Health and Wellbeing Strategy: Maternity and Early Years Delivery Plan

Priority: Maternity and Early Years						
decreasing maternal obesity,	Outcome Objective 1: Good and improving maternal health – including good mental health, maternal nutrition, decreasing maternal obesity, diabetes and numbers smoking at time of delivery					
Proposed outcome measures						
Measure	Baseline 2011/12	Target 2013/14	2014/15			
Proportion of women who smoke during pregnancy	3.9% (2011/12)	3.5%	3.5%			
Proportion of women who are obese during pregnancy (BMI > 30)	12.3% (July-November 2012)	12%	12%			
Proportion of pregnancies that are complicated by diabetes	12% (2010)	12%	12%			
Action/strategy/programme to deliver	Lead (and key partners)	Milestones	Timescale			
Improve employment prospects for mothers by	LBTH(Andy Scott(TBC))Barts Health(Andrew	Bring together key partners and to agree action plan	July 2013			
increasing access to volunteering opportunities,	Attfield(TBC)) Volunteer Centre (VCTH) /	Mapping volunteering opportunities for mothers	September 2013			
including links to Children's	Voluntary Sector Children	Staff training	TBC			
Centres, School and TH	& Young People's Forum	Community engagement	TBC			
College	(VSCYF)(Alex Nelson)					
	LBTH, E,SC&W (Monica Forty)					

 Enhance health education for young people and women of child bearing age including: sex and relationships education, awareness of factors affecting maternal health 	 Public Health (Reha Begum and Senior PH Strategist MEY)) LBTH, Healthy Lives team (Kate Smith) LBTH, Children's Centres 	Establish an SRE working group comprised of professionals working in the Borough with young people and their families	June 2013
and outcome of pregnancy (including pre-conceptual care), and understanding of how to access antenatal services	(Jo Freeman) • Tower Hamlets College (TBC)	Review and strengthen health education components of antenatal parenting classes, with particular emphasis on those targeted at young parents and other high risk groups	September 2013
Review care pathway and raise awareness of female	LBTH, CLC (Emily Fieran- Reed / Fiona Dwyer,	Scoping of current pathways/services	July 2013
genital mutilation (FGM) and its impact on maternal health: • amongst professionals to	Violence Against Women and Girls Strategy Manager)	Review of IT systems – ability to enable recording of FGM at booking and birth for audit	July 2013
improve identification and referral to appropriate services	Barts Health, Maternity Services (Denise Machaenau)	Explore safeguarding aspect and how to link with health	TBC
 In the community to encourage disclosure 	McEneaney)Public Health (Senior PH Strategist MEY and	Review curriculum for student midwives	TBC
3	Khadidja Bichbiche)	Review possibility of modifying study day for qualified midwives	TBC

Build on maternity mates programme to provide peer support for vulnerable women during pregnancy and in the first 6 weeks post birth	Women's Health and Family Services (Jo Weller) CCG (Judith Littlejohns/Catherine Platt Public Health (Senior PH Strategist MEY	Secure funding for 2013/14 Review and strengthen programme	March 2013 September 2013
Promote preconception uptake of folic acid and uptake of Healthy Start vitamins through Children's Centres	 Public Health (Senior PH Strategist MEY) Maternity Services (Denise McEneaney) CCG (Judith Littlejohns/Catherine Platt) LBTH, Children's Centres (Jo Freeman) 	Develop health promotion programme for preconception uptake of folic acid. Enhance the promotion and delivery of the Healthy Start programme with a particular focus on increasing uptake amongst children under 4through Children's Centres Secure funding for universal free provision for children under 4	September 2013 Ongoing June 2013
Review and strengthen the ante and post natal depression pathway, raising awareness of the importance and links to safeguarding	CCG (Judith Littlejohns/Catherine Platt) Public Health (Senior PH Strategist MEY) Perinatal mental health service (lead TBC) his work is maintained and auxiliary	Develop strong working relationships between all acute and primary care services	TBC

Ensure that on-going partnership work is maintained and supported, including:

- Refresh of Health Improvement Strategy for Maternity Services
- Improve pre-conceptual advice for women with diabetes or a history of GDM
- Identify all pregnant women with BMI > 30 at booking and ensure appropriate advice and referral
- Identify smoking status of all women at booking and refer smokers for specialist support

• Improve data available on maternal health outcomes including mental health Priority: Maternity and Early Years

Outcome Objective 2: Maintain reduction in under 18 conceptions and support teenage parents

