

**BEING HEALTHY STRATEGY GROUP REPORT TO THE BOARD**

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**Introduction**

The aim of the 'Being Healthy' outcome theme of the Wirral Children and Young People's Plan is to improve all children and young people's health and wellbeing, reduce health inequalities and keep people well, through innovative and sustained delivery of the Healthy Child Programme 0 - 19 years. The review of the Children and Young People's Plan for 2011/12 has led to a refresh of the Being Healthy priorities for 2012/13. The 'Being Healthy' plan for 2012/13 now contains the following four key elements:

- Promote wellbeing through health promotion and behaviour change approaches.
- Reduce the harmful consequences of risk taking behaviour including substance misuse and sexual activity resulting in unplanned teenage conceptions and sexually transmitted infections.
- Encourage and support all children and families to achieve and maintain a healthy weight and lifestyle.
- Improve positive mental health outcomes for children and young people.

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 bi-monthly and the group has oversight of the following sub-committees:

- Health Visiting Early Implementer Site/Family Nurse Partnership Steering Group
- Teenage Pregnancy Steering Group
- Breast Feeding Steering Group
- Healthy Weight Steering Group
- Change4Life Steering Group

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
- Monitor and report on performance relating to the Healthy Child Programme 0-19 years
- 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 Performance Indicators (PI) are monitored through the Being Healthy outcome group:

- PI 39 – Alcohol harm-related hospital admission rates
- PI 51 - Effectiveness of Child and Adolescent Mental Health Services
- PI 53 - Prevalence of breastfeeding at 6 – 8 weeks
- PI 55 - Obesity among primary school age children in Reception Year
- PI 56 - Obesity among primary school age children in Year 6
- PI 58 – Emotional health of looked after children
- PI 70a - Reduce emergency hospital admissions caused by unintentional and deliberate injuries to children and young people (also reported through staying safe)
- PI 112 – Under 18 conception rate
- PI 113 - Prevalence of Chlamydia in under 20 year olds
- PI 1300 – Proportion of women who continue to smoke throughout pregnancy
- PI 1301 – Percentage of young people reporting to use alcohol

