

## WIRRAL CHILDREN'S TRUST BOARD – 15<sup>th</sup> JANUARY 2010

### BEING HEALTHY STRATEGY GROUP REPORT TO THE BOARD

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#### Introduction

The aim of the 'Being Healthy' outcome theme of the Children and Young People's Plan is to improve the health of all children and to narrow the gap in health outcomes experienced by children living in our most disadvantaged neighbourhoods. The 'Being Healthy' plan contains four key elements:

- Inequalities in the health of children and young people are reduced
- Reduction in the harmful consequences of risk taking behaviour
- Encourage and support all children and families to achieve and maintain a healthy weight and lifestyle
- Implement the Child Health Strategy

The 'Being Healthy Strategy Group' is chaired by the Head of Health and Wellbeing for Children and Young People, Public Health, NHS Wirral. Membership of the Strategy Group is drawn from a number of partner organisations who are best placed to address each priority area. Meetings are held every six weeks and the group has oversight of the following sub-committees:

- Teenage Pregnancy Steering Group
- Breast Feeding Steering Group
- Healthy Settings Steering Group
- Obesity Steering Group
- Obesity and Sexual Health Programme Boards

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

In common with the other outcome areas, the functions of the Strategy Group include:

- Monitor and report on the progress of the Being Healthy element of the Children and Young People's Plan
- The coordination, planning, implementation and monitoring of NICE Guidance in relation to Children and Young People
- Receive information from and respond to requests for information 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 112 and VSB08– Under 18 conception rate
- NI 113 and VSB13 Prevalence of Chlamydia in under 20 year olds
- 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
- 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 2010/11

