

# **Committee: Health and Wellbeing Board**

**Date: 1 October 2013**

Agenda item: 10

Wards: All

## **Subject: Progress Report on Merton Health and Wellbeing Strategy - Priority 1: Giving Every Child a Healthy Start**

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Forward Plan reference number:

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### **RECOMMENDATIONS:**

- A. To note and consider progress on the development and delivery of the Health and Wellbeing Strategy Priority 1: Giving Every Child a Healthy Start
  - B. To consider opportunities for further integration and partnership work to further progress the delivery of Priority 1 outcomes.
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## **1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY**

1.1 The purpose of this report is to update the Health and Wellbeing Board on progress on the delivery of the Health and Wellbeing Strategy Priority 1: Giving every child a healthy start, and ask the Board to consider opportunities for further integration and partnership work. The report sets out the context and priorities within the Strategy and outlines current progress on priorities and next steps for delivery.

## **2 DETAILS**

### **2.1 Introduction**

2.1.1 Merton Health and Wellbeing Strategy 2013/14 includes Priority 1: 'Giving every child a healthy start'. This reflects evidence set out in the Marmot Review 'Fair Society, Healthy Lives (2010)' which set out the case for focusing investment on early years and advocated a life-course approach to tackling health inequalities, demonstrating that giving every child the best start in life is crucial to reducing health inequalities across the life-course.

2.1.2 The Strategy includes a commitment to further strengthening our partnership approach to preventative strategies for health and wellbeing, across all universal services and settings, and ensuring the earliest identification of health and wellbeing

issues to better target services to those families that are in greatest need of support, particularly for residents living in the east of the borough.

2.1.3 The Strategy complements Merton's Children and Young People's Plan 2013/16, which focuses on improving outcomes for a number of key groups of children vulnerable to poorer outcomes including safeguarding children, looked after children, youth offending/youth inclusion, and children with special educational needs and disabilities.

2.1.4 Outcomes for Priority 1: 'Giving Every Child a Healthy Start':

- All babies have the best start in life
- Promoting the emotional wellbeing of our children and young people
- Promoting a healthy weight
- Helping young people to make healthy life choices

The Children's Trust Board lead on the delivery of these outcomes.

## **2.2 Context**

2.2.1 Since the Health and Wellbeing Strategy was produced there have been significant changes in national and local commissioning arrangements. The transition of public health responsibilities and other changes to the health system from April 2013 provide an opportunity to strengthen priorities for prevention and early intervention:

- Merton Council is responsible for commissioning public health services for children and young people age 5-19 years. This includes School Nursing Services; National Child Measurement Programme; healthy weight and weight management services; tobacco control & smoking cessation; alcohol and drug misuse; local nutrition services; increasing physical activity and injury prevention.
- NHS England is responsible for commissioning services for infants and children age 0-4 years, including Health Visiting, Childhood Immunisations and child health Information systems, as well as offender health and Tier 4 CAMHS..
- Merton Clinical Commissioning Group is responsible for commissioning a wide range of health services for children and young people including Maternity Services and some Child and Adolescent Mental Health Services. LB Merton has a statutory responsibility to provide public health advice to the CCG.

2.2.2 This new health infrastructure has potential risks associated with transition and new systems, but also provides an opportunity to take a refreshed look at an integrated approach to prevention and early intervention for children and young people.

2.2.3 In July 2012 the National Children and Young People's Health Outcomes Forum, an independent group of experts, published its report setting out proposals on how health-related care for children and young people can be improved. This

identified several themes for improvement including: putting CYP and families at the heart of what happens, acting early and intervening at the right time, and integration and partnership. The report supports Marmots approach and recommends that all organisations in the new health system should take a life-course approach, coherently addressing the different stages of life and key transitions instead of tackling individual risk factors in isolation.

2.2.4 The Forum also published a report on Inequalities in Child Health and how they might be addressed. In addition to addressing the wider determinants of health (housing, education, environment), this identified the top ten areas of evidence-based good practice that if implemented will have an impact on reducing health inequalities:

- Health education and healthy schools
- Parenting programmes
- Safeguarding, domestic violence prevention
- Troubled families initiative
- Support for children of adult offenders
- Family Nurse Partnership
- Children's Centres integrating with health visiting and midwives
- Interventions with children in care or at risk of care, including Multi-systemic Therapy
- Liaison and diversion, including new pathfinders
- Action on teenage pregnancy and sex and relationship education

2.2.5 It is positive to note that in Merton many of the programmes identified by the Outcomes Forum are well established and others under development, such as the Family Nurse Partnership, and this report sets out priorities in the Health and Wellbeing Strategy which reflect this.

2.2.6 The development of integrated approaches to commissioning and service delivery should be explored further, building on the recommendations of the National Children and Young People's Health Outcomes Forum. This recommended that for effective integration there was a need to put children, young people and family experience at the centre; to focus on the whole care pathway; effecting sharing of information between services, and building partnerships. This was especially important in the development of services for children and young people with disabilities; long term conditions, complex needs and mental health disorders.

