

**BEING HEALTHY STRATEGY REPORT TO THE BOARD**

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**1.0 Background**

The National Healthy Child Programme sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. 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 'Being Healthy Strategy Group' is chaired by the Head of Public Health, Wirral Council. 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 groups:

- Health Visiting Early Implementer Site/Family Nurse Partnership Steering Group
- Teenage Pregnancy Steering Group
- Breast Feeding Steering Group
- Early Years Strategy Commissioning Strategy
- 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, including the Early Years Commissioning Strategy
- The co-ordination, 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
- Identify and contribute appropriate evidence to the Wirral JSNA.

**2.0 Key recent achievements relating to Being Healthy priorities for 13/14**

- A perinatal pathway is now in place for GPs, midwives, health visitors, Child and Adolescent Mental Health Services, Adult Mental Health Services and Family Nurse Partnership and specialist perinatal support is available
- Brief intervention training is available to all Early Years practitioners and 10 Early Years settings have attended the training. The aim of the training is to increase skills around motivational interviewing and support behaviour change
- Breastfeeding is being promoted through the Health Promoting Early Years programme which currently involves 27 settings. There are 6 settings working on Breastfeeding Enhanced status. Work is ongoing in 4 primary schools who have developed an Enhanced plan to normalise breastfeeding

- 16 frontline staff have been trained in core Healthy Eating and Nutrition for the Really Young (HENRY) work and 24 trained to deliver HENRY group sessions - 3 HENRY courses have run at different venues across Wirral catering for targeted families and by the end of this year, all Children's Centres will have delivered at least one course - 40 family toolkits have been purchased and a supervision session (for all trainees) with HENRY senior staff arranged for Easter time
- A tailored Healthy Weight Management Programme has been developed to compliment HENRY and a pilot course is to be run at Pensby Children's Centre
- Exemplar enhanced status plans have been developed and piloted around oral health. These have been shared with all early years and school settings. Embedded within the plans are areas such as training/workshops for parents and professionals, promotional events, for example, National Smile Month and improving links with dentists and resources
- Wirral has continued to achieve a reduction in local teenage conception rates. The most recent data shows that in 2012 Wirral experienced a rate of 33.5 per 1000 girls aged 15-17 year olds, equating to 195 conceptions. This progress was ahead of the locally set target for this period and is the lowest rate since teenage conception data has been collected. However, it is important to note that Wirral's under 18 conception remains higher than both the North West average (31.6) and National rates (27.7)
- Health Services in School (HSIS) is a free and universal prevention service for Wirral secondary school pupils, hosted by schools. HSIS delivers a range of collaborative services in all but one Wirral secondary schools and includes prevention and intervention services for sexual health. There are different levels of sexual health offer depending on the ethos and needs of the school. The collaborators in the sexual health clinical element are the School Nursing Service and Brook Wirral. Outcomes include contributing to the downward trend in Wirral teen conceptions and supporting sexually active young people to make informed contraception choices and test regularly for sexually transmitted infections. This is not easy work to deliver, or is it done in isolation from other elements of HSIS. There are many sensitivities at play and a balance to be struck. Where it is most successful, is in schools that are well connected to their pupils and have high regard of how important confidentiality issues are to their pupils, regardless of location or type of school.
- HSIS providers of emotional health and well-being services have been trained to use the Warwick and Edinburgh Mental Well being Scale (WEMWBS) for evaluation and will be submitting pre and post intervention scores to Public Health for analysis to contribute to outcome identification
- Work has been initiated on Emergency Hormone Contraception pathways in pharmacies and Walk-in Centres to provide better access to Sexual Health Wirral clinics for young women. This includes 1:1 phone calls from a trained nurse to individuals for a contraception discussion (STAR). Children's Centres are provided with information on contraception options, timetables for the integrated sexual health service and a free condom service.
- The Alcohol Alright -'Brief Intervention' resources that enables young people to re think their alcohol consumption, related behaviour, improve knowledge about harmful consequences of alcohol, cut down or stop drinking and provide parents with information has been rolled out across HSIS and used by Response staff in their alcohol interventions
- The 'Love Life' brief intervention and behaviour change tool is being used successfully as part of Brook personal development programmes. It encourages positive decision making about relationships and sexual health
- A report on action research on contraception is in final draft with recommendations which identify the need for young women, their mothers and other significant adults along with their friends to be more aware of the benefits and minor drawbacks of Long

Acting and Reversible Contraception (LARC) methods. The next step is to develop an action plan to take the recommendations forward