<p><b>Key recent achievements</b></p>	<p><b>Inequalities in the health of children and young people are reduced</b></p> <ul style="list-style-type: none"> <li>• The Safe-sleeping guidance was ratified and shared with relevant practitioners to reinforce the risk of sudden infant death associated with bed and sofa sharing</li> <li>• A Referral pathway has been developed between Wirral Children's Centres and Family Support Worker staff who will facilitate access to oral health service. A Dentist is in regular attendance at Seacombe Children's Centre to identify problems and refer for treatment.</li> <li>• Health visitors have been trained as immunisers to provide immunisations for hard to reach families through drop in sessions at Children's centres.</li> <li>• The Human Papilloma Virus (HPV) immunisation catch up programmes for 14-18 year old young women has been successfully implemented in schools and GP practices.</li> <li>• As a consequence of proactive engagement with families, we have been successful in preventing unnecessary attendance at A and E for minor ailments through the 'Choose Well' campaign</li> </ul> <p><b>Reduction in the harmful consequences of risk taking behaviour</b></p> <ul style="list-style-type: none"> <li>• The project to place Youth Alcohol Workers within the Accident and Emergency 'out of hours' Department has performed beyond expectations in reducing the number of under 18's alcohol related hospital admissions.</li> <li>• An Alcohol Guidance document for schools was produced and circulated to every Wirral school.</li> <li>• Health Services in Schools is now hosted in 28 Secondary Schools including a bespoke service in the special schools and Youth Offending Service.</li> <li>• From 2011, the programme has been extended to include targeted interventions for smoking cessation, emotional wellbeing, peer education to reduce teenage conceptions and contraception services</li> <li>• Above target numbers of the children and young people workforce are accessing sexual health training, including foster and residential carers</li> <li>• The intended target for the number of young people engaging with the Brook Outreach Programme has been exceeded. We are pleased that the service is being used by young people who may be most vulnerable to teenage pregnancy</li> <li>• 73% increase in number of young people registered with Kooth.com between 2009 – 2010 and the Kooth.com contract has been renewed for further two years (2011-13)</li> <li>• The Accident Prevention Scheme for under 5s was reviewed and has been combined with the Royal Society for the Prevention of Accidents (RoSPA) Scheme within Children's Centres</li> </ul> <p><b>Reduction in the prevalence of overweight and obesity in children</b></p> <ul style="list-style-type: none"> <li>• The Homestart breastfeeding peer support programme was launched in April 2010. For mothers supported by the service, the breastfeeding rate</li> </ul>
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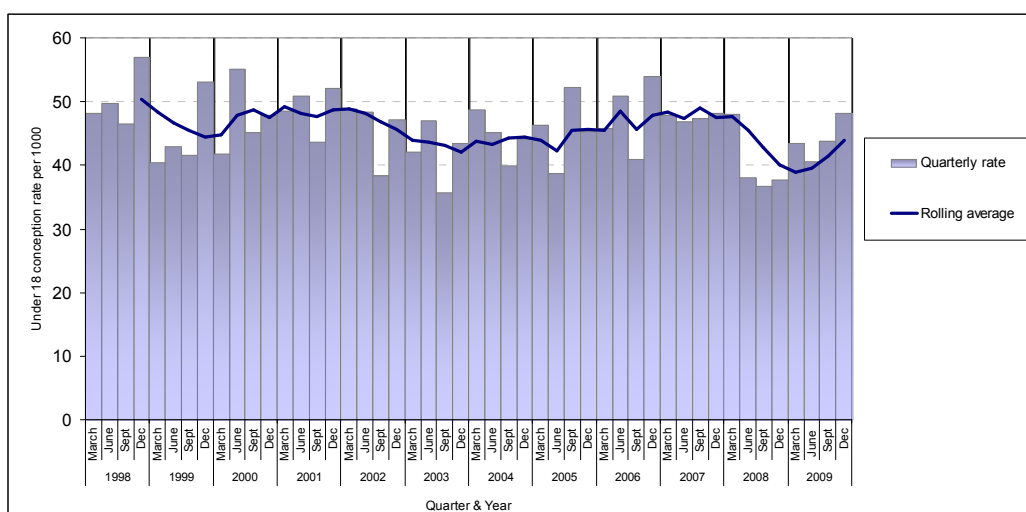
	<p>has exceeded the national average for breastfeeding prevalence at 6 – 8 weeks. The contract has been renewed for further two years 2011-13 and targets increased.</p> <ul style="list-style-type: none"> <li>• The ‘Breast milk... It’s Amazing’ campaign was launched and promoted across all relevant settings. The evaluation carried out in December 2010 found an increase in the number of people who recalled seeing the posters; GP surgeries and hospital venues were found to be the most popular place that people remember seeing them</li> <li>• Accreditation for Stage 1 of the UNICEF Baby Friendly Initiative has been achieved for all community settings. Additionally, mechanisms have been developed to enable the Baby Friendly best practice standards to be implemented and maintained. This includes staff training, data collection, information for GPs and education for all pregnant women about the benefits and management of breastfeeding.</li> <li>• During 2010-11, 60% of 5-16 year olds took part in 3 hours of high quality PE and Sport each week. This has been organised by Wirral schools</li> <li>• The National Child Measurement Programme 2010/11 has been enhanced. We now proactively identify children who would benefit from specialist weight management services to encourage engagement with appropriate services.</li> </ul> <p><b>Implementation of the Child Health Strategy/Healthy Child Programme</b></p> <ul style="list-style-type: none"> <li>• The Family Nurse Partnership Programme has recruited 103 first time mothers under the age of 19 years into the service. Encouraging results are emerging with regard to breastfeeding, smoking cessation and engagement from young fathers</li> <li>• The Healthy Child Programme 0 – 5 years has been implemented and the review of the specification for the health visitor service has resulted in a geographic delivery model being adopted</li> <li>• Baby Life Check was promoted across children’s centres and health visiting teams and Teen life check was promoted across young people services through the temporary employment of two dedicated youth workers</li> <li>• 60 settings have committed to the Health Promoting Early Years Programme</li> <li>• Aiming High programme has been rolled out in Children’s Centres and short breaks made available to all children with complex/continuing healthcare needs</li> </ul>
<p><b>Key issues</b></p>	<ul style="list-style-type: none"> <li>• <b>Vaccination and Immunisations</b> The vaccination and immunisation rates across Wirral are improving but still fall below the target rate for 2010/11. The action plan for childhood immunisation is currently being implemented and actions include rolling out the health visitor pilot at Seacombe Children's Centre to vaccinate children from hard to reach families, training community health nurses as immunisers, and designing a data quality mapping exercise with wider stakeholder involvement to identify and address any data inconsistencies. The results of these Wirral wide actions will be kept under review and activity at practice level will be reviewed on a regular basis.</li> <li>• <b>Healthy Child programme - review</b> A review of children’s health services is to be conducted during 2011 using the framework of the Healthy Child Programme (HCP) 0-19 years with a view to informing commissioning intentions for 2012 and beyond. The HCP is designed to help local children’s services plan and use resources as</li> </ul>

