

TITLE OF REPORT: North East Public Health Sector Led Improvement – Conception to two years pilot

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SUMMARY

The purpose of this report is to give Overview and Scrutiny Committee an overview of the North East public health sector led improvement (SLI) – conception to two years pilot.

The report will cover the following areas:

- Background
 - Details of work undertaken as part of the self-assessment
 - Results of the self-assessment – areas of good practice and areas to consider for improvement
 - Prioritised areas for SLI and progress in these areas
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BACKGROUND

1. The transfer of public health responsibilities in 2013 brought public health services into the established local government SLI regimes. In the Public health sector-led improvement framework the Association of Directors of Public Health (ADPH) indicated that the purpose of SLI is to “provide confidence both to internal and external stakeholders and the public as well as demonstrate continuous improvement to public health practice”.
2. The North East Directors of Public Health and Public Health England’s (PHE) North East centre approved a process for SLI for children from conception to two years. The work built on learning from the Local Government Association (LGA) SLI model. The SLI involved a local self-assessment procedure and aimed to identify where local authorities could focus time and resources to improve areas within the conception to 2 year offer.
3. The North East Directors of Public Health and Public Health England’s (PHE) North East centre agreed that the Gateshead and Durham Public Health Teams would pilot the SLI work in their areas.

SELF-ASSESSMENT PROCESS

4. The SLI process involved undertaking a high level local self-assessment which was led by a Steering Group from Public Health, who worked with locally agreed multi-agency stakeholders and partners in Gateshead.
5. The high level self-assessment provided information and evidence, both strategically and from the local system for each of the following areas:
 - Local Need; factors associated with low levels of school readiness (the data including public health indicators and local system knowledge)
 - Leadership and planning (strategy, commissioning and operational planning)
 - Wider determinants (housing, employment, access to health services etc)
 - Local delivery of evidence-based activity which supports best start in life to include:
 - Pre-conception
 - Transition to parenthood, including healthy pregnancy and the early weeks
 - Breastfeeding (Initiation and Duration)
 - Healthy weight, healthy nutrition (to include Physical Activity)
 - Health, wellbeing and development of the Child Age 2
 - Maternal mental health

RESULTS OF SELF ASSESSMENT

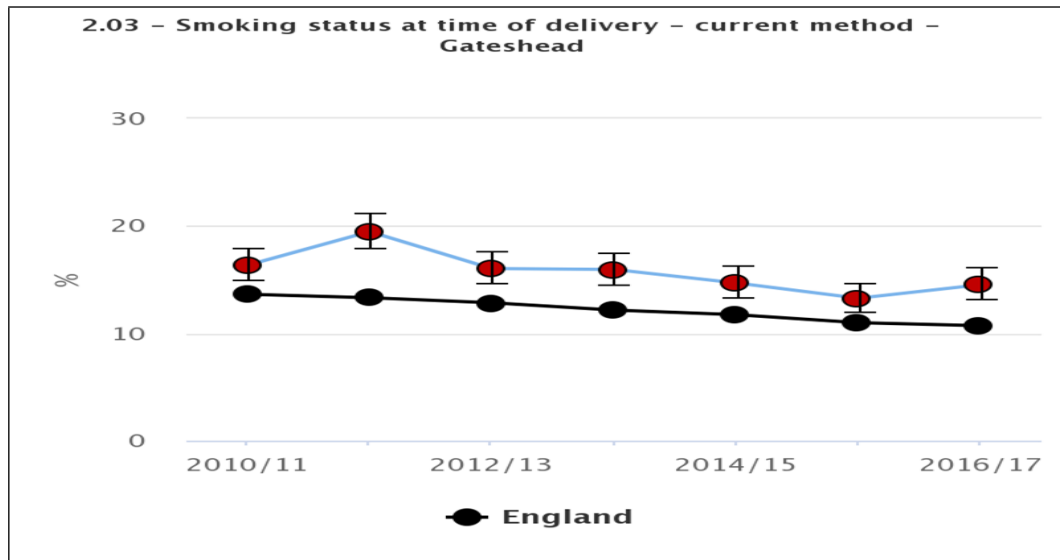
Identified areas of good practice

6. The self-assessment highlighted that there is strong evidence that demonstrates areas of good practice across all elements of the conception to two year offer across Gateshead including:
 - Leaders are focused on improving outcomes for children and the local aspiration for the best start in life is clearly set out in strategic and planning documents.
 - There is a strong commitment from all multi-agency stakeholders to give children the best start in life and there are named leads across organisations.
 - There is good access to health services e.g. health visiting, maternity, family nurse partnership.
 - There is good access to children's centres and early years settings.
 - 100% of day nurseries and pre-schools rated as good or outstanding by Ofsted at the point in time that they were inspected.
 - There is a well established common assessment framework process in place which underpins the early help offer in Gateshead.
 - The Healthy Child Programme is at the heart of universal services for children, young people and families and provides a framework to support collaborative work and more integrated delivery.

