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The last year has been one of major development within St.Helens Public Health, with changes to our work with children and young people amongst the biggest. Subsequently, the focus of this year’s report is making sure children and young people get the best start in life. The development and integration of the Health Improvement Team has been of particular importance. This has given us a direct service provider function within public health, much of which is for children and young people including programmes and services such as family cook and taste sessions, Tasty Tuck, Fit 4 Life, TAZ (Teen Advice Zone) and the Young People’s Drug and Alcohol Team. We have also developed an integrated child health approach incorporating a children’s commissioning team jointly across the Council and St Helens CCG, showing our commitment to working together more effectively. The Council’s Educational Psychology and Special Educational Needs teams have moved into Public Health and we have also greatly improved our links within the Council and with partner organisations.

We have an exciting year ahead with opportunities arising from the transfer of responsibility for early years’ public health from NHS England to the Council in October and the development of our second health and wellbeing strategy.

I hope this annual report, whilst acknowledging the challenging outcomes we continue to tackle around children's health in the Borough, goes some way to celebrate the achievements of the last year and inspire us all for 2015.

Liz Gaulton, RGN, RMN, MPH, FFPH
Director of Public Health
January 2015
Introduction

It is vital to ensure that children and young people can live happy and healthy lives. A child with a healthy start to life is more likely to do well in education and go on to be a healthy adult, and since there are more years left to live, the potential health gain is highest at these ages.

Early life differences are also a key factor in health inequalities, (where people from certain backgrounds or areas are more likely to suffer from some diseases or have a shorter average life expectancy). The influential Fair Society, Healthy Lives Report 2010, The Marmot Review states that disadvantage starts before birth and accumulates throughout life: therefore, “action to reduce health inequalities must start before birth and be followed through the life of the child.” The review gave the recommendation to give every child the best start in life the highest priority of its six objectives.

National and Local Priorities Relevant for Children and Young People

Helping children and young people to get the best start in life is an important issue, and is a clear priority both nationally and locally. The national public health organisation, Public Health England, has a number of priorities for all ages, as well as ensuring every child gets the best start in life is a specific aim.

In the St.Helens Health and Wellbeing Strategy 2013-16, seven of the eight priorities are relevant for younger people, with the first two specifically for children and young people and five covering all ages.
Public Health England 2014

- Tackling obesity, particularly among children
- Reducing smoking and stopping children starting
- Reducing harmful drinking
- Ensuring every child has the best start in life

St. Helens Health and Wellbeing Strategy 2013-16

- Give every child the best start in life
- Support for young people
- Tackling alcohol misuse
- Obesity and excess weight
- Promoting mental health and wellbeing
- Early detection and effective management of long term conditions
- Reduce unnecessary hospital admissions and readmissions

The Situation in St. Helens

There are a number of key challenges for the health and life chances of children and young people locally. In 2014 we published the Maternity, Children and Young People’s Joint Strategic Needs Assessment. This detailed a wide array of information, data and intelligence on the health and determinants of health for younger people in St. Helens, from before birth up to 19 years. The areas covered included child poverty, education, safeguarding, hospital admissions, teenage conceptions and much more. Some of the key issues are highlighted in the following table and in the infographics in the centre of this report.
## Key findings and issues

<table>
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<th>Resident population aged 0-19 years</th>
<th>40,236</th>
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<tr>
<td>Births to St.Helens residents in 2013</td>
<td>2,049</td>
</tr>
<tr>
<td>Children in need</td>
<td>1,505 (in 2013/14)</td>
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<tr>
<td>School children from a black or ethnic minority background</td>
<td>3.6%</td>
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| Proportion of children classed as obese (2013/14)  
  - Reception age  
  - Year 6 | 10.2% (England – 9.3%)  
  21.6% (England – 18.9%) |

### Challenges

- Breastfeeding rates in St.Helens are about half the national average (22% breastfeeding at 6-8 weeks versus 47% across England).
- Under 18 admissions to hospital due to alcohol are very high in St.Helens, at about double the national rate (100 per 100,000 versus 45 per 100,000 for England).
- Children in St.Helens are more likely to live in income deprived households than the national average (25.6% versus 20.6%). This figure varies greatly by ward, from just 8.5% in Eccleston up to 43% in Parr.

### Strengths

- Rates of infant mortality in St.Helens are the second lowest in the North West and rates of child mortality are the 3rd best in the North West.
- The proportion of children achieving a good level of development in the Early Years Foundation Stage (at the end of reception) in St.Helens is significantly greater than the regional and England averages.
- The trend for teenage pregnancy locally is downward and the 123 teenage conceptions in St.Helens in 2012 were the lowest since this measure was first reported in 1998. Rates however remain higher than regional and national averages.
Findings from this needs assessment and elsewhere will have a direct impact on the services we provide and commission in St.Helens. For further information please see the report on our website at: http://www.sthelens.gov.uk/health
From October 2015, local authorities will take over responsibility for planning and paying for public health services for babies and children up to 5 years old. These services include health visiting and the Family Nurse Partnership programme. This gives an exciting opportunity for us collectively to make an even greater impact on the health and prospects of young people, and ensure better links between health, council services and education.

This year, the Public Health Annual Report concentrates on the key issues and the work we and our partners have done for children and young people. The sections cover the different aspects of public health, in **improving health, protecting health** and meeting **health needs**.

We also consider how the Council and partners have **supported academic success**, since good educational attainment greatly improves the chances of young people to flourish. We have also made a strong commitment to **listen to young people and families** and this section shows how we have made sure services match what local people want. Finally, we outline **the way forward** to improve further, together.
Improving Health

The wider determinants of health; the physical, social and economic conditions in which we are born, grow up and work can shape our health directly and indirectly by influencing our lifestyles and these determinants can be significantly influenced by how local authorities deliver their core roles and functions.

Improving Health describes the work to improve the health and wellbeing of individuals or communities, through enabling and encouraging healthy lifestyle choices, as well as addressing underlying issues such as poverty, lack of educational opportunities and other such areas.

Improving health amongst children and young people is vitally important as experiences in early life can have a lasting effect on adult health both directly and through influencing adult health behaviours.
In total, 16 sports clubs from football, rugby union and rugby league in the Borough have set a healthy example to fans, players and members by making their touchlines smoke free.

This initiative is coordinated locally by the Sports Development Team and St. Helens Public Health, with representatives from each club attending a smoking cessation workshop, delivered by the St. Helens Smokefree SUPPORT Service to enable them to help supporters and members who may want to quit smoking. This very significant step forward was reinforcing the message that smoking really has no place in an environment where fitness and health are so important.

Phase 1 of the programme started in January 2014 with eight clubs identified to participate. Clubs were encouraged to have Smokefree Touchlines during junior training sessions and matches and this was supported by a variety of pitch side banners and changing room signs which respectfully asked spectators to refrain from smoking.
Phase 2 began in October 2014 with a further eight clubs signing up, including a number of clubs specifically requesting to be in the programme.

Clubs notify all away supporters of the campaign and this doubles the number of parents and spectators who are made aware of Smokefree Touchlines.

With a core of sport clubs now more aware of issues around smoking, there is the opportunity to consider a “Healthy Sports Club” core group to work with on different Public Health issues, such as obesity, that could result in a number of key “health advocates” at sports clubs.

### Smoking in Pregnancy

Not smoking in pregnancy is important to give children the best start possible, and the benefits carry on throughout life. Smoking in pregnancy reduces the oxygen in the blood flow to the baby and restricts growth. A smoke free pregnancy means:

- Less morning sickness and fewer complications in pregnancy
- A healthier pregnancy and a healthier baby
- Reduced risk of stillbirth
- Mothers cope better with the birth
- Babies are less likely to be premature and have additional breathing, feeding and health problems
- Babies are less likely to be born underweight and have problems with infections and keeping warm
- Reduced risk of cot death, also known as Sudden Infant Death Syndrome (SIDS).

There is a national target to reduce smoking in pregnancy to 11% by 2015. Smoking in pregnancy is linked to deprivation and is a way that inequalities in health are passed from one generation to another.

### What are we doing about it?

All women are offered a health and social care assessment when they see a midwife. They are offered a carbon monoxide screening that indicates whether the oxygen supply to the baby may be low due to smoking or other sources of carbon monoxide (faulty gas appliances, pollution etc.). All pregnant women who smoke are offered a visit from a midwife specialising in smoking cessation.
This specialist programme includes home visits, one to one behaviour support for the woman and other members of her household, support to achieve smoke free homes and an incentive scheme in which women receive vouchers throughout their pregnancy and after birth.

