

WIRRAL CHILDREN'S TRUST BOARD – 20th May 2014

Starting Well in Wirral: A Joint Commissioning Strategy for Children's Public Health Services 0-5years, 2013 - 2015 – update from September 2013 submission.

1.0 Background

An initial paper outlining the proposal to develop this strategy was presented to the Children's Trust Board in September 2013. The paper identified the changes identified below to the NHS to contextualise the rationale for the work.

Following the passing of the 2012 Health and Social Care Act, a number of new organisations were established and commissioning responsibilities for children's services distributed between them:

- NHS England
Public health services for children 0 – 5 years, specifically the Health Visiting service and Family Nurse Partnership (FNP), in order to deliver the Healthy Child Programme (0 – 5 years)
- Public Health
Health and wellbeing services to deliver the Healthy Child Programme (5 – 19 years) and health improvement services for 0 - 5 years
- Clinical Commissioning Group
Midwifery services, elective and non elective health services for 0 – 5 years old.

It is anticipated that responsibility for commissioning of early years public health services will transfer from NHS England to local authorities in October 2015. During this time NHS England is required to work with partners to ensure the effective implementation of the National Health Visiting Development Plan 2011 – 2015 and to develop local Family Nurse Partnership Programmes, specifically to increase capacity, deliver a new model of health visiting and to expand the FNP. This workforce is fundamental to the delivery of the Healthy Child Programme which includes screening and immunisation services and health and development assessment/reviews from pregnancy until the child is 4 years old; with additional support, tailored to individual needs, for those identified as being at risk of poor outcomes.

In recognition of the proposed transfer of overall commissioning responsibilities in 2015 and to ensure commissioning partners optimise health outcomes for children and their families it was previously reported that NHS England Area Team, with local commissioning partners, was required to develop a joint commissioning strategy for early years public health services. This strategy was not proposed to replace existing commissioning plans; rather to align with them and the previous report described the process for the development of a joint commissioning strategy for children's public health services for 0 – 5 years in Wirral.

2.0 Starting Well in Wirral: A Joint Commissioning Strategy for Children's Public Health Services 0 – 5 years, 2013 – 2015

Commissioning partners including NHS England, Wirral Council (CYPD and Public Health) and Wirral CCG, have worked together to identify commissioning priorities for early years public health services in order to develop the joint commissioning strategy up to the proposed transfer of overall commissioning responsibility from NHS England to Wirral Council in 2015. Following a series of meetings, a workshop with representatives from each commissioning organisation was convened in early September at which a number of shared priorities were identified and the strategy's vision and principles agreed based on a collaborative understanding of local needs. The commissioning roles and responsibilities for each commissioning partner were also agreed and are described in the strategy.

Partners agreed that the aim of the strategy is to ensure that all children have the best start in life through the provision of high quality universal services from pregnancy to the age of 5, with additional help for those families who need it through early identification of need and risk. To fulfil this vision, underpin the strategy and to ensure that a coherent commissioning approach is embedded across organisations, the following key principles were jointly established.

Commissioners will ensure:

- the maintenance of investment and quality in early years provision, acknowledging this challenge in a finite fiscal environment
- appropriate and timely access to services
- focus is maintained on improving access for vulnerable groups
- joint workforce planning and training across the early years workforce
- services provide a personalised response, supported by a package of interventions, which is sensitive and responsive to individual needs
- the availability of intelligence on key priorities is enhanced, in order to inform commissioning
- that there is shared learning across the early years system.

A review of needs in relation to health outcomes, benchmarked against national and regional positions, identified a number of agreed areas of priority for improvement across the early years life course (pre conception, antenatal, postnatal and early years). The following priorities aim to maximise health outcomes for children aged 0 – 5 years:

1. Maintenance of quality antenatal preparation (e.g. antenatal education classes)
2. A focus on maternal lifestyle support in pregnancy and early years.
3. Improve maternal mental health
4. Partnership action to increase breastfeeding, refreshing the Wirral strategy
5. Reduce accidents in the early years

Underpinning these priorities is recognition of the necessity for cross cutting, whole system action to address child poverty, domestic violence and to ensure effective safeguarding processes. The strategy is intended to complement and enhance partnership progress to address these complex issues. These priorities resonate with, and contribute to, the outcomes in the Public Health Outcomes Framework, the NHS Operating Framework and the Every Child Matters Outcomes.

3.0 Governance and monitoring of the strategy

The Children's Trust Board recently signed off the proposed structure for the governance of the Children and Young People's Plan. It was identified the Being Healthy Group would monitor the progress of this strategy.

4.0 Recommendations

The Children's Trust Board is asked

- To sign off the strategy and receive regular progress updates.

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Starting Well in Wirral
A Joint Commissioning Strategy for Children's
Public Health Services 0 – 5 years
2013 – 2015

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INTRODUCTION

The foundations for virtually every aspect of human development; physical, intellectual and emotional, are established in early childhood. These early years, starting in the womb, have a lifelong legacy on many aspects of health and wellbeing from obesity, heart disease and mental health to educational achievement and economic status.

The importance of the years between conception and the age of 5 on longer term outcomes is widely acknowledged. Consequently improving child health outcomes, through a focus on under 5's, is a fundamental commitment for Wirral. This includes continuing to develop key programmes for under 5's and their families, such as Children's Centres, the Health Visiting Service and the Family Nurse Partnership.

This is the first joint commissioning strategy for children's (0 – 5 years) public health services in Wirral and is designed to optimise health outcomes for children and their families. It has been developed by commissioning partners, including NHS England (Cheshire, Warrington and Wirral Area Team), Wirral Clinical Commissioning Group and Wirral Council, and is based on aligned priorities developed in response to local need.

The strategy outlines the multiagency commissioning intentions for 0 – 5 years, up to the proposed transfer of early years public health commissioning to local authorities in 2015. As such it responds to the *National Health Visiting Development Plan 2011 – 2015* to increase capacity and deliver a new model of health visiting. The major challenge is to eliminate disparities in infant health outcomes and ensure that all Wirral children have the best possible start in life.

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CONTEXT

Policy, Evidence and Practice

Having the best start in life is universally acknowledged as critical to establishing the foundation for lifelong health and wellbeing. Later interventions, although important, are considerably less effective where good early foundations are lacking. The period from prenatal development to age 3 is associated with rapid cognitive language, social, emotional and motor development. A child's early experience and environment influence their brain development during these early years, when warm, positive parenting helps create a strong foundation for the future. Parents, carers, families, communities and a number of partnership services all contribute to ensuring the best possible start in life.

Michael Marmot's¹ review of health inequalities established that access to high quality maternity services, parenting programmes, childcare and early years education has the potential to reduce lifelong inequalities. Frank Field's *Independent Review on Poverty and Life Chances*² and Graham Allen's *Independent Review on Early Intervention*³ also highlight the importance of effective, joined-up support for children and families at the start of life. The most recent Chief Medical Officer⁴ report is dedicated to improving child health, outlining recommendations which promote early action, proportionate universalism and engaging with children and young people to build resilience. The report shows that child health in England compares poorly with other countries and that there are inequalities within England.

A number of key policy documents aim to maximise outcomes for children and their families describing a strong commitment to children's early years. *Every Child Matters*⁵, *Maternity Matters*⁶ and more recently the *National Health Visiting Implementation Plan*⁷ outline the development of integrated services for all women, children and families providing additional support when it is needed and identified, to enable improved outcomes for children and families. The delivery of evidence based interventions, both universally and through targeting groups at risk of poor outcomes, can significantly improve outcomes and reduce costs to services across a wide range of outcomes in the medium to long term. Intervening early, working with families to build on strengths and improve parenting confidence and, when required, referring early for more specialist help (such as specialist mental health services) is the most effective way of dealing with health, developmental and other problems within the family. Health visitors, working in partnership with GPs, midwives, Children's Centres and other local organisations, have a crucial role in ensuring that this happens. Getting this right can affect the child's physical and mental health and wellbeing, their readiness to learn, and their ability to thrive later in life.