- Pilot work linked to the Virtual Babies programme has been delivered in 2 secondary special schools which includes work to promote breastfeeding. The 2 case studies are to be shared with all secondary schools to promote how the programme can be implemented
- There are currently 13 organisations that have achieved the Young People Friendly status. It is anticipated that this will have risen to 20 by the end of March 2014. The Community Trust have worked with the Youth Voice group to take ownership of the award and in future assessments will be completed by young people themselves
- An alcohol pilot project in primary schools jointly delivered by the Youth Theatre and Response has received positive feedback and currently there are discussions as to how this piece of work can be taken forward
- A school drugs advisor is now in post. There was a high profile and well attended launch of the Schools Substance Misuse Guidance Document in January 2014. Of the 27 Secondary schools in Wirral, 18 have been visited to date by the advisor to discuss implementation of the policy. A mapping exercise of substance misuse education/interventions is currently being undertaken in schools in parallel to an audit of available training
- Over 1,000 young people attended alcohol awareness sessions delivered by the Peer Education project during 13/14. A high proportion of the peer educators that completed the accredited training programme to deliver the awareness sessions have moved into education, employment or training
- Sessions to reduce young people's alcohol admissions are being regularly delivered at A & E directly with young people. Parental support is also provided and has exceeded the target set. Over 40 hospital staff have attended alcohol training over the last 12 months
- Extensive consultation with children, young people, parents and school personnel has been used to inform the development of the specification for the Healthy Child Programme re-tender exercise currently in progress. The consultation took the form of both on-line and focus groups/stakeholders events.

### **3.0 Key issues for 14/15**

- The abolition of Primary Care Trusts has resulted in fragmentation of some services, for example, immunisation and vaccination and more complex commissioning areas. During 13/14 considerable progress was made in identifying solutions to emerging issues, however, further work is still required
- The multi-agency steering group which co-ordinates the uptake and monitoring of Vitamin D is floundering due to the imposed national changes to the NHS. The NHS Area Team (Cheshire, Warrington and Wirral) now has responsibility for this area, however, this is of low priority within their current workload. Changes to legislation have also prevented agencies being able to sell the vitamins if people not be entitled to receiving them free. These changes have resulted in the uptake being considerably reduced. Opportunities to increase access to Vitamin D need to be fully explored to ensure maximum reach and uptake is achieved within the current restraints
- Capacity to attend training has been identified as an issue for some organisations. Attendance is being monitored to ensure where an issue is identified an alternative means of delivery is explored, for example, breakfast clubs/team meetings.

#### **4.0 Key challenges ahead**

It is still not clear what the full impact of the budget restraints of Wirral Council will be during the coming years. The Healthy Child Programme Policy emphasises the importance of Universalism - 'it leads to the early identification of vulnerable children because prediction of poor outcomes is an inexact science and the greatest population gains result from universal services'. At a time when services everywhere are subject to scrutiny and cuts some argue that some universal services could be seen as a non-essential, however as this statement highlights the importance of the approach is prevention.

Public Health is currently in the process of re-tendering for key services for children, young people and their families. This is being undertaken in conjunction with the NHS local Area Team (Cheshire, Warrington and Wirral). The exercise is to deliver an integrated Healthy Child Programme for 0-19 years. It includes the following services:

- Health Visiting Service and the Family Nurse Partnership Programme
- Health Improvement for 0-5 years
- Healthy Child Programme for 5-19 years
- Vaccination and Immunisation for 5-19 years

It is intended that the service will be operationalised from February 2015 and delivered by a lead provider organisation.

#### **5.0 Risks to outcome delivery and proposed actions**

- It will be essential during the coming year to ensure that activities aimed at prevention do not become swamped by demands of cuts to other services.  
Proposed action – Activity data is being monitored to ensure any early indication of this is identified and addressed appropriately.
- Wirral's breastfeeding rates remain a challenge despite considerable investment across the partnership.  
Proposed action – breastfeeding support is to be included in the integrated tender exercise to ensure a more seamless approach. There is an increasing emphasis locally to ensure breastfeeding services are working to 'normalise' breastfeeding. Work is also underway to understand why the breastfeeding aspect of the teenage parents programme (reported in section 8) had such a positive impact on breastfeeding rates and whether this can be replicated in other settings.

#### **6.0 Areas requiring further partnership work**

Breastfeeding – partners are encouraged to promote 'breastfeeding as the norm' at every opportunity to ensure an increase in rates across Wirral. An initial meeting has taken place with Midwifery Services regarding breastfeeding initiation, smoking during pregnancy and maternal obesity and it has been agreed that a workshop to determine appropriate pathways for these areas should be developed to inform future developments.