2.2.7 In Merton early discussions across the Children Schools and Families Department and Merton Clinical Commissioning Group have begun to explore possible ways of securing integration, partnership working and/or joint commissioning where these approaches would enhance the delivery of services and the impact for children and young people.

## **2.3 Health Outcomes and Performance Indicators**

2.3.1 The Public Health Outcomes Framework 2013-16 sets out priorities for Children and young people across 4 domains: wider determinants, health

improvement, health protection and healthcare public health. 19 of the 66 indicators have a primary focus on maternity, children and young people and a further 21 include the younger age group alongside adults. The full set of PHOF indicators are available at: <http://www.phoutcomes.info/>

2.3.2 High level performance indicators for the Health and Wellbeing Strategy have already been presented to the Board. It is proposing to include a number of additional indicators within Priority 1 delivery plan, which reflect those being monitored for the Children and Young People’s Plan priority for prevention and early intervention.

### Summary of Proposed Performance Measures

Outcome	Performance Indicator
Ensure every baby has the best start in life	<ul style="list-style-type: none"> <li>Breastfeeding prevalence at 6-8 weeks</li> <li>MMR1 Coverage (1 dose by age 2)</li> <li>MMR2 Coverage (2 doses by age 5)</li> <li>% of completed parenting programmes</li> </ul>
Promote and improve personal, social and mental wellbeing of children, young people and their parents	<ul style="list-style-type: none"> <li>% Children achieving a good level of development at age 5</li> <li>% of children on the waiting list for CAMHS (first assessment) seen within 8 weeks</li> </ul>
Promote and increase the proportion of healthy weight children and young people	<ul style="list-style-type: none"> <li>Excess weight in 4-5 year olds</li> <li>Excess weight in 10-11 year olds</li> </ul>
Enable and increase the number of young people making healthy life choices	<ul style="list-style-type: none"> <li>Under 18 conceptions</li> <li>4 Week successful smoking quitters in young people</li> <li>Hospital admissions for alcohol specific causes in under 18s</li> </ul>

### 2.4 Current Progress on Delivery of Priority 1

2.4.1 This section provides a summary of key actions set out in the Delivery Plan for the Priority 1 and an overview progress on delivery. Further detail on each outcome is set out in **Appendix 1**.

Giving every child a healthy start –Summary		
Outcomes	Key actions 2013/14	Current Progress
Ensure every baby has the best start in life	<p>Work in partnership to promote public health programmes supporting infant development</p> <p>Enable early identification of need through take up of children’s Centres activities and the Healthy Child Programme</p> <p>Develop a continuum of parenting support with improved pathways that target specific groups</p>	<p>Review of Children’s Centres underway</p> <p>Development of Family Nurse partnership underway</p> <p>Development of Breastfeeding Action Plan.</p> <p>Immunisation Task Group and Action Plan established.</p>

		Review and refresh of Parenting Strategy
Promote and improve personal, social and mental wellbeing of children, young people and their parents	<p>Through universal settings deliver targeted interventions that focus on building resilience in infants through bonding and attachment</p> <p>Continue to promote emotional wellbeing and identify early those children with emerging mental health issues through preventative initiatives in schools</p> <p>Ensure specialist mental health support is accessible to children and young people that have a need.</p>	<p>Parenting Strategy –as above</p> <p>Continued growth of TAMHS commissioned directly by Merton Schools</p> <p>Review of CAMHS in Merton</p>
Promote and increase the proportion of healthy weight children and young people	<p>Improve partnership approach to promoting healthy weight.</p> <p>Continue to monitor and target levels of overweight and obesity.</p> <p>Continue to support children and young people already overweight or obese.</p> <p>Promote and enhance access to leisure and sport activities in and out of schools</p>	<p>Review of School Nursing Services including National Child Measurement Programme.</p> <p>Options review for re-commissioning of child weight management services</p> <p>Development of support for Healthy Schools programmes with School clusters</p> <p>Potential development of further support for sport and physical activity to young people aged 16-24 years</p>
Enable and increase the number of young people making healthy life choices	<p>Deliver promotional services to support young people making healthy life choices</p> <p>Support young people already affected by alcohol and substance misuse.</p> <p>Deliver accessible young people Stop Smoking Services.</p>	<p>Stop smoking support for vulnerable young people delivered via LiveWell service</p> <p>Delivery of Teenage Pregnancy and Substance Misuse Action Plan and refresh of Teenage Pregnancy Strategy</p> <p>Review of options from substance misuse prevention and treatment services</p>

### **OUTCOME 1.1: Ensure Every Baby has the Best Start in Life**

This outcome aims to provide every baby with the best start in life setting a foundation that helps reduce health inequalities across the life course. Current progress focuses on the Healthy Child Programme and Children's Centres; development of the Family Nurse Partnership; Breastfeeding and Childhood Immunisations:

**Healthy Child Programme and Children's Centres:** the Healthy Child Programme (HCP) is a universal service that sets out an integrated approach to improving health and wellbeing and supporting families. Merton Children's Centre services are delivered either by schools or directly by the local authority, with significant delivery of the HCP by Health visitors and to a lesser extent midwifery services. In 2015 responsibility for commissioning Health Visiting Services will transfer to local authorities. In order to assess the effectiveness of the current delivery approach a review is being undertaken, which will inform service and pathway development, potential public health investment and future commissioning arrangements.

