f**rom ethnic minority and underrepresented communities, Refugees, asylum seekers and migrant families, for whom English is an additional language, experiencing barriers to accessing services and support.

# Priority Four

## Action 4A *: Reduce the impact of fuel poverty on babies, children and families through the Gwent Warmer Homes programme

**Action Leads:** James Attwood (Health Intelligence Consultant – ABUHB Gwent Public Health Team) | Gwent Public Health Team.
**Timescale:** Short-term; 12-24 months.
**Resources:** To be determined.

### How

- Use population intelligence and referral pathways to identify households experiencing fuel poverty and poor housing conditions.
- Strengthen referral pathways between health, primary care and housing support services to improve access to the Gwent Warmer Homes programme.
- Provide tailored support including affordable warmth advice, income maximisation support, energy efficiency guidance, emergency grants and access to wider welfare support.
- Evaluate outcomes to understand the impact of interventions on health, wellbeing and fuel poverty.

### Performance Measures

A full evaluation framework is currently being developed to assess programme outcomes. Some potential measures include:

- Completion of the evaluation framework for the Gwent Warmer Homes programme.
- Number of households referred to and supported through the programme.
- Number of households receiving affordable warmth, income maximisation or energy support interventions.

*Action 4A links to the three actions under Priority 6

Tîm Iechyd Cyhoeddus Gwent Public Health Team

## Action 4B: Reduce the impact of temporary accommodation on the health, wellbeing and development of babies and young children

**Action Leads:** To be determined.
**Timescale:** Short-term; 12-24 months.
**Resources:** To be determined.

### How

- Work collaboratively to undertake a scoping exercise to understand the picture of temporary accommodation used by families with babies and young children across Gwent.
- Work with housing associations, Local Authorities, health, and wider partners to identify levers and opportunities to improve the suitability of temporary accommodation for families with babies and young children.
- Raise awareness across partner organisations of the impact of temporary accommodation on child development, health, and wellbeing to strengthen support for affected families.

### Performance Measures

To be identified as part of the scoping work.

Bwrdd Gwasanaethau Cyhoeddus Gwent Public Services Board

# Priority Four

## Action 4C: Increase the number of babies and children living in smoke-free and vape-free homes

**Action Leads:** Sue Carmichael (ABUHB Principal Public Health Practitioner), Gwent Public Health Team, Gwent Nicotine Control Alliance, ABUHB Midwifery Service and ABUHB Health Visiting, Local Authority Children's Social Care Services, ABUHB Communications.
**Timescale:** Short-term; 12 months.
**Resources:** To be determined.

### How

- Deliver coordinated communications promoting smoke-free and vape-free homes.
- Strengthen practitioner awareness and confidence to have routine conversations about smoke-free and vape-free environments.
- Increase awareness of smoking cessation support, including Help Me Quit.
- Promote consistent messages across maternity, health visiting, childcare and early years services.

### Performance Measures

- Increase in the number and percentage of people achieving a 4-week quit through access to the Help Me Quit service.
- Increased awareness of the risks of tobacco smoke and e-cigarette vapour among parents and carers.

** Action 4D supports Priority 1 by recognising that pregnancy and early parenthood as key opportunities to identify and respond to VAWDASV and improve outcomes for women, babies and families. Delivery of this action will align with the work of the Safer Communities Area of Focus and VAWDASV Board, ensuring a coordinated approach across Gwent.

## Action 4D**: Strengthen multi-agency action to identify, prevent, and respond to violence (including Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV), abuse, victimisation, offending and related safeguarding harms that adversely affect babies, children, and families.

**Action Leads:** Safer Communities Area of Focus Lead (Sam Slater) | ABUHB Midwifery Service | Local Authority Children's Services & Safeguarding Teams | Aneurin Bevan Specialist Drug & Alcohol Service | Gwent Police (Police & Crime Commissioner) | Housing Associations | Barnardo's Baby & Me Service | James Attwood (Health Intelligence Consultant) | Specialist Public Health Nursing (Health Visiting) | ABUHB Gwent Public Health Team.
**Timescale:** To be determined.
**Resources:** To be determined.

### How

- Strengthen collaboration across safeguarding, VAWDASV, community safety, youth justice, and other partners to improve the prevention, identification and response to violence, abuse, offending and exploitation affecting babies, children, and families.
- Strengthen referral, safeguarding and escalation pathways across services to ensure timely access to support.
- Increase workforce knowledge and confidence in recognising risk, making referrals, and following safeguarding procedures.
- Embed trauma-informed, survivor-centred approaches through workforce development and the Ask & Act framework.
- Use multi-agency intelligence and data to identify need, inform prevention, and target support to those facing the greatest disadvantage.
- Promote healthy relationships, safe family environments and community connectedness through partnership working with families, communities and the Regional VAWDASV Board.

