

## **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:

- Family Nurse Partnership Board
- Breast Feeding Steering Group
- Early Years Strategy Commissioning Strategy Group
- Risk and Resilience Work stream.

## **2.0 Key recent achievements relating to Being Healthy priorities for 14/15**

- Award of contract and mobilisation of a new 0-19 years integrated service for children, young people and their families
- 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. The pathway is currently being reviewed with clinicians due to the publication of the Antenatal and Postnatal Mental Health NICE Guidance issued in December 2014. The Cheshire and Merseyside Strategic Clinical Network for Perinatal Mental Health are due to release a pathway imminently which the Wirral pathway will also be brought into line with
- A stop smoking service specifically for pregnant women is in place. The service focuses on the 20% most deprived lower super output areas and is a 12 week holistic health and wellbeing programme with a focus on quitting smoking
- A breastfeeding needs assessment was completed to examine local views/ best practice in order to inform service developments
- Brief intervention training is available to all Early Years practitioners. The aim of the training is to increase skills around motivational interviewing and support behaviour change. There is also co-ordinated training provided on breastfeeding and oral health. 6 early years settings are actively promoting breastfeeding as part of their commitment to the Health Promoting Early Years Programme
- Public Health have worked with Children's Centres and additional financial support has been provided to enable Healthy Eating and Nutrition for the Really Young (HENRY) to be delivered
- 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. A toothbrush exchange took place at 2 local primary schools.

- 6 schools have achieved the enhanced healthy schools award, areas selected include: obesity; sex education and risk taking behaviour; emotional health and wellbeing; breastfeeding; packed lunches and school meals. Lunchbox audits have been completed in 6 schools as part of work to deliver better nutrition/healthy eating education
- 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 and emotional wellbeing. There are different levels of sexual health offer depending on the ethos and needs of the school
- The HSIS team have developed four personal development programmes. These include: Drugs and Alcohol; Emotional Health and Well-Being; Sexual Health and Relationships and a 3 week condensed programme that is focussed on risk and resilience
- 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 sexual health needs assessment has recently been completed to inform local views and service developments
- The teenage pregnancy intervention using virtual babies piloted during 2013/14 has been further developed and 14 sessions have been delivered providing 140 students with the opportunity to understand the consequences of teenage parenthood, all sessions are delivered as part of an integrated approach to education on reducing teenage pregnancy following best practice guidance developed by Wirral Community NHS Trust. Breastfeeding is promoted to pupils/staff at every virtual babies session delivered within schools
- There are currently 15 organisations that have achieved Young People Friendly status. 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
- GIRLS project run in conjunction with Youth Service. Award ceremony scheduled for The G.I.R.L.S. project was successfully piloted in 2013 and has received funding from the Public Health Outcomes Fund to roll out the programme in 2014/15 across Wirral to work with 240 young women in need of additional support. The project offers an opportunity for vulnerable and at risk young women aged 13 – 19 years to participate in a specialist, intensive personal development programme. This is a celebration of the third and final course in the current G.I.R.L.S. programme in which over 60 young women have participated. The programme is accredited through Open Awards and has helped the young women to increase their confidence and self-esteem, identify their strengths, unlock their potential and increase their resilience.

### **3.0 Key issues for 15/16**

- Fragmented commissioning of children's services remains an issue. Conversations have taken place between the Director of Children's Services and the Director of Public Health to develop joint commissioning arrangements to include the Clinical Commissioning Group.
- Vitamin D uptake remains an issue. Promotion has been included in the Healthy Child Programme which should increase uptake through partner organisations

- 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.

#### **Areas for development:**

- Public Health is currently working to facilitate the development of a toothpaste distribution scheme for 3-8 year olds in our most deprived areas to increase access to fluoride toothpaste
- Workshops were held at the end of January with Maternity Services and relevant partners to explore how links between public health and maternity can be strengthened to give babies the best start in life. The workshops looked at; smoking at the time of delivery, breastfeeding and maternal weight/gestational diabetes. Working groups will be set up to take forward potential actions identified for smoking and maternal weight. Breastfeeding actions will be progressed through the Breastfeeding Steering Group
- Ensuring that the Better Food Wirral (Wirral Food Plan) free school meal offer is made available to all eligible schools
- Strategy development for 'Risk and 'Resilience'.

#### **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 aspects of universal services could be seen as non-essential, however as this statement highlights the importance of this approach is prevention.

Public Health has recently re-tendered for key services for children, young people and their families. This was undertaken in conjunction with the NHS England Local Area Team (Cheshire, Warrington and Wirral). The intention of the exercise was to enable the delivery of 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

The service was operationalised in February 2015 and delivered by a lead provider organisation, Wirral Community NHS Trust and supporting partners, which include Homestart, Wirral Brook and Barnardos. Responsibility for commissioning the Health Visiting Service and Family Nurse Partnership will transfer to the Council from October this year, Vaccination and Immunisation commissioning will remain the responsibility of the Area Team.

