

WIRRAL CHILDREN'S TRUST BOARD – 15th JANUARY 2010

BEING HEALTHY STRATEGY GROUP REPORT TO THE BOARD

Introduction

The Being Healthy outcome area within the Children and Young People's Plan aims to improve all children's health and to narrow the gap in health outcomes experienced by our most disadvantaged children through the following four priority areas:

- Reduction in the harmful consequences of risk taking behaviour
- Reduction in the prevalence of overweight and obesity in children
- Implementation of the Child Health Strategy
- Inequalities in the health and wellbeing of children and young people are reduced

The Being Healthy Strategy Group is chaired by the Head of Health and Wellbeing for Children and Young People, Public Health. Membership is drawn from multi-agency representation relating to each priority area and others who have an interest and are able to influence improving health outcomes for children and young people, including managers and practitioners from across the Children's Trust. All members are active and committed to delivering the agenda. However we recognise that there are gaps in the membership including Social Care and other Family Support services and services to vulnerable groups and will look to rectify this in the New Year. Meetings are held every six weeks and terms of reference have been agreed. The group has oversight of the following sub-committees:

- Teenage Pregnancy Steering Group
- Breast Feeding Steering Group
- Healthy Schools Steering Group
- Obesity Programme Board
- Sexual Health Programme Board

In addition, recent developments have led to the Being Healthy group being closely aligned to the Children's Modernisation Group of NHS Wirral to ensure complimentary activities are agreed to achieve better health outcomes for all children and young people living in Wirral.

One of the main functions of the Being Healthy group is to monitor and report on the progress of the Being Healthy element of the Children and Young People's Plan, including issues regarding the respective National Indicators, LAA targets, allocated task groups and any other locally based targets agreed by the partnership. At each meeting a full progress report is given on one of the priority areas with exception reporting provided for the remaining three areas. Other functions of the group include:

- The coordination, planning and monitoring implementation of NICE Guidance in relation to Children and Young People
- Receive information from and respond to requests from other groups and stakeholders.
- Develop opportunities for multi-agency involvement and networking to share best practice
- Provide support and information to other groups within the Trust.
- Maintain effective arrangements to consult with children, young people, families and carers and to act on the results of the consultation and provide feedback

Relevant Performance Indicators

The following National Indicators (NI) and Vital Signs Indicators (VSB) are monitored through the Being Healthy outcome group:

- NI 115 Substance Misuse by young people (reported through positive contribution)
- NI 39 Alcohol harm-related hospital admission rates

- NI 112 and VSB08– Under 18 conception rate
- NI 113 and VSB13 Prevalence of Chlamydia in under 20 year olds
- NI 50 Emotional health of children
- NI 51 Effectiveness of CAMHS
- NI 70 Reduce emergency hospital admissions caused by unintentional and deliberate injuries to children and young people (also reported through staying safe)
- NI 55 and VSB09 Obesity among primary school age children in Reception Year
- NI 56 and VSB09 Obesity among primary school age children in Year 6
- NI 57 Children and young people’s participation in high quality PE and sport
- NI 53 and VSB11 Prevalence of breastfeeding at 6 – 8 weeks
- NI 54 and Vital Signs Indicator 33; Parental experience of services for their disabled children
- Decayed missing and filled teeth (DMFT – 5 year olds, 12 and 14 year olds)
- VSB10 - Individuals who complete immunisation by recommended ages