Wirral Children's Trust oversees implementation of national policy and has a strong record of partnership working, providing good services for families. It aims to champion the needs of children and ensure that safeguarding processes are in place across the breadth of the partnership. The vision of the Trust is "*To enable Wirral's children, young people and their families to access services quickly in order to be secure, healthy and have fun and achieve their full potential*". This vision is enacted

through the Children and Young People's Plan (2013-16) which was developed through a collaborative approach involving Wirral's children and young people and all agencies that provide services to support them. The plan is based on the five outcome areas identified in *Every Child Matters*⁵. This document set out the national framework for local change programmes to build services around the needs of children and young people. The areas are:

- being healthy
- staying safe
- enjoying and achieving
- making a positive contribution
- achieving economic well-being.

Healthy Child Programme

The Healthy Child Programme is an early intervention and prevention public health initiative designed to offer an evidence based programme of support, starting in pregnancy, through the early weeks of life and throughout childhood. The Healthy Child Programme offers every family a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices.

Universal health and development reviews are a key feature of the Healthy Child Programme. Its universal reach provides an invaluable opportunity to identify families that are in need of additional support and children who are at risk of poor outcomes. The Healthy Child Programme offers 3 levels of care: Universal, Universal Partnership and Universal Partnership Plus. Universal Partnership and Universal Partnership Plus are offered to families with identified additional needs. One of the Healthy Child Programme's key roles is to identify children with additional needs and ensure that these families receive a personalised service.

The Healthy Child Programme requires service integration at all levels. It is delivered through a variety of settings, including General Practice and Children's Centres, and is delivered by a range of practitioners led by the Health Visiting Team supported by the wider children's workforce.

The delivery of the Healthy Child Programme and maternity services is underpinned by a plethora of NICE clinical and public health guidance based on the best and most recent evidence. The relevant guidelines are referenced throughout this document and are detailed in Appendix 1.

Family Nurse Partnership

The Family Nurse Partnership (FNP) is a preventive programme for vulnerable first time young mothers (eligible clients aged 19 years and under (on date of last menstrual period)). FNP focuses on those aged <16 years as well as women aged <19 years with risk factors. It offers intensive and structured home visiting, delivered by specially trained nurses, from early pregnancy until the child is two years old.

Box 1: The Healthy Child Programme- An Overview



Source: Department of Health (2009) *Healthy Child Programme: Pregnancy and the first five years of life*⁸.

Commissioning- Roles and Responsibilities

In recognition of the role of health visitors in the Healthy Child Programme the *National Health Visiting Implementation Plan 2011 – 2015: a call to action*⁷ outlines the development of the health visitor service with plans to recruit an additional 4,500 health visitors across the UK by 2015. Following changes to the commissioning of health and public health services the *National Health Visiting Plan: progress to date and implementation 2013 onwards*⁹ was published. This plan tasked NHS

England (via Local Area Teams) to led responsibility for commissioning health visiting and early years public health services (including the Health Visiting service and Family Nurse Partnership), delivering workforce growth and service transformation.

Complementary to this are health and wellbeing services commissioned by the local authority (CYPD Early Years and Healthy Child Programme 5 – 19) and Clinical Commissioning Groups (midwifery services, elective and non elective health services for 0 – 5 years). Integrated commissioning of universal and targeted services for children under 5 is crucial to ensure the seamless provision of services delivered by general practice, maternity, health visiting, school nursing and all early years providers.

This strategy has been developed to ensure commissioning partners optimise health outcomes for children and their families and, for the first time, has been developed in collaboration with NHS England, Wirral Clinical Commissioning Group and Wirral Council. It outlines partners agreed commissioning priorities and intentions for early years public health services up to 2015 when it is anticipated that responsibility for commissioning of early years public health services will transfer from NHS England to local authorities. Key priorities and outcomes have been developed in collaboration, based on local need, and within the context of established performance frameworks and national policy. A programme of work to deliver this strategy is included on pages 29 - 40

CHALLENGES

There are 18,933 children aged 0 – 5 years living on Wirral and in 2011 there were 3,802 births¹⁰. Overall, most of these children 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 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 to grow up, some will 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. Poverty has an adverse affect of all aspects of a child's life which resonate through adulthood, promoting an intergenerational cycle of poverty.

In Wirral 16,665 (23.8%) children live in poverty, higher than the proportion for the North West (22.1%) and England (20.1%)¹⁰. Rates of teenage pregnancy, whilst having reduced, remain stubbornly high and in Wirral there are more births to women aged under 20 years than the regional and national average. Levels of teenage pregnancy, the number of mothers aged under 20 years, the proportion of lone mothers and the fertility rate are all higher in the least affluent parts of Wirral. This is likely to impact on the provision of health and social care services as deprivation is linked to a number of infant health issues such as low birth weight, higher rates of hospital admission, reduced breastfeeding rates, learning disability and higher than average levels smoking and obesity in pregnancy.

Overall infant health indicators show that Wirral is not significantly different to national and regional averages, however this masks some extreme inequalities reflecting the income disparity that exists within Wirral. This is evident even in spheres where Wirral is performing well for example MMR uptake. There are significantly higher rates of infant mortality, tooth decay, smoking and substance misuse in pregnancy; and lower levels of uptake for breastfeeding and MMR vaccination, in the most deprived section of the Wirral population.

Moreover there are a number of infant health outcomes which, when compared to the North West and England, require attention. These include lower rates of breastfeeding, a higher rate of emergency admissions for unintentional and deliberate injury and a higher number of children killed or seriously injured in road traffic accidents. The number of obese and overweight children at Reception is also higher locally compared to the North West and England and 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. An overview summary of child health and wellbeing in Wirral is provided in Appendix 2.

Maternal health in pregnancy is an important determinant in infant health. Smoking status, maternal weight and mental health are critically important for the health of both mother and child in both the short and long term. Work is ongoing to reduce levels of smoking in pregnancy which in Wirral is broadly comparable to prevalence for England. The data on maternal weight and mental health is however less clear and enhanced intelligence is required to understand the needs of Wirral women.

Ultimately, these factors culminate to contribute to the proportion of children achieving a good level* of development at Early Years Foundation Stage (age 5) which in Wirral is lower than regional and England averages. Longer term, optimising health in the early years is fundamental to increasing healthy life expectancy for Wirral residents. The particular challenge for Wirral is to eliminate disparities in outcomes and ensure that all children have the best possible start in life.

* Good is defined as achieving a total score of 6 or more across the seven personal, social and emotional development and communication, language and literacy scales and 78 points or more in total as assessed by the Early Years Foundation Stage Profile at age 5 years.

VISION, PRINCIPLES & PRIORITIES

This strategy aspires to ensure that all children have the best start in life through the provision of high quality universal services from pregnancy to age 5, with additional help for those families who need it through early identification of need and risk.

Early Years Commissioning Principles

To fulfil this vision the following key principles have been jointly established to ensure that a coherent commissioning approach is embedded across organisations. Commissioning partners will therefore ensure:

- Maintenance of investment and quality in early years provision, acknowledging this challenge in a finite fiscal environment.
- Consistency in specifications and quality indicators, jointly funding and commissioning when appropriate.
- Appropriate and timely access to services.
- Maintained focus on improving access for vulnerable groups.
- Joint workforce planning and training across the early years workforce.
- Services that provide a personalised response, supported by a package of interventions, which is sensitive and responsive to individual needs.
- Enhanced intelligence on key priorities to inform commissioning.
- Shared learning across the early years system.
- A strategic plan is in place for 2015 onwards when commissioning responsibilities change.

Early Years Commissioning Priorities

As part of the development of this strategy a review of needs in relation to health outcomes, benchmarked against national and regional positions, identified a number of agreed areas of priority for improvement across the early years life course. The following priorities aim to maximise health outcomes for children aged 0 – 5 years:

1. Maintenance of quality antenatal preparation.
2. A focus on maternal lifestyle support in pregnancy and early years.
3. Improved maternal mental health.
4. Partnership action to increase breastfeeding, including refreshing the Wirral strategy.
5. Reducing unintentional accidents in the early years.