**Case study**

The St.Helens Smokefree SUPPORT service is currently helping Ettie-Anne, a seventeen year old pregnant smoker, to stay quit. She joined the service during October after a referral at fourteen weeks pregnant from her midwife. Ettie-Anne was keen to quit and with the help and support from the service she has been smoke free for six weeks.

“I only realised how much harm I was doing to my baby after Dianne (my midwife) spoke to me and was encouraged to stay quit through regular carbon monoxide readings, plus the help I get from Dianne is friendly and supportive.”

By quitting so early on in her pregnancy, Ettie-Anne is giving her baby the best possible start in life.

**What difference is it making?**

A total of 153 pregnant women have been referred to the St.Helens Smokefree SUPPORT service to date in 2014/15 and 88 of them have set a quit date with 42 remaining smoke free throughout their pregnancy. The rates of smoking in pregnancy have reduced over the past few years (they are still higher than the national average but are reducing) and St.Helens has low infant mortality rates partly as a result of this reduction in smoking in pregnancy.

Only half of women who smoke at the time of booking take up the offer of smoking cessation. The challenge remains to engage with the women who continue to smoke in pregnancy to reduce the risks to them and their babies.

The St.Helens Smokefree SUPPORT service are currently gaining insight into why some pregnant smokers opt out of accessing support following referral, by asking for feedback on what information was provided at booking about risk of smoking and what type of support they access.
Children and Food

We know that what we put in our bodies helps maintain our health. Evidence shows that children who have a school meal have a healthier diet compared to those who do not. There have been many studies which confirm that hunger affects concentration and that well-nourished children fare better at school. This section highlights many of the excellent projects in St.Helens to support children and families to make positive choices in relation to the food they eat.

Breakfast Clubs

Some schools have reported that there are children who are too hungry to learn effectively. In some schools around 40% are going without breakfast; this includes children being hungry that are poor but not eligible for free school meals, and who therefore don’t get enough to eat at lunch. Without a good lunch or breakfast these children find it hard to concentrate and quickly fall behind in lessons and as a result their attainment can suffer.

The Children and Young People’s Overview and Scrutiny Panel carried out a review of school breakfast provision in March 2014 by carrying out a survey, by visiting a number of schools and identifying good practice across the Borough.

From the scrutiny report it is clear that the majority of schools in St.Helens provide good breakfast provision in one form or another, although, they are not all necessarily reaching the most vulnerable children.

It is clear that one model does not fit all schools, with some schools providing a totally free service whilst others charge all pupils to attend.

The report recommended that Pupil Premium funding could be used to support the free school meals children in attending the breakfast provision at these schools. Schools need to become much more proactive in identifying children that are attending school having not had breakfast, meaning they have not eaten since the evening before. The report recognised that there is more to breakfast clubs than just childcare. We noted that schools are using this time to identify and deal with any pastoral issues that may arise. This is a great opportunity
for staff to engage with pupils as the atmosphere is relaxed and pupils do not strictly think of breakfast clubs as school.

The nutritional value of the breakfast on offer was varied; schools were asked to consider offering a variety of foods in their breakfast clubs and take the offer of free training from the Health Improvement Team. Schools were encouraged to review their breakfast provision to ensure that it is operating to its maximum potential. Best practice guidance on breakfast clubs has been produced to support schools in setting up and/or improving current breakfast provision and includes various best practice models to assist schools with this process.

**Case Study**

**Breakfast Clubs**

One primary school has been tracking pupils attending their free breakfast club provision and has seen significant improvements in punctuality, attendance and changes in the children in terms of confidence, making close friends and academic progress. The head teacher said “It’s been an amazing success with the children being more settled, healthier and happier in school and due to this their progress has increased across the curriculum”.
Case Study
Tasty Tuck

During 2014 the Health Improvement Team in conjunction with young people developed a series of characters to bring the Tasty Tuck initiative to life. The characters of Captain Tuck, the Evil Pirate SnackBarrel and Cuthbert Croc-o-Smile are all set to launch at the beginning of 2015, to engage local children and encourage them to make positive healthy choices. The initiative will target the school, parents and children.

Tasty Tuck

Many schools have a ‘tuck’ shop where a variety of snacks are sold and also many pupils bring in their own snacks for break times, but these aren’t always healthy choices. Snacks at both school and home can influence the health of children, by their dietary intake, weight and also their dental health. Childhood obesity is one of the most serious global public health challenges for the 21st century, with obese children and adolescents at an increased risk of developing various health problems, and are more likely to become obese adults.
Unfortunately tooth decay still remains a major problem in children and young people. It is predominantly caused by the frequent consumption of sugary foods and drinks. Children who frequently consume sugary items are at greater risk of developing tooth decay, which can mean pain and suffering. The consumption of sugars, both the frequency and the amount, is important in determining the rate of tooth decay. When sugars are consumed, they should be part of a meal rather than between meals. Snacks and drinks should be free from added sugars, whenever possible. The frequent consumption of acidic drinks (such as fruit juice, squashes or carbonated drinks) should be avoided to help prevent dental erosion.

**What are we doing about it?**

One of the key ways to address this is through diet, reducing the consumption of drinks, confectionery and foods with sugars. The Tasty Tuck award scheme is about encouraging the positive health of children and young people by promoting healthier snacks and drinks in primary schools. It is an award that recognises the hard work that a school has put into encouraging healthy snacks at break times.
Healthy Schools

The quality of school meals throughout the country has improved greatly since the introduction of the Nutritional Guidelines and Food Standards for school meals in 2008, and there has been a clear, measurable improvement within St.Helens since then.

The National School Food Plan, published in July 2014, has laid down a number of challenges and opportunities for local authorities and schools. St.Helens School Nutrition Action Group (SNAG) (which includes representatives from the school meals service, Public Health, Environmental Health, Trading Standards, Health Improvement Team, Specialist Weight Management, Marketing and Oral Health Team) are working together to ensure the revised School Food Standards are met within the School Meals Service and in addition improve the food culture within schools overall.
The winter 2014 menus in primary and secondary schools have been revised and now meet the new School Food Standards that became legislation in January 2015. Kitchen and dining facilities at schools throughout the Borough have been improved to meet the additional numbers having free infant school meals.
In summer 2014, Public Health England linked Change 4 Life branding with Disney to encourage young people to be more active. The campaign was called the “10 Minute Shake Up” and families were encouraged to register with Change 4 Life in exchange for a free activity pack that included fun Disney activity cards and a stop watch. In total 859 people in St.Helens registered to receive a pack.

St.Helens Public Health linked in with this initiative locally by creating the Summer Activities Guide. The guide was a colourful, fun and easy to read booklet aimed at children and families with over 400 activities to keep people active over summer.

“The coaching staff were amazing, my girls so look forward to coming every week and hearing Gaz sing ‘Let it go’!!! They are going to be gutted when the 6 weeks is up but it has been a valuable 6 weeks and we appreciate all of the hints and tips we have had and appreciate the time and effort that everybody has put in.”
The majority of the activities shown in the guide were aimed at 5 – 11 year olds but activities for those up to late teens were also included. The activities in the guide where from a variety of services including the Health Improvement Team, Sports Development, the Youth Service, GO Active, Road Safety and Cycling Maintenance, Arts and Libraries, Parks and Rangers, Helena Partnerships and the Events team which meant marquee events such as the Summer Beach were promoted.

14,200 copies of the guide were printed and delivered to all the primary schools within the Borough. The guide also went out as a double page spread in the St.Helens Star available to pull out as a calendar of activities and events. It was also made available online on a variety of webpages and through social media sites such as Facebook and Twitter. Feedback on the guide was encouraged with a host of prizes including a bike voucher and family passes to local activities.

Over 70% of the feedback reported the guide as being very useful with the remainder reporting the guide as being quite useful. When asked ‘did this guide help you to find out about events or activities that you would not have known about otherwise?’, 100% of the feedback said ‘yes’.

Issues

Excess weight at any age occurs when energy intake is greater than energy expenditure over a prolonged period. Excess weight in children and young people has many complex behavioural and societal factors that contribute to the issue.

Overweight and obesity in children and young people in St.Helens is monitored through the National Child Measurement Programme. Children are measured at Reception (4/5years) and Year 6 (10/11years). Whilst recent years have seen a decrease, the last 3 years has seen an increase in overweight and obesity levels in St.Helens.
What are we doing about it?

The Fit4Life programme is available in both local schools and the community to meet the needs of children and their families who need support to lose weight. The Fit4Life courses are targeted to local schools for KS2 pupils. The community courses are delivered in the home of St Helens RLFC, Langtree Park. The courses are fun, informative and participatory. Children and their parents and siblings are encouraged to attend as a family and the benefits can be shared.

