

Committee: Children and Young People Overview and Scrutiny Panel

Date: 14 January 2014

Item: 5

Wards:

Subject: Update on Public Health, Prevention and Early Intervention

Lead officers: Dr Kay Eilbert, Director of Public Health
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Lead member: Councillor Linda Kirby, Cabinet Member for Adult Social Care and Health
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RECOMMENDATIONS:

- A To note and consider progress on public health, prevention and early intervention.
- B To consider opportunities for further partnership work on public health, prevention and early intervention

PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 The purpose of this report is to update the Scrutiny Panel on progress towards key public health outcomes for children and young people, and ask the Panel to consider opportunities for future partnership work. The report sets out the current context and priorities for public health prevention and early intervention and outlines progress on priorities. The report focuses on:

1.2 Early Years:

1.2.1 **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 order to assess the effectiveness of current delivery approach a review has been undertaken and an action plan will be developed in response to recommendations.

- 1.2.2 **Family Nurse Partnership (FNP):** Merton and Sutton have established a FNP programme. The FNP is an evidence-based preventative early intervention programmes for vulnerable first time mothers under 20 which aims to improve pregnancy outcomes and child development. A supervisor and 4 new nurses have been appointed to deliver the programme, and a further 2 nurses will be appointed in 2014.
- 1.2.3 **Breastfeeding:** Following review of breastfeeding support across Merton and Sutton a Breastfeeding Steering Group has been established to increase breastfeeding support services and awareness.
- 1,2,4 **Immunisation:** In Sutton and Merton the performance on Childhood Immunisation has been low for a number of years. The outbreak of measles in South Wales in 2013 highlighted the potential risk to the local population and resulted in a national MMR catch up campaign for 10-16 year olds. A Task Group was established for 6 months to maintain a focus on local action. In 2014 it is proposed that a strategic group meets quarterly. The Local Authority has an assurance role via the Director of Public Health and officers have worked with partners to agree an action plan is in place to improve GP delivery, child health information and raising awareness among parents.
- 1.3 School Years:**
- 1.3.1 **The Healthy Child Programme and School Nursing:** the HCP from 5-19 years sets out the recommended framework of universal and progressive services for children and young people and school nurses are key to its delivery. A review of the service has taken place and will inform service development and future commissioning for 2014/15 and beyond.
- 1.3.2 **Healthy Schools:** A new London Healthy Schools programme has been launched, to which all London schools will be eligible for Bronze status. The focus for Merton will be on developing practical support for clusters of schools, building on and enhancing work already taking place in schools.
- 1.3.3 **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.
- 1.4 Young People making healthy life choices:**
- 1.4.1 **Teenage Pregnancy:** Although teenage pregnancy rates have reduced, it remains an important issue and a new teenage pregnancy strategy will be 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.

- 1.4.2 **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 the current service will continue for 2014/15. Services will be re-commissioned for 2-15/16

2. DETAILS

Introduction

2.1 National context

2.1.1 The Marmot review 'Fair Society, Healthy Lives' (2010) 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 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.

2.1.3 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 etc), 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

2.1.4 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 for public health prevention programmes which reflect this.

2.2. Local Context

2.2.1 World-wide evidence has shown that living standards and levels of education have the greatest influence on health. While current work in the NHS focuses on curative – fixing people once they become unwell, the local authority delivers services that influence health and prevent people from getting ill in the first place. Working in partnership thus increases our chances of reducing inequalities in health.

2.2.2 The influences on health—social determinants of health— are the conditions in which people are born, grow, live, work and age. These conditions combine to create health and ill health and are dependent on the quality of housing, education, employment, and a nurturing environment in childhood, for example. They are shaped by policy decisions, which are mostly responsible for inequities in health - the unfair and avoidable differences in health status seen within and between groups of people. The negative influences associated with poverty are two fold; i.e.:

- People living in poverty are more likely to be exposed to conditions that are adverse to their health (crowded or poor living conditions, unsafe neighbourhoods)
- People living in poor circumstances are more likely to be negatively affected by these adverse conditions

Priorities for children and young people set out in this report must be considered in this wider context and contribute to stemming widening health inequalities in Merton.