## Overview of progress 2011/12

<p><b>Key recent achievements relating to the Being Healthy priorities for 2011/12</b></p>	<p><b>Inequalities in the health of children and young people are reduced</b></p> <ul style="list-style-type: none"> <li>• A multi agency group has met throughout the year to coordinate and monitor uptake of Healthy Start supplements and a Vitamin D policy is to be developed for 2012/13</li> <li>• All children's centres have fully integrated plans to reduce the inequalities in oral health and pathways are in place to support families</li> <li>• 'Chemical Soup' training has been rolled out across children's centres to ensure children are protected against the harmful effects of tobacco</li> <li>• All 13 Wirral residential homes for children have achieved the Healthier Homes standard and the standard now includes smoking cessation, substance misuse and Relationship and Sex Education (RSE). This project was short listed for a national 'Children and Young People Now' Award (2011) and the standard has been adopted regionally.</li> <li>• Young people who are at risk of becoming looked after have been engaged in a Health Challenge Champions initiative to increase healthy lifestyles</li> <li>• The Wirral Family Nurse Partnership worked with 125 families in 2011-12, and the planned expansion will increase reach to 175 families in 2012-13.</li> <li>• Immunisation rates for two year olds are the same as or better than the England average. Groups known to have poor uptake are investigated to assess current needs and barriers and an ongoing programme of work to address the latter is in place.</li> </ul> <p><b>Reduction in the harmful consequences of risk taking behaviour</b></p> <ul style="list-style-type: none"> <li>• Youth Alcohol Workers have been placed within the Accident and Emergency 'out of hours' Department proving successful at reducing the rate of hospital admissions for alcohol related harm (under 18s) from 95.33 per 100,000 young people in 2010/11 to 88.72 per 100,000 young people in 2011/12</li> <li>• 14 young people are delivering the Alcohol Peer Education programme in 6 schools with accredited training certificates and a resource pack.</li> <li>• Health Services in Schools are hosted in 28 secondary schools including all faith schools and special schools. The programme includes targeted interventions for smoking cessation, positive mental wellbeing and contraception services and sexual health service provision is available in all participating secondary schools.</li> <li>• The Teenage Pregnancy Strategic Action Plan has been refreshed to achieve a reduction in teenage conception rates by 5% during 2012.</li> <li>• Tiered training for sexual health promotion and RSE is available to all children and young people's workforce</li> <li>• A 'Wirral Values Framework for RSE' has been developed following consultation with senior Faith Leaders and other key stakeholders to assist educational establishments to meet the needs of their children and young people without compromising or devaluing the faith perspective of the educators</li> <li>• The RSE lead and CAMHS Clinical Psychologist offer support to school staff and School Nurses to deliver RSE to pupils with learning difficulties, including those with Autistic Spectrum conditions</li> <li>• An outreach Chlamydia Screening service was commissioned during Q3 and Q4 to increase uptake, resulting in an additional 3200 Chlamydia screens in 2011/12.</li> <li>• A Children's A&amp;E Needs Assessment has been conducted to inform the commissioning of future accident prevention interventions and reduce the number of hospital admissions for unintentional and deliberate injury.</li> </ul>
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	<p><b>Reduction in the prevalence of overweight and obesity in children</b></p> <ul style="list-style-type: none"> <li>• 44% of the breastfeeding mothers supported by the Homestart Peer Support Programme are breastfeeding at 6- 8 weeks which is in line with national performance and ahead of the average Wirral performance.</li> <li>• The Breastfeeding Peer Support Programme have produced a promotional DVD to show to mothers during pregnancy and post-birth</li> <li>• The National Child Measurement Programme (NCMP) achieved 97% coverage and reported a reduction in obesity levels for both Reception (9.4% from 10.6% for 2010-11) and Year 6 children (18.6% from 20.3% for 2010-11).</li> <li>• The NCMP has been extended to include telephone contact with every parent whose child is identified as obese, prior to them receiving their feedback letter.</li> <li>• Specialist child weight management services now include referrals for children with disabilities, leading to increased confidence and self esteem and changed attitudes to types of food eaten.</li> <li>• A pilot project at Mosslands School has been established to increase free school meal uptake</li> <li>• 11 young men have accessed the Mosslands School pilot to target 20% of pupils identified as overweight or obese to access specialist in-house exercise and nutrition services</li> </ul> <p><b>Implementation of the Child Health Strategy/Healthy Child Programme</b></p> <ul style="list-style-type: none"> <li>• Short breaks for children with complex and continuing care needs are commissioned in partnership with a range of providers.</li> <li>• Claire House is commissioned to provide 24 hour access to advice and home nursing care for children and short breaks for children with life threatening/ limiting conditions</li> <li>• A diagnosis and care pathway for children and young people with ADHD and ASD has been approved with implementation planned during 2012/13</li> </ul>
<p><b>Key issues for 2012/13</b></p>	<p>Wirral's Joint Strategic Needs Assessment identified the following key health issues for children and young people (2012):</p> <ul style="list-style-type: none"> <li>• <b>Smoking in pregnancy</b> <i>'There is a need for targeted action on smoking in pregnancy in more deprived areas and younger age groups'</i></li> </ul> <p>A pilot intervention has been commissioned to work with 100 smokers who are pregnant, living within the 20% most deprived areas of Wirral during 2012/13. The intervention lasts for 12 weeks with a focus on increasing self esteem, decreasing stress and empowering pregnant smokers to change their behaviour. All women who engage with the intervention will be given information on healthy weight alongside smoking cessation support. Wellbeing will be measured and women will be signposted to relevant services if any other lifestyle concerns arise, such as alcohol, drugs or mental health. The Being Healthy Plan will continue to monitor the targeting of pregnant smokers and ensure that smoking and healthy weight messages are included in the health promotion messages they receive.</p> <ul style="list-style-type: none"> <li>• <b>Teenage conceptions</b> <i>'Whilst there has been a reduction in teenage conception rates since 2000, progress is slow and below regional and national comparators'</i></li> </ul> <p>A comprehensive report on teenage pregnancy was provided to the Children's Trust Board in March 2012 to demonstrate that teenage pregnancy rates remain a challenge for Wirral. The most recent statistics published for 2010 show an increase in the rate of conceptions from 44 per 1000 15-17 year olds in 2009, to 47.3 in 2010. Although Wirral experienced an overall reduction of 6.5% in the teenage conception rate from 1998 to 2010, Wirral's conceptions rates are considerably higher than our statistical neighbours, (Sefton – 29; Lancashire – 37.5; Stockton on Tees – 39; Darlington – 37).</p>