**Family Nurse Partnership (FNP):** Merton and Sutton are developing a FNP programme. The FNP is an evidence-based preventative early intervention programme for vulnerable first time mothers under 20 which aims to improve pregnancy outcomes and child development. This will involve recruitment of a Supervisor and 6 new nurses.

**Breastfeeding:** Following a review of Breastfeeding support across Merton and Sutton, the Breastfeeding Steering Group is being reviewed and an Action Plan is being developed to increase breastfeeding support services and awareness.

**Immunisation:** In Sutton and Merton the performance on Childhood Immunisation has been low for a number of years. The recent outbreak of Measles in South Wales has highlighted the potential risk to the local population and a MMR catch up campaign for 10-16 year olds took place over the Summer. A Task Group has been established to review local action. Public Health has an assurance role and has worked with partners to agree an action plan is in place to improve access and uptake, child health information systems and raising awareness among parents.

## **OUTCOME 1.2: Promote the emotional wellbeing of children and young people**

This outcome aims to develop a proactive approach to child mental health, with the provision of prompt support and early interventions to promote good mental health:

**Parenting Strategy:** Merton Parenting Strategy is currently being refreshed, this will set out our approach to parenting support including the need to support all our parents through a range of universally available services to which all parents are entitled, targeted services for parents who need specific support at particular times and mandatory interventions for those parents who are unable to seek out or engage with existing support services. The targeted parenting offer includes a range of evidence based accredited parenting programmes.

**Targeted mental health support in schools (TAMHS):** This aims to transform the way that mental health support is delivered to children, to improve their mental wellbeing and tackle problems in a timely way. 21 Primary Schools and 1 Secondary school directly commissioned TAMHS in 2012/13, and the aim to increase this number.

**Specialist mental health support to children and young people:** Following the NHS changes in April 2013, Tier 4 CAMHS is now commissioned by NHS England. Tier 3 CAMHS commissioned by Merton CCG is provided by South West London and St George's Mental Health NHS Trust. A range of Tier 2 services are available in Merton for young people, in addition CAMHS specialists work within the London Borough of Merton's Looked after Children's Team, Youth Offending Team and some schools. Current plans include to undertake a review of CAMHS, which will assist Merton CCG in developing it's commissioning intentions from 2014.

### **OUTCOME 1.3: Promote and increase the proportion of healthy weight children**

This outcome aims to tackle childhood obesity and help children achieve a healthy weight as a key way to prevent future illness. Current progress focuses on the National Child Measurement Programme and targeted services for child weight management; the Healthy Child Programme and School Nursing; and healthy schools:

**Healthy Weight:** The National Child Measurement Programme is a mandatory service that measures children in reception and year 6. Results from Merton show a significant increase in obesity between ages 5 and 11 years. Current healthy weight initiatives will be reviewed against NICE guidance to assess how well best practice is being applied locally, and healthy weight pathways will be developed. Healthy Weight services for children will be re-commissioned in 2014/15 and options are currently being reviewed to identify the most cost effective commissioning arrangements.

**The Healthy Child Programme (HCP) and School Nursing:** The HCP from 5-19 years sets out the recommended framework of universal and progressive services for children and young people. School nurses are key to its delivery and a review of services is currently taking place, including the National Child Measurement Programme, which will inform service development and future commissioning.

**Healthy Schools:** A new London programme has been launched, to which all Merton schools will be eligible for Bronze status. The focus for Merton will be on developing practical support for clusters of schools in the east of the Borough, building on and enhancing work already taking place in schools.

### **OUTCOME 1.4: Young people making healthy life choices**

This outcome aims to help young people feel confident and informed to make healthy lifestyle choices as they move into adulthood and to ensure that their parents and carers are fully informed to encourage and support them. Current progress focuses on smoking, teenage pregnancy and substance misuse:

**Smoking:** 70% of smokers begin before their 18th birthday and vulnerable young people are more likely to smoke. From April 2013 Merton Council took over responsibility for commissioning Stop Smoking Services, including services for young people. The first three months of the new service has been spent

setting up clinics in a range of sites. 8 quits have been achieved in Q1, which is below target, however, this is expected to rise and 44 quit dates have been set by young people.

**Teenage Pregnancy:** Although teenage pregnancy rates have reduced, it remains an important issue and a new teenage pregnancy strategy is being developed and a range of training for schools, young people and parents will continue. An options appraisal on future commissioning arrangements for sexual health services for young people is taking place.

**Substance Misuse:** A recent needs assessment identified increases in access to drug treatment services and indicated increases in higher risk drinking among young people. Current substance misuse services for young people have recently been reviewed and an review of options for future commissioning is taking place.