Underpinning these priorities is recognition of the necessity for cross cutting, whole system action to address child poverty, domestic violence and to ensure effective safeguarding processes. This strategy is intended to complement and enhance partnership progress to address these complex issues. These priorities resonate with, and contribute to, the outcomes in the Public Health Outcomes Framework and the NHS Operating Framework.

This strategy adopts a 'life course' perspective; the following sections are presented in line with the key 0 – 5 year milestones.

Starting Well in Wirral at a glance: A Joint Commissioning Strategy 2013 - 2015

Vision: All children have the best start in life through the provision of high quality universal services from pregnancy to age 5, with additional help for those families who need it through early identification of need and risk

Outcome: Children are achieving a good level of development at age 5*

CHALLENGES	PRINCIPLES	PRIORITIES	KEY OUTCOMES	
<p style="text-align: center;">HEALTH & SOCIAL INEQUALITIES</p> <ul style="list-style-type: none"> • higher rates of infant mortality, tooth decay, smoking and substance misuse in pregnancy and lower levels of uptake for breastfeeding and MMR vaccination in the most deprived section of the Wirral population. • A higher proportion of children assessed as being in need (4%) than the national average (3.6%). • The proportion of children achieving a good level of development at Early Years Foundation Stage (age 5) in Wirral is lower than regional and England averages. 	<p>Maintenance of investment and quality in provision.</p> <p>Consistent specifications and quality indicators.</p> <p>Appropriate and timely access to services.</p> <p>Maintained focus on improving access for vulnerable groups.</p> <p>Joint workforce planning and training across the early years workforce.</p> <p>Personalised services; sensitive and responsive to individual needs.</p> <p>Enhanced intelligence on key priorities.</p> <p>Shared learning across the early years system.</p> <p>Work towards a joint strategic commissioning plan for 2015 onwards.</p>	<p style="text-align: center;">PRIORITY 1 Maintenance of quality antenatal preparation.</p> <p style="text-align: center;">PRIORITY 2 Focus on maternal lifestyle support in pregnancy and early years.</p> <p style="text-align: center;">PRIORITY 3 Improve maternal mental health.</p> <p style="text-align: center;">PRIORITY 4 Partnership action to increase breastfeeding, refreshing the Wirral strategy.</p> <p style="text-align: center;">PRIORITY 5 Reduce accidents in the early years.</p>	<p>Decreased infant mortality Decreased number of low birth weight babies Increase breastfeeding at initiation Decreased smoking prevalence at delivery</p> <p>Decreased infant mortality Decreased smoking prevalence at delivery Decreased maternal obesity at delivery Decreased number of bow birth weight babies</p> <p>Increased maternal wellbeing Decreased infant mortality</p> <p>Increased breastfeeding at initiation and at 6 – 8 weeks Decreased obesity at 2.5 years and Reception</p> <p>Reduced hospital admissions caused by unintentional and deliberate injuries in 0 – 4 years</p>	<p>Children are achieving a good level of development at age 5*</p>
<p>Multi agency action to address child poverty, domestic violence and effective safeguarding</p>				

PRE CONCEPTION

Maternal health, achievement and maintenance of a healthy weight, lifestyle modification (such as smoking and alcohol cessation, adoption of appropriate diet), folic acid supplementation and improvement of diabetic control prior to, and at the time of, conception are all positively associated with maternal and foetal health and pregnancy outcomes. In recognition that pregnancy is a normal physiological process, preconception advice is not specifically contracted but is universally available through GP services. There is no national guidance in relation to universal preconception preparation and advice.

For some women however preconception care and counselling is essential in reducing adverse pregnancy outcomes and preparing antenatal care in some high risk cases. Specialist services are therefore available for genetic screening, counselling and referral commissioned by NHS England.

KEY ACTIONS

Commissioners will:

- Ensure continued provision of health promotion information and availability of lifestyle support services.
- Review preconception needs to ensure that there are no gaps in service provision.
- Ensure the providers explore the needs of women requesting long-acting reversible contraception removal.
- Continue to enable school projects that aim to normalise breastfeeding.

ANTENATAL (*Conception to full term*)

Healthy mothers tend to have healthy babies; a mother who has received high quality maternity care throughout her pregnancy is well placed to provide the best possible start for her baby. Maternity services have a key role to play in identifying women’s medical, obstetric and social needs in order to provide holistic support. As women’s needs are diverse it is essential that maternity services work in partnership with women and other services and organisations to respond to women’s needs in order to ensure the best possible outcomes for mother and child.

Early access to antenatal services is crucial to enable prompt initiation of maternity care to facilitate early identification of risk and management and to support healthy pregnancy. In recognition of this providers are working to a new payment by results (PBR) tariff to ensure women initiate maternity care on or before 12 weeks and 6 days gestation. Following first contact with a health professional and up to delivery there are a number of key antenatal milestones during which time women, in partnership with services, plan their care and are offered information, assessment and access to national screening programmes as specified in the *NICE Antenatal Care Clinical Guideline*¹¹

Antenatal Healthy Child Programme Schedule

	Information	Assessment	Screening
First contact (Referral to maternity services)	Antenatal information provided by the health professional e.g. folic acid supplementation, food hygiene, lifestyle choices and antenatal screening information.		
Booking (Initial antenatal appointment, ideally before 10 weeks up to 12 weeks and 6 days)	Fetal development. Nutrition and diet. Management of common symptoms of pregnancy. Exercise. Place of birth. Pregnancy pathway. Breastfeeding. Lifestyle assessment and advice. Domestic violence. Antenatal classes. Further discussion of antenatal screening. Discussion of mental health issues (NICE guideline 45). Hand held maternity record issued.	Early ultrasound scan to determine gestational age and detection of multiple pregnancy. BMI measurement. Gestational diabetes. Pre eclampsia risk assessment.	Screening for Down’s syndrome offered. Screening for infectious disease (e.g. asymptomatic bacteriuria, Hep B, HIV, Rubella and Syphilis). Screening for haemoglobinopathies.
20 weeks gestation		Blood pressure and urinalysis for protein.	Ultrasound screening for fetal anomalies routinely offered.

Before 36 weeks gestation	Breastfeeding information. Preparation for labour and birth. Recognition of active labour. Vitamin K prophylaxis. Newborn screening tests. Postnatal self care. Awareness of baby blues and postnatal depression.	Blood pressure and urinalysis for protein.	
38 weeks gestation	Options for management of prolonged pregnancy.		

Routine appointments are scheduled after 24 weeks gestation during which symphysis-fundal height is measured and recorded at each appointment in addition to pre eclampsia assessment and antenatal monitoring and information. For nulliparous women 10 appointments are recommended, reducing to 7 for parous women.

Midwife and GP led care, supported by holistic support services (e.g. parenting preparation), is universal for women with uncomplicated pregnancy. All pregnant women will be offered information based on the current available evidence together with support to enable them to make informed decisions about their care. This will include where they will be seen and who will undertake their care. Health visiting contact is initiated at week 36 building on the lead midwife's assessment however targeted antenatal referrals from Midwifery providers to Health Visiting can commence from 20 weeks gestation.

ANTENATAL PARENTING PREPARATION

Wirral has a long established 4 week ante-natal programme delivered in Children's Centres, jointly facilitated by physiotherapists, health visitors, midwives and Children's Centre staff and based on the evidence based pregnancy, birth and beyond model. Parents-to-be are signposted to the programme through their midwives and are able to book onto any one of 15 programmes, 2 of which are in the evenings. If clients are identified as needing additional support, it is made available through the most appropriate professional and 1:1 home visits are arranged.

Wirral Health Visitors achieve a near 100% coverage of mothers receiving a first face to face antenatal contact with them. This represents excellent performance and coverage compared to other areas.

Some women require additional support to address their individual needs. Comprehensive assessment of health and social care needs during universal antenatal care enables identification of women who may have enhanced needs. For

women with mental health needs access to specialist services is available, dependent upon the level of need required, commissioned by NHS England. Wirral has a specialist perinatal mental midwife and a specialist perinatal Health Visitor who provide care and give specialist support to women and their families. There is an integrated specialist perinatal mental health pathway in development for Wirral women to ensure that all the local health services work together and can quickly identify need and give full support to any pregnant women as required.