On a positive note, Wirral has seen a reduction in the under-16 conception rate from 10.2 per 1000 young women in 2006-2008 to 8.5 in 2008-2010 and more recently, 7.1 per 1000 young women, (Q1, 2011). This could be attributed to the implementation of the Health Services in Schools programme which allows young people to have regular access to sexual health advice and contraception within their school setting. Funding has been maintained for this work until March 2013 and the Being Healthy Group will continue to oversee the implementation of the Teenage Pregnancy Strategic Action Plan during 2012/13.

- **Alcohol**

*Alcohol is a significant problem for children and young people in Wirral, which can cause a wide range of problems including increased risk of injury, accidents, risk taking behaviour, cognitive problems and a long term risk to health'.*

Wirral's Response Service are funded to support parents and offer follow up sessions to young people admitted to A&E as part of the young people's alcohol intervention pathway. The funding ensures that two workers are present at A&E 6 days a week, including Saturday night, to engage with young people who have been admitted due to alcohol intoxication and offer referrals into specialist services. This initiative has been successful in preventing admittance to A&E and many parents have commented that they now feel more confident to talk to their children about alcohol. The new 'alcohol alright' tools are given to parents to pass on to their children and a review of the referral packs given out to young people has resulted in them being made more age appropriate.

The Being Healthy Plan will continue to monitor the number of alcohol related hospital admissions and improve links to young people's services.

- **Emergency admissions for unintentional and deliberate injuries**

*Wirral has a higher rate of emergency admissions for unintentional and deliberate injuries in comparison to the regional and national average*

Accidents are the leading cause of injury to children and disproportionately affect children from lower socio-economic groups. Wirral saw a total of 253 hospital admissions in the 0-4 age group during the period 2011/12, which is a reduction on the number of admissions for 2010/11 (260), but still higher than the regional and national average.

Wirral has had a safety equipment scheme dating from 2002 to present, whereby families with children aged between 0-4 years who receive 'Healthy Start' vouchers are eligible to receive a free stair gate and fireguard. Since May 2010 there has been an additional safety equipment scheme available through Children's Centres, providing a larger package of safety equipment, alongside a home assessment and free fitting for eligible families. These two schemes have now been merged and stronger pathways developed with the Children's A&E department. In addition, the Public Health Intelligence Team will produce quarterly reports on the admission figures including injury types, locations, repeats, length of stay, to share with the Child Home Safety Steering Group to inform ongoing and future work.

More recently, a Needs Assessment at Arrowse Park Children's A&E Department has been commissioned to provide qualitative insight into the reasons for the increasing admission figures. Funding has been identified to develop the recommendations from this independent report, and the Being Healthy Plan will ensure that the findings from the needs assessment are used to deliver health promotion messages, with priority given to early year's provision.