- The joint area SEND inspection highlighted that Gateshead is effective in identifying children with special educational needs or disabilities. It also identified that families and new born babies benefit from the consistent approach to early screening and development checks by midwives and health visitors

Identified areas to consider for improvement

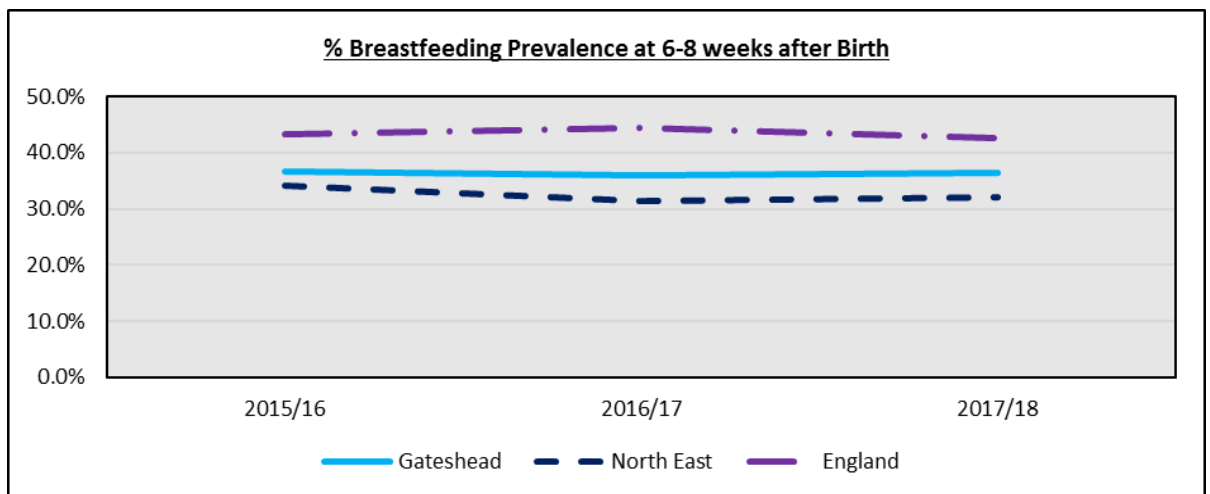
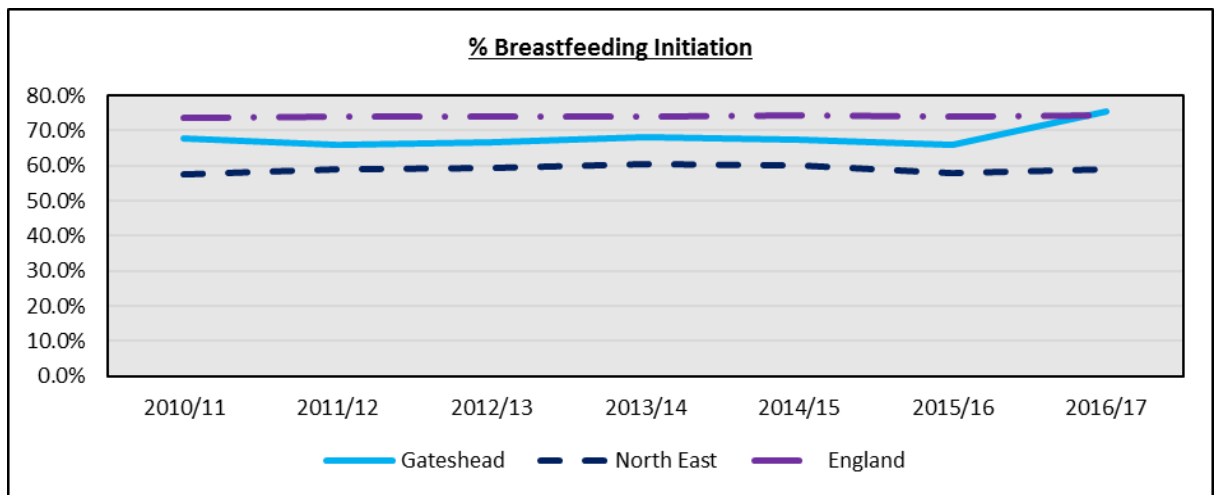
7. Whilst there was strong evidence of areas of good practice the self-assessment enabled the identification of some areas, within the conception to two offer, where outcomes for children could be improved:
 - Low birth weight of term babies
 - Smoking in pregnancy (smoking at time of delivery)
 - Teenage pregnancies (under 18 conceptions)
 - Breastfeeding (6 to 8 week prevalence)
 - Hospital admissions – dental caries children aged 1 to 4 and unintentional and deliberate injuries in children age 0 to 4
 - Immunisations
 - Excess weight in 4 to 5 year olds (linked to breastfeeding agenda, weaning etc)
 - Maternal mental health
 - Education status
 - Adequate, safe and affordable housing
8. Details of the findings from the self-assessment were presented to the Gateshead Child Be Healthy Group for consideration. This group is chaired by Dr David Jones (Children, Young People and Families Lead for Gateshead/Newcastle CCG) and is attended by partner agencies/services including CCG, children and young people's mental health services, paediatric services, 0-19 service, early years' service. The group agreed that the initial focus areas for SLI should be breastfeeding and smoking in pregnancy.
9. Smoking in pregnancy causes up to 2,200 premature births, 5,000 miscarriages and 300 perinatal deaths every year in the UK. Smoking during pregnancy increases the risk of complications such as miscarriage, premature (early) birth, a low birth weight baby, still birth. Infants born to smokers are more likely to become smokers themselves which perpetuates cycles of health inequalities.
10. The chart below illustrates smoking status at time of delivery in Gateshead. Whilst there had been a year on year reduction since 2011/12 (19.5%) this has increased in 16/17 to 14.5% and 15.1% in 17/18. It should be noted however that since 13/14 the data is presented at Newcastle Gateshead CCG level.