Teenage pregnancy – attendance at the Teenage Pregnancy Steering Group has fallen recently. This is currently being explored to determine a more suitable alternative in conjunction with the Healthy Child Programme re-tender exercise. It is important that reducing teenage conceptions remains a local priority to avoid any increase in rates.

A partnership approach has been adopted to the re-writing of the Children and Young People's chapter of the JSNA. The partnership includes the Children and Young People's Department, the Clinical Commissioning Group and Public Health.

## **7.0 Equalities impact assessment areas for development and progress made**

Public Health has continued to commission the cultural awareness training to increase the appropriateness and cultural sensitivity of local services. The training is available for staff and volunteers across local agencies.

## **8.0 Areas for reporting focus**

### **Infant mortality**

Infant deaths are scrutinised on a monthly basis via the Merseyside Child Death Overview Panel (CDOP). Quarterly and annual reports are produced by the CDOP panel, which incorporate key themes and lessons learnt. Five years worth of child death data from across Merseyside has recently been uploaded onto 'Sentinal' (an on-line secure database). This will allow for a larger retrospective analysis into trends and patterns associated with infant death. To date, the single most modifiable factor amongst infant deaths is that of co-sleeping. Actions to address this have included distribution of written materials to parents & carers, media activity and a local conference for 112 frontline health and social care professionals. A series of shared learning events along with a larger campaign are planned for the coming financial year.

### **Smoking in pregnancy**

The 'Me Time' specialist service is commissioned to support pregnant smokers and offers a 12 week holistic approach to health and wellbeing with a focus on stopping smoking. The service targets women that live in 20% Lower Super Output Areas.

Quit rates in 2013/2014:

- Current 4 week quit rate is 50% (higher than the general smoking cessation service)
- Current 12 week quit rate is 24%

Cohort of clients into service (age range)

77% women are aged 30 and under of which 10% are under 19

As a result of attending Me Time the following service referrals & additional information has been provided:

43% (n=62) of women have registered with local Children's Centres

30% (n=43) have been provided with additional information on exercise classes they can attend outside of Me Time

20% (n=29) have been given further information re: breastfeeding and of that 7 women have been directly referred into HomeStart

3 women have been directly referred into drugs and alcohol services.

### **Healthy Eating**

'Eat Well Wirral' and 'Takeaway for a Change' are two projects between Public Health and Environmental within the Council. One to one surveys with families of the local school and Children's Centre were used to inform development of the project. The early activity has been focused on 'Takeaway for a Change' where fast food businesses in Rock Ferry (Chinese, Indian and pizza/kebab outlets) have been guided and monitored by Environmental Health Officers to introduce healthier alternatives/options to their menus. A coordinated approach with 'Eat Well Wirral' provided education and financial incentives to businesses enabling a change to practices, for example, grants for healthier frying oils, improved equipment and smaller containers (portion control). These ensured that consumers purchased inherently healthier products by default. In addition, a grant for new menu printing

(where healthier options were drawn out and strongly promoted) and staff training was offered to attract businesses and ensure the investment had longevity.

In parallel to this, interactive and educational workshops were provided for children and adults who frequented local fast food outlets; focusing on specific topics where a lack of understanding was highlighted by the one to one surveys. This was bench marked and recorded via pre and post course feedback sheets, which were backed up by follow up surveys. In exchange for completion of the survey (which gave their thoughts and opinions regarding food), families were offered a £15 voucher to spend in the partaking takeaways; only healthier options could be purchased and certain foods, for example sausages were unavailable. A second voucher was offered in exchange for feedback after redemption of the first voucher. Reinforcement of adverse health effects during the workshops supported uptake of the voucher incentive; families were encouraged and guided to make swaps, such as thin base reduced fat cheese pizza, wholemeal pitta kebabs and boiled rice, as opposed to giving up their favourite foods.

So far, 214 Rock Ferry families in total have signed up to the scheme and 155 completed both surveys. Chinese food was most popular, closely followed by the kebab/pizza outlets. Some key feedback from the staff at the premises taking part was that children who had never had vegetables were now enjoying them on pizza; families who routinely purchase deep fried foods for their children were trying more healthy options. Pre and post course feedback highlighted a real lack of understanding of healthy eating and a desire for change; post course feedback was positive and reported general shock in what is in foods and a keenness to learn more on a larger scale. More importantly, most have now moved towards eating only healthier options from the takeaway and eat it less often; interestingly finances also played a part in the reduction as the realisation of cost and adverse health effects was a greater motivator once pointed out.