Tailored parenting programmes for parents with additional needs; including learning difficulties, those for whom English is a second language or young parents who do not access the Family Nurse Partnership service (18 years plus), are provided in small groups or in the home on a one to one basis by qualified parenting facilitators from Children's Centres.

Lifestyle services, commissioned by Wirral Council Public Health Department, are available to all pregnant women who require support to address lifestyle issues such as smoking cessation, obesity, drugs and/or alcohol misuse.

KEY ACTIONS

Commissioners will:

- Maintain access to antenatal parenting support for parents to be.
- Continue to ensure early access to booking, focusing on improving access for vulnerable groups.
- Enhance intelligence on the impact of obesity, smoking, substance misuse (including alcohol), suicide and mental health in pregnancy on delivery outcomes.
- Ensure that pathways and services are available to identify and support women who need additional support in relation to obesity, tobacco, substance misuse including alcohol, suicide and mental health in pregnancy.
- Identify the needs of pregnant women experiencing domestic violence, work with the broader partnership to identify a strategic approach and ensure that providers tailor interventions appropriately.
- Work with providers to review service provision for women with mental health problems in the perinatal period.
- Ensure providers are working towards the minimum criterion of the You're Welcome and UNICEF Baby Friendly Standards.
- Facilitate provider partners working together to provide parenting support.
- Conduct a review of the Family Nurse Partnership across Cheshire, Warrington and Wirral and implement recommendations to ensure allocation of resources reflects need.
- Use emerging evidence base regarding British Family Nurse Partnership to inform Family Nurse Partnership commissioning.
- Ensure providers practice reflects changes in the 'Personal Child Health Record' relating to co-sleeping.

ANTICIPATED OUTCOMES

- 1. Increase proportion of women accessing maternity care on or before 12 weeks and 6 days gestation with a focus on vulnerable women.**
- 2. Increase breastfeeding at initiation and at 6 – 8 weeks.**
- 3. Decreased smoking prevalence at delivery.**
- 4. Decreased maternal obesity at delivery.**
- 5. Decreased infant mortality.**
- 6. Decreased number of low birth weight babies.**
- 7. Increased maternal wellbeing.**
- 8. Reduced hospital admissions caused by unintentional and deliberate injuries in 0 – 4 years.**

INTRAPARTUM (*Delivery*)

Birth is a life-changing event and the care given to women during labour has the potential to affect them both physically and emotionally in the short and longer term. *Maternity Matters*⁶ emphasised the importance of offering choice, access and continuity of care in a safe environment. Following this publication a review of maternity services in Wirral took place in 2007 and again during 2011/12. This has informed the commissioning of providers to offer a range of models of care that are able to meet the needs of the local population reflecting the high levels of inequality in both income and health outcomes.

MIDWIFERY LED CARE

The Midwifery Led Unit provides care during active/established labour and the immediate postpartum period (including for women who have chosen an alternative provider for their antenatal and postnatal care). All care is provided or supervised by registered midwives. All Wirral women who are registered with a Wirral GP who have been identified as low risk at the initial assessment of health and social care needs are eligible for this service.

NICE Clinical Guideline 55¹² describes the recommended care and support which women should receive during labour. This reinforces women centred care in which women are in control and aware of what is happening supported on a one to one basis by a lead midwife. The guideline describes the recommended arrangements for normal labour, planning place of birth, coping with pain, perineal care, delay in the first stage of labour and instrumental birth.

Wirral Clinical Commissioning Group's *Strategic Plan 2013-16*¹³ included the redesign of local maternity services to provide a Midwifery Led Unit for women assessed as low risk. This midwifery-led maternity service provides midwifery care which maximises continuity of care, the normalisation of the birthing process and promotion of breastfeeding as the choice for all women. It comprises provision of antenatal and postnatal care at home and also in accessible high quality child and family friendly environments.

KEY ACTIONS

Commissioners will:

- Ensure providers comply with NICE guidelines.
- Ensure providers are working towards the minimum criterion of the You're Welcome and UNICEF Baby Friendly Standards.
- Review and refresh the Wirral Breastfeeding Strategy.
- Ensure providers practice reflects changes in the 'Personal Child Health Record' relating to co-sleeping

ANTICIPATED OUTCOMES

- 1. Increase the number of 'low risk' women who choose a midwifery led birth.**
- 2. Increased maternal satisfaction with delivery.**
- 3. Increased proportion of women who initiate breast feeding.**
- 4. Reduced medical interventions during labour e.g. levels of caesarean section and assisted delivery.**
- 5. Increased maternal wellbeing.**

POSTNATAL (*Delivery to 6 – 8 weeks after birth*)

Postnatal care is the individualised care provided to meet the needs of a mother and her baby following childbirth. Although the postnatal period is uncomplicated for most women and babies, care during this period needs to address any variation from expected recovery after birth. For the majority of women, babies and families the postnatal period ends 6–8 weeks after the birth. However for some, the postnatal period should be extended in order to meet their needs. This is particularly important where a woman or baby has developed complications and remains vulnerable to adverse outcomes.

During the postnatal phase, like the antenatal period, there are a number of key milestones at which women and their babies are offered information, assessment and access to national screening programmes. This includes the NHS Newborn and Infant Physical Examination Programme, to maximise short and long term health outcomes. NICE *Clinical Guideline 37*¹⁴ outlines the recommended care that every healthy woman and healthy baby should be offered during the first 6 to 8 weeks after birth. During this period, care transfers from midwifery services to health visiting teams who are responsible for delivering individualised postnatal care plans.

Postnatal Healthy Child Programme Schedule

	Information	Assessment	Screening
Up to 24 hours after birth	Breastfeeding advice and support to encourage initiation. All babies and families registered with Children's Centre's at birth.		
Within 72 hours of birth	Personal Child Health Record issued by Child Health Information Service (CHIS).		Newborn physical examination of the baby as per the screening schedule. A newborn hearing screen should be conducted prior to discharge.
Birth Visit	Discuss signs and symptoms of potentially life threatening conditions following delivery. Discuss family and social support. Information to	Assessment of the mother's mental health by asking appropriate questions for the identification of depression, such as those recommended by the NICE guidelines	Newborn Blood Spot screen offered 5 – 8 days after birth.

	<p>promote their own and baby's health and wellbeing and respond to problems.</p> <p>Promoting sensitive parenting.</p> <p>Promoting development.</p> <p>Reduction of the risk of Sudden Infant Death.</p> <p>Home safety.</p> <p>Discuss immunisation intent.</p>	<p>on antenatal and postnatal mental health.</p>	
10 day visit	<p>Comprehensive review and assessment of need.</p> <p>Offer of: Universal pathway (baby clinics) Universal Plus (HV team meet additional needs of family) Universal Partnership Plus (multiagency response).</p> <p>Share Health Visiting team contact details and information regarding local clinics, groups and Children's Centres. Inform clients of current Healthy Child Programme.</p>	<p>Assessment of the mother's mental health asking appropriate questions for the identification of depression, such as those recommended by the NICE guidelines on antenatal and postnatal mental health.</p>	
6 – 8 weeks after birth	<p>Contact made by Children's Centre and universal, outreach services made available.</p>	<p>Assessment of the mother's mental health asking appropriate questions for the identification of depression, such as</p>	<p>Repeat newborn physical exam in addition to assessment of social smiling and visual fixing and following.</p>

		<p>those recommended by the NICE guidelines on antenatal and postnatal mental health.</p> <p>6 week check of mother's recovery, health and wellbeing, including contraception, conducted in primary care.</p>	
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Initiation of breastfeeding is recommended within the first hour of birth; with breastfeeding advice and support available during the crucial 24 hours after delivery. Breastfeeding contributes to the health of both the mother and child in the short and longer term. Women should be made aware of these benefits and those who choose to breastfeed should be supported by a service that is evidence-based and delivers an externally audited, structured programme with delivery of breastfeeding support coordinated across the different sectors. Breastfeeding uptake at initiation and at 6 weeks in Wirral is significantly below the figure for England. Just 55% of Wirral mothers breastfeed at initiation, dropping to 30% at 6 – 8 weeks. These figures vary across Wirral with 31% of women breastfeeding at initiation in the most deprived parts of the borough and just 8% still breastfeeding at 6 – 8 weeks¹⁰.