effectively as possible and to ensure they are informed by best available evidence. This review is intended to cover all services that contribute to the health outcomes experienced by children.

- **Teenage Pregnancy Rates**

Between 1998 and 2008, Wirral achieved a 21% reduction in the teenage conception rate. The rate in 2008 was recorded as 40.1 conceptions for every 1,000 women aged between 15-17 years. However, the conception rates published for 2009 has demonstrated an increase in the rate of conceptions in Wirral to 44.0 per 1,000 women aged 15-17 years. Consequently, the reduction we have achieved between 1998 and 2009 is 13%. This demonstrates the impact that a small fluctuation in the number of conceptions can have on the overall rate – 249 conceptions in 2008 and 264 conceptions in 2009

The diagram below shows the direction of travel for Wirral since 1998. We are very aware that there is still much to be done in this area and commitment from all partner agencies is critical to achieving this outcome. The teenage pregnancy strategy (2000-2010) is coming to an end and there has been no clear national direction for the future focus of teenage pregnancy work. However, there is a suggestion local areas will be required to determine their own target reduction. Additionally, we have not yet received any formal confirmation regarding the funding to support the teenage pregnancy strategy for 2011/12.

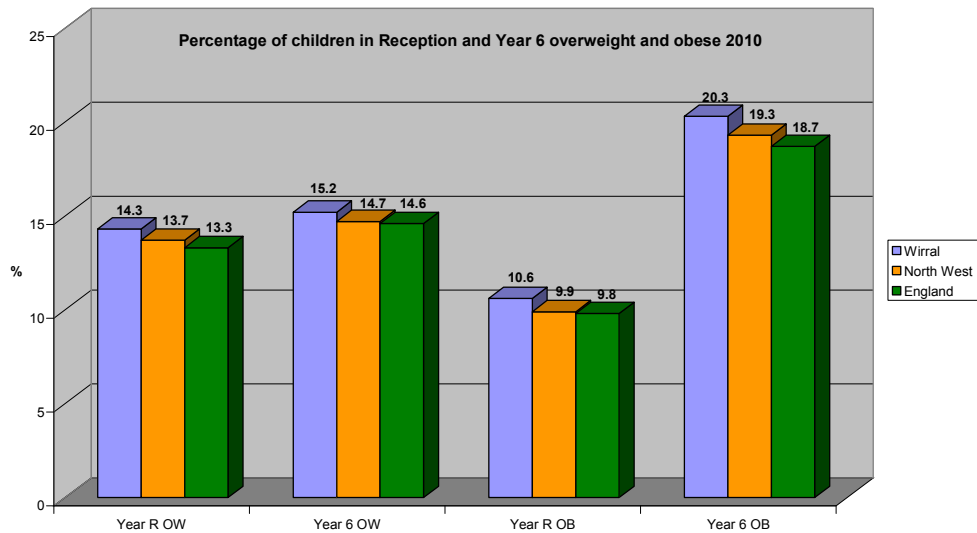


- **Chlamydia Screening**

In addition to our relatively high teenage pregnancy rates, Wirral has a relatively low rate of uptake for Chlamydia screening. However, Wirral does have a high rate of positivity. High positivity suggests that we are targeting the testing programme at the right young people. However, we need to do more to promote safer sexual activity to reduce the number of young people contracting Chlamydia

- **Childhood Obesity**

Wirral has high rates of childhood obesity when compared to regional and national data. Our most recent data from the National Child Measurement Programme 2009/10 suggests that the prevalence of obesity in Reception aged children has increased (to 10.6% from 9.6% in 2008/09). For Year 6 children, data suggest that prevalence has remained relatively stable (20.3% from 20.6% 2008/09).