**See Appendix 1. for further details of progress on each outcome.**

## **2.5 Next Steps**

2.5.1 This report has provided an overview and update on current activity to deliver priority 1: Giving every child a healthy start. The current changes to commissioning arrangements have identified the need to review a number of services and commissioning arrangements going forward to ensure services are meeting local needs. There is also a need for sustained action where we know performance needs to improve, such as immunisation uptake and healthy weigh. The following activity highlighted in this report is being undertaken in 2013/14:

- Review of Children's Centre activity
- Development of Breastfeeding Action Plan
- Delivery of Childhood Immunisation Action Plan
- Delivery of refreshed Parenting Strategy and Action Plan
- Continued marketing and delivery of TAMHS
- Review of School Nursing Services
- Promotion of Healthy Schools to 2 school clusters
- Re-commissioning of Children's Healthy Weight Services
- Re-commissioning of Young People's Substance misuse services
- Options for re-commissioning of Young People's Sexual Health services

2.5.2 There are a number of challenges to the delivery of Priority 1, including financial pressures; workforce recruitment for some services, such as school nursing; capacity issues and the small size of the public health team compared to other Local Authorities; and the timescales for re-commissioning services. We need to further work to refresh our current Child and Adolescent Mental Health strategy and this will be preceded by a child and adolescent mental health needs assessment, with agreement that this will take place later this year.

2.5.3 However, changes to commissioning arrangements and the development of a new health infrastructure provide important opportunities to build on and strengthen



Merton's approach improving health and tackling health inequalities, working in partnership with the Children's Trust Board and health partners in the NHS, Community and Voluntary sector. It is an opportunity to take a refreshed look at an integrated approach to prevention and early intervention for children and young people. The Health and Wellbeing Board are asked to consider how best to develop this approach.

### **3. ALTERNATIVE OPTIONS**

None

### **4. CONSULTATION UNDERTAKEN OR PROPOSED**

None

### **5. TIMETABLE**

Children's Trust Board to report to Health and Wellbeing Board on Priority 1 in Health and Wellbeing Strategy on an annual basis.

### **6. FINANCIAL OR RESOURCE IMPLICATIONS**

The Merton Public Health Grant for Merton is £8,940,600 for 2013/14. The Director of Public Health is accountable for the Grant.

### **7. LEGAL AND STATUTORY IMPLICATIONS**

None

### **8. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS**

None

### **9. CHILDREN & YOUNG PEOPLE'S PLAN IMPLICATIONS**

The activities identified in this report will contribute to delivery of priorities for prevention and early intervention.

### **10. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS**

None

### **11. APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT**

**Appendix 1: Further details of progress on delivery of outcomes in Health and Wellbeing Strategy Priority 1: Give every child a healthy start**

## **APPENDIX 1**

### **Further details of progress on delivery of outcomes in Health and Wellbeing Strategy Priority 1: Give every child a healthy start**

#### **OUTCOME 1.1: Ensure Every Baby has the Best Start in Life**

This outcome aims to provide every baby with the best start in life setting a foundation that helps reduce health inequalities across the life course. Current progress focuses on the Healthy Child Programme and Children's Centres; development of the Family Nurse Partnership; Breastfeeding and Childhood Immunisations.

##### **1.1.1 Healthy Child Programme and Children's Centres**

The Healthy Child Programme: pregnancy and the first 5 years (DCSF 2009) sets out an integrated approach to improving the health and wellbeing of children and supporting families and sets out recommended standards for delivery. The Healthy Child Programme has been defined as 'the early intervention public health programme that lies at the heart of universal services for children and families. At a crucial stage of life the HCP's 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.' (HCP 2009)

The Healthy Child Programme approach is well established in Merton, with an integrated approach to Children's Centres and Health Visiting services across the 11 Children's Centres in Merton. Children's Centre services are delivered either by schools or directly by the local authority, with significant delivery of the HCP by Health visitors and to a lesser extent midwifery services (from 2 of the local hospitals). Services include a range of child development, health and parenting programmes.

In order to assess the effectiveness of the current delivery approach a review is underway examining the extent to which current integrated working practices between key agencies deliver the core purpose, improve outcomes and narrows the gap for disadvantaged children (from conception 0 – 5). This will help inform service and pathway development, potential public health investment and provide a baseline for future commissioning, when responsibility for Health Visiting services transfers to local authorities in 2015.

##### **1.1.2 Family Nurse Partnership**

Merton and Sutton are developing a Family Nurse Partnership (FNP) programme. The FNP is an evidence-based preventative early intervention programmes for vulnerable first time mothers which aims to:

- improve pregnancy outcomes
- improve child health and development through helping parents provide more competent care
- improve parents economic self sufficiency

The programme has been developed in the US over 30 years. It provides intensive and structured home visiting, using a psycho-educational approach focussing on adaptive behaviour change during pregnancy and until the child turns 2 years old. The programme is being adopted in England under licence to ensure replication of the original research. Merton was invited to develop a joint programme with Sutton, and based on 2010 data, it is estimated that about 90 young mothers are eligible in each borough, but due to the rising birth rate and population changes this may be higher.

NHS England will provide resources for 2013/14 and 2014/15 to deliver the programme locally and establish a local team comprising of a supervisor and initially 4, but rising to 6 nurses. From 2015 funding for the programme will be part of the Public Health baseline alongside the core 0-5s children's health services funding. The programme will be delivered by Sutton and Merton Community Services and recruitment has commenced with the aim of having staff in post by September 2013, and a fully staffed team by April 2014. There is an intensive training programme which is fully funded by NHS England. A Strategic Group has been established to oversee the programme, a Programme supervisor has been appointed and the current priority is recruitment of nurses.