The success rates of the families who have completed the courses are encouraging, 100% of children reduced their BMI and the families have all made positive lifestyle changes.

Furthermore, the Health Improvement Team have worked with families that often don’t engage in services (Priority Families) to deliver a bespoke 6 week course.

Follow-on sessions to support families at the end of their Fit4Life course are being developed and driven by local people. The team will continue to develop this area of work.

**Fit4Life Parent’s View**

“Me and my girls have loved attending the Fit4Life programme. The way you teach the children about healthy lifestyles is amazing it’s really sinking in to them how important lifestyle changes can make all the difference... I find both my girls checking the nutrition on boxes/packets whilst we are out shopping in supermarkets. I also find myself doing the same and think back to the sessions on sugar content and fat content which was really useful information. We all really enjoyed the I’m A Celebrity trial, the girls talked about it for the rest of the week. Can’t say I enjoyed the mackerel myself though, but hey, everything else was good!!!”

Lisa (Mum of 2, ages 8yrs and 12yrs)

“Overall I think Fit4Life sessions are an excellent service provided to families that are maybe struggling to get the balance of a healthy lifestyle right. I feel that we have definitely benefited from the programme and will keep up with the changes that we have already made.”
During 2013 the Council's Road Safety Team identified a gap in cycling opportunities for families and young children, noting there was no cycle training for children under the age of 9 years in the Borough. The social barriers that mean many children remain unable to ride a bike can contribute to an inactive and less healthy lifestyle.

The team made a successful bid to the Big Lottery Fund under the Target: Wellbeing portfolio. This has provided the means to deliver a programme enabling young children and families in St.Helens to become more physically active through cycling.

The ‘Cycling Together’ project has improved access to balance bikes, delivered cycle training, family events and rides and delivered sessions to children in early years settings using a range of fun activities to develop their ability to balance and their cycling skills.
The Road Safety Team, in partnership with Sustrans, a sustainable transport charity, set up seven hubs across St.Helens, containing balance bikes and a small range of children's pedal bikes, and use these to deliver training in targeted nurseries, children’s centres and primary schools across St.Helens, helping children learn to balance and ride a bike. The bikes are also used at community/family events and rides. The project has enabled a number of staff within each early years setting to be trained to teach children to ride a bike using the balance bikes. Early years settings can loan bikes and equipment from their local hub.

The Cycling Together project has been very well received within early years settings, as it contributes to many of the early years learning outcomes. Staff have reported that they believe the project to be “excellent and worthwhile.”

“The emphasis of Cycling Together is on having fun whilst learning, and children have said, ‘I love riding the bikes!’ and that one of the best bits is ‘using the stepping stones!’”

“One recently trained member of early years staff said, ‘This is a fantastic project which I would love to get involved in. With the increase in obesity, projects like this are crucial to the wellbeing of the nation!’”
Children from across St.Helens came together to train as Change4Life Champions, as part of a nationwide programme. The training was planned and delivered by Bleak Hill Primary School as part of their role of Health and Wellbeing lead school. Following the training, the young leaders were tasked with organising a Change4Life club at their own school.

On the day, the young leaders took part in a wide range of activities to help them plan and deliver sports sessions. To motivate them further, England ladies international footballer, Sue Smith, dropped by to offer a few words of wisdom around the importance of living a healthy and active lifestyle.

"The young Change4Life Champions are using their leadership skills and what they learnt in the training to help motivate and encourage students in their schools to be more active in the school day. This is a really important initiative, helping to make being active a part of everyday life for all and I would like to thank the Change4Life Champions for taking on this pivotal role."

St.Helens Cabinet Member for Health and Wellbeing, Councillor, Andy Bowden, said: “Increasing activity levels amongst our population is paramount. It is particularly important that our younger generations grow up being as physically active as possible.”

Further work is planned for 2015, to introduce more children as activity leaders for the Change4Life programmes in St.Helens schools.
Children and young people in St. Helens schools have been developing skills in order to help other pupils in their schools. The pupils have recognised that sometimes it is better to talk to another pupil if they are worried and staff have reported a positive impact on the emotional wellbeing of pupils, where peer support programmes exist.

Peer supporters build up relationships with pupils and actively seek out children and young people who appear alone or withdrawn. They also safely intervene in situations where aggression or anger is building up, which involves them using mediation skills and de-escalation techniques, until the situation calms down. They also have access to a member of staff who has been trained to be part of the peer support scheme, so they can discuss any concerns in a confidential manner. The staff champion ensures that the programme is sustainable by recruiting and training new peer supporters year-on-year.
In St.Helens, over 450 children and young people in 30 schools have been trained by St.Helens Public Health and Bridgewater Health Improvement Team as peer supporters and are making a real difference in their schools. Furthermore, head teachers have also endorsed the importance of creating emotionally healthy schools to support positive outcomes for learners. The peer support schemes can be set up to address a range of issues, and whilst they do not replace professional services from within the school or external agencies, they provide additional resource for promoting mental wellbeing and identifying problems early.

“I am more understanding of people’s problems” Peer Supporter, St Anne’s Catholic Primary School

“The playground feels like a better place, less lonely” Y5 Peer Listener, St Aidan’s Primary School

“The peer listeners see themselves as being really valuable in our school and they talk about how it is a sign that the school cares for their wellbeing and how it has given them an opportunity to contribute to the school. We see them supporting and nurturing our younger pupils and this in turn gives them a sense of responsibility whilst developing their own listening, communication and building trust skills. Staff have noticed a reduction in problems during lunchtime”

Nicola Kearney, Executive Head Teacher at Merton Bank Primary School and Eaves Primary School
HeartStart Training

Children and young people at the 2013 Democracy Debate, told us that they thought it was important for pupils to develop lifesaving skills. The Public Health team and Adult and Community Learning in collaboration with the British Heart Foundation embarked on the HeartStart programme in 2014.

HeartStart teaches adults, children and young people the skills of emergency life support (ELS) to be able to keep someone alive whilst the ambulance is on its way. The impact of this training has been far reaching for both school staff and pupils. In total 29 primary schools in St.Helens are now registered as Heartstart Champions and the training has been positively evaluated, with the majority of teachers reporting that the learning objectives had been fully achieved.

We also recruited a Health & Wellbeing Governor as the local ‘Heartstart’ Champion who has been doing hands-on work in Thatto Heath Primary School to get the programme fully embedded within the curriculum and supporting the Local Authority in training other schools.
During 2014, the Young People’s Drug and Alcohol Team (YPDAAT) have focussed on prevention activities in order to increase young people’s awareness of the risks and harms associated with drug and alcohol use. The focus of delivery has predominantly been on young people who are at risk of substance misuse and to reduce the likelihood of problematic use.

The Young People’s Drug and Alcohol Team were invited to attend St.Helens College Health and Wellbeing Event in November. The aim was to offer advice and guidance to young people in attendance on substance misuse issues and the impact they can have on their health and wellbeing.

The event gave the team the opportunity to promote the service and was a great success with over 300 young people in attendance. Over 100 young people were offered advice, guidance and information about the risks of alcohol, how to avoid alcohol use and how to reduce alcohol related harm. Further group sessions are to be delivered in the college in early 2015.

**Young People not in Mainstream Education**

The Young People’s Drug and Alcohol Team have been providing education and awareness sessions with the Pupil Referral Unit (PRU). Six intensive group work sessions were delivered over the course of 2 days to 25 students.

The sessions covered the risks associated with substance misuse, the law in relation to possession and supply of drugs, harm reduction advice and how the young people can access support from the YPDAAT.
The young people gave positive feedback from the sessions saying that they felt they had increased their knowledge around the risks of substance use; other young people asked for additional information and future sessions.

Three young people were signposted to stop smoking support and all of the young people were signposted to YPDAAT’s website.

Future regular groups will be delivered in order to build positive relationships with members of the team and encourage young people who may need additional support to engage with the service.

**PSHE Day - St. Augustine of Canterbury High School**

In October 2014, 40 students took part in a Personal, Social, Health and Economic (PSHE) Day at St. Augustine of Canterbury High School. Evaluations indicated that the students had learned a lot of information and found this useful to keep themselves safe. Comments from the students included:

“It was brilliant”

“It was good to use the beer goggles”

**Alcohol Awareness Week**

Alcohol Awareness Week runs during November. This year, the focus for activities was young people (16-19) residing in supported accommodation projects across the Borough. The aim of the sessions was to raise awareness of the harms of alcohol use, promote safer drinking and to encourage people (including staff and young people) to sign up to the “Dry January” campaign.

Overall the feedback was really positive with young people and staff members reporting that they had gained a better awareness on the risks associated with alcohol, how it affects their body and the impact it can have on decision making.