Overview of progress January 2010

<p>Key recent achievements</p>	<p>Reduction in the harmful consequences of risk taking behaviour</p> <ul style="list-style-type: none"> • Reduction in alcohol related hospital admissions to A and E for children and young people • ‘Whole Families Approach’ model developed to ensure provision of support services for families of alcohol users • Launch of first phase health services in schools in twelve secondary schools • Decrease in the teenage conception rates <p>Reduction in the prevalence of overweight and obesity in children</p> <ul style="list-style-type: none"> • 100% of Wirral schools achieved healthy schools status • 56 settings committed to achieving Health Promoting Early Years programme and 6 settings achieved HPEY status • 94% of schools achieved two hours of high quality PE per week and additional fitness sessions introduced in leisure centres • Increased participation in the National Child Measurement programme (reception and year 6) from 88.2% to 90.4% and feedback letters sent to all parents to inform them of their child’s weight • Breastfeeding Peer Support Programme commissioned and additional investment to hospital and community settings including all Children’s Centres to achieve UNICEF Baby Friendly Initiative • Effective collaboration between Children’s Centres and Health services to embed Better Outcomes Achieved Together (BOAT) programme within Children’s Centres <p>Implementation of the child health strategy</p> <ul style="list-style-type: none"> • Target achieved for HPV vaccination programme • Significant investment in the development of teams led by health visitors to deliver the Healthy Child Programme (pregnancy and the first five years). • Development and recruitment of Family Nurse Partnership team • Additional Short Breaks for children and young people with complex and continuing healthcare needs commissioned • Palliative and end of life care services for children and young people commissioned
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	<p>Inequalities in the health of children and young people are reduced</p> <ul style="list-style-type: none"> • Development of co-sleeping guidance to inform practitioners/parents/carers of the risk of sudden infant death associated with bed and sofa sharing • Steering Group established and plans developed to implement Baby and Teen Lifecheck • Stronger links forged between parenting strategy, teenage pregnancy and Being Healthy strategies to ensure joined up approach • Health visiting teams trained to identify mothers with mental health needs
Key issues	<ul style="list-style-type: none"> • Increasing access to vaccinations and immunisations in areas of low take up • Implementation of the Healthy Child Programme 5 – 19 years within existing resources • Delivering our aspirations for Wirral's Aiming High for Disabled Children strategy • Development of pathways for the transition of young people with complex healthcare needs to adult services • Maintaining the reduction in teenage conception rates • Development of services to address maternal weight and smoking in pregnancy • Increasing referrals to specialist child weight management programmes and engaging parents/carers in the programme. Recent data from the National Child Measurement Programme 2008/09 reflects that obesity levels in Reception has remained the same (9.6%) and for Year 6 has increased (19.1% to 20.6%). • Engaging schools in the 'Enhanced Healthy Schools Programme' to achieve target of 10% of schools engaged
Key challenges ahead	<ul style="list-style-type: none"> • Sustainability of services based on grant funding - e.g. teenage pregnancy initiatives and Family Nurse Partnership • Availability of qualified and skilled practitioners to deliver services/initiatives • Meeting the vaccination and immunisations targets and delivering the swine flu vaccination to all children under five years • Meeting the Chlamydia screening targets for 2010/11 (35%) • Service redesign within existing resources to meet aspirations for effective and efficient services.
Risks to outcome delivery and proposed actions	<ul style="list-style-type: none"> • Inability to recruit to key posts to deliver action plan and shortage of staff in key outcome areas e.g. health visitors. Service redesign to include recruitment of skilled mix teams, and sponsor additional students for training in 2010-11. • Sustainability and commitment of available funding/resources within core business to drive forward key actions.
Areas requiring further partnership involvement	<ul style="list-style-type: none"> • Explore potential for schools to become more involved in delivery of action plan through initiatives including health services in schools and enhanced healthy schools programme • Increase membership of group to include Social Care and Family Support services and consider parent/young person rep • Engaging partners in the healthy weight/lifestyle agenda to ensure increased referrals and take up of specialist weight management services for children and young people

	<ul style="list-style-type: none"> • Enhanced National Child Measurement Programme to be delivered in 6 primary schools during 2010. • Improving services for children with acute or additional health needs
Equalities impact assessment areas for development and progress made	<p>Areas for development</p> <ul style="list-style-type: none"> • Access to universal services for children with disabilities. • Skill mix of staff working in specialist weight management services • Access to services for people from transient communities • Disabled parents – difficulty in accessing services • Low uptake of services from young men/fathers • Shift in emphasis from obesity to healthy weight - in recognition of the need to engage parents/carers and to ensure services are responsive to cultural differences • Language barriers for some BME groups may lead to low take up of services <p>Progress made</p> <ul style="list-style-type: none"> • Health services in schools programme includes faith and non faith schools • Specific services for young men/fathers commissioned through 0 -19 joint commissioning programme • Range of services available to young people targeting vulnerable groups – e.g. Lifecheck, Be.You.Me campaign, Kooth.com • Range of services available to grandparent carers etc • Targeted services based geographically in areas of deprivation and greatest need
Areas for promotion /publicity / communication / engagement	<ul style="list-style-type: none"> • Baby and Teen Life Check • Range of specialist weight management services for children and young people • Benefits of immunisations and vaccinations

Areas for Reporting Focus

The following vaccination programme is reported here as an area of good practice for Wirral and a model to follow for future programmes.