ENABLING COMMUNITY & PEER SUPPORT- CHILDREN'S CENTRE REGISTRATION

All Wirral babies are registered with a Children's Centre at birth through the Registry Office. Children's Centre staff attend the Registry office every day to ensure easy access for new parents.

For women and families with additional needs, enhanced provision of postnatal care and support through the early years, is delivered through the Universal Partnership and Universal Partnership Plus health visiting programme. Universal Partnership offers additional support from health visiting in response to identified needs for example; feeding problems, behaviour management, maternal depression, social and communication delay. Children's Centres and the Family Support Service offer further complementary support, including evidence based parenting programmes (some co-delivered with health visitors) and home visits.

The Universal Partnership Plus offers a co-ordinated multiagency response to individually identified needs for example; a mother with on-going mental health problems. This may include referral to Wirral Council's Targeted Service, for a multi-agency 'Team around the Family Assessment' enabling appropriate, targeted support.

A number of specialist services are commissioned for children and families with specific needs. These include specialist treatment health services for children 0 – 5 years (known as tiers 2 and 3) commissioned via the CCG as well as specialist provision for children with disabilities.

There are also additional services (known as tiers three and four) available to families where parenting may be compromised due to substance misuse and domestic violence. There are limited, one to one, services for parents with learning disabilities through Children's Centres however there are recognised gaps in the provision of support for these families.

KEY ACTIONS

Commissioners will:

- Ensure postnatal care from maternity providers, health visiting, Child Health Information Service and primary care complies with NICE guideline and quality standards.
- Maintain quantity and quality of health visiting workforce; with commissioning partners working together to plan the sustainability and transfer of commissioning for health visiting in 2015.
- Enhance and explore intelligence in relation to maternal mental health and suicide.
- Ensure that pathways and services are available to identify, advise and support parents or carers who need additional support in relation to obesity, tobacco, substance misuse including alcohol, suicide and mental health.
- Review the provision of services for families with additional needs at tiers 2, 3 and 4 and commission in response to identified needs.
- Maintain access to universal and appropriately targeted early years services through Wirral Council and commissioned services.
- Conduct a review of the Family Nurse Partnership across Cheshire, Warrington and Wirral and implement recommendations to ensure allocation of resources reflects need.
- Use emerging evidence base regarding British Family Nurse Partnership to inform Family Nurse Partnership commissioning.
- Initiate research to explore why Wirral women are not breastfeeding.
- Ensure providers practice reflects changes in the 'Personal Child Health Record' relating to co-sleeping.

ANTICIPATED OUTCOMES

- 1. 100% coverage for review of maternal mood.**
- 2. 100% coverage for newborn physical exam and maternal review at 6 – 8 weeks.**
- 3. Increased proportion of mothers initiating breastfeeding and at 6 – 8 weeks.**
- 4. 100% coverage of recording of breastfeeding status at 6 – 8 weeks.**
- 5. Achieve expected immunisation coverage targets.**
- 6. Reduced hospital admissions caused by unintentional and deliberate injuries in 0 – 4 years.**
- 7. 100% coverage for mothers receiving a first face to face antenatal contact with a health visitor.**
- 8. 100% of health visitor new birth visits conducted face to face within 14 days of birth.**

EARLY YEARS (8 weeks – 5 years)

The provision of health and wellbeing services as part of the Healthy Child Programme continues beyond the postnatal period into the early years of life. This includes a number of scheduled assessments, developmental review and immunisations as part of the national vaccination schedule (see Appendix 2). This includes the ongoing provision of universal and enhanced health visiting provision and specialist services commissioned at tiers 2, 3 and 4 as described earlier.

Early Years Healthy Child Programme Schedule

<p>12 - 16 week review</p>	<p>Completed by appropriate member of the Health Visiting Team. The following is covered:</p> <ul style="list-style-type: none"> • Review of Family Health Needs. • Review of general progress and delivery of key messages about parenting and health promotion. • Offer of support to parents by providing access to parenting and child health information and guidance and Information on Children’s Centres and family information services. • Review of immunisations. • Practical guidance on managing crying and healthy sleep practices. • Raise awareness of accident prevention in the home and safety in cars. • Discuss play and development. • Practical advice and guidance on chosen method of feeding and nutrition. • Maternal mental health assessment and identification of post-natal depression and/or other maternal health needs as completed at previous contacts. • If parents wish, or if there has been professional concern about the child’s growth, or risk to normal growth (including obesity), an assessment should be carried out. This involves accurate measurement, interpretation and explanation of the child’s weight in relation to length, to growth potential and to any earlier growth measurements of the child.
<p>9-12 month review</p>	<p>By the child’s first birthday a face to face contact is completed by appropriate member of the Health Visiting Team. This review covers the following:</p> <ul style="list-style-type: none"> • Growth monitoring. Measurement of length does not have to be done routinely at the Healthy Child Review at 9 -12 months: however, use professional judgement for each individual child. • Observation of the child’s posture and movements while the child is awake. • Review of hips. • Asking parents if there are any concerns regarding undescended testicles and offering an information

	<p>leaflet which highlights the importance of identifying that both testicles are in the scrotum by the age of one.</p> <ul style="list-style-type: none"> • Review of vision. • Completion of the hearing questionnaire. • Review of the speech and language development. • Discussion of social and behavioural development. • Immunisation status. • Public health and community support. • Discussion on healthy lifestyle and dental health. • Childhood safety. • Any additional parental or carer concerns should be discussed and documented with clear action plans/packages of care agreed in partnership. <p>Referrals to other services should be undertaken if any developmental issues or concerns are identified.</p>
2-2 ½ year review	<p>Completed by appropriate member of the Health Visiting Team.</p> <p>The 2-2½ year Healthy Child review includes hearing, speech and language development, vision, public health and community support, healthy lifestyle and safety, height, weight and body mass index (BMI) will also be recorded.</p>
3-5 years review	Aim for a tiered handover to school nursing.

In addition to health and wellbeing services early years social, emotional and educational development are absolutely critical, providing the essential foundations for healthy development. If these foundations are not secure, children can experience long-term problems which often facilitate additional social consequences. Children's attainment, wellbeing, happiness and resilience are profoundly affected by the quality of the guidance, love and care they receive during the first years of their lives. Wirral Council's Family Information Service gives advice on services for families, including childcare options.

While parents and other carers at home are the main source of support, it is also imperative that the support and education provided in pre-school settings is of a high quality. In 2008 the Early Years Foundation Stage (EYFS) was introduced with the intention of providing a framework to deliver consistent and high quality environments for all children in pre-school settings, recognising the importance of this period in a child's life. There are 123 private or voluntary operated preschools and nursery settings in Wirral and a further 257 child minders, providing childcare for children from 0 – 5 years and working under the EYFS Framework.

All children aged 2 years, living in families with a income of less than £16,100 are eligible for 15 hours per week (570 hours per year if taken flexibly over the year) funded childcare. Families are able to apply for funding on-line or through their health worker and are supported to access childcare settings through their local Children's Centre.

HOME SAFETY

Safe and Sound is an accident prevention scheme jointly commissioned by Wirral Council and Wirral Public Health which ensures that families with children under the age of two years receive information, advice and guidance on how to keep their children safe in the home. Families with low incomes are offered a range of safety equipment which is supplied and fitted free of charge to the client by Merseyside Fire Network who also provide advice on fire safety and install a free smoke detector and carbon monoxide monitor, along with a safety check of any outside space.

All 3 and 4 year olds living in England are eligible for 15 hours per week (570 hours per year if taken flexibly over the year) funded childcare. Funding is accessed through the childcare provider and information about the funding is available through the Wirral Family Information Service. Children under the age of 5 years with identified additional needs are supported through the Special Educational Support Service with a range of services provided by the School Readiness Team. Access to this service is through Wirral Council's Targeted Service Gateway Referral Point.

