

**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 the health and wellbeing of all children and young people living in Wirral by reducing health inequalities and through the innovative and sustained delivery of the Healthy Child Programme 0 - 19 years. The review of the Children and Young People's Plan for 2012/13 has led to a refresh of the Being Healthy priorities for 2013/14.

The 'Being Healthy' plan for 2013/14 has two priorities:

- From conception to age five to ensure Wirral children have the best possible physical, social emotional and psychological start in life.
- From 5 – 19 years to ensure Wirral children and young people's health and wellbeing continues to develop through healthy lifestyle choices in preparation for adult life.

The following areas have been identified within the plan as contributing to achieving these priorities:

Perinatal mental health; smoking in pregnancy; obesity/maternal weight; infant mortality; breastfeeding - initiation and 6-8 weeks; dental health; vitamin D uptake; contraception; immunisations; emotional health/psychological wellbeing and mental health; sexual health, including teenage conceptions; alcohol and substance use.

The 'Being Healthy Strategy Group' is chaired by the Senior Public Health Manager – Starting and Developing Well. 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:

- Teenage Pregnancy Steering Group
- Breast Feeding 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.

An essential consideration for the group at present is the impact of budgetary challenges within the Council and the abolition of PCTs which has resulted in some areas becoming fragmented, for example immunisation. New bodies are in place to deal with this but are not currently operating at full capacity.

**Relevant Performance Indicators/Delivery Outcomes**

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 2012/13

<p><b>Key recent achievements relating to the Being Healthy priorities for 2012/13</b></p>	<p><b>Priority 1: Wellbeing is promoted through health promotion and behaviour change approaches</b></p> <ul style="list-style-type: none"> <li>• All Wirral residential homes for looked after children have achieved 'Healthier Homes' status demonstrating their commitment to ensuring a healthier lifestyle for children who are looked after. 10 homes are working towards achieving the enhanced accreditation. Carers have reported improved skills, knowledge and motivation to encourage healthier lifestyles.</li> <li>• The Health Challenge Champions programme achieved the 'Wellbeing for All' 2012 award at the North West Public Health Awards for its work to achieve healthier lifestyles for vulnerable children.</li> <li>• The 'Me Time, Fun Time' smoking cessation pilot programme for pregnant women has achieved a quit rate higher than the national average and is to be extended during 2013/14.</li> <li>• Vitamin D distribution pilot has commenced within Children's Centres to increase the number of outlets for pregnant and breastfeeding women and children under 5 to access Healthy Start vitamins.</li> </ul> <p><b>Priority 2: The harmful consequences of risk taking behaviour including substance misuse and sexual activity resulting in unplanned conceptions and sexually transmitted infections</b></p> <ul style="list-style-type: none"> <li>• Successful implementation of Wirral's teenage pregnancy action plan has resulted in a reduction in Wirral's under-18 conception rate from 47.3 (per 1,000 15 to 17 year olds) in 2010 to 40.2. (per 1,000 15 to 17 year olds). This rate is ahead of the 44.9 target for 2012.</li> <li>• Emergency contraception is available in 25 pharmacies. Free condoms are available through Children's Centres and Barber shops.</li> <li>• Targeted work has been undertaken with the virtual baby and peer education programme. Evaluation of these projects will be completed during 2013/14.</li> <li>• Positive results achieved by Connexions drug and alcohol peer education programme with 389 young people receiving drug alcohol awareness in schools and 354 reporting increased awareness (6 months data). 13 young people have been engaged as Peer Educators with the project, 5 of whom have achieved accreditation in alcohol awareness. Outcomes for the Peer Educators have included gaining employment and entry into Further Education. A celebration event was held at the Light Cinema in April in recognition of the achievement of the young people. A short film clip has been made for YouTube to raise awareness of the course.</li> </ul> <p><b>Priority 3: All children and families are encouraged and supported to achieve and maintain a healthy weight and lifestyle</b></p> <ul style="list-style-type: none"> <li>• Wirral achieved 98% coverage of children measured in the National Child Measurement Programme. The telephone pilot to contact all parents of obese children has resulted in increased number of referrals to specialist weight management services.</li> <li>• 38 Early Years Practitioners have received Health Exercise Nutrition for the Really Young, (HENRY) Core Training in 2012. Eight of these staff progressed to do HENRY Group Facilitation Training. Participants report positive outcomes from the training for both their professional and personal lives.</li> <li>• Wirral Community Trust in partnership with Children's Centres and Homestart Wirral achieved UNICEF baby friendly initiative full accreditation (Stage 3).</li> </ul>
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	<ul style="list-style-type: none"> <li>• Wirral has seen a 25% increase from 2011 in the availability of competitive type sports opportunities for young people.</li> <li>• A Wirral Change4Life Steering Group has been established and an action plan developed.</li> <li>• A social marketing campaign was delivered during 2012/13 to raise awareness of the importance and accessibility of physical activity amongst young families with children under 5 years old, a'Change4LIFE Wirral was developed as part of the campaign.</li> </ul> <p><b>Priority 4: Positive mental health outcomes for children and young people are improved</b></p> <ul style="list-style-type: none"> <li>• Health Services in Schools mental health 1:1 services and brief intervention training have been embedded within ten secondary schools with positive feedback received.</li> <li>• Establishment of the Promoting Positive Mental Health Steering Group (PPMHSG) for Wirral's primary schools. Headteachers from each Wirral cluster, senior CAMHS and Education Psychology professionals, consultant headteachers, professional development leads (teaching), behaviour specialists and school nursing leads have come together to address initiatives and guidance, for example, e.g. 'No health without mental health'.</li> </ul>
<p><b>Key issues for 2013/14</b></p>	<p>Wirral's Joint Strategic Needs Assessment identified the following key health issues for children and young people (2013):</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 amongst younger women'.</i></li> </ul> <p>An intervention was piloted with women who are pregnant smokers, 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, including smoking cessation support and information on healthy weight. Wellbeing was measured and women were signposted to relevant services if any other lifestyle concerns arise, such as alcohol, drugs or mental health. The pilot is to be extended into 2013/14 to enable the impact of the intervention to be fully evaluated, further detail is provided on p. 9.</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>Continued implementation of Wirral's Teenage Pregnancy Action Plan has resulted in a significant reduction in the local under-18 conception rate. The most recent data shows that Wirral experienced a rate of 36.1 (per 1000 15-17 year old girls) in 2011, compared to 47.3 which was achieved in 2010. This progress was ahead of the locally set target for this period (44.9) and shows that the rate is falling ahead of that of the North West. A reduction in the under-16 age group was seen, which suggests that interventions such as the Health Services in Schools provision are enabling more young people to access contraception and information about their relationships and sexual health in a way that is convenient for them.</p> <p>Whilst progress is encouraging, it is important to note that Wirral's under-18 conception remains higher than the national rate (30.9) and targeted work is still required in the older 16 to 17 year age groups. As there is no longer a dedicated national strategy, it is important that the multi-agency approach and continued implementation of the local action plan is prioritised in Wirral to avoid an increase in rate. Challenges for 2013/14 include prioritisation of the teenage pregnancy agenda amongst changing departmental structures and potential financial restrictions on the teenage pregnancy budget funded through early intervention grant money.</p>