2.2.3 In Merton priorities are set out in the Children and Young People's Plan and the Health and Wellbeing Strategy 2013/14, which includes Priority 1: 'Giving every child a healthy start'. This recognises the evidence that shows that what a child experiences during the early years, including before birth, lays down the foundations for the whole life. 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.

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

- 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 will lead on the delivery of these outcomes and report to the Health and Wellbeing Board annually.

2.2.5 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.
- Merton Clinical Commissioning Group is responsible for commissioning a wide range of health services for children and young people including Maternity Services and Child and Adolescent Mental Health Services. LB Merton has a statutory responsibility to provide public health advice to the CCG.

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.

2.3 Public Health Outcomes

2.3.1 The Public Health Outcomes Framework 2013-16 sets out priorities for CYP 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 The Children’s Trust Board have a set of high level performance indicators for prevention and early intervention, these include performance measures for the Health and Wellbeing Strategy:

Outcome	Performance Indicator
Ensure every baby has the best start in life	<ul style="list-style-type: none"> • Breastfeeding prevalence at 6-8 weeks • MMR1 Coverage (1 dose by age 2) • MMR2 Coverage (2 doses by age 5) • % of completed parenting programmes
Promote and improve personal, social and mental wellbeing of children, young people and their parents	<ul style="list-style-type: none"> • % Children achieving a good level of development at age 5 • % of children on the waiting list for CAMHS (first assessment) seen within 8 weeks
Promote and increase the	<ul style="list-style-type: none"> • Excess weight in 4-5 year olds

proportion of healthy weight children and young people	<ul style="list-style-type: none"> • Excess weight in 10-11 year olds
Enable and increase the number of young people making healthy life choices	<ul style="list-style-type: none"> • Under 18 conceptions • 4 Week successful smoking quitters in young people • Hospital admissions for alcohol specific causes in under 18s

2.3.3 The Merton Joint Strategic Needs Assessment has been refreshed for 2013/14 to ensure that it fully addresses the needs of children and young people. This will be presented to the Health and Wellbeing Board in January 2014. A summary of draft key findings for children and young people is set out in Appendix A. The current 2012/13 JSNA is available at: www.mertonjsna.org.uk

Early Years

2.4 Healthy Child Programme and Children's Centres

2.4.1 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)

2.4.2 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.

2.4.3 In order to assess the effectiveness of the current delivery approach a review has been undertaken which explore 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). The review highlighted a range of strengths in the current system, and identified ways in which these can be strengthened. Key issues include: the need to improve communication and interagency working among some professional groups, including midwifery; the need to develop early years pathways and integrated approaches; the need for a shared outcome framework and performance indicators; the need for information sharing protocols. The review also identified that there was some variation in provision including the need for greater support to address low level mental health concerns and some training needs for staff.

2.4.4 A task and finish group will be established to oversee the implementation of an action plan. It has been agreed that a public health programme will be developed in 2014/15, to:

- Develop early years pathways
- Staff development –focusing on evidence into practice
- Parent support –focusing on emotional and mental health.

The review will help inform service and pathway development, and will provide a baseline for future commissioning, when responsibility transfers to local authorities in 2015.

2.5 Family Nurse Partnership

2.5.1 Merton and Sutton established 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

2.5.2 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. 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.

2.5.3 NHS England will provide resources for 2013/14 and 2014/15 to deliver the programme locally. The programme is delivered by Sutton and Merton Community Services and a local team has been established comprising of a supervisor and 4 nurses, which will rise to 6 in 2014. From 2015 funding for the programme will be part of the Public Health Grant baseline alongside the core 0-5s children's health services funding. A Partnership Strategy Group has been established and an operational group will be developed to oversee the implementation of the programme. In addition to the benefits for young mothers on the programme, the aim is to roll-out learning from the programme to wider services.

2.6 Breastfeeding

2.6.1 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.