They felt participating in the sessions had increased their knowledge around how to drink safely by not mixing drinks, not drinking alone and had a better understanding of alcohol units.
Feedback from young people included:

“I’m more aware now not to drink as much alcohol and the problems it can cause especially the damage it can do to your liver”.

“I’ve learnt about the way alcohol affects your body”

Young people were signposted to the YPDAAT website and to Alcohol Concern to sign up to Dry January.

The majority of young people requested more sessions to be delivered, and these are planned for early 2015.

**St.Helens College Drama Project**

Work with a group of 12 students at St.Helens College is underway to produce a short performance about the consequences of drug or alcohol incidents in schools. The production will be delivered to Year 8 students as part of drug incident assemblies in January 2015.

**Hot Topics**

The Young People’s Drug and Alcohol Team have continued to deliver “Hot Topic” briefing sessions to professionals during 2014. Due to demand from services and prevalence of changing drug use, two new programmes were developed and delivered during this year – “The Need for Weed” (cannabis awareness) and “Fast and Furious” (cocaine awareness). In addition to this, “Boozed and Confused” has been delivered as well as “Bursting the Bubble on Mephedrone”. In addition to this, one programme of “Sex, Drugs and Risk Control” has been delivered to 23 practitioners. Approximately 150 professionals have participated in training sessions April-November 2014.

All parents who completed evaluation forms stated that they would recommend the service to other parents/carers.
• Sports Development to build upon the success of Smokefree Touchlines to develop ‘healthy sports clubs’.
• Schools to offer opportunities for healthy eating within their setting and/or the school day to as many pupils as possible.
• Public Health commissioners and service providers to extend the reach of family focussed weight management programmes and develop initiatives to sustain behaviour change.
• Supported by the Council, schools and early years settings to ensure children develop skills such as cycling and swimming at a young age that promote safety, health and wellbeing.
Protecting Health

Protecting and promoting the health of children is an important function of St.Helens Council, as children's early experiences are central to shaping their long term health and wellbeing. Health protection is also vital to improving the health of the whole population and reducing inequalities in health over the longer term. The following chapter highlights two key aspects of health protection: preventing the transmission of communicable diseases and safeguarding children.

Immunisations

Flu Campaign for 2, 3 & 4 Year Olds

Research has found that children are much more infectious than adults, and transmit the virus before symptoms occur; furthermore, due to their close contact with each other, this makes them more likely to transmit to other vulnerable groups.

To help stop the spread of flu, 2, 3 and 4 year olds are now eligible to be immunised and are being offered a nasal spray vaccine. Children aged 6 months or older who have a health condition are also offered the nasal spray.

As part of the St.Helens flu campaign, the Public Health team wrote to all nurseries, playgroups and child-minders in the Borough with information to encourage parents and carers of 2, 3 and 4 year olds to take up the offer of the nasal spray vaccine. We engaged with children by asking them to draw their own Flu Monster creations. Many nurseries, schools and child-minders took part and engaged their children in the competition. Nearly 50 drawings were received and an activity pack was awarded to the three prize winners. The winning Flu Monster designs will be used in next year's campaign when we hope that they will inspire more parents to protect their children.
Recent uptake data shows that St.Helens had increased uptake of the vaccination programme for 2, 3 and 4 year olds and uptake is higher than neighbouring boroughs and Merseyside as a whole.

<table>
<thead>
<tr>
<th>Clinical Commissioning Group</th>
<th>Flu Vaccine Uptake % at end December 2014</th>
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<tbody>
<tr>
<td></td>
<td>Age 2</td>
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<tr>
<td>Southport and Formby</td>
<td>43.9</td>
</tr>
<tr>
<td>St.Helens</td>
<td>41.5</td>
</tr>
<tr>
<td>Knowsley</td>
<td>38.4</td>
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<tr>
<td>South Sefton</td>
<td>36.4</td>
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<tr>
<td>Halton</td>
<td>34.4</td>
</tr>
<tr>
<td>Liverpool</td>
<td>31.6</td>
</tr>
<tr>
<td>Merseyside</td>
<td>36.2</td>
</tr>
</tbody>
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Introduction

‘Chelsea’s Choice’ is an innovative theatre production that has proved highly effective in raising awareness of child sexual exploitation (CSE) amongst young people in the UK. A number of true stories are interwoven in the plot of ‘Chelsea’s Choice’ (and spoken about in the plenary session) to create a realistic, hard-hitting and effective production that not only raises awareness of the subject but also positively promotes behavioural change.

The Public Health team funded the two week tour from Monday 13th to Friday 24th October 2014 and included 19 performances. The scheduled performances involved pupils in Year 9 in high schools, including Year 10 and 11 for those in the PRUs, school based staff, professionals, students at St.Helens College and parents/carers. The TAZ Outreach Team and the Designated School Nurse attended all the performances that were delivered to young people to raise awareness of local support services if any young person had a concern.

The play has proven highly effective in:-
• Raising awareness of healthy relationships
• Promoting safe internet use
• Identifying risky situations
• Raising awareness of the grooming process and the differing forms that it can take
• Raising awareness of child sexual exploitation and the differing forms that it can take
• Signposting relevant services
**Impact**

- A total of 1895 young people attended a performance
- A total of 193 professionals attended a performance
- Young people identified themselves to professionals to seek support for unhealthy relationships
- Some of the harder to reach young people from the Pupil Referral Unit and St.Helens College enthusiastically involved themselves with the performance and follow-up discussions
- Professionals reported a greater awareness and that tackling CSE is everyone's responsibility
- Parents commented that they felt more confident to talk to their children about the signs and triggers for potential exploitation

**Recommendations**

- Public Health to work with NHS England to embed the children's flu immunisation programme across all eligible age groups in 2015.
- St.Helens Local Safeguarding Children Board (LSCB) partners, to have an on-going programme for raising awareness of child sexual exploitation amongst young people and service providers.
ST. HELENS
A PICTURE OF HEALTH

THE POPULATION OF 0-19 YEAR OLDS IN ST. HELENS ARE 97% WHITE BRITISH

LIFE EXPECTANCY
81.6 YEARS
78 YEARS

1.5% ARE MIXED RACE
1.2% ARE ASIAN OR ASIAN BRITISH

40,236

FAMILY HOMELESSNESS
ST. HELENS
1.6
NORTH WEST
0.8
ENGLAND
1.7
PERCENTAGE WITH A GOOD LEVEL OF DEVELOPMENT THE END OF RECEPTION

16-18 YEAR OLDS NOT IN EDUCATION, EMPLOYMENT OR TRAINING

<table>
<thead>
<tr>
<th></th>
<th>ST.HELENS</th>
<th>NORTH WEST</th>
<th>ENGLAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>7.8%</td>
<td>6.4%</td>
<td>5.8%</td>
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<td>2012</td>
<td>-</td>
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<tr>
<td>2013</td>
<td>-9%</td>
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GCSE ATTAINMENT

- ST.HELENS: 55.2%
- NORTH WEST: 55.8%
- ENGLAND: 56.8%

THERE ARE 381 SCHOOL CHILDREN WHOSE FIRST LANGUAGE IS NOT ENGLISH
12.2% obese Year Reception Pupils
25.9% excess weight Year Six Pupils
36.8% excess weight

80% of pupils can swim 1 length

Child Mortality
6.8 St. Helens

14.2 North West
12.5 England

Rate per 100,000

Tooth Decay in 3 Year Olds
St. Helens 0.29
North West 0.47
England 0.28

Average number of decayed teeth per child

1 in 10 children are estimated to have some communication need

27% of 4-5 year olds are not reaching a good level of development in communication and language

Number of children

Mental
447
Hearing
252
Mobility
671
Memory
363
Vision
279
Learning
866
5681 cases of domestic violence involving children recorded

The rate of children in care in St. Helens is double the national average

1 in 4 children in St. Helens are living in poverty

In St. Helens there are 390 young carers under the age of 15

1420 11-16 years

875 5-10 years

7.5% of unpaid carers are under 24 years old

1 in 5 secondary school pupils have self-harmed or considered it
Binge Drinker: 30%
Hazardous Drinker: 22%
Dependant Drinker: 6%
Problem Drinker with Mental Health Problems: 4%
Illicit Drug User: 8%

Health and Wellbeing Pupil Survey

2 out of 5 pupils live with someone who smokes

92% of secondary school pupils are non-smokers

54% of Year 6 pupils reported that they had been bullied

1 in 10 pupils have reported being bullied online
Supporting Academic Success

School Health

Research and evidence suggests that education and health are intrinsically linked; those pupils with better health and wellbeing are more likely to achieve academically.