- **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'.*

There is currently a review of the Young People Drug and Alcohol Programme to ensure that the agreed performance targets and outcomes are being achieved. The substance misuse service provided by Response is to be re-designed. Two bespoke short term projects addressing alcohol and young women have been commissioned. The providers of these services are Catch 22 and Targeted Youth Services. The Catch 22 proposal will work with Primary schools as well as offering group work to secondary school projects.

It is also intended to recruit a school drugs advisor to address reported gaps within the Education Department in relation to substance misuse and to support schools in the implementation of the Schools Substance Misuse Guidance.

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'.*

There has been a notable improvement in the rate of admissions for unintentional and deliberate injuries 0-4. In 2011-12 there were 253 admissions and a target was set by the Unintentional Injuries Steering Group to reduce this to below n=240. Year end there were n=217 admissions, a rate of 117.21 per 10,000 population (based on the 2011 census). This equates to a 9.6% drop in admission 0-4 years overall. Additional work will be carried out among targeted settings to further reduce this. April –March 2012-13 saw n=475 admissions for 5-17 years, a rate of 96.53 per 10,000 pop. A key priority is to drill down into this data to understand it in more detail and develop an action plan to reduce these admissions.

A Needs Assessment has been completed at Arrowe Park Children's A&E Department to provide qualitative insight into the reasons for the 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 in recent years, the number of overweight children was still higher locally compared to the North West and England in 2010-11'.*

The National Child Measurement programme on Wirral achieved outstanding coverage as 98% of our Foundation 2 and Year 6 pupils were weighed and measured. Wirral has successfully enhanced this programme adding support resources for schools which turns the measuring exercise into a learning experience. Telephone support is now in place for the parents of very overweight children enhancing the signposting of these young people into relevant services. It is this enhancement of NCMP that has increased its impact providing much more for schools than a measuring exercise and reassuring and supporting parents via the telephone service.