#### **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 resulting from cuts to other services  
Proposed action – Activity data is being monitored to ensure any early indication of this is identified and addressed appropriately
- Capacity of staff due to reductions in workforce resulting from budget cuts  
Proposed action – prioritisation of work areas

- Wirral's breastfeeding rates remain a challenge despite considerable investment across the partnership.  
Proposed action – breastfeeding support has been included in the integrated service for 0-19 years to ensure a more seamless approach. There is an increasing emphasis locally to ensure breastfeeding services are working to 'normalise' breastfeeding. A workshop was held recently with key stakeholders, including maternity services to determine how breastfeeding support can be strengthened.

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

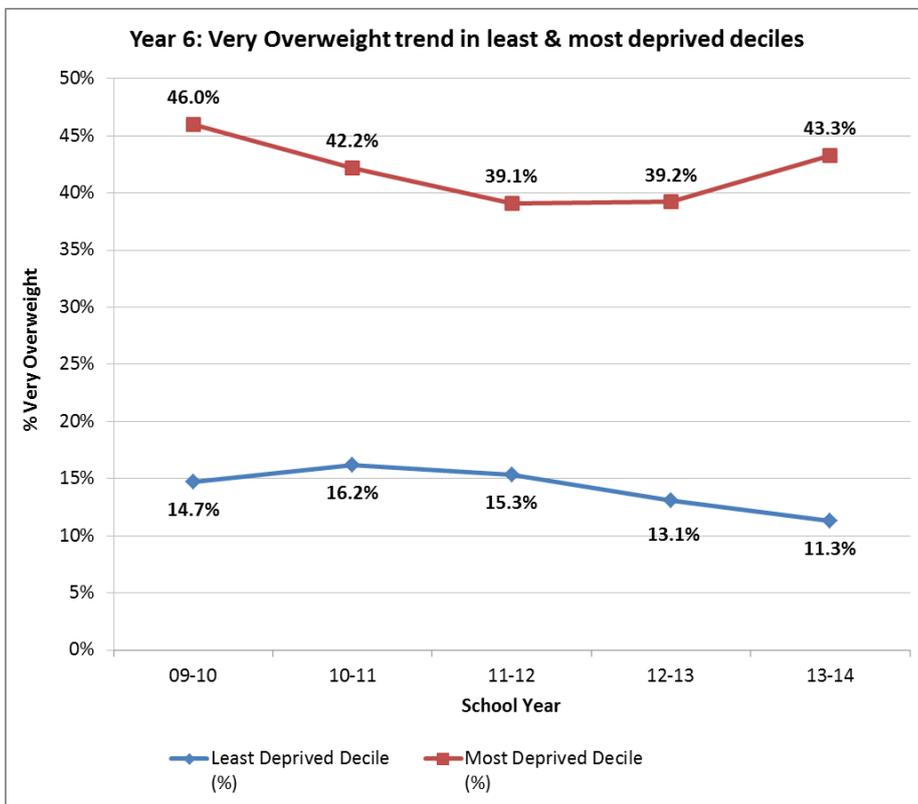
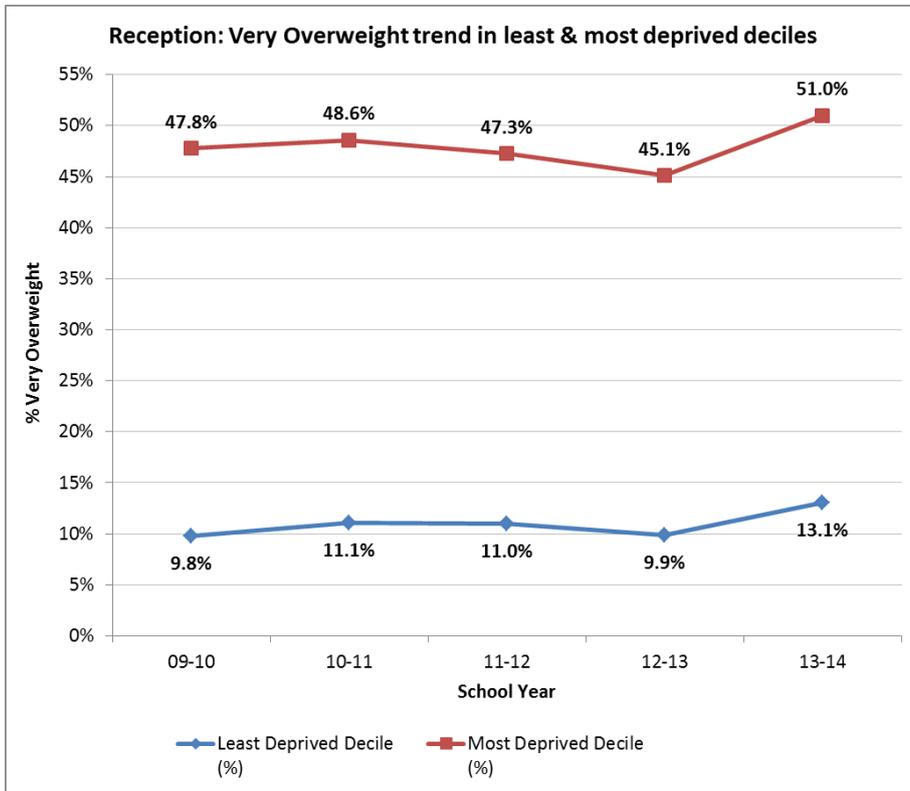
Breastfeeding – partners are encouraged to promote 'breastfeeding as the norm' at every opportunity to ensure an increase in rates across Wirral. Support for breastfeeding has now been included in the Healthy Child Programme for 0-19 years, we will continue to monitor whether there is an improvement in rates as a result of a more integrated programme. In parallel with implementing some of the actions identified in the recent workshop with maternity services and the breastfeeding needs assessment completed during 2014.