Take up of HPV vaccination

During 2008/09, NHS Wirral commissioned the school nursing service to deliver the school based HPV programme. A multi disciplinary implementation group was established and met bi- monthly to steer the delivery of the programme. A key element of the success was in the excellent support from partners including education and pharmacy services. A planned and regular publicity campaign in the local press informed the general public of the progress of the programme and kept highlighting the importance of opting in to the programme. The school nurses developed their own HPV lesson plan and this was delivered to all students and parents, ensuring a consistent message and providing information about the vaccine. The school nursing service appointed a designated HPV co-ordinator who planned the programme with schools and took responsibility for reporting the monthly statistics to the Department of Health.

Additional nurse immunisers were also appointed to support the delivery of the vaccination programme in schools. On completion of all 3 doses, girls were given a book mark and a letter home for their female parents/ carers reminding them of the importance of cervical cancer screening. Wirral achieved 94% uptake for the 2008/09 co-hort which was the highest rate achieved in the North West.

The following initiatives are reported for information purposes and to gain support from relevant members to ensure continued commitment and delivery of the programmes.

1. Reduction in teenage conception rates

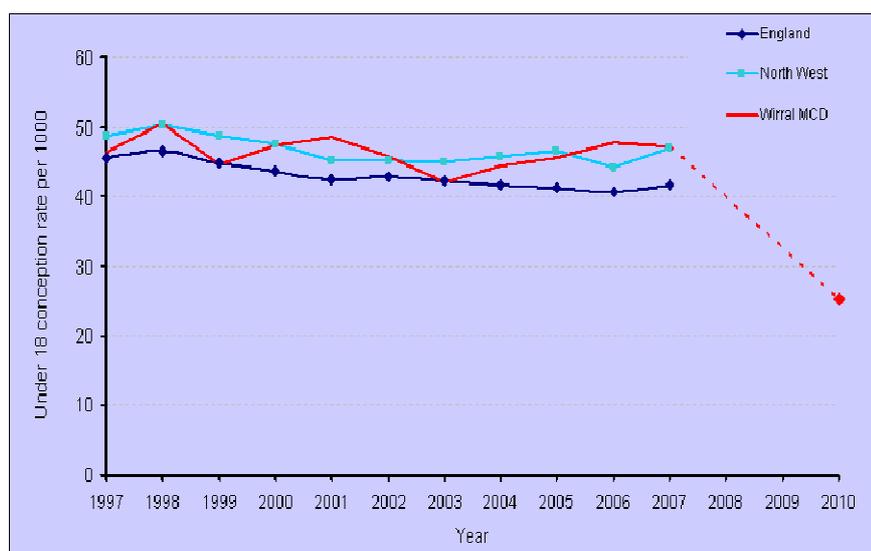
The National Teenage Pregnancy Strategy was launched in 1999 with two specific objectives:

- To reduce the number of teenage conceptions by 50% by 2010 (by teenager we mean those becoming pregnant under the age of 18).
- To increase the number of teenage parents in education, employment or training

In July 2008 the National Support Team visited Wirral to offer advice and support in meeting this ambitious target. As a result an action plan was developed based on the NST recommendations and Accountable Leads were appointed for each key area with a requirement to report to the teenage pregnancy steering group on progress made or potential blockages to achieving success. Annual data relating to teenage conceptions is released by the Department of Health two years behind, so that we can expect the annual data for 2008 to be released in February 2010. However, early indications for the most recent data relating to 2008 (i.e. up to quarter three of 2008) are indicating a greater decrease in reducing teenage conceptions and as such we are hopeful that initiatives relating to this area of work are beginning to have an impact. The table below refers to data from 2006 up to and including provisional data for quarter three of 2008.

	Number of conceptions	Rate per 1,000 young women under 18 years	% ending in termination
1998	314	50.6	43%
2006	312	47.8	48%
2007	303	47.2	53%
Jan – Sept 2008	191 (provisional DH data)	42.6	42%

The recent reduction for teenage conceptions in Wirral is against the national and regional trend and Wirral has been recognised recently as an area of good practice by Government Office North West, due to the way that the partnership has embraced the teenage pregnancy agenda across all levels. However, the graph below shows the extent of the challenge if targets for 2010 are to be met.



2. Family Nurse Partnership

This evidence based home visiting programme is delivered by specially trained nurses and targeted at the most vulnerable teenage mothers and their families. The role of the Family Nurse is to build close, supportive relationships with families and guide young first time parents so that they adopt healthier lifestyles for themselves and their babies, provide good care for their babies and plan their future goals. The programmes goals are to improve antenatal health, child health and development, and economic self sufficiency. Evidence gathered over 30 years in the US shows consistent and lasting health and wider impacts such as reductions in children's injuries and adolescent antisocial behaviour, fewer subsequent pregnancies and improvements to prenatal health. The first year evaluation of pilots in England has shown good levels of involvement of young fathers, improved breastfeeding initiation rates and reductions in NEET rates for the young parents.