To support young people with weight issues, two management services

(Weight2Grow and MEND) have provided education, support and motivation for families tackling this issue. Meanwhile, on a less targeted level many teams such as Healthy Settings have prompted healthy lifestyles to a range of settings such as schools, children's centres and other early years settings.

Wirral now has several HENRY practitioners in place and is licensed to deliver healthy eating programmes for our under 5s.

- **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. Data collection on breastfeeding continuation should be encouraged in order to assess the need for interventions.'*

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's breastfeeding rates continue to remain low in comparison to regional and national averages. The initiation rate for 2012-13 has averaged 58% despite continued investment in breastfeeding interventions and campaigns. This is an increase of 3% from 2011-12 figures. We have increased our existing investment in breastfeeding peer support to include ante-natal and will continue to make it a priority across the partnership to embed the breastfeeding curriculum in nursery, primary and secondary schools so that children grow up seeing breastfeeding as a norm.

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). The Breastfeeding Strategic Action Plan continues to be monitored by the Breastfeeding Steering Group with quarterly progress updates being received. Over 1,000 people attended the various range of events during breastfeeding awareness week. The ½ day update breastfeeding training has been delivered to 97 staff and 10 staff attended the 2-day training. Wirral Community NHS Trust, in partnership with Wirral children centres has achieved full accreditation for UNICEF baby friendly initiative and hospital maternity services are working towards achieving full accreditation in during 2013.

A 'milkbank' has also been established locally. This is in response to the fact that mothers should be encouraged during the vulnerable phase of establishing breastfeeding, and support offered to mothers who make a positive health choice to breastfeed their babies. At present babies who fail to gain weight whilst exclusively breastfeeding are prescribed supplementary feeds until Mothers milk supply is established and/or the baby is strong enough to reinstate exclusive breastfeeding.

If mothers are in the acute care setting, supplemental feeds can be offered as either donor breast milk, ensuring maintenance of the health benefits of exclusive breastfeeding, or artificial milk depending on mother's preference. This highlights the inequalities in healthcare provision between the acute and community settings, and reduces confidence in health messages where breast milk is promoted as the gold standard. This project will initially support 15 mothers in the community settings to fully establish exclusive breastfeeding in the early post natal period, by providing access to human donor milk, thus reducing the short and long term adverse health effects of administration of artificial milk.

- **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.'*

	<p>Available dental data has been analysed to identify areas to target interventions. Methods of increasing access to fluoride are currently being explored. The profile of planned campaigns, including Smile Week and 'Spit don't rinse' need to be raised to increase awareness of preventive measures.</p> <p><b>Immunisation</b>  <i>'There is a need for targeted Measles, Mums and Rubella (MMR) campaign, particularly in areas of low uptake (in 2010-11), this was mainly wards marked by deprivation such as Birkenhead, Tranmere, Seacombe and also Thurstaston'.</i></p> <p>MMR vaccine take up on Wirral is at an all time high. The most recent figures show that uptake rates for the first dose of MMR (which is given to children at age 13 months) is now at 95%. This is the first time that Wirral uptake has reached the required uptake for 'herd immunity' since the claims of a link with autism a decade ago. Whilst there has been an increase in uptake of MMR across all Wirral wards since last year, Tranmere, Birkenhead and Seacombe are still achieving an average uptake of only 88% for 1<sup>st</sup> dose MMR. These should remain an area of focus.</p> <p>Local 'catch up' activities designed to identify and immunise those who have either not previously been immunised at all, or have had only 1 dose of MMR have continued to take place in Wirral and have included:</p> <ul style="list-style-type: none"> <li>• An on going contract with Wirral GPs to identify, contact and immunise patients aged between 6 and 24 years (who have not previously had 2 doses of MMR)</li> <li>• Support to GP practices and Children's Centres in the Tranmere area focussing on increasing the lower uptake</li> <li>• Awareness raising with colleges, schools, children centres etc</li> </ul> <p>The national MMR catch up campaign is currently being implemented across Wirral.</p>
<p><b>Key challenges ahead</b></p>	<p><b>Healthy Child programme 0-19 years</b>  <i>'Nothing can be more important than getting it right for children and young people', ('Achieving Equity and Excellence for Children', DoH, 2010).</i></p> <p>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.</p> <p>The HCP review identified the need to review Wirral's School Nursing Service. This process commenced in 2012/13 and is still in development, it takes 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:</p> <ul style="list-style-type: none"> <li>▪ Your Community – range of services for children, young people and families</li> <li>▪ Universal Services – to ensure healthy start for every child</li> <li>▪ Universal Plus – swift response from school nurse when specific expert help needed</li> <li>▪ Universal Partnership Plus – ongoing support from school nurse working with range of local services to deal with more complex issues</li> </ul> <p>The changes to the services will enable delivery beyond the traditional term time/school hours service.</p> <p>A key challenge remains, to maintain effective links and connections across the</p>