### **Teenage pregnancy**

The teenage pregnancy rate in Wirral increased slightly during the previous reporting year from 33.5 per 1,000 in 2012 to 33.7 per 1,000 in 2013. Teenage pregnancy is now being addressed through the early stages of development of a 'Risk and Resilience' strategy, which includes sexual health, substance mis-use and emotional wellbeing. There has been consultation with young people and key stakeholders which is being used to inform the strategy development. As part of this work the teenage pregnancy pathway will be revised to ensure that all agencies are aware of the services available to support young parents. Work will also be undertaken with education providers to ensure that young people remain in education and thereby improve outcomes for both themselves and their babies.

### **JSNA**

A partnership approach has been adopted to updating the JSNA. This approach will enable a robust data repository to be built up through identifying, accessing and analysing data sources. Progress to date has been limited. It will therefore be necessary to establish a task and finish group to take this forward in order to enable developing trends to be identified in a robust manner to inform future commissioning intentions and service development (see example overleaf from the National Child Measurement Programme data analysis).



### Children’s Mental Health Taskforce Report

Partnership working is key to developing a local action plan to implement applicable recommendations/key themes from the Department of Health/NHS England recent report ‘Future in mind. Promoting, protecting and improving our children and young people’s mental health and wellbeing’.

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

Public Health has continued to impact assess any changes to priorities and regularly undertakes needs assessments, including vulnerable groups to inform service developments.

## 8.0 Areas for reporting focus

### Infant mortality

Infant deaths are scrutinised on a monthly basis via the Merseyside Child Death Overview Panel (CDOP) which was formed in April 2011. The panel involves Liverpool, Knowsley, St. Helens, Sefton and Wirral councils.

- The CDOP analyses any deaths occurring in children, aged from 0-18 years old, and identifies any modifiable factors that could represent areas for future improvement
- During 2013/14, Merseyside CDOP met 11 times and reviewed 86 deaths (17 of these were from Wirral)
- Of the 86 deaths reviewed, 69 were concluded and categorised
- 12 of the concluded cases were judged to have modifiable factors. These factors included:
  - delay in diagnosis
  - Poor service provision and delay in progressing required medical intervention
  - Co-sleeping, substance misuse, risk-taking behaviour
- Deaths to neonates continue to account for approximately a third of all child deaths
- There is a persistent link between levels of deprivation and number of child deaths
- Actions arising from CDOP activity have included:
  - Briefing sessions delivered to local professionals
  - Regular themed newsletters to frontline professionals, advising on areas of risk
  - Production of quarterly and annual reports
  - Sharing of good practice guidelines
  - Range of 'Safe Sleep' activity (see below).

### Safe Sleep:

- Over the past 5 years, a total of 25 infant deaths have occurred where unsafe sleeping practices have been associated. As a result of this, Merseyside CDOP has led to the following action:
  - Local workshop to 120 frontline professionals (Wirral)
  - Media campaign including radio
  - Safe sleep briefing sessions (6) in each local area delivered by Lullaby Trust
  - Development of a Merseyside Safe Sleep pathway
  - Currently developing a Merseyside Safe Sleep public campaign, based on the successful Lancashire model.