KEY ACTIONS

Commissioners will:

- Ensure that there is joint workforce planning and training across the early years workforce.
- Maintain access to early education for identified 2 year olds and universal childcare for 3 to 4 year old for 15 hours per week.
- Ensure that pathways and services are available to identify, advise and support parents or carers who need additional support in relation to obesity, tobacco, substance misuse including alcohol, suicide and mental health.
- Ensure that all providers promote the Merseyside Fire Network free home safety check.
- Ensure providers are working towards the NICE *social and emotional wellbeing in early years public health guidance*.
- Implement finding of Home Safety Health Needs Assessment.
- Enhance and explore intelligence on the incidence of road traffic accidents, burns and scalds based on A & E attendance for 0 – 5 year olds.
- Review the strategic partnership approach to prevention of child accidents.
- Ensure providers utilise 24 month review to identify and address any weight issues.
- Ensure providers practice reflects changes in the 'Personal Child Health Record' relating to co-sleeping
- Develop a commissioning plan to ensure positive parenting support is established in the early years complemented by a plan for children 5 – 19 years.

ANTICIPATED OUTCOMES

- 1. More than 90% of children to receive a 12 month health visitor review by the age of 12 months.**
- 2. 100% of children to receive a 12 month health visitor review by the age of 15 months.**
- 3. More than 90% of children to receive a 2 - 2½ year review by age of 2½ years.**
- 4. 100% of sure start advisory boards with a health visitor presence.**
- 5. Children are achieving a good level of development at age 5* .**
- 6. Decreased obesity at 2.5 years and Reception.**
- 7. Reduced hospital admissions caused by unintentional and deliberate injuries in 0 – 4 years.**

STARTING WELL IN WIRRAL: IMPLEMENTATION PLAN

PRE CONCEPTION			
ACTION	HOW	WHO	WHEN
Ensure continued provision of health promotion information and availability of lifestyle support services.	Map current provision of information and support services. Ensure information is up to date and user friendly.	All – led by Wirral Council – Public Health	End of April 2014 Ongoing
Review preconception needs to ensure that there are no gaps in service provision.	Review evidence around good practice and map current system. Consult with expectant and new mums in relation to their experience and needs preconception.	Wirral Council – Public Health	September 2014 September 2014
Ensure that providers explore the needs of women requesting long-acting reversible contraception removal.	Review during contract monitoring process.	Wirral Council – Public Health	Ongoing
Continue to enable school projects that aim to normalise breastfeeding.	Continue to commission school based projects (evaluating throughout) through the 0 – 19 years pathway.	Wirral Council – Public Health	Ongoing

ANTENATAL			
ACTION	HOW	WHO	WHEN
Maintain access to antenatal parenting support for parents-to-be.	Ensure health visiting service maintain 100% coverage of antenatal face to face visits.	Wirral CCG/NHS England/Wirral Council (CYP & PH)	Ongoing
Continue to ensure early access to booking, focusing on improving access for vulnerable groups.	Scrutinise through commissioning contract monitoring process.	Wirral CCG	Ongoing
	Implement Maternity PBR tariff for early booking (e.g. before 12 weeks and 6 days).		Ongoing
	Monitor FNP baseline to ensure vulnerable groups are achieving improved engagement with services through early booking.		Ongoing
Enhance intelligence on the impact of obesity, smoking, substance misuse (including alcohol), suicide and mental health in pregnancy on delivery outcomes.	Using maternity dashboard, establish prevalence of smoking, obesity, drugs and alcohol, mental health issues amongst pregnant women.	Wirral Council - Public Health	By end of September 2014
	Investigate delivery outcomes amongst a population of mothers with known lifestyle factors during pregnancy.		By end of September 2014

<p>Ensure that pathways and services are available to identify and support women who need additional support in relation to obesity, tobacco, substance misuse including alcohol, suicide and mental health in pregnancy.</p>	<p>Review existing pathways for pregnant women, establishing gaps and commission evidence based solutions.</p> <p>Determine the training needs of:</p> <ul style="list-style-type: none"> • health visitors • midwives. <p>Develop an annual joint training package around lifestyle for health visitors and midwives.</p> <p>Ensure that midwives, health visitor and Family Nurse Partnership teams are signposting appropriately to pathways and services through contract monitoring process.</p> <p>Monitor referrals to lifestyle services from antenatal providers.</p>	<p>Wirral Council - Public Health/Wirral CCG/NHS England</p>	<p>Ongoing</p> <p>March 2014 Sept 2014</p> <p>Delivery from April 2015</p> <p>Ongoing</p> <p>Ongoing</p>
<p>Identify the needs of pregnant women experiencing domestic violence, work with the broader partnership to identify a strategic approach and ensure that providers tailor interventions appropriately.</p>	<p>Initiate research with pregnant women to understand the key issues and needs.</p> <p>Map out what support and services are currently available for pregnant women.</p> <p>Present findings from research and mapping to Children's Trust, Safeguarding Group, Health & Wellbeing Board and Public Service Board.</p>	<p>Wirral Council - Public Health</p>	<p>September 2014</p> <p>September 2014</p> <p>October 2014 onwards</p>

Work with providers to review service provision for women with mental health problems in the perinatal period.	Improve pathway based on findings from a service review currently underway.	Wirral CCG	June 2014
Ensure providers are working towards the minimum criterion of the You're Welcome and UNICEF Baby Friendly Standards.	Monitor compliance through contract monitoring process.	All	Ongoing
Facilitate provider partners working together to provide parenting support.	Determine local need and work towards joint funding and commissioning of a parenting support programme as appropriate. Share the learning from the multiagency antenatal parenting programme and replicate approach, where appropriate, to other parts of the 0 – 5 life course system.	Wirral Council- Public Health/Wirral CCG	By March 2015 By March 2015
Conduct a review of the Family Nurse Partnership across Cheshire, Warrington and Wirral and implement recommendations to ensure allocation of resources reflects need.	Complete review. Draw up action plan to implement recommendations.	NHS England	By end of November 2013 January 2014 onwards
Use emerging evidence base regarding British Family Nurse Partnership to inform Family Nurse Partnership commissioning.	Evidence base published. Apply evidence to form commissioning intentions for local Family Nurse Partnership provision.	NHS England	End of March 2014 End of June 2014

<p>Ensure providers practice reflects changes in the 'Personal Child Health Record' relating to co-sleeping</p>	<p>Implement the Safe Sleep Guidance.</p> <p>Monitor providers to ensure that they implement the new Safe Sleep Guidance policy.</p> <p>Provide training for Midwives and Health Visitors.</p>	<p>NHS England/ Wirral CCG/ Wirral Council - Public Health</p>	<p>January 2014</p> <p>Ongoing</p> <p>Ongoing</p>
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INTRAPARTUM			
ACTION	HOW	WHO	WHEN
Ensure providers comply with NICE guidelines.	Monitor compliance through contract monitoring process.	Wirral CCG	Ongoing
Ensure providers are working towards the minimum criterion of the You're Welcome and UNICEF Baby Friendly Standards.	Monitor compliance through contract monitoring process.	Wirral CCG	Ongoing
Review and refresh the Wirral Breastfeeding Strategy.	Work to develop a new Breastfeeding Strategy currently underway.	Wirral Council – Public Health	Complete September 2014
Ensure providers practice reflects changes in the 'Personal Child Health Record' relating to co-sleeping	Implement the Safe Sleep Guidance. Monitor providers to ensure that they implement the new Safe Sleep Guidance policy through contract monitoring process. Provide training for Midwives and Health Visitors.	NHS England/ Wirral CCG/ Wirral Council- Public Health	January 2014 Ongoing Ongoing

