

DRAFT

Children & Young People's Plan  
(Sara Gibbs)  
Be Healthy Activity Plan 2009- 2010



**Why is this important?**

*Investing in the promotion of good health for children and their families through early years, childhood and adolescence can have positive health benefits in terms of people having healthier and longer lives*

**Objectives:**

- 1 To promote the best possible start to life for children and families
- 2 To support children and young people make healthy choices

**Area of Activity 1** Deliver a co-ordinated approach to the promotion of a Healthy Start and Early Years

Specific Tasks	Resource	Lead Officer	Milestones
1.1 Offer advice and support on smoking cessation, healthy eating and avoiding substance misuse within ante natal care	Existing midwifery services	Gwen Pearson	<ul style="list-style-type: none"> <li>▪ Family Health Needs assessment completed for all women who are pregnant.</li> <li>▪ 100% of families and children with identified additional needs to have specialist services action plan agreed.</li> <li>▪ All midwifery services to have identified care pathways/policies for dealing with avoiding substance misuse and obesity with nominated midwifery Leads. These Leads will be able to evidence midwifery involvement with those areas.</li> <li>▪ All children's centres to have a nominated midwife and health visitor and provide evidence of integrated working.</li> <li>▪ All midwifery services to have a full written programme of ante-natal care that includes smoking cessation, healthy eating and avoiding substance abuse.</li> </ul>

# DRAFT

1.2 Encourage all parents/carers to immunise their children	Public Health Nursing Teams, Primary Care Teams and Public Health	Miles Hapgood/Gill Munday	<ul style="list-style-type: none"> <li>Uptake rates for childhood vaccines at 12, 24 and 60 months to be reported quarterly</li> <li>Social Marketing immunisation plan is developed and implemented by March 2010</li> </ul>
1.3 Promote breastfeeding and produce a new Infant Feeding Strategy	Public Health Nursing Teams/Midwifery teams	Becky Carmichael	<ul style="list-style-type: none"> <li>Board approval for strategy and implementation plan December 09.</li> </ul>

## Area of Activity 2 Deliver a co-ordinated approach to the promotion of a Healthy Childhood and Adolescence

Specific Tasks	Resource	Lead Officer	Milestones
2.1a Support remaining schools to achieve Healthy Schools Status	Healthy Schools Team	Annette Lyons	<ul style="list-style-type: none"> <li>92.5% of Devon schools to have achieved Healthy Schools status by March 2010</li> <li>95% of Devon Schools with Healthy School Status submit Healthy Schools Plus plans by March 2010</li> </ul>
2.1b Support 95% of Devon schools with healthy schools status through the Healthy Schools Plus process, targeting the 50% of most deprived schools for funding.	PCT funding and Healthy Schools Team and Partners	Ian Tearle	<ul style="list-style-type: none"> <li>Agree Healthy Schools Plus action plans for first 30% of most deprived schools (112) by September 2009</li> <li>Negotiate involvement and agree Healthy Schools Plus action plans for the next 20% of schools (75) based on deprivation indices by March 2010</li> </ul>
2.2a Roll out the Physical Education, Daily Physical Activity and School Sport (PEDPASS) Strategy	Learning Development Partnership PEDPASS Team	Steve Kibble	<ul style="list-style-type: none"> <li>85% of Devon schools and 80% of School Sports Co-ordinators Partnerships to sign up to the Devon 5 hour offer and the PEDPASS delivery strategy by December 2009</li> </ul>
2.2b Implementing the Closing the Gap” Active Children and Young People in Devon Programme	School Sports Partnerships	Steve Kibble	<ul style="list-style-type: none"> <li>To establish a lead teacher in every secondary school responsible for activity interventions for the least active 20% of Children and Young People by March 2010</li> </ul>
2.3 Develop effective interventions to promote emotional health and well-being in school settings	Healthy Schools plus inequalities grant	Chris Wardle	<ul style="list-style-type: none"> <li>Establish pilot programmes with Learning Communities and agree appropriate Performance Indicators by October 2009</li> </ul>

# DRAFT

2.4 Deliver the National Child Measurement Programme	Public Health Nursing Team	Miles Hapgood	<ul style="list-style-type: none"> <li>Deliver 2008/09 programme across all schools by July 2009</li> <li>Agree action plan for the 2009/10 academic year delivery by September 2009</li> <li>Involve parents in the development of the feedback letter for 2009/10 programme</li> </ul>
2.5 Develop a care pathway approach for children who are overweight and obese	Primary Care Trust	Ian Tearle	<ul style="list-style-type: none"> <li>Sign off agreed pathway by January 2010</li> </ul>
2.6 To maintain the quality and coverage of specialist substance misuse treatment for those young people who experience serious harm from substance misuse, building on progress to date	Drug and Alcohol Action Team/DCC	Maureen Muckersie	<ul style="list-style-type: none"> <li>Deliver the 2009/10 plan by March 2010 and report quarterly to National Treatment Agency (NTA)</li> <li>Agree 2010/11 Plan with NTA by March 2010</li> <li>Ensure clients views are at the centre of their personal care plan for young persons service</li> </ul>