### Performance Measures

- Increased identification of children and families affected by violence, abuse, victimisation, and exploitation.
- Increased access to timely and appropriate support services for children and families affected by violence, abuse, victimisation, or exploitation.
- Increased practitioner confidence and capability to identify and respond to violence, abuse, victimisation, exploitation, and safeguarding concerns.
- Reduced inequalities in access to support services among populations experiencing the greatest disadvantage.
- Improved safety and wellbeing outcomes for children and families receiving support.
- Strengthened prevention and early intervention approaches to violence, abuse, and victimisation across Gwent.

# Priority Five

# Helping My Family to Maximise Their Income to Meet My Needs

**Leads: To be Determined**

## Population Measures

- Increased uptake of benefits and entitlements among eligible families.
- Increased uptake of Healthy Start and other income-related support programmes.
- Increased household income among families receiving support.
- Reduced financial insecurity among families with babies and young children.
- Reduced inequalities associated with child poverty across Gwent.
- Reduced proportion of families with babies and young children experiencing financial disadvantage.

## Marmot Recommendations

- Assess Citizen Advice offer in areas of high deprivation without offices. Work with communities in each Local Authority to understand their needs for social welfare, legal and debt advice wanted and in what format.
- In partnership with businesses, assess support about financial management advice in schools and workplaces.
- Public health and primary care work with residents to identify information and approaches needed to reduce risks of housing causing poor physical and mental health.

## Target Groups

**Families with babies and young children across Gwent, with a particular focus on those:**

- Living in areas of socioeconomic disadvantage.
- Experiencing financial insecurity or poverty.
- Who are lone parents.
- Affected by disability or caring responsibilities.
- From ethnic minority and underrepresented communities.
- For whom English or Welsh is an additional language.
- Experiencing barriers to accessing benefits, entitlements, or financial support.
- Experiencing multiple forms of disadvantage.

# Priority Five

## Action 5A: Increase family income through improved awareness, uptake and access to benefits and entitlements for families through a Making Every Contact Count approach

**Action Leads:** To be determined.
**Timescale:** Short-term; 12-24 months.
**Resources:** To be determined.

### How

- Map available benefits, entitlements, and financial support for families with babies and young children across Gwent.
- Use local data and intelligence to identify communities with low uptake and greatest need.
- Identify and address barriers preventing eligible families from accessing financial support.
- Equip the early years workforce to routinely promote benefits, entitlements, and income maximisation support through Making Every Contact Count approaches.
- Strengthen referral pathways into welfare rights, debt advice, and income maximisation services.
- Develop targeted approaches to increase uptake among families experiencing financial disadvantage.

### Performance Measures

- Number of practitioners trained or briefed on benefits, entitlements, and income maximisation support.
- Number of referrals to welfare rights, debt advice, and income maximisation services.
- Number of families supported to access benefits and entitlements.
- Uptake of key benefits and entitlements among eligible families.

# Priority Six

# Helping Me and My Family Access High-Quality, Inclusive Childcare

**Leads: Local Authority Early Years Leads - Ceri Bird (Blaenau Gwent) | Mandy Shide/ Penelope Phillips (Newport) | Charlotte Dickens/ Emma Treadgold (Torfaen) | Sarah Mutch (Caerphilly) | Beth Watkins (Monmouthshire)**

## Population Measures

- Increased uptake of funded childcare among eligible families.
- Increased access to high-quality childcare provision across Gwent.
- Reduced inequalities in access to childcare.
- Increased proportion of children achieving age-appropriate developmental milestones.
- Increased proportion of children who are school ready (once the definition of school readiness has been agreed).
- Improved outcomes for babies and children living in areas of socioeconomic disadvantage.
- Increased access to inclusive childcare for children with additional learning needs.

## Marmot Recommendations

- Identify areas of low childcare provision and map to deprivation and assess quality of provision.
- Assess and recommend improving maternity and parental leave policies and support for childcare in Gwent Public Service Board members.
- Healthy and Sustainable Pre-school scheme actively implements actions to address inequalities across seven health topics in every nursery.