- **Obese/overweight children**

*Although Wirral has achieved a reduction in the number of children who are obese in Reception and Year 6, the number of overweight children is higher than North West and England average. This needs to be closely monitored and prevention initiatives implemented in accordance with Wirral Obesity Strategy*

Wirral's Healthy Weight Steering Group oversees the implementation of the healthy weight priority within the Being Healthy Plan, with a focus for 2012/13 on those young people who are overweight. Work is in place to ensure increased up-take of school meals, increased participation in physical activity of the least active young people by supporting all schools to engage in Level 1 and 2 of the School Games Framework and delivery of the Active Families Programme. In addition, a Social Marketing Behaviour Change project will be delivered to raise awareness and uptake of physical activity for families living within the 20% most deprived areas.

- **Dental decay**

*Dental decay amongst Wirral five year olds is a considerable problem in some of the more deprived areas of Wirral. Targeted interventions in these areas should continue.*

Around 600 children have a Dental General Anaesthetic (GA) each year for teeth extractions. The Being Healthy Plan will ensure that effective dental health promotion messages are delivered appropriately to all children and young people, to prevent tooth decay and the need for extensive dental treatment. In addition, the GA data for 2011/12 is to be analysed to establish a better understanding of the profile of this population group so that targeted interventions can be delivered during 2012/13.

- **Breastfeeding**

*Breastfeeding rates in Wirral are significantly lower than the regional and national average. There is a need for targeted action to increase breastfeeding initiation and prevalence across Wirral.*

Wirral's breastfeeding rates continue to be low despite national improvements over recent years. Breastfeeding initiation rates for England increased from 71% in 2000 to 81% in 2010 and the average North West initiation rate stands at 66% (2010). In contrast, Wirral has seen very little change in initiation rates since 2006, with rates remaining fairly static, around 56%. This rate drops to around 30% for women still breastfeeding at 6 – 8 weeks, compared to an average 34% across the North West and 44% for England.

Wirral mothers are less likely to initiate breastfeeding and there is a correlation between higher initiation rates of breastfeeding in professional groups as opposed to manual / routine occupation groups. Young maternal age, low educational attainment and low socioeconomic status continue to have a very strong impact on the patterns of infant feeding, (Bolling, et al, 2007). In addition, national estimates suggest that breastfeeding initiation drops around 12-15% within the first week of birth, (Promotion of breastfeeding initiation and duration: Evidence into practice briefing, NICE, 2006). Wirral's average initiation rate of 55.63% (2011/12) drops to around 42.5% by 10 -14 days. Therefore, support during the transition from hospital to community is critical to ensure continuity.

The Being Healthy Plan continues to support delivery of the breastfeeding strategic action plan to increase initiation and prevalence of breastfeeding at 6 – 8 weeks and to support the hospital and community settings to achieve and deliver the UNICEF Baby Friendly Initiative, (BFI).

**Key challenges ahead**

**Healthy Child programme 0-19 years**

*'Nothing can be more important than getting it right for children and young people'*, ('Achieving Equity and Excellence for Children', DoH, 2010).

During 2011/12, a review of the Healthy Child Programme (HCP) was conducted across Wirral children's services using the HCP framework for 0-5 and 5-19 years. The purpose of the review was to ensure improved outcomes and a reduction in health inequalities for Wirral children and young people aged 0 -19 years. The review group was asked to consider all services that contribute to the health of children within the universal and progressive framework of the HCP. The initial focus of the review was to undertake a benchmarking exercise of the HCP 0-5 years followed by a similar exercise for the 5-19 programme. Key providers were interviewed and young people were consulted as part of this process.

The DoH emphasise that both Health Visiting and School Nursing Services are critical to the delivery of the HCP 0-19 years:

*Professionals such as health visitors and school nurses will have a role in helping to develop local approaches to public health, provide links between public health and the NHS and leadership in promoting good health and addressing inequalities.*

(Healthy lives, healthy people: update and way forward, DoH, 2011, p.10)

The Wirral Health Visiting Service is already commissioned to deliver the Healthy Child Programme 0-5 years and was approved as an Early Implementer Site by the DoH to implement the 'Health Visitor implementation plan 2011-15: a call to action', (DoH, 2011). However, the HCP review identified the need to review Wirral's School Nursing Service and this will be conducted during 2012/13, taking into account the conclusions of the national review of school nursing, including the recommendation to offer a continuum of interventions along the same framework as that adopted for health visiting:

- Your Community – range of services for children, young people and families
- Universal Services – to ensure healthy start for every child
- Universal Plus – swift response from school nurse when specific expert help needed
- Universal Partnership Plus – ongoing support from school nurse working with range of local services to deal with more complex issues

The improvements introduced to Health Visiting services and the review of the School Nursing specification should enable purposeful delivery of the HCP 0– 19 years across the continuum of identified need.