St.Helens schools continue to develop their commitment towards health and wellbeing, recognising the balance that exists for achieving healthier outcomes and better attainment for learners. Over 80% of local schools are continuing their Healthy Schools journey by addressing health issues identified from the annual Health and Wellbeing Pupil Survey. Also, by introducing a dedicated Health and Wellbeing Governor in 60 schools, governing bodies and senior leadership teams are recognising this as a key role for championing health and wellbeing across the school community.

Children and young people from Haydock High School, Carr Mill Primary School and St.Helens College shape and direct the training on how to stay safe and healthy when using digital technology.
Ofsted recommend that schools should do all they can to help pupils develop into self-assured, confident, happy, positive young people. Pupils should learn to articulate their feelings, be given responsibility to make safe and healthy choices and to develop their confidence. In terms of the quality of teaching, they also report a close correlation between the grade that schools are awarded for overall effectiveness and their judgement grade for PSHE (Personal, Social, Health and Economic) Education.

To deliver on these expectations and to create a skilled and knowledgeable workforce for the effective delivery of PSHE, 489 teachers and governors from 59 schools have accessed at least one of the professional development opportunities provided throughout 2014. These have included:

- Improving food and nutrition in school
- No place for bullying – getting your school Ofsted ready
- Mental health awareness and brief interventions
- Digital safety (including child sexual exploitation) and promoting social responsibility
- Effective PSHE and health education

The evaluations from delegates have been positive with 94% reporting that it had met their expectations and 96% of delegates commenting that it would help them to make a difference to the children and families they support.

Since launching the Health and Wellbeing Governors in 2013, facilitating a comprehensive training programme and continuing to develop schools as health promoting assets, real progress has been made.
Haydock High School

Addressing Unhealthy Drinks

Using Public Health data, local information and observing increased use of high caffeine and sugary drinks amongst students, Haydock High School worked alongside the pupils to address the impact that this was having on their health, behaviour and learning. Seeking support from Bridgewater Health Improvement Team who helped to educate the young people’s project team, they set about doing a variety of interventions, which included assemblies, peer education and posting information on the website for parents/carers.
They achieved the following:
• With parent/carer support the school has reduced the number of young people bringing unhealthy drinks onto school site from over 50% of young people who regularly brought them into school to a virtual minimum. Whilst a minority of pupils try to bring them into school, they are quickly removed and pupils are vigilant that they should not be on school site.
• Following the peer-led education programme, all pupils can now tell staff within the school the risks of regular caffeine consumption and the dangers of drinking stimulant based drinks on their physical and mental wellbeing. They also have a clear understanding of the importance of keeping hydrated for effective learning.
• An increasing number of students have signed the pledge to stop drinking high caffeine/sugary drinks and increase their daily water intake. Pupils report that the water bottles have made it easier for them to drink water throughout the day and staff have reported that the pupils appear calmer.

“I have been fully supportive of this project within the school and as the Health & Wellbeing Governor, I feel my role has been to ensure that the head teacher and the senior leadership team support all pupils and staff in protecting their mental, physical (including sexual health) and emotional health. As part of the governing team we look at the curriculum and how it supports the wellbeing of our young people and how it can empower, influence, and have a positive effect on the way they see themselves and on their behaviour. Tackling high caffeine and high sugary drinks has been fundamental for improving behaviour. Our aim is to guide our pupils to live as safe as possible in a forever changing environment.”
Mrs Gahle, Health and Wellbeing Governor

“We have always listened to what our students have to say and have tried to act in a way which is empowering. In the case of the anti-fizzy drinks project the case made by students to ban energy drinks in school was compelling. Additionally, the education programme delivered to students, information sent to parents and the provision of quality water bottles have ensured that it has not been difficult to enforce this ban. It is difficult to measure the impact on student learning however, except to say that the school achieved its best ever GCSE results against the national trend in the summer of 2014. The measures of improved behaviour were very clear to see, with reductions in every type of consequence measured in the following two terms after the ban was made. Long live student voice!”
Mrs Griffiths, Acting Head Teacher
St. Aidan’s Church of England Primary School and their governing body have fully embraced the role of the Health and Wellbeing Governor, who is proactive and making a significant difference to the health of learners, staff and families. The Health and Wellbeing Governor has helped to introduce:

**Treasured Time**

A healthy reward club to encourage children to try different activities on a Friday afternoon has led to the children reporting they feel fitter and more alert. Some of the Year 6 pupils have planned and delivered a PE lesson.
Peer Massage
The peer massage has helped the boys talk about their feelings more and the children report that they feel more relaxed and it has helped them to sleep. Also, this helped the Year 6 pupils to prepare for their SATs.

Fundraising
Fundraising for a defibrillator by encouraging the whole school to get involved so they can purchase a defibrillator which will benefit the school and community.

“Staff and Governors at St. Aidan’s are fully committed to the health and wellbeing of children as we understand that good health and wellbeing are essential for successful learning and happy lives. We pride ourselves on nurturing our pupils and ensuring they have the skills they need in relation to healthy lifestyle choices. It is also no coincidence that this nurture and care is having an impact on the children’s academic standards meaning that this year both our Key Stage One and Two results are in the top three within the Local Authority.”
Melanie Ravenscroft, Executive Head Teacher, Billinge St. Aidan’s C of E Primary School

“I started a running club at the school with great success – on average 17 children attend each Wednesday evening and we encourage those who would not normally run to have a go. The children are rewarded with certificates to recognise the hard work they are putting in. Also as we are now registered as a children’s university, their involvement with sport and activity goes towards them graduating”
Mrs Ainsworth-Tebb, Health and Wellbeing Governor
As part of our ongoing commitment to ensuring healthy opportunities are readily available for all students, Cowley International College has developed a varied and diverse extra-curriculum programme that incorporates over 50 activities, ranging from physically demanding, such as both codes of rugby, climbing and the Duke of Edinburgh’s Award, to mentally stimulating activities, such as chess club and our ever popular Debating Club.

Cowley is in a unique position due to our partnership with St.Helens Rugby League Football Club, which is based on our site. Through assemblies, coaching and lessons, the rugby athletes deliver an important message to our students that they too can achieve their own “gold” in everything they do by adopting a healthy and active lifestyle.

Cameron Sheeran, Principal, Cowley International College
Assessing Progress in PSHE

“Pupils in Carr Mill Primary school have regular opportunities to reflect on what they have learnt and what to do in order to progress their own learning journey and become independent learners. To ensure this happens, our PSHE Coordinator, Debbie Lloyd, has been part of a task group which has developed a framework for the assessment of PSHE (Personal, Social, Health and Economic) Education at Key Stage 1 and Key Stage 2. Whilst assessment of and for learning takes place regularly in other subjects, our senior leadership team and governing body felt that it was equally as important to assess children’s progress in terms of their ability and knowledge to make healthy and safe choices. PSHE in Carr Mill Primary School is considered as a core subject alongside literacy and numeracy and is given the same importance and gravitas within the curriculum and from all staff. We believe that by assessing PSHE, we are equipping our learners with the knowledge, skills and attitude to not only succeed academically but to also make healthy choices in terms of their lifestyle and relationships. The pupils have also responded positively and continue to take ownership of their PSHE targets and routinely reflect on whether they have achieved the learning outcomes and how their learning can be improved”.

Jo Davies, Head Teacher at Carr Mill Primary School

Recommendations

• Health and Wellbeing Governors, supported by Public Health, to roll out the learning on reducing consumption of caffeine drinks to other schools and settings.
Listening to Children, Young People and Families

The Voice is Getting Louder

All children and young people should have the opportunity to influence decisions that affect their lives and are involved at every level. This means individuals being involved in planning for their health, education or social care needs and all children and young people being given the opportunity to be involved in steering the priorities in St.Helens.

We will work hard to ensure that all children and young people get this opportunity. The vision is to draw the views from a wide range of youth voice groups that exist within St.Helens and ensure that this is shared with the right people who need to hear it.

Our expectation and challenge is to ensure that meaningful participation is embedded into everything we do and is not seen as a one-off event. Whilst ‘the voice’ is getting louder, we are not complacent about our journey and regularly reflect on practice to ensure we meet the changing needs of children and young people.
The Democracy Debate

The Democracy Debate is a long standing annual event which provides an opportunity to listen to our primary, secondary and special school pupils.

Each year, the pupils vote in advance on what the theme of the debate will be and this sets the direction of how the debate will be conducted. On the day, the children and young people are divided into ‘parties’ to discuss and generate their ideas of how to address issues relating to the chosen theme. Whilst the activities take place throughout St.Helens Town Hall, the debate is chaired by a young person and formally presented in the Council Chamber. During the debate the pupils have the opportunity to listen, challenge and ask questions on the different ideas being presented.