	<p>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 the Being Healthy Outcome Group.</p> <p>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.</p> <p>In light of the current economic climate and changing health service structures, maintaining capacity and resources across the partnership will be a challenge. We need to streamline our approach to priority setting to ensure that the focus is on reducing health inequalities and improving health outcomes for those most in need. Challenges are anticipated in the following areas:</p> <p>Obesity</p> <ul style="list-style-type: none"> <li>• Wirral's breastfeeding rates continue to remain low in comparison to regional and national averages. The initiation rate for 12/13 was 58% despite continued investment in breastfeeding interventions and campaigns. During 2013-16 we will make it a priority across the partnership to embed the breastfeeding curriculum in nursery, primary and secondary schools so that children grow up seeing breastfeeding as the norm.</li> <li>• The Dietetic Service is currently in discussion with maternity providers to explore the possibility of setting up ante natal workshops for pregnant women to address weight issues.</li> <li>• One of the priorities within obesity for 2013/14 is to develop a pathway from breastfeeding to bariatric surgery. This will enable all contributing factors/issues and services to be mapped out across the life course on areas including healthy eating, obesity and obesity prevention. A review of services will also be undertaken to inform a shift in emphasis for future provision from a treatment focus to a more preventive focus. It is also being explored whether an obesity strategy should be developed or whether some of this work will be included in the proposed food policy development.</li> </ul> <p>Dental Health</p> <ul style="list-style-type: none"> <li>• Local data revealed that 692 children had a general anaesthetic for dental extractions during 2011. A concerted partnership approach is required to reduce the number of dental caries and as a consequence reduce the number of general anaesthetics for teeth extractions.</li> </ul> <p>Sexual Health</p> <ul style="list-style-type: none"> <li>• Although we have seen a significant reduction in the number of teenage conceptions, we need to ensure a continued integrated approach to identifying those young people who are at risk of early parenthood and ensuring interventions are in place to reduce this risk. In addition, Wirral has seen an increase in the number of identified sexually transmitted infections, including gonorrhoea amongst young people. It is critical therefore that we ensure that sexual health education continues to include health interventions to prevent and identify sexually transmitted infections.</li> </ul>
<p><b>Risks to outcome delivery and proposed actions</b></p>	<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</p>

	<p>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. It is also intended to increase consultation and engagement with children, young people and their families to ensure that commissioned services and priorities are appropriate and meeting their needs.</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. To continue with the range of services commissioned to provide support and media campaigns.</p> <p>A number of actions within the Alcohol programme and Teenage Pregnancy Action Plan are dependent upon newly identified roles; a Schools Drugs Advisor and a Community Development role respectively. Within the current economic climate this is posing a challenge.</p> <p><b>Proposed action</b> – Work closely with CYPD to identify the most appropriate means of progressing the identified tasks.</p>
<p><b>Areas requiring further partnership involvement</b></p>	<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> <p>Stronger links need to be developed with the Wirral CCG and newly emerging NHS bodies, for example, NHS England to ensure that there is a co-ordinated approach to improving health and wellbeing across the new landscape.</p>
<p><b>Equalities impact assessment areas for development and progress made</b></p>	<p><b>Areas for development 2012/13</b></p> <p>Analysis of equality data for Health Services in Schools (HSiS) to ensure ratio of users proportionate to BME representation within school. This analysis still needs to take place. Service data will be analysed to ensure equality of access during 2013/14. Services such as Kooth.com are currently demonstrating effectiveness with BME populations.</p> <p><b>Progress made 2012/13</b></p> <p>Cultural awareness training was piloted during 2012/13. The aim of this training was to increase the appropriateness and cultural sensitivity of local services. It is intended to re-commission this training during 2013/14 due to positive feedback.</p>
<p><b>Areas for promotion /publicity / communication / engagement</b></p>	<ul style="list-style-type: none"> <li>• Consultation and engagement with young people needs to be increased</li> <li>• Young offender needs assessment has been completed and disseminated. Recommendations from this need to be taken forward.</li> <li>• The children and young people’s emotional health and wellbeing needs assessment has been completed and disseminated. Recommendations from this need to be taken forward</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.