11. Breastfeeding has an important role in the prevention of illness and reducing health inequalities:

- There are acknowledged links between sustained breastfeeding and a reduced risk of childhood obesity
- Breastfeeding promotes emotional attachment between mother and baby
- Breastfed babies have a reduced risk of respiratory infections, gastroenteritis, ear infections, allergic disease and sudden infant death syndrome
- Breastfed babies may have better neurological development and be at lower risk of tooth decay and cardiovascular disease in later life
- Women who breastfeed are at lower risk of breast cancer, ovarian cancer and hip fractures/reduced bone density

12. The charts below illustrate breastfeeding initiation rates and breastfeeding prevalence at 6 to 8 weeks. Initiation rates are higher than the north east average and in 16/17 are better than the England average. Breastfeeding prevalence at 6 to 8 weeks has been above the north east average since 15/16 but lower than the England average and has not seen any real improvement since 15/16.



13. Within the identified areas to be considered for improvement it should be noted that since the self-assessment was carried out there have been improvements in some of the indicators, and there are areas where work is already underway. It was decided that these areas will not be considered for any improvement work. The details are included in paragraphs 14 to 17.
14. The data included in the self-assessment was based on the June 2017 child health profile. An updated child health profile was released in June 2018 which showed improvement in two indicators that had previously been identified as potential areas for improvement, namely low birth weight of term babies and teenage pregnancies (under 18 conceptions). These two indicators are not significantly different from the England average.
15. Education status was also highlighted as a potential issue in the initial self-assessment. This was based on data taken from the 2011 census. On examination of the four school readiness indicators Gateshead is not significantly different to the England average for three of the indicators, and is

significantly better for one (% of year 1 pupils achieving expected level in phonics screening).

16. Immunisations were also highlighted in the initial self-assessment based on the 16/17 data. All immunisations for the 0 to 2.5 years age group have shown an improvement in 2017/18. Eight of the 9 indicators are within the PHE tolerance level and one indicator is above the target of 95%. These indicators are closely monitored by the council's management information research officer.

17. Work is already ongoing in the following areas:

- Excess weight in 4 to 5 year olds – Work is being taken forward in line with the all age health needs assessment and the healthy weight review across the life course which is being undertaken by Families OSC
- Maternal mental health – The national maternity review “Better Births” has set out some key recommendations in relation to better postnatal and perinatal mental health care. These recommendations are being taken forward as part of the local maternity systems review.
- Adequate, safe, affordable housing – The Gateshead Housing Strategy 2019- 2030 has a focus on housing supply, standards and support.

18. Work on hospital admissions (dental caries children aged 1 to 4 and unintentional and deliberate injuries in children age 0 to 4) will be considered for the next phase of SLI work.