The HCP review group was established as a task and finish group. However, it became apparent during the process of the review of the need for a forum to monitor the ongoing delivery and performance of the Healthy Child Programme 0 – 19 years. It has therefore been agreed to include this activity within the remit of the Being Healthy Outcome Group and a performance and outcome framework is being developed to use for this purpose.

However, a key challenge remains, to maintain effective links and connections across the partnership during the organisational and functional reform within the public sector, including the transition of Public Health to the Local Authority and the transfer of commissioning responsibilities across the NHS, in order to ensure the continued success of this partnership group.

In addition, the strong links that have been developed with schools and further education settings have been critical to delivery of programmes such as Health Services in Schools, the Enhanced Healthy Schools Programme and the National Weight Measurement Programme. It is vital that these relationships are sustained when, and if schools opt out of local authority control and adopt individual Academy status.

<b>Risks to outcome delivery and proposed actions</b>	<p>We continue to be concerned by the low engagement of parents/carers to the child weight management programmes and this continues to pose a risk to the delivery of the being healthy outcomes.</p> <p><b>Proposed action</b> – Providers are commissioned to engage directly with communities and key stakeholders to actively promote their services and training is offered to practitioners across the children’s workforce to equip them with the skills to talk to parents/carers about this sensitive issue.</p> <p>Wirral’s breastfeeding rates remain a challenge and have stubbornly refused to increase, despite considerable investment across the partnership.</p> <p><b>Proposed action</b> - Work intensively with maternity service providers to ensure prioritisation of breastfeeding initiation and establishment during the first 48 hours following delivery. Continue to promote improved initiation and duration of breastfeeding by ensuring all relevant service provision has full UNICEF accreditation by the end of 2012/13. Continue to promote the ‘Breast milk... It’s Amazing’ social marketing campaign, using a range of media.</p>
<b>Areas requiring further partnership involvement</b>	<p>Breastfeeding – Partners are encouraged to promote ‘breastfeeding as the norm’ at every opportunity to ensure an increase in rates across Wirral.</p> <p>Teenage Pregnancy – continued support of the teenage pregnancy strategy is vital across the Children’s Trust Partnership to ensure a sustained reduction in Wirral’s teenage conception rates</p>
<b>Equalities impact assessment areas for development and progress made</b>	<p><b>Areas for development 2011/12</b></p> <p>All areas of health inequality to be targeted, for example, fathers involvement in Children’s Centres, CAMHS developments for young disabled people; smoking cessation to prioritise BME workers; Healthier Homes to reduce health inequalities for LAC.</p> <p>Analysis of equality data for Health Services in Schools (HSiS) to ensure ratio of users proportionate to BME representation within school</p> <p>Potential for lack of awareness amongst BME communities of the health impact of being overweight</p> <p><b>Progress made 2011/12</b></p> <p>Information from two needs assessments conducted with people with HIV and lesbian, gay, bisexual and transgender were disseminated to inform future commissioning.</p> <p>HSiS collects BME data of young people accessing the service</p> <p>Targeted awareness raising about weight management amongst BME communities through workforce development plan; HENRY training delivered across Children Centre workforce; MEND to promote e-learning package across Children’s Services</p>
<b>Areas for promotion /publicity / communication / engagement</b>	<ul style="list-style-type: none"> <li>• Consultation and engagement with young people and partners to promote the revised School Nursing Service specification and service delivery</li> <li>• Promotion and dissemination of the findings from the various health needs assessments taking place during 2012/13: <ul style="list-style-type: none"> <li>• Young offender needs assessment <ul style="list-style-type: none"> <li>○ Child and adolescent emotional wellbeing and mental health needs assessment</li> </ul> </li> <li>• Eating Disorders needs assessment</li> </ul> </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. Increasing choice and accessibility to the health visiting service for children and families**
  - **Wirral Healthy Child Clinic**