### Smoking in pregnancy

Me Time, Fun Time programme

The programme has been running for a relatively short period. However, data available to date (May 2012 – March 2013) highlights the following:

- 111 pregnant smokers signed up to the service with a total of 101 quit dates set. The service achieved a 48% quit rate (4 week quits) success (to date). The NW has a quit rate of 44%, nationally, the quit rate for this programme is 46%. 33 women were still smoke free at 12 weeks.
- 73% 19-30 year olds accessed the programme. 9% were under 19years old. 90% of smokers were from the 20% Most Deprived LSOAs
- CO validation rates were recorded at 98% for 4 week quits (target of 85% CO validation rate) against the NW and national of 60%
- Children's centres appear to be the best venues to run session. Seacombe children's centre has been the busiest. All of March/April activity is focused on children's centres.
- Arroe Park Hospital (APH) midwives and e-referrals are working well and a good relationship between provider and APH has been established.

Challenges identified and how these were addressed:

- Referrals from 1:1 midwives and Family Nurse Partnership (FNP) were low in numbers. The provider has contacted both agencies and delivered a session to FNP on the initiative but still referrals are low.
- Maintaining women in sessions post 8 weeks (course is 12 weeks long) has been an issue. Service evaluation with course participants and also those lost to follow up was carried out and the programme has been modified to fit demand. The 2013/2014 programme will be 8 weeks in duration weekly attendance, with a session at week 10 and a session at week 12 with some new topics areas included i.e. breast feeding to be delivered by Homestart.

Key challenges for 2013/14 and what we can do to address these

Challenge: Engagement with all midwives (esp. community midwives 1:1)

Solutions:

- Work with maternity services providers and also Stop Smoking Service to provide refresher training for midwives who have already been trained and provide Level 2 training for those who have not received training
- Work with maternity services commissioner to get Level 2 and speciality training module for smoking in pregnancy into the service specifications
- Work with other providers to raise awareness of the service.

### Young People Friendly (YPF)

This is a local initiative led by Public Health and incorporating the Department of Health 'You're Welcome' criteria to make all health services to young people aged 11-19 young people friendly. Since it was launched in Wirral in 2012, 8 services across Wirral have achieved YPF status and 30 services have expressed interest or currently working towards achieving YPF status. The Healthy Settings Team of Wirral Community NHS Trust commissioned by Public Health will continue to promote YPF across Wirral to improve acceptability, accessibility and quality of services for young people and, therefore, choice.

### Vitamin D

The uptake rate for Healthy Start vitamins is low nationally and Wirral is no exception to this. In order to increase the uptake of vitamin D locally amongst the under-5 age group and pregnant and breastfeeding women, an action plan and pathway was developed with implementation overseen by a multi-agency Vitamin D Steering Group. Distribution of vitamins to child health clinics was coordinated by Wirral Community Trust and various training sessions delivered to groups of health professionals. Promotional material and campaigns have been developed throughout the year to help raise awareness around vitamin D amongst the local population and health professionals.

A Children's Centre distribution pilot was undertaken in three Children's Centres to increase the number of outlets through which vitamins could be obtained. Through this pilot, those who were eligible to

receive vitamins via the Healthy Start scheme could exchange their vouchers through the Children's Centres and those who were not eligible were able to purchase the vitamins at a reduced cost. Although uptake through this means was slow to begin with, as the pilot progressed the figures increased. Funding was secured to roll out the pilot to all Children's Centres, however, due to technicalities of purchasing the vitamins, the PCT coming to a close and the proximity to the end of the financial year, difficulties were experienced around the ordering and supply of the vitamins. The Department of Health also recently introduced restrictions around distributing vitamins via non-NHS outlets which impacted further on the difficulties of implementing the second stage of the pilot.

Challenges around vitamin D promotion for the coming year include identifying who should lead on this piece of work in the new NHS infrastructure and identifying appropriate funding to be able to implement any plans. Future work streams could include targeting other at risk groups e.g. over 65's and also making the vitamins available through pharmacies. With no dedicated funding against this particular area of work, difficulties would be experienced in undertaking this work.