- 2.6.2 National data on breastfeeding is currently only available at PCT-level (Sutton and Merton combined). In 2012/13 breast feeding initiation was 86%, and the prevalence of breastfeeding at 6-8 weeks after birth was 60.6%, which is higher than England rates. Local data suggests that rates are higher in Merton than Sutton. Analysis of data by area and by ethnicity shows that there are lower rates of breastfeeding at 6-8 weeks in the east of the borough and among White ethnic groups.
- 2.6.3 A review of breastfeeding in 2013 identified a number of challenges and opportunities for improving breastfeeding. Recommendations include:
- To increase leadership and effective monitoring of breastfeeding rates
 - 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).
- 2.6.4. A Breastfeeding Steering Group has been established to develop a local action plan to improve breastfeeding rates, particularly in areas of highest needs. A breastfeeding App has been developed to provide information for mothers and will be launched in early 2014.

2.7 Childhood Immunisation

- 2.7.1 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.
- 2.7.2 In Sutton and Merton the performance on Childhood Immunisation has been low for a number of years. The outbreak of measles in South Wales in 2013 highlighted the potential risk to the local population and is indicative of our overall performance on childhood immunisations:
- In 2012-13 the proportion of the population immunised with 1 dose of MMR by age 2 years was 80.7% for Sutton and Merton, compared to 87.1% for London and 92.3% for England.
 - In 2012-13 the proportion of the population immunised with 2 doses of MMR by age 5 was 68.9%, compared to 80.8% for London and 87.7% for England.
 - The trend over the past four years has been downwards and the level of coverage at of 2nd birthday has reduced from 83.6% in 2008-09 (a reduction of nearly 3%)

- 2.7.3 Data recording has been identified as a potential significant issue affecting the accuracy of the published data and actions have been put in place to address this via a 'GP Upload' tool. Most recent COVER data indicates that coverage rates are improving locally in response to these and other measures:
- In Q1 2013-14 (April-June), the proportion of the population immunised with 1 dose of MMR by age 2 years was up to 86.9% for Sutton and Merton, compared to 87.6% for London and 92.6% for England.
 - The proportion of the population immunised with 2 doses of MMR by age 5 was up to 80.1% compared to 81.4% for London and 88.4% for England.
- 2.7.4 Currently the incidence of confirmed measles cases is low and there are no current outbreaks locally and across London. However a national MMR catch up campaign for 10-16 year olds took place over summer 2013 which aimed to ensure that all young people were vaccinated by September 2013. It has been estimated that there were 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. We are still awaiting data on the success of the catch up campaign from Public Health England.
- 2.7.5 In light of these challenges outlined above, a Sutton and Merton Childhood Immunisation Task Group was established between May-December 2013 led by Public Health and the NHS England-London (Merton) immunisation coordinator, this included developing and monitoring an action plan with key areas for action:
- 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
- 2.7.6 The Local Authority has an assurance role via the Director of Public Health and from 2014 it has been proposed that a Strategic Group for immunisation in Sutton and Merton is established to maintain local oversight on improving immunisation coverage towards the WHO target of 95% for children and adults.

School Years

2.8 The Healthy Child Programme and School Nursing

- 2.8.1 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.

- 2.8.2 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.
- 2.8.3 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 staff who deliver preventative work, the National Child Measurement Programme, support for individual children and safeguarding. Nearly every school in Merton has a named nurse and all secondary schools are offered weekly drop in sessions.
- 2.8.4 The service is part of an NHS block contract with the Royal Marsden NHS Trust, and the overall contract is managed by Merton CCG, with a formal agreement in place with LB Merton until at least March 2015. The 2013/14 specification for the School Nursing service was strengthened to reflect latest guidance on school nursing. A review of the service has been undertaken in order to inform service development and commissioning for 2014/15 and beyond. A range of recommendations for strengthening the service are under consideration and in early 2014 a National service specification will be released.