Following the debates and with support from Democratic Services, the pupils vote for the idea that they believe will address the issue. The Mayor of St.Helens acts as the presiding officer and announces the winning idea.
Children and young people voted for mental health as the theme for the 2014 Democracy Debate. The event was entitled ‘happy to be me’ and the children and young people explored issues that stop them from being happy.

The following core themes emerged:
• Parents who are seriously ill, dying or have died
• Family break-ups and the challenge of having new step families
• Lack of positive role models
• Loneliness - especially when children and young people feel different

Whilst the discussions involved lots of topics and different perspectives on emotional wellbeing, the winning ideas which they thought would help children and young people are:

**Meet and Greet Club**

A support group for children and young people who have a family member who is ill or dying. The children recognised that when things are not going well they need to be supported and the ‘service’ would help people to talk about their problems and bereavement.

**FISH Programme (Family, Issues, Support and Help)**

This is a group which helps to bring families together as one. The children recognised that people face different emotions when families split up and often it is difficult for step parents and step children to come together and have fun.

**St.Helens ‘FAM’ FEST**

‘FAM’ fest is a week-long festival of music, sport and activities to promote physical, emotional and spiritual health. It will help young people with social, emotional and mental anxieties to be involved and feel less lonely. The theme would be all about positive thinking and ideas to make everyone feel nice.

Whilst there are the winning ideas on the day, all of the ideas are considered for further action by the Local Authority and partners. Finally a ‘you said – we did’ feedback report is sent to all of the children and young people who participated.
“Today has been the best day of my life and I would like to become a councillor one day”
Primary pupil

“I think this was a great experience that gets young people involved in something that they might not know anything about. I have gained some team working skills and it has encouraged me to speak up and put forward my ideas”
Secondary pupil
Within the LSCB (Local Safeguarding Children Board) Voice of the Child Action Plan, there was an ambition set out for children and young people to influence strategic decisions. Young people told us that whilst they wanted to give views on matters which affect their lives, they did not want to take the traditional approach of forming a youth council. Therefore, in order to seek their views on what the Council’s priorities need to be, the Youth Festival of Opportunities was held. The second aim of the event was to highlight the wide range of activities and volunteering opportunities for children and young people to get involved in.

The views raised on the day, which included their opinions on how the school nursing service should be delivered in St.Helens, have been shared wider through the young people’s virtual forum and through secondary school councils. Following the event, the forum will be further developed to provide a robust link between strategic leads and young people.
Young carers are children and young people who look after someone in their family who has an illness, a disability, or is affected by mental ill-health or substance misuse. They are taking on practical and/or emotional caring responsibilities that would normally be expected of an adult. Young carers in St.Helens have been and continue to be consulted in a number of ways and their views have been incorporated into commissioning and service design, improving practice and influencing the development of future strategy. In 2013, services for young carers were put out to tender and as part of that process, young carers views were sought to influence the development of the service specification and two young carers wrote questions for the interview and were involved in the evaluation process that led to The Carers Trust delivering services to the young people. At a feedback session, the young carers concerned reported that they were glad to have been involved and were pleased with the new provider and the delivery of the service.
The service now has a Young Carers Committee, which is influencing and making a difference to the support offered to children and young people, this includes:

• Seeking the support of a dedicated Young Carers Champion School Nurse, to offer a health drop-in session and advice about their caring role
• Dedicated school nurse support for families
• Helped to design an assembly presentation which the Young Carers Champion School Nurse presents in St.Helens schools
• Supported the development of the draft Young Carers Strategy and Action Plan document, including a young carer’s personal reflection
• Representation on the Young Carers Partnership Board to ensure the views of young carers are heard and can influence decision making

Recommendations

• Commissioners and providers to continually find ways to incorporate the voice of the child into shaping service planning and delivery.
Meeting Health Needs

It is important to review the current and future health needs of the Borough, and the following chapter highlights some of the key health needs in the area. It also gives details of a series of programmes/events which are in place to support the health issues facing children and young people, with the aim of improving health and reducing inequalities within St.Helens.

Family Nurse Partnership

The Family Nurse Partnership (FNP) is an evidence based maternal and early years programme. It offers intensive and structured home visiting from early pregnancy up until the child graduates the programme at 2 years of age. Visits are weekly or fortnightly for the majority of the two and a half years and are structured to cover:

- Personal health
- Life course development
- Environmental health
- Maternal role
- Personal network relationships

Who is it for?

Family Nurse Partnership is a voluntary programme for young mothers expecting their first baby. The St.Helens programme is offered to clients who:

- Are 19 or under at last menstrual period
- Live within St.Helens
- Are having their first live birth
- Have no planned adoption at entry to the programme

60% of clients must be 16 weeks pregnant or less at enrolment, 100% of clients must be 28 weeks pregnant or less at enrolment.
What are the aims of the programme?

The Family Nurse Partnership is a strength based preventative programme that uses a psycho-educational approach to improve life chances for young families. A healthy pregnancy gives a baby the best possible start in life. The relationship between the baby and his or her parents is crucial for their future health and happiness. The programme aims:

• To improve pregnancy outcomes
• To improve child health and development by developing parenting knowledge and skills
• To improve parents’ socioeconomic self-sufficiency, by helping them to achieve their aspirations (such as employment or returning to education)

Who are the nurses?

The Family Nurse Partnership team in St.Helens consists of a Family Nurse Supervisor, an Administrator and four Family Nurses. The team are based at Moss Bank Children’s Centre but cover the whole of St.Helens. Family Nurses are registered nurses from a variety of backgrounds, such as Health Visitors, School Nurses, Midwifery and Mental Health services.

They are provided with an intensive learning package from the FNP national unit to enable them to build therapeutic relationships with clients using advanced communication skills.
St. Helens Council Public Health team has recently launched the Young People Friendly Award (YPF). The award was created to make health services easier for young people to find and use. It also aims to make services friendlier towards young people. The ‘Young People Friendly’ programme is based on the Department of Health’s ‘You’re Welcome’ quality criteria. The quality criteria provides good practice guidance of what will improve young people’s experience and health outcomes.

The Young People Friendly Award can also support and encourage young people to take ownership of their own health and the health decisions they make.

**So what is this?**

The award is given to any health services for the quality of service they offer young people. All health services as part of the award will offer a confidential service and strive to do their best for young people. In St. Helens we have been looking to specifically help services understand young people’s needs whatever their gender or sexuality. Matters such as confidentiality, trust, friendliness of staff and the suitability of information they offer young people are all assessed.
Services which reach the recognised standards are awarded the Young People Friendly Award.

Young people have developed the local branding for the award.

The following services took part in the pilot programme and achieved YPF status in May 2014:

- School nursing for their “Clinic in a Box Service”
- Taz Outreach Team for a school based TAZ drop-in at Cowley International College
- Community sexual health services at TAZ clinic, Millennium Centre and Lowe House
- Young People’s Drug and Alcohol Team

**Next Steps**

- Develop young assessors to moderate the services that have achieved YPF
- Encourage and support a further 5 health services in the community to achieve the YPF award
- Over the next twelve months undertake the re-validation of existing services
In autumn 2013, a Child Health Summit was called by the St Helens Clinical Commissioning Group (CCG). The summit allowed the opportunity to gather multi-agency views on a range of issues relating to child health services that needed to be addressed in the Borough. A key area that we identified was that both the commissioning and provision of services was fragmented and in many service areas a needs assessment and review of investment in services and pathways was long overdue.

This alongside the need to provide the best possible offer for children with special educational needs (SEN), as outlined in the Special Educational Needs Reform within the Children and Families Act 2014, and the incoming local authority responsibility for the public health of children 0-5, led to the creation in 2014 of an Integrated Child Health Team under the leadership of the Director of Public Health.

The team comprises commissioners from Public Health, Children and Young People’s Services and the CCG and a range of provider services including the Additional Needs Service and Educational Psychology. This arrangement is underpinned by a section 75 agreement between the Council and CCG and builds on the success of the integrated adult commissioning arrangements.

Significant progress has been made in preparing for and establishing systems to provide a robust offer in line with SEN Reform requirements, reviewing current services including Speech and Language Therapy, children with medical needs in school settings, Child and Adolescent Mental Health Services and community paediatric services. Work is ongoing to improve services for children and young people with an autistic spectrum condition.