POSTNATAL			
ACTION	HOW	WHO	WHEN
Ensure postnatal care from maternity providers, health visiting, Child Health Information Service and primary care complies with NICE guideline and quality standards.	Ensure compliance through contract monitoring process.	NHS England/Wirral CCG	Ongoing
Maintain quantity and quality of health visiting workforce; with commissioning partners working together to plan the sustainability and transfer of commissioning for health visiting in 2015.	Recommission services for robust service specifications to achieve quality and coverage indicators. Ensure health visitors and Family Nurse Partnership services are commissioned on robust contracts from April 2015 onwards.	NHS England/Wirral Council – Public Health	By October 2014 January 2015
Enhance and explore intelligence in relation to maternal mental health and suicide.	Develop system to determine needs in relation to postnatal maternal health. Ensure maintenance of 100% coverage of maternal mood review by health visitor teams.	Wirral Council - Public Health/NHS England	By end of June 2014 Ongoing
Ensure that pathways and services are available to identify, advise and support parents or carers who need additional support in relation to obesity, tobacco, substance misuse including alcohol, suicide and mental health.	Review existing pathways for new parents and carers, establishing gaps and commission evidence based solutions. Determine the training needs of health visitors.	Wirral Council - Public Health/NHS England	Ongoing End of March 2014

	<p>Develop an annual joint training package around lifestyle for health visitors and Children's Centre staff.</p> <p>Ensure that health visitors, Family Nurse Partnership teams and Children Centre staff are signposting appropriately to pathways and services through contract monitoring process.</p> <p>Monitor referrals to lifestyle services from early years providers.</p>		<p>Delivery from April 2015.</p> <p>Ongoing</p> <p>Ongoing</p>
Review the provision of services for families with additional needs at tiers 2, 3, and 4, and commission in response to identified needs.	Review and present findings as appropriate	Wirral CCG/ Wirral Council - Public Health	September 2014
Maintain access to universal and appropriately targeted early years services.	<p>Ensure that appropriate and timely information is available to parents/carers through the Family Information Service.</p> <p>Ensure that appropriate information, signposting and referral routes are in place to enable multi-agency support for families.</p>	Wirral Council/NHS England	September 2014 onwards
Conduct a review of the Family Nurse Partnership across Cheshire, Warrington and Wirral and implement recommendations to ensure allocation of resources reflects need.	<p>Complete review.</p> <p>Draw up action plan to implement recommendations.</p>	NHS England	By end of November 2013 January 2014 onwards

Use emerging evidence base regarding British Family Nurse Partnership to inform Family Nurse Partnership commissioning.	Evidence base published. Apply evidence to form commissioning intentions for local Family Nurse Partnership provision.	NHS England	End of March 2014 End of June 2014
Initiate research to explore why Wirral women are not breastfeeding.	Complete research with Wirral women.	Wirral Council – Public Health	September 2014
Ensure providers revise practice to reflect changes in the 'Personal Child Health Record' relating to co-sleeping.	Implement the Safe Sleep Guidance. Monitor providers to ensure that they implement the new Safe Sleep Guidance policy through contract monitoring process. Provide training for Midwives and Health Visitors.	NHS England/ Wirral CCG/ Wirral Council - Public Health	January 2014 Ongoing Ongoing

EARLY YEARS			
ACTION	HOW	WHO	WHEN
Ensure that there is joint workforce planning and training across the early years workforce.	<p>Work with commissioning partners to identify areas of overlap/ duplication in client pathways.</p> <p>Agree action to streamline provision.</p> <p>Support providers to share learning with other provider organisations.</p>	NHS England/ Wirral Council-PH & CYP/Wirral CCG	<p>September 2014</p> <p>By March 2015</p> <p>Ongoing</p>
Maintain access to early education for identified 2 year olds and universal childcare for 3 to 4 year old for 15 hours per week.	<p>Implement refreshed marketing and awareness raising strategy to ensure full take up of funded early education places by local families.</p> <p>Ensure sufficiency of childcare & early education for all families.</p>	Wirral Council	Ongoing
Ensure that pathways and services are available to identify, advise and support parents or carers who need additional support in relation to obesity, tobacco, substance misuse including alcohol, suicide and mental health.	<p>Review existing pathways for new parents and carers, establishing gaps and commission evidence based solutions.</p> <p>Determine the training needs of health visitors.</p> <p>Develop an annual joint training package around lifestyle for health visitors and Children's Centre staff.</p>	NHS England/ Wirral Council - Public Health	<p>Ongoing</p> <p>End of March 2014.</p> <p>Delivery from April 2015.</p>

	<p>Ensure that health visitors, Family Nurse Partnership teams and Children Centre staff are signposting appropriately to pathways and services through contract monitoring process.</p> <p>Monitor referrals to lifestyle services from early years providers.</p>		<p>Ongoing</p> <p>Ongoing</p>
Ensure that all providers facilitate uptake of the Merseyside Fire Network free home safety check.	Monitor uptake of the free home fire safety check.	Wirral Council - Public Health	Ongoing
Ensure providers are working towards the NICE <i>social and emotional wellbeing in early years public health guidance</i> .	Monitor through contract management process.	NHS England	Ongoing
Implement finding of Home Safety Health Needs Assessment.	<p>Complete Health Needs Assessment.</p> <p>Develop implementation plan.</p>	All – led by Wirral Council- Public Health	<p>September 2014</p> <p>From October 2014 onwards</p>
Enhance and explore intelligence on the incidence of road traffic accidents, burns and scalds based on A & E attendance for 0 – 5 year olds.	Review data availability, interrogate data and develop recommendations in relation to findings.	Wirral Council – Public Health	September 2014
Review the strategic partnership approach to prevention of child accidents.	Host Wirral ‘Child Accident’ Conference.	‘Be Healthy’ Steering Group/	January 2015

		Wirral Council – Public Health	
Ensure providers utilise 24 month review to identify and address any weight issues.	Ensure health visitors provide a quality 2 - 2½ year review which includes weight/height check, identifying any issues and addressing appropriately including signposting to services as appropriate. Commission and implement 0 – 5 weight management service.	NHS England Wirral Council – Public Health	Ongoing February 2015
Ensure providers revise practice to reflect changes in the ‘Personal Child Health Record’ relating to co-sleeping	Implement the Safe Sleep Guidance. Monitor providers to ensure that they implement the new Safe Sleep Guidance policy through contract monitoring process. Provide training for Midwives and Health Visitors.	NHS England/ Wirral CCG/ Wirral Council - Public Health	January 2014 Ongoing Ongoing
Develop a commissioning plan to ensure positive parenting support is established in the early years complemented by a plan for children 5 – 19 years, including support for parents of children with additional needs.	Review Wirral Parenting Strategy. Refresh and implement changes to the Wirral Parenting Strategy.	Wirral Council/Wirral CCG/ Wirral Council – Public Health	December 2014 From April 2015

GOVERNANCE AND ACCOUNTABILITY ARRANGEMENTS

The agreed remit of partners commissioning responsibilities for this strategy is outlined below.

NHS England	Wirral CCG	Wirral Council
0 – 5 Healthy Child Programme including Health Visiting and Family Nurse Partnership services	Midwifery Services	Healthy Child Programme 5 – 19 years
Immunisation and screening services for 0 – 5 year olds	Elective and non elective health services	Lifestyle support services including: <ul style="list-style-type: none"> • Drugs • Alcohol • Smoking • Obesity
Specialist health services for 0 – 5 year olds		
Specialist women’s services		
Breastfeeding		

The implementation and performance of this strategy will be overseen by the ‘Be Healthy’ Steering Group, with representatives from each partner organisation. This group will report into the established Children’s Trust Board governance structures, which provide a framework to ensure accountability and effective monitoring of the delivery of outcomes.

APPENDIX 1

Early Years NICE Guidance: Clinical Guidance, Public Health Guidelines and Quality Standards

Antenatal care. NICE clinical guideline 62 (2010).

Diabetes in pregnancy: management of diabetes and its complications from pre-conception to the postnatal period. NICE clinical guideline 63 (2008).

Intrapartum care: care of healthy women and their babies during childbirth. NICE clinical guideline 55 (2007).

Antenatal and postnatal mental health: clinical management and service guidance. NICE clinical guideline 45 (2007).

Postnatal care: routine postnatal care of women and their babies. NICE clinical guideline 37 (2006).

Caesarean section. NICE clinical guideline 13 (2004) [replaced by NICE clinical guideline 132]

Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households. NICE public health guidance 11 (2008).

Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities. NICE public health guidance 10 (2008).

Brief interventions and referral for smoking cessation in primary care and other settings. NICE public health intervention guidance 1 (2006).

Induction of labour. NICE clinical guideline 70 (2008).

Routine antenatal anti-D prophylaxis for women who are rhesus D negative. NICE technology appraisal 156 (2008).

Maternal and child nutrition. NICE public health guidance 11 (2008).

Weight management, before, during and after pregnancy. NICE public health guidance 27 (2010).

Social and emotional wellbeing in early years. NICE public health guidance 40 (2012).

Postnatal care. NICE Quality Standards QS37 (2013)

Hypertension in Pregnancy. NICE Quality Standards 35 (2013).
Caesarean Section. NICE Quality Standards.

Antenatal Care. NICE Quality Standard 22 (2012)

APPENDIX 2: Wirral Child Health Profile Summary

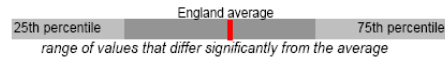
Wirral Child Health Profile

March 2013

Summary of child health and well-being in Wirral

The chart below shows how children's health and well-being in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

- Significantly worse than England average
- Not significantly different
- Significantly better than England average
- ◆ Regional average



Indicator	Local no. per year	Local value	Eng. ave.	Eng. worst	Eng. best
1 Infant mortality rate	18	4.7	4.4	8.0	2.2
2 Child mortality rate (age 1-17 years)	9	14.1	13.7	23.7	7.5
3 MMR immunisation (by age 2 years)	3,513	93.4	91.2	78.7	97.2
4 Diphtheria, tetanus, polio, pertussis, Hib immunisations (by age 2 years)	3,672	97.6	96.1	85.7	98.8
5 Children in care immunisations	440	84.6	83.1	0.0	100.0
6 Acute sexually transmitted infections (including Chlamydia)	1,412	37.2	35.6	75.2	19.9
7 Children achieving a good level of development at age 5	2,261	60.8	63.5	51.5	76.5
8 GCSE achieved (5A*-C inc. Eng and maths)	2,477	65.4	59.4	40.9	79.6
9 GCSE achieved (5A*-C inc. Eng and maths) for children in care	-	-	14.6	0.0	40.0
10 Not in education, employment or training (age 16-18 years)	1,090	8.9	6.1	11.8	1.6
11 First time entrants to the Youth Justice System	198	648.2	876.4	2,436.3	342.9
12 Children living in poverty (aged under 16 years)	14,875	25.3	21.1	45.9	7.4
13 Family homelessness	74	0.5	1.7	7.4	0.1
14 Children in care	675	100.0	59.0	150.0	19.0
15 Children killed or seriously injured in road traffic accidents	18	31.1	22.1	47.9	4.4
16 Low birthweight	254	6.6	7.4	11.0	5.0
17 Obese children (age 4-5 years)	347	9.7	9.5	14.5	5.8
18 Obese children (age 10-11 years)	627	19.8	19.2	27.8	12.3
19 Participation in at least 3 hours of sport/PE	24,163	55.6	55.1	40.9	79.5
20 Children's tooth decay (at age 12)	-	0.8	0.7	1.5	0.2
21 Teenage conception rate (age under 18 years)	276	47.3	35.4	64.7	6.2
22 Teenage mothers (age under 18 years)	81	2.2	1.3	2.8	0.3
23 Hospital admissions due to alcohol specific conditions	79	117.9	55.8	138.3	16.9
24 Hospital admissions due to substance misuse (age 15-24 years)	57	148.9	69.4	186.3	25.7
25 Smoking in pregnancy	482	13.2	13.2	29.7	2.9
26 Breastfeeding initiation	2,029	55.6	74.0	41.8	94.3
27 Breastfeeding at 6-8 weeks	1,119	30.2	47.2	19.7	82.8
28 A&E attendances (age 0-4 years)	8,365	448.6	483.9	1,187.4	136.3
29 Hospital admissions due to injury (age under 18 years)	943	139.2	122.6	211.1	72.4
30 Hospital admissions for asthma (age under 19 years)	155	216.6	193.9	484.4	73.4
31 Hospital admissions for mental health conditions	57	84.2	91.3	479.7	22.6
32 Hospital admissions as a result of self-harm	112	165.4	115.5	311.9	26.0

Notes and definitions - Where data are not available or have been suppressed, this is indicated by a dash in the appropriate box.

- 1** Mortality rate per 1,000 live births (age under 1 year), 2009-2011
- 2** Directly standardised rate per 100,000 children age 1-17 years, 2009-2011
- 3** % children immunised against measles, mumps and rubella (first dose by age 2 years), 2011/12
- 4** % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2011/12
- 5** % children in care with up-to-date immunisations, 2012
- 6** Acute STI diagnoses per 1,000 population aged 15-24 years, 2011
- 7** % children achieving a good level of development within Early Years Foundation Stage Profile, 2012
- 8** % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2011/12
- 9** % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2011/12 (provisional)
- 10** % not in education, employment or training as a proportion of total age 16-18 year olds known to local Connexions services, 2011
- 11** Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2010/11

- 12** % of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2010
- 13** Statutory homeless households with dependent children or pregnant women per 1,000 households, 2011/12
- 14** Rate of children looked after at 31 March per 10,000 population aged under 18, 2012
- 15** Crude rate of children age 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2009-2011
- 16** Percentage of live and stillbirths weighing less than 2,500 grams, 2011
- 17** % school children in Reception year classified as obese, 2011/12
- 18** % school children in Year 6 classified as obese, 2011/12
- 19** % children participating in at least 3 hours per week of high quality PE and sport at school age (5-18 years), 2009/10
- 20** Weighted mean number of decayed, missing or filled teeth in 12 year olds, 2008/09

- 21** Under 18 conception rate per 1,000 females age 15-17 years, 2010
- 22** % of delivery episodes where the mother is aged less than 18 years, 2011/12
- 23** Crude rate per 100,000 under 18 year olds for alcohol specific hospital admissions, 2008-11
- 24** Directly standardised rate per 100,000 (age 15-24 years) for hospital admissions for substance misuse, 2009-12
- 25** % of mothers smoking at time of delivery, 2011/12
- 26** % of mothers initiating breastfeeding, 2011/12
- 27** % of mothers breastfeeding at 6-8 weeks, 2011/12
- 28** Crude rate per 1,000 (age 0-4 years) of A&E attendances, 2010/11
- 29** Crude rate per 10,000 (age 0-17 years) for emergency hospital admissions following injury, 2011/12
- 30** Crude rate per 100,000 (age 0-18 years) for emergency hospital admissions for asthma, 2011/12
- 31** Crude rate per 100,000 (age 0-17 years) for hospital admissions for mental health, 2011/12
- 32** Crude rate per 100,000 (age 0-17 years) for hospital admissions for self-harm, 2011/12

APPENDIX 3

EARLY YEARS NATIONAL VACCINATION SCHEDULE

Age	Vaccine
2 months	5-in-1 (D(DTaP/IPV/Hib) vaccine Pneumococcal (PCV) vaccine Rotavirus vaccine
3 months	<u>5-in-1 (DTaP/IPV/Hib) vaccine</u> , second dose <u>Meningitis C</u> <u>Rotavirus vaccine</u> , second dose
4 months	<u>5-in-1 (DTaP/IPV/Hib) vaccine</u> , third dose <u>Pneumococcal (PCV) vaccine</u> , second dose
Between 12 and 13 months	<u>Hib/Men C booster</u> , given as a single jab containing meningitis C (second dose) and Hib (fourth dose) <u>Measles, mumps and rubella (MMR) vaccine</u> , given as a single jab <u>Pneumococcal (PCV) vaccine</u> , third dose
2 and 3 years	<u>Flu vaccine</u> (annual)
3 years and 4 months, or soon after	<u>Measles, mumps and rubella (MMR) vaccine</u> , second dose <u>4-in-1 (DTaP/IPV) pre-school booster</u> , given as a single jab containing vaccines against diphtheria, tetanus, whooping cough (pertussis) and polio



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