Measure	Baseline 2011/12	Target 2013/14	2014/15
Teenage pregnancy rate	28.5 conceptions per 1,000 women aged 15-17 years (2011)	28.5 conceptions per 1,000 women aged 15-17 years	28.5 conceptions per 1,000 women aged 15-17 years
Action/strategy/programme to deliver	Lead	Milestones	Timescale
Ensure that all children and young people have access to high quality and appropriate SRE in schools and/or alternative settings	Healthy Lives Team (Kate Smith) Public Health (Reha Begum)	Healthy Lives team to work with school governors to ensure that there is a wide understanding of the importance of SRE and curriculum requirements Review approach to SRE in light of new science curriculum Explore the possibility of delivering SRE through alternative settings and across inter-faith groups	Delivered by governor training by July 2013 and again by March 2014 March 2014 September 2013
Ensure vulnerable young mothers have access to support from the Family Nurse Partnership by improving timeliness of referral and links	 Barts Health (Rita Wallace / Anne Lynch) Public Health (Esther Trenchard-Mabere) 	Evaluation and review of referral pathway to identify gaps and best practice Agree and implement	September 2013 March 2014
to other services		improvements including strengthening links with	Maion 2014

maternity	, health visiting and	
children's	s centres	

Priority: Maternity and Early Years

Outcome Objective 3: Earlydetection and treatment of disability and illnessand ensure that children achieve positive physical, cognitive and emotional development milestones

Measure	Baseline 2011/12	Target 2013/14	2014/15
Good coverage for antenatal	-	-	-
and newborn screening:			
Proportion of pregnant	(Data quality currently not	Achieve adequate data quality	90%
women who have an	adequate)		
antenatal screening for HIV			
Proportion of pregnant	97.4%	97%	97%
women who have an			
antenatal screening for		This is the quality standard that	
Downs Syndrome		we are aiming to achieve	
(Completion of lab request			
forms)			
Proportion of pregnant	(Data quality currently not	Achieve adequate data quality	95%
women who have antenatal	adequate)		
screenings for sickle cell			
and thalassemia		0=0/	2-24
Proportion of new born	76.2%	95%	95%
babies given a blood spot			
screening	24.204	0=0/	2-24
Proportion of new born	91.0%	95%	95%
babies given a hearing			
screening			

Child development at 2-2.5 years (Indicator to be confirmed)	TBC	TBC	TBC
Action/strategy/programme to deliver	Lead	Milestones	Timescale
Maintain and improve quality of antenatal and newborn screening programmes to	 Public Health (Luise Dawson) CCG (Judith Littlejohns) 	Ensure robust handover of commissioning responsibilities to NHS Commissioning Board	April 2013
ensure early detection of preventable conditions	Barts Health, Maternity (Denise McEneany TBC)	Agree on-going monitoring and accountability arrangements	May 2013
	NHS Commissioning Board (TBC)	Strengthen Tower Hamlets Antenatal Screening Group and ensure it meets at least quarterly	June 2013 September 2013 December 2013 December 2014
		Barts Health to implement IT system that allows for adequate reporting of antenatal screening	July 2013
Support rollout of NewbornInfant Physical	NHS Commissioning Board (TBC)	Implement new (national) IT system	July 2013
Examination (NIPE) as a screening programme	 Public Health (Senior PH Strategist MEY) 	Quarterly monitoring	September 2013 December 2013 March 2014
Analysis of impact of consanguinity on prevalence of	 Public Health (Simon Twite) 	Complete audits of maternity and child health data	July 2013
disability in affected communities and agree action as appropriate	,	Develop training and awareness raising programme for professionals and community leaders	March 2014
		Implement training and awareness raising programme	2014/15

Align Health Visitors (HVs) 2 year developmental check with new requirements of the Early Years Foundation Stage (EYFS) to improve early identification of developmental	 Barts Health (Rita Wallace / Claire Davis) LBTH, E,SC&W (Monica Forty, Jo Freeman, Pauline Hoare, Sharon Gentry) 	Set up a meeting with HVs, CC reps, PVI reps, EYFS team and PH to discuss elements of both two year old checks and way forward Assess options regarding	June 2013 August 2013
and communication delays and referral of children requiring	PVI repPublic Health (Senior PH Strategist MEY)	assessing and reporting of progress of 2 year olds	August 2010
support to achieve EYFS	,	Draw up plan to achieve desired option	October 2013
		Implement plan to achieve desired option	January 2014
		Evaluate outcomes of new process of assessing and reporting progress for 2 year olds	January 2015
Pilot incorporation of a standardised Emotional Development and Attachment Relationship screening tool into the Health Visitors 2 year developmental check to measure the emotional development and attachment relationships.	 CAMHS (TBC) Barts Health (Rita Wallace / Claire Davis) Public Health (Senior PH Strategist MEY) 	Convene working group to assess feasibility and develop action plan	July 2013
Review and strengthen the early years care pathway for child disability	LBTH, (Khalida Khan) Barts Health (Carol Wallace)	Khalida Khan to provide	TBC