A further Child Health Summit was held in October 2014, (see ‘The Way Ahead’ section). It is encouraging to report that energy, partnership working and collective ambition for progress appeared to be the overriding theme from the event. Whilst there is clearly more to do, particularly for our more vulnerable children, integration and partnerships are the way forward.
Speech and language skills are crucial, especially for children as they learn to interact socially and emotionally as well as academically. Speech and language difficulties can have a detrimental effect on a child’s development and impact on their behaviour, academic progress and employability.

For some, the problem will be short lived; although for others, problems may persist throughout adulthood. Traditional health based speech and language therapy is one part of the services needed to address the speech, language and communication needs of children.

Following additional investment from 1st November 2014, there were 61 children waiting for speech and language intervention, with 22 children (26%) having waited longer than 18 weeks for treatment based on the target of 18 weeks from referral to treatment. This is a much improved performance compared to 7 months ago, when there were 79 children who had been waiting for treatment for 18 weeks or longer. There is still further to go to improve speech, language and communication services and 2015 sees a radically different and expanded integrated service offer.
Introduction

Child and Adolescent Mental Health Services (otherwise known as CAMHS) are comprehensive mental health services for children and young people aged from 0 to normally 18 years old. The services are set out to address all emotional, behavioural and mental health disorders of young people; this includes providing for children and young people with learning disabilities. Comprehensive CAMHS services should address all levels of severity and complexity from prevention to early intervention through to treatment for severe and complex mental health problems. CAMHS services are generally described in tiers:

**Universal services (Tier 1)**

These include general practitioners, primary health care services, health visitors, school nurses and early years provision who provide generic mental wellbeing advice and know when to refer onto more specialist services.

**Targeted Services (Tier 2)**

These include mental health professionals working to support less complex or severe cases of emotional and mental health types of issues, who may be at risk of developing a mental health problem without intervention.

**Specialist CAMHS (Tier 3)**

These are multi-disciplinary teams of professionals specialising in child and adolescent mental health and provide a range of interventions based on the child’s needs.

**Highly specialised CAMHS (Tier 4)**

These include day and inpatient services and some highly specialised outpatient services.
Issues

Evidence from the 2013 Child Health Summit and the Local Safeguarding Children Board indicated concerns with waiting lists within tier 3 CAMHS services, lack of capacity within tier 2 CAHMS services and also concern that children were falling between services.

A comprehensive review of CAMHS services within St.Helens was undertaken jointly by the CCG and the Local Authority and has identified a number of concerns relating to current service provision and as part of the review, a comprehensive needs assessment was undertaken which helped identify issues within service provision.

The review identified gaps in provision at tier 2, issues relating to accessing tier 3, CAMHS support for vulnerable groups and concerns over the numbers of children and young people accessing the service when compared to published prevalence data.

One of the biggest gaps in provision at tier 2 is for children under the age of 11. Currently the commissioned service is for children and young people aged 11-19, although a temporary service has recently been introduced for the 5-11 age group funded by Public Health.

A service model including a pathway has been agreed based on consultation responses; this will include a new comprehensive tier 2 service and a revised tier 3 specification.

The development of an integrated single point of access is key to ensuring that all referrals are treated appropriately and correctly signposted using the new pathway. Both services will work under the ethos of no referral is inappropriate, instead there will be a proactive approach, working down to primary to support and help with clinical reasoning to identify need and signpost appropriately for support / treatment for the child.
The Children and Families Act 2014 sets out significant reforms to the way in which Special Educational Needs and Disability (SEND) support is provided, extending the system from birth to 25, giving children, young people and their parents greater control and choice in decisions and ensuring needs are met. The reforms came into force on 1 September 2014.

A child or young person has special educational needs (SEN) if they have a learning difficulty or disability which calls for special educational provision to be made for them. A child of compulsory school age or a young person has a learning difficulty or disability if they:

(a) have a significantly greater difficulty in learning than the majority of others of the same age; or

(b) have a disability which prevents or hinders them from making use of educational facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions.

The key elements of the Department for Education (DfE) reforms are described as:

• replacing SEN statements and Learning Disability Assessments (LDAs) with a new birth to 25 Education, Health and Care plan (EHC plan) - setting out in one place all the support families will receive.

• requiring better co-operation between councils and health services to make sure services for children and young people with SEND are jointly planned and commissioned.

• giving parents and young people with Education, Health and Care plans the offer of a personal budget.

• requiring councils to publish a ‘Local Offer’ showing the support available to all SEND children and young people and their families in the area.

• introducing independent mediation and dispute resolution services.
The Special Educational Needs Task Group has taken a lead on the response to the reform programme. The Task Group includes representation from Councillors, Council Officers, St Helens CCG, schools, the voluntary and community sector and health providers. A more joined-up and responsive service for children and young people with SEND is now provided.

A transition plan has been developed to manage the process of transferring children and young people with statements and young people (post 16) receiving support as a result of a Learning Difficulty Assessment (LDA) to EHC plans.

There are currently approximately 500 children and young people in St. Helens with a statement of special education needs and 259 young people with a LDA who will need to transfer to an EHC plan.

An Education, Health and Care plan template has been developed. The child or young person and carer will play an active role in developing the EHC plan and expressing the views, interests and aspirations of the child or young person. The EHC plan will offer a holistic support plan by bringing together education, health and social care provision based upon the needs of the individual.

Training and development is on-going for those frontline practitioners to understand the new system for SEN support and to enable them to adopt a more person centred way of working.

Designated officers have been established with responsibility for Health, Social Care and Education Services. These designated officers will be accountable for decision making and oversight of provision of services for children with EHC plans and personal budgets.

A ‘Local Offer’ of services for children and young people with SEN has been developed and is available at www.sthelens.gov.uk/sen. The Local Offer contains information about universal, targeted and specialist support services provided by the Council, health services and other providers such as the voluntary and community sector. This will enable children, young people and their parents to exercise greater choice and control of the services they access to meet their needs.
Recommendations

• Integrated child health commissioners and service providers to ensure that good practice from the Family Nurse Partnership model of working is embedded across the wider Healthy Child Programme

• Young people supported by the TAZ team to monitor the quality and impact of the Young People Friendly Awards

• Integrated Child Health Commissioners from Public Health, CYPS and the CCG to increase investment and capacity in early intervention health and wellbeing services

• Integrated Child Health Commissioners from Public Health, CYPS and the CCG to continue to develop the health offer to children, young people and their families particularly for vulnerable groups
To help us shape the health services that we offer to children and young people in St.Helens, we worked with a range of children, young people, parents/carers and stakeholders to gain their views to inform local delivery of the ‘Healthy Child Programme’.

Whilst much of what the services do is decided nationally, we have some flexibility locally around how the services work with families and other professionals.

We asked people to tell us what is good within the service, and what could be improved. We also asked how their organisation or family could work better alongside these services.

The services involved within the Healthy Child Review include:

- Health Visiting
- School Health
- Hearing Screening
- Vision Screening
- Breastfeeding

In total, we received the following number of responses:
- 352 responses from parents, carers, schools, practitioners and service providers
- 2405 responses from Year 8 and Year 10, who commented on the school nursing service through the Health and Wellbeing Pupil Survey
- 57 young people discussed their vision for school nursing at the Youth Festival of Opportunities Event

An online Twitter account and dedicated email address was set up. A questionnaire was facilitated via the corporate website and the review was advertised widely through the St.Helens Council website and press releases in the St.Helens Star and Reporter to raise awareness and encourage as many people as possible to share their views.
In addition, 52 strategic stakeholders from across the Borough participated in a Child Health Summit held in October 2014 to revisit priority areas for child health and once again inform the Healthy Child journey.

Following analysis of the different views from the stakeholders, they told us:

**Schools**

- Would like to have extended access hours for families, outside school times.
- School positively valued the relationship and support the school nurse offers to staff, pupils and families.

**Parents/carers**

- Welcomed the friendly face and support that health visitors and school nurses provide to parents and carers.
- They would like child health services to have better visibility and be located near the schools or children’s centres so they can access other services that maybe offered.

**Children and Young People’s Services**

- Would welcome the co-location of services and more joint assessments between education, health and social care.
- Acknowledged and praised the important role that the Healthy Child services have in the early identification of needs and onward referral.