It is critical, therefore, that professionals, parents and children work together in order to achieve a reduction in the number of overweight and obese children. We should continue to engage schools in the 'Enhanced Healthy Schools Programme' (now that the ring fenced funding has been removed and the requirement on schools to engage is optional). We should also promote the use of the "40+ Sessions" of physical activity for Active Families and seek funding to sustain the disability holiday sports programme for disabled young people.

**Key challenges ahead**

One of the main challenges to the continued success of this programme relates to the need to ensure that effective links and connections are maintained across the relevant partnerships during the period of organisational and functional reform to the public sector. In addition, we have been fortunate in the past to have developed strong links with schools and further education settings and it is critical to the success of programmes such as the health services in schools, the enhanced healthy schools programme and the weight measurement programme, that these relationships are sustained.

We have been fortunate to have secured funding for key programmes to 2013 via the NHS Wirral Strategic Commissioning Plan. This enables us to continue to commission critical initiatives relating to sexual health, teenage pregnancy and obesity.

Health Visitors and the Family Nurse Partnership programme are critical to the delivery of the 0 to 5 years healthy child programme and these services will be reinforced by initiatives set in place by the Government to support the development of the Health Visitor and Family Nurse Partnership.

**Risks to outcome delivery and proposed actions**

One of the main risks to the delivery of the outcome concerns the low up-take of the parents/carers and child weight management programmes.  
**Proposed action** – The latest round of commissioning of these programmes has included the requirement for providers to actively promote their services. We have also encouraged collaborative working across providers to ensure the right service is provided in the right place at the right time. The Healthy Settings Team will assist in supporting promotional activity across school and

	<p>early years' settings.</p> <p>A further risk to outcome delivery of the Being Healthy plan involves the teenage pregnancy strategy. The Teenage Pregnancy Coordinator will be on maternity leave from March 2011 to January 2012 and this may create a risk to the continuity of the strategy.</p> <p><b>Proposed action</b> – plans are in place to enable cover for this critical role through a partnership approach, including the sharing of tasks amongst key individuals and monitored through the steering group.</p>
<b>Areas requiring further partnership involvement</b>	<p>Partners are encouraged to promote physical activity in order to prevent further increases in obesity rates. We can do this by the promotion of the "40+ Sessions" for Active Families physical activity programme that has been developed.</p> <p>Voluntary sector engagement is critical to the group and we seek further representation from this sector.</p>
<b>Equalities impact assessment areas for development and progress made</b>	<p><b>Areas for development 2010/11</b></p> <ul style="list-style-type: none"> <li>• Access to universal services for children with disabilities.</li> <li>• Skill mix of staff working in specialist weight management services</li> <li>• Access to services for people from transient communities</li> <li>• Low uptake of services from young men/fathers</li> <li>• Language barriers for some BME groups may lead to low take up of services</li> <li>• Breastfeeding promotion – should not just focus on breastfeeding mothers</li> </ul> <p><b>Progress made 2010/11</b></p> <ul style="list-style-type: none"> <li>• Tender for specialist weight management provision included requirement for services for disabled children and skill mix of staff. Health services in schools programme provided across faith, non faith and special schools.</li> <li>• Continued commissioning of specific services for young men/fathers through Sexual Health Programme (NHS Wirral)</li> <li>• Targeted services based geographically in areas of deprivation and greatest need – for example services in certain Children's Centres, the FNP Programme, et al.</li> <li>• Breastfeeding campaign 'breast milk .... It's amazing' targeted fathers and grandparents in promotional material</li> </ul>
<b>Areas for promotion /publicity / communication / engagement</b>	<ul style="list-style-type: none"> <li>• The new locally established under-18 conception reduction target – once this has been agreed</li> <li>• Specialist services commissioned to reduce childhood obesity – need to publicise and promote services across partnership when contracts awarded</li> </ul>

### Areas for Reporting Focus

The following examples are reported here as evidence of improved outcomes for Wirral children and young people and their families.