## Target Groups

- All early years settings, children and families across Gwent (universal provision).
- Children and families living in areas of socioeconomic disadvantage, deprivation or low income.
- Children and families experiencing the greatest health inequalities.
- Children and families facing barriers to accessing childcare and support services.
- Children and families experiencing multiple forms of disadvantage.
- Children with additional learning needs or disabilities.
- Families from ethnic minority and underrepresented communities.
- Children and families at risk of poorer health and wellbeing outcomes.

# Priority Six

## Action 6A: Support the implementation and equitable uptake of any future expansion of funded childcare for two-year-olds across Gwent

**Action Leads:** Local Authority Early Years Leads.
**Timescale:** Short-term; subject to Welsh Government policy decisions, funding allocations, and implementation timescales for the expansion of the funded childcare provision.
**Resources:** To be determined.

### How

- Work collaboratively across Local Authorities, childcare providers, and early years partners to support the roll-out of the Welsh Government's 12.5 hours of funded childcare provision to all two-year-olds across Gwent.
- Assess local demand, capacity, and workforce requirements to support sustainable delivery.
- Identify and address barriers to accessing funded childcare, particularly for families experiencing disadvantage.
- Promote awareness and uptake of funded childcare offers through maternity services, health visiting, Flying Start, Family Information Services and wider family support services.
- Map childcare provision against deprivation to identify gaps in availability, quality, and accessibility.

### Performance Measures

- To be advised by Local Authority Early Years Leads.



## Action 6B: Ensure that childcare provision is universally available, of good quality, accessible, inclusive and supports all aspects of child development and the home learning environment

**Action Leads:** Local Authority Early Years Leads.
**Timescale:** Short-term; 12 months.
**Resources:** To be determined.

### How

- Work collaboratively across Local Authorities, childcare providers, and early years services to assess the quality, accessibility, and inclusivity of childcare provision across Gwent.
- Identify gaps in childcare provision for children with additional learning needs or other support needs.
- Assess childcare provision against population need and deprivation to identify communities requiring additional support or capacity.
- Promote evidence-based approaches within childcare settings that support child development, school readiness, and the home learning environment.
- Develop recommendations to improve the quality, accessibility, and inclusivity of childcare provision across Gwent.
- Collate information and intelligence currently reported to Welsh Government to develop a shared regional understanding of childcare provision, progress, inequalities, opportunities and emerging risks across Gwent.
- Work collaboratively with Welsh Government, Local Authorities and education partners to understand the increasing number of children who are home-schooled across Gwent, explore the potential implications for child development, wellbeing and access to support services, and identify any opportunities to strengthen support for children and families where required.

### Performance Measures

- Completion of a review of childcare quality, accessibility, and inclusivity across Gwent.
- Identification of gaps in childcare provision and recommendations for improvement.
- Number of childcare settings receiving support to improve quality, accessibility, or inclusivity.
- Increased availability of inclusive childcare provision for children with additional learning needs.
- Evidence of childcare settings implementing approaches that support child development and school readiness.
- Measuring it against the Speech Language and Communication requirement.

# Priority Six

## Action 6C: Strengthen delivery of the Healthy and Sustainable Pre-school Scheme across all seven programme topics, with a focus on addressing inequities in early years settings across Gwent

**Action Leads:** Healthy and Sustainable Pre-school Scheme Leads in each Local Authority.
**Timescale:** Short-term; 12 months.
**Resources:** To be determined.

### How

- Healthy and Sustainable Pre-school Scheme to work in partnership with the Gwent Public Health Research and Intelligence Team to map early years settings by levels of socioeconomic disadvantage using the Welsh Index of Multiple Deprivation.
- Use population data and intelligence to target support to settings and communities experiencing the greatest health inequalities.
- Use the seven Healthy and Sustainable Pre-school Scheme programme topics to identify opportunities to improve health and wellbeing outcomes and reduce inequalities.
- Provide training and support across all seven programme topics to enable early years settings to deliver a high-quality, whole-setting approach to health and wellbeing.
- Work collaboratively with local and national partners to provide evidence-based training, resources, and support across the seven programme topics.
- Monitor implementation and impact across the seven programme topics to ensure actions are reaching babies, children and families experiencing the greatest disadvantage.

### Performance Measures

- Number and proportion of settings engaged with the Healthy and Sustainable Pre-school Scheme.
- Number and proportion of settings receiving targeted support across the seven programme topics.
- Number of practitioners accessing Healthy and Sustainable Pre-school Scheme training and development opportunities.
- Evidence of implementation of actions across all seven programme topics.
- Number of settings undertaking targeted actions to reduce inequalities in health and wellbeing.
- Evidence of improved reach and engagement with settings serving communities experiencing the greatest disadvantage.