Wirral's programme team of a 'Supervisor' and four 'Family Nurses' have been recruited and are all in post for 4th January 2010 and recruitment of young pregnant women to the programme (by 28 weeks of pregnancy) will begin by the end of January 2010. The team are based at Seacombe Children's Centre.

3. Breast feeding peer support

Breastfeeding rates in the UK are among the lowest in Europe and in England the Government has set a target to increase breastfeeding initiation rates by 2% each year, focusing on women from disadvantaged groups. Breastfeeding contributes short and long term benefits to the health of mother and child and provides all the nutrients a baby needs. Current UK policy is to promote exclusive breastfeeding for the first 6 months, continuing for as long as the mother and baby wish while gradually introducing a more varied diet. The Infant Feeding Survey 2005 showed that 78% of women in England breastfed their babies immediately after birth but that by 6 weeks, the proportion had dropped to 50%. Only 26% of babies were still breastfed at 6 months. In Wirral the breast feeding initiation rate for 2008/09 was 53.3%, dropping to 28.3% for mothers still breast feeding at 6-8 weeks with about half of all women who start to breastfeed giving up in the first few weeks, in line with national trends. Evidence suggests that one effective method of increasing breastfeeding initiation and duration rates is by providing local, easily accessible breastfeeding peer support programme as recommended in the Maternal and Child Nutrition NICE guidance (2008). In light of such evidence, NHS Wirral has commissioned Home-start Wirral to deliver a breastfeeding peer support programme across the Wirral, targeting groups with health inequalities, beginning in those areas with the lowest breastfeeding rates. Home-start Wirral are a voluntary organisation with an excellent local reputation for their work with families with young children who are in need of additional support. They have a large bank of volunteers whom they match up to families and have identified at least 10 peer support workers to deliver this specific project. In November 2009 a paid breastfeeding Peer Support scheme co-ordinator was appointed to lead the development of this programme. The co-ordinator and peer support workers are currently attending relevant training and will begin to support new breastfeeding mothers over the next quarter.

Brief SWOT Analysis of the Outcome Area

<p>Strengths</p> <ol style="list-style-type: none"> 1. Active committed members with clear areas of responsibility and accountability 2. Four clear priority areas with majority of outcomes achieved or in progress 3. Sharing good practice and ideas 4. Improved health outcomes for children and young people 	<p>Weaknesses:</p> <ol style="list-style-type: none"> 1. Membership predominantly made up of health care professionals 2. Overload of priorities impacting on capacity to deliver
<p>Opportunities:</p> <ol style="list-style-type: none"> 1. Multi agency working/pooling of ideas to deliver cross cutting outcomes 2. Potential for alignment of budgets/resources to achieve outcomes 3. Greater involvement of partnership organisations in delivering the child health agenda 	<p>Threats:</p> <ol style="list-style-type: none"> 1. Availability of skilled and experienced staff to deliver initiatives e.g. health visiting 2. Time limited grant funding and reduced capacity to mainstream with current economic crisis (e.g. Family Nurse Partnership, Teenage Pregnancy initiatives)

Summary

Across the Being Healthy outcome area we have made good progress in delivering the Being Healthy element of the Children and Young People's Plan and in meeting the relevant national indicators relating to this outcome area.

Recommendations:

That Wirral Children's Trust Board endorse the report.

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Appendices

Appendix 1 Being Healthy Linked Programmes and Priorities

Being Healthy Linked Programmes and Priorities

Children and Young People's Plan Being Healthy Priorities 2009/10 <ul style="list-style-type: none">• Reduction in the harmful consequences of risk taking behaviour• Reduction in the prevalence of overweight and obesity in children (NB will change 2010/11 to reflect health weight instead of obesity)• Implementation of the Child Health Strategy• Inequalities in the health of children and young people are reduced.
NHS Wirral Strategic Commissioning Plan linked programmes 2009/13 <ul style="list-style-type: none">• Obesity Programme• Sexual Health Programme
Wirral Council Corporate Plan 2010-2013 Being Healthy Linked Aims <ul style="list-style-type: none">• Reduce teenage conceptions• Support children to achieve and maintain a healthy weight
Local Area Agreement Related Indicators <ul style="list-style-type: none">• NI 39 Alcohol harm-related hospital admission rates• NI 112 Under 18 conception rate• NI 55 Obesity among primary school age children in Reception Year