### **1.1.3 Breastfeeding**

Higher levels of breastfeeding are linked to better child health including lower levels of overweight and obesity, reductions in hospital admissions and primary care attendances, and better longer term health. Supported by Commissioners, Sutton and Merton Community services have signed up to UNICEF Baby Friendly accreditation which aims to improve breastfeeding rates. In Merton the prevalence of breastfeeding at 6-8 weeks after birth was 64% in 2012/13.

A recent review of Breastfeeding identified a number of challenges and opportunities for improving breastfeeding and a Merton Action Plan is under development. Objectives include:

- All pregnant women are to be given up to date information about the benefits and management of breastfeeding within the first 34 weeks of pregnancy
- To offer antenatal intervention designed to increase breastfeeding rates aimed at those least likely to breastfeed
- To support women who chose to breastfeed more effectively
- To raise awareness of local breastfeeding services and information to ensure all women receive consistent information and can chose the type/style of support they can access
- To support Merton to welcome breastfeeding families to their services (cafes, restaurants, leisure centres etc)

A breastfeeding 'App' has been developed to provide up to date information for mothers. A Sutton and Merton Breastfeeding Steering Group will be met in September to review and identify priorities.

### 1.1.4 Childhood Immunisation

After clean water, vaccination is the most effective public health intervention in the world for saving lives and promoting good health. The primary aim of vaccination is to protect the individual who receives the vaccine, but vaccinated individuals are also less likely to be a source of infection to others. This reduces the risk of unvaccinated individuals being exposed to infection. This concept is called population (or 'herd') immunity. The World Health Organization (WHO) recommends at least 95% of pre-school children to receive the recommended vaccinations to achieve 'population' immunity.

In Sutton and Merton the performance on Childhood Immunisation has been low for a number of years. The recent outbreak of Measles in South Wales has highlighted the potential risk to the local population and is indicative of our overall performance on childhood immunisations:

- In 2011-12 the proportion of the population immunised with 1 dose of MMR by age 2 years was 78.7% for Sutton and Merton, compared to 86.1% for London and 91.2% for England. Latest data for Q4 2012/13 shows an increase to 81.9%.
- In 2011/12 the proportion of the population immunised with 2 doses of MMR by age 5 was 77%, compared to 80.2% for London and 86% for England. Latest data for Q4 2012/13 shows a decrease to 69.2%.
- The trend over the past four years has been downwards and the level of coverage at 2<sup>nd</sup> birthday has reduced from 83.6% in 2008-09 (a reduction of nearly 5%)

Data recording has been identified as a potential significant issue affecting the accuracy of the published data and actions have been identified and are being put in place to address this via a 'GP Upload' tool. From 2013/14 data will be available on a borough basis, which will provide a more accurate local picture. Local analysis of coverage by General Practice indicates a wide variation in the coverage rate of MMR at 2<sup>nd</sup> birthday. It also indicates that coverage may be higher than the joint Sutton and Merton data currently reported nationally.

Currently the incidence of confirmed Measles cases is low (1 confirmed case in Q2 2013/14) and there are no current outbreaks locally and across London. However was estimated that there was a cohort of young people mainly aged 10-16 years who were missed routine childhood immunisations at the height of negative publicity and concerns, now discredited, about links with MMR and autism and bowel disease. A national MMR catch up campaign for 10-16 year olds took place over the summer months which aimed to ensure that all young people are vaccinated by September 2013. According to the PHE MMR catch-up campaign ready reckoner, there are an estimated 2,054 unvaccinated and 2,005 partially vaccinated 10-16 year olds in Merton. This is based on registered population of 15,286 10-16 years, about 26 % of the target population.

From April 2013 NHS England is responsible for commissioning Immunisation services, and public health are responsible for assuring that population health needs are being met. In light of these changes and current performance issues, a Sutton

and Merton Immunisation Task Group has been established, meeting monthly, building on the work of the Immunisation Promotion Group. A Childhood Immunisation Action Plan has been developed setting out 7 key areas for action which will be monitored:

- Establishing a Merton borough focus
- Improving uptake and access
- Improving data systems
- Improving awareness –including via schools and nurseries
- Supporting the London catch-up campaign
- Identifying vulnerable groups
- Identifying local roles in supporting development of an outbreak plan

### **OUTCOME 1.2: Promote the emotional wellbeing of children and young people**

This outcome aims to develop a proactive approach to child mental health, with the provision of prompt support and early interventions to promote good mental health.

Children’s mental and emotional health is the strength and capacity of children’s minds to grow and develop with confidence and enjoyment. It consists of the capacity to learn from experience and to overcome difficulty and adversity. It’s about physical, and emotional well-being, the ability to live a full and creative life and the flexibility to give and take in friendships and relationships. Children who are emotionally healthy are not models of perfection, but ordinary children making the most of their abilities and opportunities.