Wirral's Health Visiting Service was adopted as an early implementer site for the governments 'Health Visitor implementation plan 2011-15: a call to action' and as such had to evidence, through their implementation plan, how they would improve prevention and early intervention within their service. Having sought views from peers, agencies and families through verbal discussions during their universal and targeted services, open parent forums, multi-agency meetings and from parents using a local children's centre, this resulted in a re-design of service delivery, leading to the establishment of the Healthy Child Clinic (HCC). The HCC operates as a drop in service for families from Monday – Friday 09.30-16.30. Families can access any aspect of the Healthy Child Programme including unscheduled immunisations and are encouraged to work in partnership with Health Visitors to make decisions about their child's health care.

The HCC has moved away from the traditional appointment system for developmental reviews and offers choose and book or 'walk in' reviews where parents can discuss their child's development. If the issue is not resolved during the drop-in session, a care plan is created for families underpinned by the universal, universal plus and universal partnership plus domains to support the family. Families determine where and when the care plan is delivered, whether at home or in a clinic setting. For universal partnership plus, the Common Assessment Framework ensures families receive a joined up service. The clinic has resulted in access to a Health Visitor on a one-to-one basis for an additional 35 hours a week at no additional cost.

- **Breast Start App**

The Breast Start App was conceptualised to address the complex issue of providing timely support to new breastfeeding mothers. It is aimed specifically at the difficult to reach population of younger mothers who may prefer to access an On-Line App for help rather than calling their Health Visitor, GP, or attend a baby clinic or breastfeeding group. This innovative service offers mothers a 24 hour private resource for breastfeeding help and advice and will be particularly useful for those without access to the internet or those hesitant to talk on the phone for fear of having their issue documented. The page design has been carefully developed to link into Wirral's Social Marketing Campaign, 'breast milk ... its amazing'. The Breast Start App is free to use 24 hours a day and available as an iphone and android version.

At a recent ministerial event held in London to celebrate the success and achievements of the early implementer sites, Health Secretary, Andrew Lansley was so impressed by the developments of Wirral's Health Visiting Service and particularly the innovative breastfeeding app that he went on to talk about them in his speech to the conference delegates.

- 2. Family Nurse Partnership - engagement**

The Family Nurse Partnership (FNP) is a preventive programme for first time mother's aged 19 years and under. It offers intensive and structured home visiting, delivered by specially trained nurses (Family Nurses), from early pregnancy until the child is two. The FNP has three aims: to improve pregnancy outcomes, child health and development and parents' economic self-sufficiency. The methods are based on theories of human ecology, self-efficacy and attachment, with much of the work focused on building strong relationships between the parent and family nurse to facilitate behaviour change and tackle the emotional problems that prevent some mothers and fathers caring well for their child.

Family Nurses work closely with health visitors and midwives and professionals from other services for children, young people and families where additional needs are identified, particularly in relation to social care and safeguarding. They also work closely with Children's

Centres and parents are encouraged to use these services, particularly in preparation for the end of the programme when children reach two years of age.

Wirral FNP engaged with 125 families during 2011-12, and the planned expansion during 2012-13 will increase capacity within the team to work with 175 families. One such parent was referred to the FNP when she was 16 years old and living in semi-supported accommodation due to a family dispute. She was not in a relationship with the baby's father and engagement was very difficult for a long time; she made little eye contact during visits and was reluctant to talk. Following her eviction from her accommodation for non-payment of rent she returned to her family home, but left home again, following a family argument and went back into supported accommodation. Social Care were involved briefly and towards the end of her pregnancy she disengaged from her Family Nurse.