Ensure that on-going partnership work is maintained and supported, including:
 Full implementation of the Healthy Child (0-5) programme including neonatal examination, new baby review, 6-8 week check, 1 year check and 2 year check)

Priority: Maternity and Early Years

Outcome Objective 4: Maintain low infant mortality rates and promotegood health in infancyand early years

Measure	Baseline 2011/12	Target 2013/14	2014/15
Rate of infant mortality (children who die before reaching their first birthday)	5.3/1000 live births (2009-11)	5.0/1000 live births (2010-12)	4.8/1000 live births (2011-13)
Proportion of babies born with low birth weight (<2.5kg)	9.2% (2011)	9%	8.8%
Proportion of women who smoke during pregnancy	3.9%	3.5%	3.5%
Proportion of mothers who breastfeed at birth	88.35%	88%	89%
Proportion of mothers who are breastfeeding at 6-8 weeks	71.1%	71%	72%
Maintain good child immunisation rates	-	(95% is the level of vaccination coverage required for herd immunity)	(95% is the level of vaccination coverage required for herd immunity)
Proportion of babies who receive the BCG vaccination when they are a year old	95%	95%	95%
Proportion of babies who receive the DTap/IPV/Hib vaccination when they are a year old	97.3%	95%	95%

Proportion of babies who receive the MMR vaccination when they are two years old	93.9%	95%	95%
Proportion of babies who receive the DTap/IPV/Hib vaccination when they are five years old	94.2%	95%	95%
Proportion of babies who receive two doses of the MMR vaccination when they are five years old	96.6%	95%	95%
Action/strategy/programme to deliver	Lead	Milestones	Timescale
Deliver an effective Smoke Free Homes and cars programme in Tower Hamlets	 Public Health (Jill Goddard) Tower Hamlets' RSLs. (Kallfegwu) 	Review evidence base and best practice elsewhere Review evaluation from previous local pilots	April 2013
		Convene project steering group	May 2013
		Outline project plan	June 2013
		Project start	September 2013
		Quarterly monitoring and review	Quarterly
		Evaluation and next steps	June 2015

Analysis of the impact of consanguinity on infant mortality in affected communities and agree action as appropriate	 Public Health (Simon Twite) Barts Health, Community Paediatrics (Dr Monika Bajaj) BartsHealthMaternity Services (Denise McEneany) 	(See milestones under objective 3 above)	
Undertake an intergenerational	Public Health (Esther	Commence	November 2012
study on the factors influencing partial breastfeeding rates	Trenchard-Mabere) • (with Research and	Initial community workshop	January 2013
	Projects Group)	Follow-up community workshop	May 2013
		Fieldwork & data analysis complete	June 2013
		Final report	July 2013
Raise awareness of risks of co-sleeping	 Public Health (Senior PH Strategist) Barts Health, Maternity Service (Denise McEneany) LBTH, Children's Centres (Jo Freeman) Tower Hamlets Homes (TBC) 	Convene working group and agree action plan, to include review of information given to mothers and provision of education to interpreters and other key groups in contact with mothers of infants	July 2013
Raise awareness amongst health professionals, parents and the wider public of how to identify a seriously sick child and when to call emergency services	 Public Health (Esther Trenchard-Mabere) Barts Health, Community Paediatrics (Dr Owen Hanmer and Dr Monika Bajaj) 	Action plan to be agreed	July 2013

Improve access to advice and support for appropriate weaning practices through	 Primary Care (Dr Neil Douglas) LBTH, Children's Centres (Jo Freeman) LBTH, Children's Centres (Jo Freeman) Public Health (Senior PH 	Scoping the delivery of service	July 2013
Children's Centres and other services	Strategist)		
Reduce A&E attendance and emergency admissions due to unintentional and deliberate	 Public Health (Simon Twite) Barts Health, A&E (Dr 	Analysis of data from prospective audit of paediatrics A&E admissions	May 2013
injuries amongst 05 year olds	Malik Ramadan) • QMUL (Prof. Allyson	Identify key partners and agree action plan	June 2013
	Pollock) • LBTH, Children's Centres (Jo Freeman) • Barts Health, Health Visiting service (Rita Wallace) • CCG(Hannah Falvey or Dr Neil Douglas TBC)	Monitoring of progress	September 2013 December 2013 March 2014