### **Teenage Pregnancy**

Current activities to reduce teenage pregnancies include:

- Health Services in Secondary schools where young people are able to access information on relationships, sexual health & contraception
- Workforce development training programme to equip staff with the skills, knowledge and confidence needed to discuss sex and relationship issues with young people. The programme is currently being adapted to enable 20 primary school staff to attend
- Brief intervention training for staff to allow them to empower young people to make informed decisions around their relationships. Wirral Brook developed the 'Love life' tool to be used by practitioners in encouraging young people to have 'healthy relationships'. Over 150 front line staff are now trained to use this intervention
- Tranmere Community Project Peer Education Programme delivered by young mums in schools to highlight realities of early parenthood, sending message to delay pregnancy

Wirral's current teenage pregnancy plan also aims to support those young people who do become pregnant in order to improve young parents and their children's life and health outcomes and prevent second unplanned conceptions. This includes;

- Development and promotion of local 'Care to learn' literature amongst young parents and professionals to increase rates of participation in Employment, Education and Training
- Connexions Teenage Pregnancy Adviser based at the Young Women's Antenatal Clinic at Arrowe Park Hospital completes initial assessment with pregnant teenagers to ensure support and guidance is offered to those who need it, including advice regarding housing, education, financial support, family mediation

- Development and implementation of Antenatal classes specifically for young parents aged 18 and under. These were developed following young parents consultation in 2012 that highlighted most young parents were not accessing universal services. Sessions were developed to increase knowledge of pregnancy and parenting including breastfeeding, bonding with baby, positive relationships and safety within the home. 49 young parents have attended sessions since August 2013. Feedback from the sessions has been extremely positive. The programme appears to have particularly impacted upon breastfeeding with the majority of young mums who have attended the classes initiating and maintaining breastfeed following the classes. One attendee commented:  
*'I have learnt lots of new skills to put into practice at home but the most important is to ask for advice and not to be ashamed and feel like a bad parent'.*

## Case Study

### Impact of antenatal clinic / classes

A 16 year old client attended the Young Women's Antenatal Clinic 12 weeks pregnant. During the initial assessment with the Teenage pregnancy Adviser the client and her mum expressed a number of concerns. Mum was very concerned how client would cope as a young parent. There had been a recent history of A&E attendances following 'binge drinking' and client could be 'volatile', client had an 'on off' relationship with baby's Dad who could be controlling and wanted them to now live together, client had very few friends and mum was very concerned how they would cope financially as she and her husband were on a very low income. The client declined referral to the Family Nurse Partnership Programme.

Throughout her pregnancy client attended all antenatal appointments but struggled to engage with other services and started to express feelings of 'loneliness and isolation'. The Teenage Pregnancy Adviser encouraged the client to attend the young parents antenatal classes with baby's Dad; sessions included pregnancy, labour & delivery, breastfeeding, 'positive relationships' and bonding with baby. Client and baby's Dad attended all 6 sessions.

Following these sessions the client then agreed to engage on a short term course until baby was born. The Teenage Pregnancy Adviser kept in contact with the client and her mum throughout pregnancy providing advice and guidance with issues such as housing, financial support and relationships.

The clients daughter is now 3 months old and;

- The client recognises she was in a controlling relationship and has decided to stay at home with her parents; baby's Dad is in regular contact with baby and they are both very keen to stay in a relationship together but live with their own parents until they are 'more settled' (emotionally and financially)
- Client has not drank alcohol since she became pregnant
- The client is still breastfeeding her 12 week old baby
- Mum says she is 'so proud of her daughter and Granddaughter who are doing great'
- Both client and her boyfriend recognised the impact of the antenatal classes stating on the evaluation 'we learnt loads of new stuff....I never thought I would breastfeed.....always ask for help if you need it'.

## 9.0 Brief SWOT analysis

Strengths	Weaknesses:
<ol style="list-style-type: none"> <li>1. Active committed members with clear areas of responsibility and accountability</li> <li>2. Forum for sharing good practice and ideas</li> <li>3. Improved health outcomes for children and young people</li> <li>4. Main driver/monitor for key programmes, e.g. Healthy Child Programme, Health Services in Schools, Early Years Commissioning Strategy</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> <li>2. Need to develop stronger links with Wirral CCGs and new NHS bodies</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, training 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 but there are capacity issues in some areas.</li> </ol>

## 10.0 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 some of 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. In some areas progress has been slower than intended, this is a consequence of all the changes to the NHS and Wirral Council during 2013/14. There are further changes and budgetary challenges which will continue to affect progress during the current year and the impact of these will require monitoring and remedial action.

## 11.0 Recommendations

- That the Children's Trust Board note the report.

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**Appendices:** none