The emphasis in promoting children’s mental health is building resilience in children. Resilience is an important element of good mental health. It can be seen as the ability to cope with the ups and downs of life, is built on self-esteem, and is rooted in secure early attachments. It is the confidence of being loved and valued by one’s family and friends, having a clear sense of self identity (personal, cultural, and spiritual), of being able to make decisions and act independently, and the confidence to set goals and attempt to achieve them.

Current progress focuses on interventions that build resilience and infants through bonding and attachment, set out in our Parenting Strategy; promoting emotional wellbeing and identifying early those children with emerging mental health issues through preventative initiatives in schools and ensuring specialist mental health support is accessible to children and young people that have a need.

#### **1.2.1 Parenting Strategy**

As part of the review of our Parenting Strategy, we recognise that while most parents do a very good job most of the time, many parents need some support at some point during their time as a parent.

The support needs of parents are dependent on many factors such as age, self-confidence, experience, personal circumstances etc. Support therefore needs to be sufficiently varied and flexible ranging from someone to listen to a concern, to universally available and timely advice through to specialist support, targeted where

there is greatest need. To realise this we need to support all our parents through a range of universally available services to which all parents are entitled, targeted services for parents who need specific support at particular times and mandatory interventions for those parents who are unable to seek out or engage with existing support services.

Parents are the most significant influence on children, so it is important that parents can access the support they need to parent effectively. Support may take the shape of antenatal care, postnatal care, support to tackle alcohol and substance misuse, support for specific vulnerable groups (such as teenage parents) or support at specific ages and stages (such as transition from Primary to Secondary School).

Evidence-based parenting programmes are a way to help parents better understand the needs and behaviours of their child; supporting them to be the best parents they can be and equipping the whole family with tools that will enable them to build resilience, and lead healthy lives. In Merton the targeted parenting offer includes a range of accredited programmes including:

- Incredible Years Baby/Toddler (6 weeks – 2 years)
- Incredible Years Preschool (3-5yrs)
- Incredible Years School Age (6-12 years)
- Triple P 'Stepping Stones' Children with Disability (2-12yrs)
- Strengthening Families Strengthening Communities (8-17yrs)
- Domestic Abuse Programme
- Caring Dads
- Escape (8-17yrs)

### **1.2.2 Targeted Mental Health in Schools**

Originally a pathfinder pilot project in Merton, Targeted Mental Health in Schools aims to transform the way that mental health support is delivered to children, to improve their mental wellbeing and tackle problems in a timely way. The intervention brings together the effective work that schools are already doing to build social and emotional skills and wellbeing and the clinical and therapeutic expertise available through CAMHS, providing a coherent, integrated approach to promoting mental health for children and young people and the timely identification and prompt intervention for emerging mental health problems and disorders. 21 Primary Schools and 1 Secondary school directly commissioned TAMHS in 2012/13.

### **1.2.3 Specialist mental health support to children and young people**

Nationally 1 in 10 children aged 5 to 16 years has a mental health problem, in Merton CAMHS is well established with children and young people able to access local Tier 2 and Tier 3 services based on need. Following the NHS changes in April 2013, Tier 4 CAMHS is now commissioned by NHS England. Tier 3 CAMHS commissioned by Merton CCG is provided by South West London and St George's Mental Health NHS Trust via a multidisciplinary team, based at Birches Close, Mitcham. In 2012/13 954 referrals were made to this service, with approximately 542 children and young people on the caseload, with the average wait to first

appointment following referral and acceptance being 5.9 weeks. A range of Tier 2 services are available in Merton for young people in addition CAMHS specialists are work within the London Borough of Merton's Looked after Children's Team, Youth Offending Team and some schools.

Current plans include to undertake a review of CAMHS, which will assist Merton CCG in developing it's commissioning intentions from 2014.

### **OUTCOME 1.3: Promote and increase the proportion of healthy weight children**

This outcome aims to tackle childhood obesity and help children achieve a healthy weight as a key way to prevent future illness. Current progress focuses on the National Child Measurement Programme and targeted services for child weight management; the Healthy Child Programme and School Nursing; and healthy schools.

#### **1.3.1 National Child Measurement Programme**

In 2006 the National Child Measurement Programme was introduced to measure the height and weight of all children by the time they reach 5 and 11 years old (Reception and Year 6), year on year. It is clear that the levels of children who are overweight or obese are significant and the levels of overweight and obesity increase as children get older. Information locally confirms there is a link to deprivation, so that children of poorer households have a greater risk of being overweight or obese and are therefore at greater risk of certain diseases in later life such as diabetes, cancer, heart and liver diseases.

The National Child Measurement Programme results for 2011/12 show:

- 9.5% of 5 year olds in Merton are classified as obese compared to 10.9% in London and 9.5% in England. Since 2006 the trend is downwards from just over 12% in 2006/07.
- 20.5% of 11 year olds in Merton are obese compared to 22.5% in London and 19.2% in England. Since 2006 the trend is upwards from just over 18% in 2006/07.
- There is now an 11% difference in the level of obesity between 5 year olds and 11 year olds.

