

Health and Wellbeing Strategy and Children & Families Plan: Maternity and Early Years Delivery Plan

Priority: Maternity and Early Years					
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	2012/13 Outturn	Comments
Proportion of women who smoke during pregnancy	3.9% (2011/12)	3.5%	3.5% ¹	3.0%	Risk that smoking rates in pregnancy rates could increase as a consequence of demographic changes.
Proportion of women who are obese during pregnancy (BMI > 30)	12.3% (July-November 2012)	12%	12% ²		Data not currently available
Need to define new measure for maternal mental health					Work underway with UCL partners to develop quality outcome indicators for Health Visitors on maternal emotional health and wellbeing and maternal/infant attachment
Outcome Objective 2: Maintain reduction in under 18 conceptions and support teenage parents					
Proposed outcome measures					
Measure	Baseline 2011/12	Target 2013/14	2014/15	2012/13 Outturn	Comments

¹ Tower Hamlets' performance on this measure is currently one of the lowest in the country. Projected demographic changes suggest there will be an increase in the numbers of women who are more likely to smoke. Maintaining a reduced outturn is considered to be a sufficiently challenging target.

² As with other targets around obesity, this has been set in the context of a general upward trend

Teenage pregnancy rate	28.5 conceptions per 1,000 women aged 15-17 years (2011)	27.5 conceptions per 1,000 women aged 15-17 years	26.5 conceptions per 1,000 women aged 15-17 years	24.3 conceptions per 1,000 girls 15-17 years	<p>The latest ONS conception statistics for 2012 show continual local progress in reducing teenage pregnancies since start of the national teenage pregnancy strategy.</p> <p>The under-18 conception rate has fallen by 58.0% since 1998, down from 57.8 conceptions per 1,000, compared with a national decrease of 40.6% and London decrease of 49.3%. Tower Hamlets rate is lower than England (27.7/1000) and London (25.9/1000).</p> <p>Family Nurse Partnership provides intensive support for first time teenage parents that will significantly improve life chances of the children.</p>
Action/strategy/programme to deliver	Lead (and key partners)	Milestones	Timescale	RAG	Comments
Maternal and infant mental health: develop partnerships across health, children's centres and community organisations to support maternal mental health and wellbeing and secure attachment with the baby during the first year of life	<ul style="list-style-type: none"> Public Health (Kelley Webb-Martin/Vivienne Cencora, Esther Trenchard-Mabere) CCG (Judith Littlejohns/Emma) 	Review and the ante and post natal depression pathway and identify gaps and opportunities	October	G	Multi-agency steering group convened and has met twice (October 2013, March 2014) Mapping complete, using framework from 1001 Critical Days (Cross Party Manifesto, Wave Trust and NSPCC)
		Convene wider multi-agency meeting/worksh	November	G	Multi-agency workshop held on 15th January 2014

	<p>Radcliffe/Catherine Platt)</p> <ul style="list-style-type: none"> • Perinatal mental health service (lead TBC) • Compass / Primary Care Mental Health service) Lucy Marks • Children's Centres (TBC) • Parent and Carers Council (Jill McGinley) • Gateway Midwifery team, Barts Health (TBC) • Voluntary sector (Alex Nelson/Pip Pinhorn) • Family Nurse Partnership (Anne Lynch) • Health Visiting Service, Barts Health (Rita 	op to scope work across children's centres, voluntary sector and health			
		Develop proposal to strengthen 'Universal' elements of support for maternal and infant emotional health and wellbeing plus pilot support package for pregnant women and parents/carers of infants identified to be 'at risk'	December	A	Second multi-agency workshop held on 22 nd July 2014 to consult on proposed model to strengthen 'Universal' elements of support for maternal and infant emotional health and wellbeing. Outline proposal has been agreed (training for community organisations/volunteers and health professionals plus supervision and support networks).
		Secure funding / commission pilot intervention	January	A	Some funding for 2014/15 has been identified from the public health grant. Ongoing funding (initially for 2015-17) still to be confirmed. Exploring opportunities to bid for external / match funding

	Wallace)	Agree and implement action plan for strengthening 'Universal' elements of support for maternal and infant emotional health and wellbeing		G	Action Plan agreed at steering group meeting 3rd June
<p>Ensure that on-going partnership work is maintained and supported, including:</p> <ul style="list-style-type: none"> • Refresh of action plan for Maternity and Early Years Health Improvement Group • 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 • Enhance health education for young people and women of child bearing age including sex and relationships education, pre-conceptual care (including folic acid) and factors affecting maternal and newborn health, how to access antenatal care • Improve uptake of Healthy Start Vitamins • Review care pathway and raise awareness of female genital mutilation (FGM) and its impact on maternal health • Ensure that all children and young people have access to high quality and appropriate SRE in schools and/or alternative settings • Ensure vulnerable young mothers have access to support from the Family Nurse Partnership by improving timeliness of referral and links to other services 					