#### 1. Health Promoting Early Years Programme

Following the success of the Healthy Schools Programme, Wirral introduced the Health Promoting Early Years Programme (HPEYP) in 2007, to develop standards to ensure consistency across

early years' settings. Wirral has approximately 125 Private, voluntary and independent early years settings in Wirral and to date around 60 have committed to the HPEYP, 26 settings have achieved HPEYP Status and around 10 settings are ready to self validate. A further 20 settings have agreed to commit to the programme at the next training and celebration event on 6th April 2011. The following is an example of a setting that has embraced the programme.

Manor Childcare and Out of School Club, Wallasey, is registered for 30 children. In 2008, the setting engaged with the HPEYP and having received a grant to support health promotion they developed a 'whole setting approach' to improve the quality of provision for the children, their families and the staff. This has involved the development of a healthy eating project, including growing their own vegetables and herbs and cooking and eating with the children. The results include:

- Reports that children are eating more healthily leading to increased energy levels, less colds, improved attention and achievement of early years learning goals
- Parents cook more at home rather than buying ready meals, find meals less expensive, quicker to prepare and result in whole family approach.
- Development of allotment has led to setting registered with the Royal Horticultural society and achieved Level 1 status. The children are consulted on what to grow and the setting aims to be self sufficient within 2 years. Parents are involved in growing food and produce will be made available to parents
- Water cooler installed leading to children drinking more water whilst at the setting and change from full fat to semi skimmed milk with 8 families reporting that they have changed to semi skimmed milk at home.
- Reduction from 75% to 5% of parents who bring sweets for their children at the end of the sessions
- Dental sessions at the setting have resulted in 5 children that were not registered with a dentist now regularly visiting the Dentist
- Average time children spend outside increased from 30mins-60mins per session and increase in number of children walking/cycling to the setting
- 3 parents have set up a running club and now arrange to go for a run together whilst their children are at the setting and this has led to 2 of the mums joining Slimming World.
- Slipper policy introduced leading to reduction in accidents and injuries at the setting, staff report children are calmer and not running inside as much. Children bring in Wellingtons and this has increased the number of children who can independently find and change their own shoes from 8 out of 24 to 22 out of 24 children
- The local primary school reported how independent and able the children from this setting are when they start school.
- Mums and toddler group run at the setting has increased from 6 families to 19, offer milk or water and fruit as snacks and parents have stopped bringing juice with them.

## **2. Breast feeding peer support**

There is clear evidence that breastfeeding has positive health benefits for both mother and baby in the short and long term and offers considerable savings to the wider health and social care economy. Children who are breastfed exclusively for the first six months, as per WHO recommendations, present with fewer infectious episodes than partially or non-breastfed peers. In addition, children who are breastfed for more than six months are less likely to have weight and mental health problems in later life. However, UK breastfeeding rates are among the lowest in Europe and Wirral falls behind both England and North West averages for breastfeeding initiation and prevalence at 6 – 8 weeks. However, the rates differ widely across Wirral wards and highlight the inequalities across areas; for example 56% of women continue to breastfeed at 6-8 weeks in West Kirby and Thurstaston ward, falling to 6% of women in Bidston and St James ward (based on 2009/10 data)

	Wirral 2008/09	Wirral 2009/10	North West 2009/10	England 2009/10	Wirral 2010/11 Q1	Wirral 2010/11 Q2	Wirral 2010/11 Q3
<b>Breast feeding initiation rates</b>	53.3%	56.8%	63.2%	73.4%	55.9%	55.02%	58%
<b>Breast feeding prevalence at 6-8 weeks</b>	28.3%	30.5%	32.7%	44.4%	28.79%	28.27%	31.3%
<b>Women supported by Homestart still breastfeeding at 6 – 8 weeks</b>	-	-	-	-	61% ( total 155 mums supported during period)	38% ( total 222 mums supported during period)	50% ( total 232 mums supported during period)