Looking at excess weight overall (overweight and obese), over 21.6% (over 1 in 5) of 5 year olds are categorised as overweight or obese, which rises to 35.6% (over 1 third) of 10-11 year olds. The significant increase in levels of obesity between Reception and Year 6 needs to be better understood and action taken with schools, communities and families in order to start to reverse this trend.

There is no simple solution to the challenge of obesity. It is important that integrated and wide-ranging approaches involving national and local action should be adopted to help tackle the growing problem. Tackling obesity requires a multi-agency response across the life-course, including whole family approaches, promotion of healthy food choices, building physical activity into our day to day lives, safe open spaces, promoting walking and cycling, promoting the role of employers and

business and personalised advice and support for individuals. The role of the local workforce in addressing healthy weight is crucial and includes promotion of healthy weight in pregnancy, promotion of breastfeeding, physical activity and healthy eating activity in Children's Centres, Schools and community settings, weight management support, and work with fast food businesses through a local 'Responsibility Deal'.

### **1.3.2 Child Weight Management Services**

Merton has a targeted service for child weight management 'Alive N Kicking' (ANK) which aims to support and empower parents and children from 4-19 years old to adopt healthy eating practices, increase physical activity levels, reduce sedentary behaviour and build self esteem. A secondary aim is to contribute towards children improving their long term health through achieving and maintaining a healthy body weight. The 12 week programme is aimed children in Sutton and Merton aged between 4 and 19 years who are overweight plus their families. There is an education and behavioural change component to each session with the children taking part in at least 40 minutes physical activity per session.

Over the last contract period (July 2012 to July 2013) 91 families from Merton completed the programme. 38 professionals attended a 'raising the issue of weight' training programme. This extended training programme provides advice on how to raise the issue of weight and provide general advice on appropriate lifestyle changes.

in light of the challenge of increasing levels of healthy weight among children and adults in Merton, current healthy weight initiatives will be reviewed against NICE guidance to assess how well best evidence is being applied locally, and healthy weight pathways will be developed. Local evidence will be reviewed including recent social marketing insight into healthy eating which focused on families with 1-5 year olds in east Merton. Healthy Weight services for children will be re-commissioned for 2014/15 and options are currently being reviewed to identify the most cost effective commissioning arrangements.

### **1.3.3 The Healthy Child Programme and School Nursing**

The Healthy Child Programme: from 5-19 years (DCSF 2009) sets out the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing, bringing together a wide range of programmes and interventions, it recommends how health, education and other partners working together across a range of settings can significantly enhance a child or young person's life chances. Promoting healthy weight is one of a range of priorities within the programme.

In 2012 the Government published 'Getting it right for children, young people and families: maximising the contribution of the school nursing team: vision and call to action'. This sets out a new model for School Nursing Services, based on a service that is visible, accessible, confidential, which delivers universal public health and ensures that there is early help and advice available to young people when they need it.



From April 2013 the Merton Council is responsible for child health 5-19, this includes commissioning school nursing services and the National Child Measurement Programme. Services are provided by locally by Sutton and Merton Community Services and delivered by a borough based team of approximately 10 whole time equivalent nurses who deliver preventative work, the National Child Measurement Programme, support for individual children and safeguarding. Every school in Merton has a named nurse and all secondary schools are offered weekly drop in sessions.

Merton CCG manage the contract with the Royal Marsden on behalf of the Borough. The 2013/14 specification for the School Nursing service has been strengthened to reflect latest guidance on school nursing and more robust performance indicators. However, it is recognised that there is a need to review the service in order to inform service development and future commissioning and a review is taking place which will report in October 2013. This includes reviewing data and engaging with staff, schools, stakeholders and parents and young people.

### **1.3.4 Healthy Schools**

Healthy Schools London was launched by the Mayor in 2013 offering a framework for all schools to sign up to. This focuses on healthy eating, physical activity, emotional health and wellbeing, personal, health and social education as well as taking a whole school approach and engaging the wider community. Healthy Schools London has bronze, silver and gold levels, based on the level of activity and sustained progress in schools.

All schools in Merton are eligible for bronze status as they were all part of the former national Healthy Schools Programme. Two school clusters, Mitcham Central and Mitcham East, are interested in exploring opportunities to develop further Healthy Schools activities. Building on, and enhancing, work already taking place in schools is a priority including training and curriculum support, peer approaches with children and young people. Potential areas of development include supplementing the link between schools and sports clubs; increasing the number of schools achieving gold standard in the 'Merton School Sports Mark', healthy food programmes such as Food Dudes, smoking prevention and further support for emotional wellbeing.

Further details are available at: [www.healthyschoolslondon.org.uk](http://www.healthyschoolslondon.org.uk)

### **OUTCOME 1.4: Young People making healthy life choices**

This outcome aims to help young people feel good about themselves, and feel confident and informed to make healthy lifestyle choices as they move into adulthood and to ensure that their parents and carers are fully informed to encourage and support them. Current progress focuses on smoking, teenage pregnancy and substance misuse.

#### **1.4.1 Stop Smoking**

Although smoking rates in Merton are low at about 16% for adults there are significant geographical variations and we know from national data that prevalence rates among young people (15-25) are higher than for the population as whole. We

know that children, not adults, start smoking: 70% of smokers begin before their 18th birthday, and that vulnerable young people are more likely to smoke.