**GPs and other Health Professionals**

- GPs and other health professionals recognised the contribution that school nurses and health visitors have in promoting child health and maintaining healthy outcomes for families.
- GPs would like to have a named Health Visitor working alongside their practice.
- GPs recognised the need to form greater working relationships with school nurses.
All of the stakeholder views gathered through the Big Conversation and the Child Health Summit 2014 will be used as the basis to inform how Healthy Child services are to be delivered in St. Helens and there is a commitment from all concerned to act upon the information gathered and include these views when scoping out the Healthy Child model of service and subsequent service specification.
“I value the school nurse drop-ins. They provide a useful opportunity for my parents to discuss health concerns.” Head Teacher Primary School

“There seems to be some uncertainty about the role of health visitors and other services for very young children. Could this be better communicated.” Inclusion Manager, Primary School

“The school nurse is very calming and reassuring”. Young Person at the Youth Festival of Opportunities Event

“They (school nurse) helped me to understand that the illness that affects my mum will not necessarily happen to me.” Young Carer at Primary School

“More school nurse appointments outside of school times”. School Health & Wellbeing Governor

“Children’s centres need to communicate with us on a regular basis.” Health Visitor

“Health visitors are very approachable for families to discuss any issues of concern. I value the close working relationship and they will always return my calls.” HomeStart Voluntary Worker

“Schools to work closely with school nurses to identify health needs earlier as part of Year 7 transition.” School Nurse

“Regular turnover of staff has been problematic for us.” Primary Head Teacher

“Good proactive health screening for the children I care for.” Foster Carer for children aged 12-16
The 2013 St.Helens Public Health Annual Report made a range of recommendations. The progress against these is summarised below.

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Progress Update</th>
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<tbody>
<tr>
<td><strong>Children’s Health</strong></td>
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<tr>
<td>Bridgewater Community Healthcare NHS Trust to extend the community breastfeeding support service to cover evenings, weekends and bank holiday periods so appropriate support is always available.</td>
<td>Breastfeeding support is available online and through a national helpline. However weekend advice at a local level has proved more difficult to implement in the local breastfeeding support service. This service will be tendered during 2015.</td>
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<td>Healthy schools to work with head teachers and chairs of governing bodies to increase the number of schools with a dedicated Health and Wellbeing Governor.</td>
<td>82% of schools are engaged in Healthy School Enhancement, ensuring that they are continuing their journey as health promoting schools. 89% of schools have a dedicated Health &amp; Wellbeing Governor, supported by the Public Health and Healthy Schools Team.</td>
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<td>Public Health to work with the North West Ambulance Service (NWAS) and the British Heart Foundation to increase the number of people within St.Helens trained in emergency life support.</td>
<td>29 primary schools in St.Helens are now registered as Heartstart Champions and the training has been positively evaluated, with the majority of teachers reporting that the learning objectives had been fully achieved.</td>
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### Tobacco

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<tr>
<th>Public Health to work with sports clubs to introduce a voluntary smoke free sports clubs scheme and continue to work with local communities to shape services and respond to local needs.</th>
<th>16 sports clubs from football, rugby union and rugby league in St.Helens are now leading the way in the Smokefree Touchlines programme. Clubs have set a healthy example to fans, players and members by making their touchlines smoke free.</th>
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<tr>
<td>Public Health to work with local health services to increase the offer of stop smoking services available through community pharmacies and GP practices.</td>
<td>The number of pharmacies offering stop smoking services increased from 8 to over 30 during 2014.</td>
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<td>Community services to build in the smoke free homes and cars message into advice given by health, education and care professionals for parents and carers.</td>
<td>Information on smoke free homes has been built into health and social care assessments for health visitors and children’s centre staff. National legislation on smoke free cars is due to be implemented in 2015.</td>
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### Alcohol

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<tr>
<th>The service to proactively target support to those most in need of alcohol support, specifically women, where there may be a particular need.</th>
<th>An innovative Link Worker role has been established to provide intense support to those people who attend hospital with alcohol related needs, but who are reluctant to take first steps into longer term treatment in the community.</th>
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<tr>
<td>The Breaking the Cycle Programme aims to help families to reduce the harms associated with drug and alcohol misuse by promoting health and wellbeing, improving parenting skills and facilitating positive family functioning. In 2013-14, 58 families in St.Helens were supported in this way with a range of positive outcomes.</td>
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## Sexual Health

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<th>The Teenage Advice Zone to deliver training as part of the core programme on:</th>
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<tr>
<td>• sexting</td>
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<td>• sexual exploitation awareness</td>
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<td>• safe and secure use of social media</td>
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<td>• pornography</td>
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<p>| The TAZ team have continued to deliver the ‘Healthy Body, Healthy Mind’ programme in schools. Between April 2013 and September 2014 a total of 630 pupils received the lessons. The programme touched on key issues such as sexual health, puberty, healthy relationships, contraception, online safety and pregnancy choices. The programme now includes online safety as a core module and has been widely successful in informing children and young people about issues surrounding sex. |</p>
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<tr>
<th><strong>Vulnerable People</strong></th>
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<tr>
<td><strong>St. Helens Clinical Commissioning Group and NHS England</strong></td>
<td>to improve flu immunisation uptake in at-risk people and pregnant women.</td>
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<td><strong>St. Helens</strong></td>
<td>has had a proactive campaign to increase the uptake of flu vaccination this year. There has been an increase in uptake particularly with pregnant women and at-risk groups.</td>
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<td><strong>St. Helens Council and partners</strong></td>
<td>to ensure a continuous, strategic approach is taken throughout the year to reduce excess winter deaths and fuel poverty.</td>
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<td><strong>An Affordable Warmth Outreach Worker</strong></td>
<td>has been recruited and has undertaken visits to assisting vulnerable residents to make their homes warmer. Two posts were funded for the Access and Review Team. Specific interventions include energy efficiency, cold alarms and falls prevention. 11 promotional activities have taken place including the Affordable Warmth Conference and a presence at a GP PLT with bespoke marketing materials. The Winter Warmer Campaign saw 5000 survival packs distributed, 3000 were newly identified clients from the previous year, identified from a variety of voluntary groups.</td>
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<td>Mental Wellbeing</td>
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<td><strong>For the mental wellbeing programme to engage more men into the arts</strong></td>
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<td>The mental health programme ‘Other Ways of Telling’ is due to report by the end of January 2015 but the interim report which was produced in August 2014 showed that 66% of the participants were men and this was a 9% increase from the programme in 2013. A focus on engaging with men through music and photography has helped to increase participation. Linking with key organisations such as the Hope Centre and Addaction has enabled the programme to work with men who are vulnerable and may not attend mainstream services.</td>
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<tr>
<td><strong>To analyse in detail the local Mental Wellbeing Survey to understand which groups and communities have low and high wellbeing to try and plan better prevention programmes</strong></td>
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<tr>
<td>St.Helens Public Health Intelligence team completed the analysis of the regional Mental Wellbeing Survey for Cheshire and Merseyside. Working on this larger footprint allowed more detailed findings, which have been incorporated into local and sub-regional strategies. The report recommendations have supported the development of a joint campaign with Public Health England to improve population mental wellbeing.</td>
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<tr>
<td>Other</td>
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<tr>
<td>St. Helens Public Health team to continue to build relationships with local organisations such as St. Helens Healthwatch, St. Helens College and Helena Partnerships, ensuring they have a measurable impact.</td>
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<tr>
<td>St. Helens Public Health team continues to engage and build relationships. Healthwatch have been proactively supporting the development in relation to Child and Adolescent Mental Health. Helena Partnerships have linked in with the team to provide advice and support at a unique Veterans Event held in December 2014. Throughout the year, Helena Partnerships have also provided Public Health with opportunities to conduct focus groups with their residents. Additionally, Helena Partnerships provide a project officer to support the Fit Forever project, which is an activity driven initiative aimed at reducing the risk of CVD in men over 60. Their contribution will continue into the 2nd year of the project, through 2015/16.</td>
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<td>Make better use of social media to disseminate our public health messages</td>
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<td>Twitter and Facebook has been utilised for a number of Public Health campaigns, including Anti-Bullying Week, flu, Real Lives and Books on Prescription. We’ve also used social media to encourage the public to take part in a number of our surveys including the pharmacy survey, linked with the Pharmaceutical Needs Assessment that asked people about their experiences with their local pharmacy, and the Alcohol Awareness Week survey, which asked people about their thoughts on drinking alcohol.</td>
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<tr>
<td>Develop a communications schedule for 2014/15</td>
<td>A communications schedule was developed for 2014/15 and continually updated.</td>
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<tr>
<td>To build our local communications and marketing plan around the Public Health England marketing plan, where it makes sense locally to do so.</td>
<td>A communications plan has been developed, in line with Public Health England’s communications plan. We have supported a number of Public Health England’s campaigns, including Stoptober, Dementia Friends, flu and Change4Life. We have also supported other national campaigns/awareness events including Cycle to Work Day, World Mental Health Day and Anti-Bullying Week.</td>
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Acknowledgements

We would like to thank the following people for contributing to/supporting this report:

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Dianne Winstanley  Specialist Smoking Cessation Midwife
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Please contact us to request translation of Council information into Braille, audio tape or a foreign language.