In response to Wirral's poor breastfeeding rates, there has been a concerted effort over the past two years across the hospital and community workforce to improve activity and data collection. This was reinforced by further investment through NHS Wirral Strategic Commissioning Plan to develop a breastfeeding peer support programme and 'Homestart' were commissioned from October 2009, to recruit and train volunteer peer supporters and deliver support to breastfeeding mothers. Homestart peer supporters engaged with 609 women between April – December 2010. The average number of women supported who were still breastfeeding at 6 – 8 weeks during this period is 50%, which is above the England average of 44.4% (2009/10). The programme has been extremely well received by all key stakeholders, and has created a revived enthusiasm for breastfeeding amongst health professionals; initial feedback suggests Midwives and Health Visitors appreciate the involvement of breastfeeding peer supporters on the hospital wards and at the pre and post birth stage. One of the least expected positive outcomes has been the success of the partnership work between the peer support programme and the Family Nurse Partnership (FNP). The FNP works with teenage parents under the age of 20 years. Analysis of the FNP in October 2010 revealed that of the 30 babies born since the programme started, 53% were breastfed at birth. This is a considerable improvement on local comparable data for 2009/10 which suggests that out of a cohort of 264 mothers under the age of 20, only 40 were breastfeeding at birth (15%).

### **3. Aiming High for Disabled Children - Children's Centres January - December 2010**

In 2010 Aiming High built upon the success of a pilot project with local Children's Centres to offer sessions at the centres for disabled children and their siblings aged 0-7. The sessions last 1.5 or 2 hours and can be one of four activities:

- 1) Indoors and Outdoors- Linking indoor activities to the outdoor environment through activities like making bird feeders and hanging them outside or making and flying a kite.
- 2) Messy Play - using all the senses, especially touch to explore, mould and manipulate materials like sand, water, play dough, jelly and shredded paper.
- 3) Stay and Play – Meeting other parents and children and playing together using toys and equipment they may not have access to at home.
- 4) Stay and Play with a difference – As above, but including some outdoor play.

A total of 8 children's centres are now delivering regular Aiming High sessions across Wirral, during term time, holidays and weekends. 78 children attended sessions during 2010, 48 of whom were children with disabilities and 30 were non disabled siblings. The majority of children attending Aiming High sessions have Autistic Spectrum Disorder and many of them have more than one disability. For parents the service has been invaluable, with parents stating:



*“For us this is a godsend.... I know that when we are stuck in the house we go stir crazy. If I didn’t have all this I would go round the bend.”*

*“We really enjoy all the sessions. Love that you can bring siblings. It’s more relaxed because everyone is in a similar situation so you are more chilled out as a parent.”*

*“I don’t drive so I was really pleased when I heard about this one because I can get the girls here”*

The project has been enhanced by a programme of staff development arranged by Aiming High resulting in 27 staff from Children’s Centres utilising 83 places on training, covering a range of topics including, Introduction to Autistic Spectrum Disorder, Deaf awareness, Managing challenging behaviour, and Introduction to multi-sensory rooms and multi-sensory on a shoestring. In addition, Aiming High has awarded a number of grants for equipment to Children’s Centres and Voluntary Sector groups to support the delivery of the programme

### **Brief SWOT Analysis of the Outcome Area**

<b>Strengths</b>	<b>Weaknesses:</b>
<ol style="list-style-type: none"> <li>1. Active committed members with clear areas of responsibility and accountability</li> <li>2. Four clear priority areas with majority of outcomes achieved or in progress (2010/11)</li> <li>3. Forum for sharing good practice and ideas</li> <li>4. Improved health outcomes for children and young people</li> <li>5. Main driver/monitor for key programmes, e.g. healthy child programme, health services in schools etc</li> </ol>	<ol style="list-style-type: none"> <li>1. Membership still predominantly made up of health care professionals</li> <li>2 Government priorities and drivers shifting resulting in uncertainty about future of programmes</li> </ol>
<b>Opportunities:</b>	<b>Threats:</b>
<ol style="list-style-type: none"> <li>1. Multi agency working/pooling of ideas to deliver cross cutting outcomes</li> <li>2. Potential for alignment of budgets/resources to achieve outcomes</li> <li>3. Greater involvement of partnership organisations in delivering the child health agenda</li> </ol>	<ol style="list-style-type: none"> <li>1. Availability of skilled and experienced staff to deliver initiatives e.g. health visiting</li> <li>2. Ring fenced grant funding streams ended and local areas advised to set own priorities’</li> </ol>

### **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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