

Review of delivery of the Healthy Child Programme (5-19 year olds)

1.0 Background

Giving every child the best start in life is important in reducing inequalities through the rest of their life. This means supporting the child and family to have early positive health experiences but also in their journey through the educational system. Investing in early years is crucial to breaking the cycle of inequalities and reducing the gap between the least and most advantaged.

An effective healthy child programme is one way of ensuring that children and their families get the right support at the right time. The responsibility for the commissioning of the healthy child programme for 5-19 year olds now lies with the Council, following the transfer of the public health function.

The purpose of this report is to highlight to the Children's Trust Board current provision for the delivery of the Healthy Child programme for 5-19 year olds in Wirral and present a rationale to develop a specification for a local integrated service model. The report provides an overview of proposed areas to be included in the new model, finer details of these will be specified following extensive consultation with key stakeholders, including young people and their families.

2.0 Local information from the JSNA

We have nearly 55,000 children and young people living on Wirral (n=54,700, 2011 ONS estimate) and in 2011 we had 3,802 births. Overall, most of these children and young people will fulfil their aspirations and be healthy, safe and well educated; have easy access to recreation, sport and leisure; be able to make a positive contribution to our society; and be well prepared for their working lives. Most children and young people will live in a decent home and live in a pleasant environment; near a park or open space, with opportunities to explore and have fun.

However, whilst overall Wirral is a positive place for children and young people to grow up, some do not fulfil their potential. There are great disparities in Wirral, not least in wealth. Some areas, mostly in the west of the peninsula, are very affluent; whilst on the east of the peninsula there are high levels of poverty and deprivation which has an impact upon children's lives and development. The challenge is to eliminate disparities in outcomes and ensure that all young people have the best possible start in life.

2.1 Key statistics:

- The rate of child poverty in Wirral was 24.9% in 2009. This is 17,615 children. This is up 0.7% from 24.2% in 2008, equating to an increase of 615 children.
- Wirral has a higher rate of emergency admissions for unintentional and deliberate injuries in those aged 0-17, compared to the regional and national average.
- Alcohol is a significant problem for children and young people in Wirral. This can cause a wide range of associated problems including injuries and accidents, risk taking behaviour, cognitive problems and long term risks to health.
- 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.
- Data from 2005-06 showed that dental decay amongst Wirral five year olds was a considerable problem in some of the more deprived areas of Wirral.

- In Wirral, child behaviour, health issues, parenting and school behaviour were the predominant reasons for multi-agency early intervention using the Common Assessment Framework (CAF) during 2011-12.
- In 2012, Wirral had a higher proportion of children assessed as being in need (4%) than the national average (3.6%). Family dysfunction (38.4%) followed by abuse or neglect (34.4%) was the highest recorded category of need at initial assessment.
- Wirral's teenage conception rate in 2010 (47.3 per 1,000) was higher than both the North West average (40.7 per 1,000) and England (35.4 per 1,000). Rates for 2011 are currently only available for Wirral (England and the North-West not yet available) and show a marked decrease in Wirral, to 36.9 per 1,000

2.2 The Healthy Child Programme for 5 to 19 year olds

The National Healthy Child Programme for 5 to 19 year olds sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing – the diagram in an appendix 1 illustrates how the programme is designed to be delivered.

During 2011/12, The Being Healthy sub-group undertook a review of the Healthy Child Programme. The purpose of the review was to ensure improved outcomes and a reduction in health inequalities for Wirral children and young people aged 5 -19 years. The review group was asked to consider the issues highlighted in the Joint Strategic Needs Assessment and review the performance of all services that contribute to the health of children within the universal and progressive framework of the Healthy Child Programme. Priority areas in the programme include: emotional health and wellbeing; promoting healthy weight; teenage pregnancy, sexual health and drugs, alcohol and tobacco. Key providers were interviewed and young people were consulted as part of this process.

The review identified the need to develop a specification for the School Nursing Service and streamline the commissioning of services for children and young people to drive down transactional costs. The development of the specification for the school nursing service commenced in 2012/13 and 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:

- 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 changes to the service will enable delivery beyond the traditional term time/school hours service/school based service providing support for children and their families within their communities.

3.0 Current commissioned services

There are a range of services currently commissioned by Public Health that contribute to the delivery of the Healthy Child Programme which are proposed to be included in the review, those included below are examples:

Table 1: description of services that contribute to the Healthy Child Programme

Service	Description and comment
School nurse service	The school nurse service has a long-standing relationship of trust in Wirral schools with both

	young people and professionals. They provide health information and advice, both on a one-to-one level and deliver lessons around specific health issues. They also deliver an immunisation programme.
Lifestyle and weight management programme	This service at present is predominantly focused on treating obese and overweight children and their families. It is intended to shift the focus to increase the emphasis to preventing children and young people developing weight problems.
Health Services in Schools	<p>The Health Services in Schools programme is currently available in all secondary schools in Wirral with the exception of one and is undergoing evaluation. The aim of Health Services in Schools is to increase young people's knowledge and access to advice and support with regards to a wide-range of issues. It includes the following components: sexual health, mental health, counselling and smoking cessation and there are a number of providers that currently deliver services.</p> <p>The programme has been positively received by both the schools and the young people and is considered to have been a contributory factor in the recent reduction in teenage pregnancy rates.</p>
<p>National Child Measurement Programme (NCMP)</p> <p>This is a nationally mandated commissioned service</p>	This is currently delivered by the School Nurse Service in addition to their main contract. The service weighs and measure children at 4-5 years (reception) and 10-11 years (Year 6) and provides an enhanced service to support families following identification of overweight/obesity.

4.0 Rationale for the review

The need to develop an integrated approach between health and children's services and schools to ensure children get the best start in life has been made locally and nationally via policy and need assessments.

The rationale for this review is to enable an integrated specification to be developed for 5-19 year olds which would incorporate appropriate young peoples services within one specification. This could include, for example, the mandatory National Child Measurement Programme, School Nurse Service, Children's Lifestyle and Weight Management Services, the health promotion work in schools and young people's settings, and the Health Services in Schools project. This would enable a more integrated and seamless service to be developed, preventing potential duplication and silo working.

Responsibility for the Health Visiting Service will be transferred to the Council from April 2015; this will be taken into account during the review process further enabling a seamless service to be developed for children, young people and their families.

5.0 Proposed timetable

It is proposed to review the Healthy Child Programme for 5-19 year olds with a view to developing an integrated specification over the next 5 months. Comprehensive stakeholder consultation is planned

for September and October with key stakeholders including children, young people and parents; schools; current local providers/relevant organisations, for example Children & Young People's Department; Wirral University Teaching Hospital, Wirral Community Trust and Wirral Clinical Commissioning Groups. The consultation will be undertaken using a variety of methods, including on-line surveys, face to face interviews and focus groups and large scale co-production events.

6.0 Recommendations

The Children's Trust Board is asked to:

1. Note and support the review.
2. To identify key stakeholders to be involved in the process.
3. To comment on the consultation process.
4. To receive regular feedback on the review.

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Diagram 1: Who will deliver the HCP?