From April 2013 Merton Council took over responsibility for commissioning Stop Smoking Services, including services for young people, which are now delivered by Hounslow and Richmond NHS Community Services as part of the LiveWell health improvement service. The first three months of the new service has been spent setting up clinics in a range of sites including schools, community settings and the college. 8 quits have been achieved in Q1, which is below target (annual target of 41 quitters). However, this is expected to rise now the service is established and 44 quit dates have been set by young people.

Merton Council continues to be responsible for enforcing tobacco control legislation and this includes ensuring that tobacco is not sold to people under 18 years. Action includes age-restricted sales test purchasing and a related programme for 'proxy' sales by adults on behalf of children.

#### **1.4.2 Teenage Pregnancy and substance misuse**

Overall in Merton the under 18 conception rate is 30.4 per 1,000 (2010), which is a 45.8% reduction in teenage conceptions since 1998. Rates are not spread evenly and wards with the highest rates are Pollards Hill, Lavender Fields, Ravensbury and Figge's Marsh. Local needs assessment carried out in 2013 indicated that young people say they are starting to have sex at a younger age and that there is a link between sexual activity and substance misuse. Findings also indicated that school lessons are a main source of sex and relationship education and that there is a lack of knowledge on where to get support and sexual health information.

Latest 2011/12 figures indicate that 138 young people accessed specialist substance misuse treatment services in Merton, which is an increase of 23% on the previous year. Of these, 67% began using substances under the age of 15. 56% of referrals for substance misuse come from the Youth Justice Service. There was a 23% increase in young people requiring treatment on the previous year. The profile of substance misuse and offending behaviour among young people is changing with poly substance misuse.

Drinking behaviour comparisons against similar boroughs shows that Merton has increasing percentages of high risk drinkers and higher than average rates for alcohol related admissions than other London Boroughs, although lower than the England average. Qualitative data from young people indicates a wide range of legal and illegal substances used by young people in Merton. From a sample of 80 young people 37.5% judged their use as problematic, highlighting current unmet need.

Merton has a well-established Teenage Pregnancy and Substance Misuse Partnership with representation from Health Trusts, LBM, providers, voluntary sector and FE college. An action plan based on the top ten factors known to contribute to reducing teenage pregnancy has been developed and key priorities for 2013/14 include:

- Development of a new Teenage Pregnancy Strategy for Merton

- Quarterly monitoring of TP/SM data recorded locally/nationally
- Development of the 'Getting It On' sexual health website into other health related areas
- Training for teachers and outside visitors in schools on Sex and Relationship Education/Drugs and alcohol education (SRE/DA)
- SRE/DA education provided to 'at risk' pupils
- Multi-agency training on substance misuse/ SRE to front-line staff.
- Workshop sessions for parents/carers on drugs and alcohol/ SRE
- Develop options appraisal for commissioned services with a view to re-tender from March 2014
- Development of a young advisers TP/SM group.
- Support development of FNP across Merton.

### **1.4.3 Commissioned services for Young People**

Commissioned Services include young people's sexual health services, 'Check it Out' which provides a targeted service for young people at greatest risk of poor sexual health outcomes and those least likely to access mainstream services. The service is delivered by Sutton and Merton Community Services. The service provides 'clinic in a box' sessions, 1 to 1 responsive sessions, targeted educational workshops and outreach work, a range of contraceptive methods, advice to all young people regardless of whether they are sexually active.

In 2012/13 in Merton the service has seen 721 young people in clinic in a box sessions at schools and colleges. Activity levels in Sutton remains considerably higher (1437) and needs to be addressed. Oral contraception and Condoms were mainly provided at these sessions along with Chlamydia / Gonorrhoea tests. A small number of referrals for GUM and TOP were also made. A small number of young people were offered contraceptive advice and treatment post termination in Merton. In Merton 21 1 to 1 responsive sessions were carried out with young people in comparison to 35 in Sutton. Gathering accurate data on all aspects of the service has been a challenge.

Young people's substance misuse services 'Catch 22' are commissioned to provide increasing substance misuse awareness, identification of needs and referrals, and providing treatment. This includes providing advice and training to services working with vulnerable people, delivery of education and workshops in schools, and colleges, providing specialist substance misuse treatment interventions (pharmacological, psychosocial, family, specialist harm reduction and referral to residential treatment), and providing support services for parents.

Catch 22's end of year performance for 2012/13 indicate that they have offered 35 advice and consultancy sessions to agencies and trained 64 professionals in substance misuse. They have carried out over 85 substance misuse workshops in schools over the course of the year and have offered advice and consultancy to over 200 parents and carers and delivered 20 workshops. In all, Catch22 have supported over 170 young people aged under 18 with an additional 51 18 to 24 year olds supported (8 of whom were referred on to adult services).

A recent evaluation of both services identified a range of strengths but also areas for improvement, which are being addressed. Options appraisals for future commissioning arrangements for both services are being developed to ensure a continued focus on good sexual health and reduced substance misuse among young people.