Ensure that on-going partnership work is maintained and supported, including:

- Improving exclusive breastfeeding initiation and maintenance
- Promote uptake of HSV amongst eligible 0-4 year olds
- Maintain good immunisation coverage at 1 year (and at 5 years)
 See also actions under 'maternal health'

Priority: Maternity and Early Years

Outcome Objective 5: Decreasing levels of obese and overweight children in reception year, provide more opportunities for active play and healthy eating.

Measure	Baseline 2011/12	Target 2013/14	2014/15
Proportion of children in	10.8% (2012)	10.8%	10.8%
Reception who are overweight			
Proportion of children in	13.1% (2012)	13.1%	13.1%
Reception who are obese			
Action/strategy/programme	Lead	Milestones	Timescale
to deliver			
Early identification of families	Barts Health, Child Weight	Review uptake of early	July 2013
at risk of obesity, including	Management Service	identification and support	
identification at booking for	(Hannah Pheasant)	Incorporate recommendations	September 2013
antenatal care and linking to wider services	Barts Health, Maternity	into revised specification for	
wider services	(Denise McEneaney) Public Health (Cathie Shaw)	service	
	Public Health (Cathle Shaw)	Raise awareness of and	December 2013
		uptake of service	
Improve physical activity	LBTH(Monica Forty)	Deliver Forest schools training	April 2013
opportunities available for	Public Health (Cathie Shaw /	for 15 practitioners as part of	p = 0 . 0
under-5s	Senior PH Strategist MEY)	the Healthy Early Years	
	Play Association Tower	Accreditation scheme together	
	Hamlets (PATH)(Glenys	with additional 15 EY setting	
	Tolley)	supported by Early Years'	
	Toyhouse Library(Pip	service	

	Pinhorn) LBTH, Healthy Early Years Accreditation (HEYA)	Physical development training for new cohort as part of the HEYA scheme	May 2013
	coordinator (SelinaHeer)	Review commissioned services and re-procure for 2014/15	December 2013
Expand uptake and support maintenance of Early Years	Public Health(Cathie Shaw / Senior PH Strategist MEY)	22 settings from 1st cohort achieved re-verification	March 2013
Accreditation Scheme	LBTH (Monica Forty) LBTH,Healthy Early Years Accreditation coordinator	30 further settings to have achieved Healthy Early Years Award	March 2013
	(SelinaHeer)	Sustainability plan agreed for accredited settings	March 2013
Work with HVs to improve recording and reporting/ communication to professionals of child BMI at 2 year reviews	Barts Health (Rita Wallace) Public Health (Senior PH Strategist MEY)	Establish data reporting system to provide quarterly reporting of BMI from 2 year reviews	March 2014

Priority: Maternity and Early Years						
Outcome Objective 6: Reduce dental decay in 5 year olds						
Proposed outcome measures						
Measure	Baseline 2011/12	Target 2013/14	2014/15			
Proportion of children under 5 with tooth decay	39.1%	30.0%	N/A			
Proportion of children accessing dental services	54%	55%	55%			
Action/strategy/programme	Lead	Milestones	Timescale			

to deliver			
Deliver the following oral health promotion programmes:	Public Health (Manuwuba Eke)	-	March 2014
Brushing for Life		70% coverage of Children's Centre – Brushing for Life project	
Smiling Start		Enhance training of dental health champions to deliver the Smiling Start programme	
 Healthy Teeth in Schools (fluoride varnish) 		Deliver parent awareness sessions in healthy teeth in schools programme	
 Happy Smiles (health promotion in schools programme) 		Deliver Happy Smiles oral health promotion to 70% of schools	
Training		Deliver training the trainers courses twice yearly	
Increase proportion of children who access dental services	Public Health (Manuwuba Eke) NHSCB (Rita Patel)	Quarterly review of NHS BSA data for young children	June 2013 September 2013 December 2013 March 2014
Develop an oral health promotion programme for children with SEN.	Barts Health CDS (Tricia Wallace) Public Health (Manuwuba Eke and Tim Hole)	Deliver an oral health promotion programme to all special schools	