### **Obesity**

The National Child Measurement programme on Wirral achieved outstanding coverage as 98% of our Foundation 2 and Year 6 pupils were weighed and measured. Wirral has successfully enhanced this programme adding support resources for schools which turns the measuring exercise into a learning experience. Telephone support is now in place for the parents of very overweight children enhancing the signposting of these young people into relevant services. It is this enhancement of NCMP that has increased its impact providing much more for schools than a measuring exercise and reassuring and supporting parents via the telephone service.

To support young people with weight issues, two management services (Weight2Grow and MEND) have provided education, support and motivation for families tackling this issue. Meanwhile, on a less targeted level many teams such as Healthy Settings have promoted healthy lifestyles to a range of settings such as schools, children's centres and other early years settings. Wirral now has several HENRY practitioners in place and is licensed to deliver healthy their eating programmes for our under 5s. As previously discussed a pathway is to be developed with key stakeholders in 2013/14.

### **Teenage pregnancy/supporting young parents**

#### **Teenage pregnancy consultation**

A consultation carried out with pregnant teenagers and young parents in Wirral in order to inform Wirral's Teenage Pregnancy Action Plan and to help further understand why young people are becoming pregnant as teenagers and what they think of services available locally to support young parents. The consultation included discussion around whether or not the pregnancy had been planned, issues they faced as a teenage parent and suggestions for local services, these included:

- The participants all agreed that we should try to reduce teenage pregnancy as they were concerned that young girls do not realise how hard it is to have a baby and the reality of it. Some also mentioned depression often affecting young mums as they struggle to cope.
- Some felt that young girls should be given other options as often teenage pregnancy is seen as the 'only thing they can do' or 'the norm' as they have no jobs or other opportunities. They felt they should be encouraged to go travelling, introduced to people who have 'made something of themselves' as these girls can feel jealous of such people who have 'freedom'.
- They stressed the importance of educating young girls on what it is like to be a young parent (e.g. going into hostels) and focus on building girls' confidence and self-esteem and 'just being yourself' and having the confidence to think 'you can do it'.
- Some girls agreed that young boys should be involved in delivering the peer mentor programme and should be given more information about contraception as it is often seen as the 'girl's job'.
- With regard to the services available for young mums in Wirral, some suggested that the services needed to make themselves better known. Others suggested there be a hot line girls could phone if they were worried about anything and a mediation service who could talk to parents/family about support on offer. They also advocated free young mums health and physical sessions such as pregnancy yoga, aqua natal etc. and more choices of young mums groups. A post baby group was also suggested, particularly around mixing education and being a parent.
- One participant commented that she wished that she had had more support at the beginning of her pregnancy to help her to come to terms with pregnancy.

Progress was also made in the following areas:

- Increased rates of engagement in Employment, Education and Training (EET) amongst young parents (however, although rates of EET have increased by over 10% since 2011, levels are still much lower when compared to all other ‘vulnerable’ groups including young carers and young offenders).
- Working closely with Local Authority with regards to Raising Participation Age to ensure appropriate services are available to support young parents to remain/return to learning, small budget has now been allocated to promote Care to Learn amongst Learning and childcare providers (to be delivered Summer 2013) and a Foundation Learning Programme has been developed in a local children’s centre with onsite crèche facilities (following consultation).
- Antenatal Care Pathway for young parents aged 18 and under developed and implemented – to ensure all young parents to be have access to appropriate levels of support and to ensure a multi agency approach, rates of teenage parents who are ‘not known’ to LA has reduced significantly as a consequence ( from 46% to 3%).
- Development of Antenatal classes specifically for young parents aged 18 and under (following TP consultation) – many young parents were not accessing universal services therefore sessions were developed to increase knowledge of pregnancy and parenting amongst this group including breastfeeding, relationships and sexual health are to be delivered July / August 2013 as a pilot.

### Brief SWOT Analysis of the Outcome Area

<p><b>Strengths</b></p> <ol style="list-style-type: none"> <li>1. Active committed members with clear areas of responsibility and accountability</li> <li>2. Two clear priority areas with majority of outcomes achieved (2013/14)</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.</li> </ol>	<p><b>Weaknesses:</b></p> <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> <li>2. Need to develop stronger links with Wirral CCGs and new NHS bodies.</li> </ol>
<p><b>Opportunities:</b></p> <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. Council re-structure should result in greater partnership working across departments</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>	<p><b>Threats:</b></p> <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> <li>3. Abolition of PCTs has resulted in some areas becoming fragmented, for example immunisation. New bodies are in place to deal with this but are not currently operating at full capacity.</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.

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