## **Infant feeding**

The Infant Feeding Team (Wirral Community Trust) is working on a number of innovative programmes to further develop the support available to women on the Wirral. These include: Get Rock Ferry Breastfeeding – Pilot project working with first time mothers who live within the Rock Ferry postcode area. They are being offered an additional ante-natal visit focused on building better relationships with their baby and breastfeeding and then further supported with additional texts relating to pregnancy and breastfeeding. They are being audited ante-natally and post-natally for efficacy of the service.

Discussions are also taking place to enable the successful pilot milk bank to be extended. The project is looking at supporting additional mothers and babies with complex medical needs that are impacting on breastfeeding and where exclusive breastfeeding would be of considerable health benefit.

## **Pupil panels**

Pupil panels are delivered via:

- 2 x Key Stage 2 (primary age) day events
- 1 x Key Stage 3 (11 - 13 age) day
- 1 x Key Stage 4 (14+ age) day

All events were delivered in November 2014

Twenty primary schools and 50% (11) high schools were involved in these consultation events, a full range of ability is represented from Grammar schools, all ability schools, faith schools, special schools and same sex schools.

Themes discussed in the primary days:

- cyber bullying and walking to school

Themes discussed in the KS3 and KS4 days

- risk and resilience, the role of the school nurse, staying safe in the real world, how to normalise breastfeeding in society and the barriers and e-cigarettes\*.

\*As a result, Tobacco free Futures (Manchester based social enterprise) asked if a Wirral high school could take part in a Glasgow research project into E-cigarettes. This will help inform the Government of e-cigarettes prevalence amongst teenagers.

## **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
- Relationship and sex education- Brook 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 was adapted to enable primary school staff to attend due to demand for the programme, and included: puberty; relationships; peer pressure; media influences and e-safety. A resource called, 'Right Time, Right Age' was developed to highlight to staff that there are multiple factors to consider to planning the delivery of RSE, including developmental age, cultural and other life experiences. Tier two training was also delivered for those working with more vulnerable or hard to reach young people. Tier three builds on both of these sessions.

For practitioners working older groups the focus was on sexting; CSE within vulnerable groups; unhealthy relationships and sexual health. The training has received very positive feedback across agencies, the following is an example of this: *'The best training I have ever been on, really enjoyable and I have taken lots from it; I will use what I have learned in so many ways, thanks for the resources too, I will use them confidently. The trainers are fun, confident, approachable and passionate, I really enjoyed today'*

- This intervention has now been incorporated into the Healthy Child Programme for 0-19 years.

### **Alcohol and substance misuse**

- Schools Substance Misuse Guidance document launched
- Christopher Winter educational resource has been embedded into the primary curriculum. All primary schools invited to attend Christopher Winter Training which is being delivered across cluster groups – Bebington, Bromborough and Deeside clusters still to receive training
- Substance Misuse Champions – single points of contact – have been identified in 45% of primary schools and 90% of secondary schools
- Substance Misuse training for teachers on-going with over 80 staff trained. Further training has been negotiated with a number of other schools still to be delivered
- Staff from Response running sessions at Accident & Emergency (A & E) staff and maintaining an evening presence within the A&E department twice weekly. Schools have been involved in A&E pathway developments in partnership with Response to ensure schools receive notification of hospital admission/attendance data. The A&E pathway for young people's substance misuse services was launched in November and training on use of the pathway was offered to A&E staff. Brief intervention clinic is operational within Arrowe Park Hospital offering young people follow up appointments post Alcohol admission
- Wirral Council's Public Health, Environmental Health and Trading Standards Teams have joined forces to work with the police, licencing team, local charities and other key stakeholders to set in place a 'Reducing the Strength' campaign in Wirral. This involves alcohol retailers voluntarily agreeing not to sell very strong, very cheap beers and ciders. Cheaply sold 'super-strength' beers and ciders (6.5% ABV and above) have been shown to cause a lot of harm to the people who drink them and to the communities who have to deal with the consequences. These 'super strength' products have been linked with harm and problems amongst street drinkers and young drinkers wanting to become intoxicated quickly and cheaply – even though this can lead them into risk taking and anti-social behaviour. Restricting the availability of very strong and cheap alcohol helps to reduce harm to individuals and the communities within which they live.

## 9.0 Brief SWOT analysis

<b>Strengths</b>	<b>Weaknesses:</b>
<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. Changes in resources and government priorities resulting in uncertainty about future of some programmes and funding streams</li> <li>2. Fragmentation of commissioning function.</li> </ol>
<b>Opportunities:</b>	<b>Threats:</b>
<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> </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 end and local areas advised to set own priorities' and allocate resources accordingly.</li> </ol>

## 10.0 Summary

Good progress has been made 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. In some areas progress has been slower than intended, this is a consequence of all the changes to the NHS and Wirral Council. 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 notes the report.

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**Appendices:** none