Following her baby's birth the young woman moved between her family home and her accommodation. Visits were often cancelled or she would not be at home, she remained reluctant to engage in conversation and refused to become involved with other services. The Family Nurse persisted and managed to maintain contact. The baby appeared well cared for in a physical sense but the Family Nurse was concerned about the level of responsiveness and emotional quality of her interactions with the baby. The Family Nurse monitored the quality of the parent – infant interactions, pointing out the positive things that she saw and using small elements of the programme to try to help the young woman think about her baby's cues and what they may mean. Gradually, she started to engage with the Family Nurse and the programme materials in a more meaningful way. Her level of self confidence began to improve; she would more readily engage in conversation and started thinking about her future in a more positive way. After twelve months, the baby is developing well, the Family Nurse no longer has concerns about the attachment relationship and the young woman is attending college and planning for her future.

### **3. Healthier Homes Initiatives - Health Challenge Champions.**

Wirral children's partnership has worked to ensure that health and wellbeing outcomes for looked after children (LAC) are better recognised and catered for by a wide range of health and wellbeing services. However, there remains a concerning group of young people viewed as "at the edge of care" who might not always benefit from the level of support and care afforded to LAC. Health Challenge Champions is a new initiative aimed at extending the clear success of Wirral's Healthier Homes standard, working with those young people identified as at risk of becoming looked after and young people returning from care, to provide them with the best possible opportunities to have healthy lifestyles. For this group of young people, Healthier Homes has been turned on its head so that instead of equipping professionals and carers with the skills to improve young people's health and lifestyle, young people themselves are provided with the skills and motivation to safeguard their own wellbeing.

Health Challenge Champions was designed as a series of 5, two hour challenges delivered over a six week period and adapted from the wellbeing criteria -

- Staying Happy
- Eating Well
- Keeping Active
- Doing the Right Thing around Alcohol, Drugs and Smoking
- Good Relationships

The sessions are shaped in consultation with the young people themselves, the Adolescent Support Team, providers and key stakeholders in public health. The programme was evaluated, with positive findings. Providers stated that this initiative had a positive impact on the young attendees and noted that more young people completed the course than started, (12 attendees started and 14 finished the programme). The young people showed strong levels of interest, enjoyment, and learning when rating the sessions.

A similar programme has been adopted at Forum Housing and is in the process of being designed for Pathways (Leaving Care Team), Youth Offending Service and Wirral Metropolitan College.

## Brief SWOT Analysis of the Outcome Area

Strengths	Weaknesses:
<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 (2011/12)</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, Teenage Pregnancy Action Plan, Healthy Weight Action Plan</li> </ol>	<ol style="list-style-type: none"> <li>1 Resources and government priorities shifting resulting in uncertainty about future of some programmes and funding streams</li> </ol>
Opportunities:	Threats:
<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> <li>4. Monitoring of the Healthy Child Programme across the partnership will ensure greater responsibility of health outcomes for children and young people</li> </ol>	<ol style="list-style-type: none"> <li>1. Depleted pool of skilled and experienced staff with less capacity to attend meetings and deliver initiatives</li> <li>2. Ring fenced grant funding streams ended and local areas advised to set own priorities' and allocate resources accordingly</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. However, there is still much to be done to improve health inequalities and outcomes for Wirral children, young people and their families and the opportunity to combine the monitoring of the Healthy Child Programme within the remit of the Being Healthy Group will ensure greater shared ownership and responsibility towards achieving children's health outcomes.

### Recommendations:

That Wirral Children's Trust Board endorse the report.

**Report Author:**  
**Anne Tattersall**  
**Head of Health and Wellbeing**  
**Children and Young People**  
**Public Health, NHS Wirral**

**Contact:**  
**Phone: 0151 514 2211**

**Email: [Anne.Tattersall@wirral.nhs.uk](mailto:Anne.Tattersall@wirral.nhs.uk)**