## Risk Management

Identify the risks associated with achieving the objectives. Describe how the risks are to be managed and monitored under Business Continuity Intentions column. Calculate the likelihood and potential impact (Risk score) where 1 is unlikely to occur or low impact if it does occur and 5 is expected to occur and catastrophic if it does occur. Complete the risk table below as example. Only register here if risk over 15

Example: Likelihood 4 x Impact 5 = 20

Identified Risk	Business Continuity Intentions or measures to address risk identified	Risk score
1.1, 1.2 and 1.3 Capacity of Midwifery and Public Health Nursing teams to deliver the programmes	Budget pressures limiting recruitment to full staffing levels	16
2.1 School not prioritising Healthy Schools due to other priorities	Promote work in context of Healthy Learning Communities and 21 <sup>st</sup> Century schools agenda	12
2.5 Capacity/resource issues to support elements of the programme	Develop pathway within existing resources	16
2.6 Funding issues	Budget pressures nationally and locally requiring service to be restricted	16

# DRAFT

## Performance Management

Identify the performance measures associated with achieving the objectives. These can be inputs, outputs and outcome measures. All local measures described will need to be set up in SPAR.net. A template is available if measures are not currently reported through SPAR.net, (contact Richard.belcher@devon.gov.uk).

National/ Local	Performance Measures/ indicators	Target 2009/10 (if appropriate)	Responsible Officer
1.1 Local	% of caesarean section births % of babies below 1500 grams and 2500 grams % of mothers receiving a Family Health Needs Assessment % of families and children with identified additional needs with agreed specialist services action plans.	Reduce caesarean section rates by 1% a year 100% of families and children with identified additional needs to have specialist services action plan agreed.	Gwen Pearson
1.2 Local	Immunisation rates at 12, 24 and 60 months	12 months: DTaP/PV/Hib: 95% 24 months: PCV 94%; Hib/MenC 94%, MMR 92% 60 months: DTaP/PV 96%; MMR 77%.	Sara Gibbs
1.3 Local LAA NI 51	% of infants' breastfeeding status at 6-8 weeks recorded % of infants' breastfeeding at 6-8 weeks	Quarter 4 2009/10: 90% of infants' breastfeeding status recorded and 51.9% of infants breastfeeding at 6-8 weeks	Sara Gibbs
2.1 Local	% of schools accredited for Healthy Schools % of schools engaged on Healthy Schools Plus	92.5% of schools achieve Healthy Schools status by March 2010 95% of Devon Schools with Healthy School Status submit Healthy Schools Plus plans by March 2010 30% of 50% most deprived schools funded for Healthy Schools Plus programme delivery by March 2010	Annette Lyons
2.2a Local	% of schools signed up to deliver the PEDPASS strategy to deliver 5 hours per week of activity (2+1+2)	85% of schools signed up to run the PEDPASS 2+1+2 offer by December 2009	Steve Kibble
2.2b Local	Annual 4% increase in active children and young people from the most inactive 20% (18,625) 5 to 16 year old pupils, identified as taking part in less than 3 sessions of 30 minutes duration per week (3 x 30) of physical activity beyond the curriculum	4% (745) children and young people more active over the 2008/09 baseline by October 2010	Steve Kibble
2.3 Local	Agreed number of schools/learning communities working on the programme	Agree project plan and recruit schools/learning communities by October 2009	Chris Wardle

# DRAFT

	<i>Establish baseline data for pupil attitudes to school and self</i>	<i>Establish baselines by March 2010</i>	
--	---	--	--

# DRAFT

<i>2.4 Nat NI 56</i>	<i>% of yr 6 pupils classified as obese</i>	<i>17.1% of yr 6 pupils classified as obese by September 2010</i>	<i>Ian Tearle</i>
<i>2.5 Local</i>	<i>Agree indicators as part of the Care Pathway development</i>	<i>Indicators agreed by January 2010</i>	<i>Ian Tearle</i>
<i>2.6 Local</i>	<i>% of young people catered for in a young person's specialist service % of young people leaving treatment in an agreed and planned way</i>	<i>As specified by the National Treatment Agency</i>	<i>Maureen Muckersie</i>

All lead officers work to involve young people in the design and delivery of programmes where possible and to consider issues of equality and diversity and sustainability,