PROGRESS TO DATE

19. Two task and finish groups, led by public health with key partners involved, have been set up to look at the focus areas for SLI (smoking in pregnancy and breastfeeding). The groups have been meeting since October 2018. It has been acknowledged by the group that there is no additional funding available and services need to work together to make use of the available skills and resources to drive this work forward.

20. Smoking in pregnancy work to date includes:

- There are 26 GP practices and 37 pharmacies within Gateshead who have stop smoking advisors. The single point of contact number for advice on referral into stop smoking services has been established.
- The group is currently reviewing the pathway between maternity services and local stop smoking services.
- A bespoke public health maternity plan has been drafted as part of the North East Local Maternity system network and this is currently being reviewed and agreed by maternity services. This has a specific section which focuses on reduction in tobacco dependency in pregnancy
- Local Authority Early help services – links are being made to have workers in the service trained in very brief advice, so they can offer advice and be able to refer on, where appropriate, and “hand hold” to get people into GP's

or pharmacies if they wish to quit. They will then look at embedding smoking support into the support plan.

- 0-19 service (health visiting, family nurse partnership, school nursing) – The service already has 4 family nurses trained as stop smoking advisors. A number of health visiting and school nursing staff are currently being trained as stop smoking advisors. At the 28-32 week visit health visiting staff will be able to identify if the person is still smoking and support them to quit. They will also be able to offer support to anyone else in the household who is smoking.
- The maternity service at the QE is currently one of 23 sites participating in the PREP trial (Helping Pregnant Smokers Quit: A multi-centre randomised control trial of electronic cigarettes and nicotine patches). They are currently seeing all smokers who are identified in clinics, who are over the age of 18, are daily smokers and are between 12 and 24 weeks pregnant. The QE is the number one recruiting site in the country for the trial.
- Following a presentation to the Board of the QE they have nominated a Quality Improvement Lead to drive forward improvements in identifying and treating nicotine dependence. Support includes work to ensure that hospital staff can easily refer patients to local stop smoking services.
- The Quality Improvement Lead for the QE has carried out a gap analysis on smoking training and the Public Health MECC lead is providing very brief advice training for the Trust. The initial priority groups to train are midwifery, A & E, respiratory staff and the short stay unit.
- The public health programme lead for tobacco is working with the QE to support them to develop nicotine dependence pathways and to become completely smoke-free in line with NICE guidance.
- There are “screen savers” around the hospital so staff know who to contact within the public health team to get details of stop smoking advisors in Gateshead.

21. The following progress has been made around the breastfeeding agenda:

- The QE’s combined maternity and community services breastfeeding policy is being reviewed to ensure this is fit for purpose and will link with the 0-19 infant feeding policy
- Maternity services and early help services are looking at community hubs to identify how services can work together and support children and families.
- The 0-19 service will work into the community hubs to support breastfeeding and smoking in pregnancy agenda.
- A bespoke public health maternity plan has been drafted as part of the North East Local Maternity system network and this will also have a specific section which focuses on breastfeeding. This section is not yet complete as the audit on breastfeeding in maternity services is not yet complete.
- A mapping exercise to understand what training is provided to staff around breastfeeding, weaning and nutrition is being carried out. This will ensure that there is a consistent approach to training and resources can be shared between partner agencies.

- The vulnerable parent pathway is being developed. The pathway will link in with the breastfeeding agenda and midwifery, particularly around the additional support that agencies can give to those families
- The 0-19 Service will be applying for Unicef breastfeeding accreditation. This is a staged accreditation programme which supports providers to improve care by setting standards and providing training and support to implement the standards. It enables providers to audit their progress and assess this by measuring the skills and knowledge of their staff and listening to the views of mothers about their care.
- The 0-19 Service has developed their digital offer and details of baby clinics and breastfeeding support groups are now available on the Growing Healthy Gateshead facebook page.
- A locality manager in the 0-19 service is the infant feeding and nutrition lead and is supported by a breastfeeding champion. They are responsible for ensuring a consistent approach across the team and will lead on supporting mothers with complex breastfeeding needs.
- There is a 0-19 breastfeeding peer support co-ordinator who will deliver level 2 accredited breastfeeding training to mothers who are interested in becoming volunteers. The volunteers will provide basic breastfeeding advice and support to parents in community venues, antenatal sessions, maternity wards and at infant feeding workshops. The volunteer programme will be delivered and supported in partnership with maternity services and the early help service.

RECOMMENDATIONS

The committee is asked to note the contents of this report and the progress to date against the two areas identified for SLI (breastfeeding and smoking in pregnancy).

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