2.9 Healthy Weight:

- 2.9.1 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.
- 2.9.2 The National Child Measurement Programme results for 2012-13 were released in December and show:
- 9.0% of 5 year olds in Merton are classified as obese compared to 10.8% in London and 9.3% in England. This has reduced by 0.5% from 2011/12, and the overall trend is downwards from just over 12% in 2006/07.
 - 21.3% of 11 year olds in Merton are obese compared to 22.4% in London and 18.9% in England. This has increased by just under 1% from 2011/12, and the overall trend is upwards from just over 18% in 2006/07.
 - There is a 12.3% difference in the level of obesity between 5 year olds and 11 year olds. This difference has increased by over 6% since 2006/07, when there was a gap of just over 6% in 2006/7.
 - Looking at excess weight overall, over 21.2% (over 1 in 5) of 5 year olds are categorised as overweight or obese, which rises to 35% (over 1 third) of 10-11

year olds. There is an increase of nearly 14% in excess weight between 5 year olds and 11 year. This has reduced by 2.8% for 5 year olds and increased by 0.9% for 11 years olds since 2006/07.

- 2.9.3 Local data shows confirms the variation by area, with higher rates of obesity in more deprived wards, and that there is a difference by gender, with higher levels of obesity among boys. National data show that there is variation by ethnicity, with higher rates among Asian and Black ethnic groups.
- 2.9.4 The significant increase in levels of obesity between Reception and Year 6 children needs to be better understood and action taken with schools, particularly for children in Years 3-5, and with communities and families in order to start to reverse this trend.
- 2.9.5 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'.
- 2.9.6 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.
- 2.9.7 Over the last contract period (July 2012 to March 2013) 52 families from Merton completed the programme (92 completers Sutton & Merton – exceeding target of 90 completers). 37 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.
- 2.9.8 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 September 2014 and an options appraisal is currently being undertaken to identify the most cost effective commissioning arrangements.

2.10 Healthy Schools

- 2.10.1 Healthy Schools London was launched by the London 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.
- 2.10.2 All schools in Merton are eligible for bronze status as they were all part of the former national Healthy Schools Programme. Discussions have taken place with two school clusters, Mitcham Central and Mitcham East, with a view to developing local programmes to promote healthy schools and engage parents. 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 offering healthy weight programmes, 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, smoking prevention and further support for emotional wellbeing.

Further details are available at: www.healthyschoolslondon.org.uk

Young People making healthy life choices

2.11 Teenage Pregnancy and substance misuse

- 2.11.1 Overall in Merton the under 18 conception rate is 27.6 per 1,000 (2011), which is below that of London and England, and represents a 45.9% reduction in teenage conceptions since 1998. Rates are not spread evenly and wards with the highest rates are Pollards Hill and Cricket Green. 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.
- 2.11.2 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.

- 2.11.3 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.
- 2.11.4 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 awareness education
 - Sex and relationship education/drugs awareness education provided to 'at risk' pupils
 - Multi-agency training on substance misuse/sex and relationship education to front-line staff.
 - Workshop sessions for parents/carers on drugs and alcohol/ sex and relationship education
 - Development of a young advisers TP/SM group.
 - Support development of Family Nurse Partnership across Merton.

2.12 Commissioned services for Young People

- 2.12.1 Commissioned services include the young people's sexual health service, '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.
- 2.12.2 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 advise 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.

- 2.12.3 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.
- 2.12.4 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).
- 2.12.5 A recent evaluation of both services identified a range of strengths but also areas for improvement, which are being addressed. Contracts for both services are being extended and future commissioning arrangements are being developed to ensure a continued focus on good sexual health and reduced substance misuse among young people.

2.13 Next Steps

- 2.13.1 This report has provided an overview and update on current public health activity on prevention and early intervention for children and young people. The current changes to commissioning arrangements resulted in the need to review services and commissioning arrangements to ensure that going forward services are meeting local needs and addressing health inequalities for children and young people.
- 2.13.2 There are a number of challenges, including financial pressures; workforce recruitment for some services; developing new systems, information sharing and the timescales for re-commissioning services. However, the transfer of responsibility for public health functions to the Local Authority provides important opportunities to build on and strengthen the Council'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.

3. ALTERNATIVE OPTIONS

None

4. CONSULTATION UNDERTAKEN OR PROPOSED

None

5. TIMETABLE

6. FINANCIAL OR RESOURCE IMPLICATIONS

6.1 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

9.1 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: Draft key findings: joint strategic needs assessment 2013/14 children young people and maternal health -slides

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