Priority: Maternity and Early Years					
Outcome Objective 3: Early detection and treatment of disability and illness and ensure that children achieve positive physical, cognitive and emotional development milestones					
Proposed outcome measures					
Measure	Baseline 2011/12	Target 2013/14	2014/15	2012/13 Outturn	Comments
Child development at 2-2.5 years (Indicator to be confirmed)	TBC	TBC	TBC		Not yet available
School readiness (Reception), 2012/13				45.9%	While the proportion of children achieving a good level of school readiness at the end of reception in Tower Hamlets is significantly worse than the national average (51.7%), this reflects the high levels of child poverty. When the comparison is with children entitled to free school meals Tower Hamlets children do significantly better than average (36.2%). Improving school readiness in Tower Hamlets remains a priority
School readiness, pupils entitled to free school meals (Reception) 2012/13				42.6%	
Outcome Objective 4: Maintain low infant mortality rates and promote good health in infancy and early years					
Proposed outcome measures					
Measure	Baseline 2011/12	Target 2013/14	2014/15	2012/13 Outturn	Comments

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)	4.98 (2009/11 TBC)	Infant mortality in TH was previously lower than average for London and England. There has been a recent increase but small numbers mean that it is hard to interpret. This is being monitored to see if it is becoming a trend.
Proportion of babies born with low birth weight (<2.5kg)	9.2% (2011)	9%	8.8%	4.1% (2011) (term babies)	Note that Public Health Outcomes Framework (PHOF) data indicated that the proportion is well below the target figure, so we need to relook at this target for 2014/15. This data needs checking it looks wrong
Proportion of women who smoke during pregnancy	3.9%	3.5%	3.5%	3.0%	See earlier comment.
Proportion of mothers who breastfeed at birth	88.35%	88.5%	89%	86.8%	Barts Health maternity service recently reassessed for UNICEF BFI reaccreditation which has now been confirmed with areas for monitoring including ensuring recording of reason when infant formula provided and ensuring that midwives on night shifts are able to provide advice and support on breastfeeding
Proportion of mothers who are breastfeeding at 6-8	71.1%	71.5%	72%	71.1% (2011/12)	Community services (Health Visitors and Children's Centres)

weeks					successfully achieved BFI re-accreditation and the Breastfeeding Support Service was commended. Despite high total breastfeeding rates we have low exclusive breastfeeding rates and recent local research has highlighted the role of the extended family: grandmothers and mothers in law in influencing infant feeding practices. The recommendations are being discussed with services.
Proportion of babies who receive the MMR vaccination when they are two years old	93.9%	95%	95%	93.8%	Coverage of the child immunisation programme remains high, it is important to maintain a focus on this programme to ensure that coverage does not drop.
Action/strategy/programme to deliver	Lead	Milestones	Timescale	RAG	
Two year development review: building on the 2/2.5 year healthy child development review (health visiting) develop and strengthen partnerships across health, children's centres, nurseries and community organisations to	Learning and Achievement (Monika Forty) Health Visiting Service , Barts Health (Rita Wallace) Public Health (Kelley Webb-	Review current referral pathways and partnerships supporting the 2/2.5 year healthy child development review	December	G	Workshop held December 2013

promote children's physical, social, emotional and cognitive development	Martin/Vivienne Cencora, Esther Trenchard-Mabere) Voluntary sector (Alex Nelson/Pip Pinhorn) Children's Centres (TBC)	Identify opportunities for wider join up to ensure that children at risk of impaired physical, social, emotional and cognitive development are identified and supported		G	Public health strategist now attending integrated 2 year review steering group (includes representatives from health, learning and achievement and children's centres. Next meeting 3 rd June 2014
<p>Ensure that on-going partnership work is maintained and supported, including:</p> <ul style="list-style-type: none"> • 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 • Maintain and improve quality of antenatal and newborn screening programmes to ensure early detection of preventable conditions • Analysis of impact of consanguinity on prevalence of disability (and mortality) in affected communities and agree action as appropriate • Review and strengthen the early years care pathway for child disability • Deliver an effective Smoke Free Homes and cars programme in Tower Hamlets • Undertake an intergenerational study on the factors influencing partial breastfeeding rates • Develop and implement communications plan to raise awareness amongst health professionals, parents and the wider public of key risks identified by the Child Death Overview Panel, including: risks of co-sleeping and how to identify a seriously sick child and when to call emergency services • Reduce A&E attendance and emergency admissions due to unintentional and deliberate injuries amongst 0--5 year olds • Improving exclusive breastfeeding initiation and maintenance • Promote uptake of Healthy Start Vitamins amongst eligible 0-4 year olds • Maintain good immunisation coverage at 1 year (and at 5 years) • Improve access to advice and support on healthy weaning practices through Children's Centres and other services 					

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.					
Proposed outcome measures					
Measure	Baseline 2011/12	Target 2013/14	2014/15	2012/13 Outturn	Comments
Proportion of children in Reception who are overweight ³	10.8%	10.8%	10.8%	10.9%	Small, not significant, increase in proportion of overweight
Proportion of children in Reception who are obese ⁴	13.1%	13.1%	13.1%	12.7%	Levels of obesity have been decreasing since 2006/07 although for the last 3 years this seems to have plateaued 2012/13 figure is same as for 2010/11 (with slight increase in 2011/12)
Proportion of children in Reception who are overweight or obese	23.9%			23.6%	National monitoring is now of the combined figure for overweight and obese
Outcome Objective 6: Reduce dental decay in 5 year olds					
Proposed outcome measures					
Measure	Baseline 2011/12	Target 2013/14	2014/15	2012 Outturn	

³ Given the national trend of increasing proportion of overweight and obese children, the goal is to prevent any further increase as a first step to reducing levels of overweight and obese children locally.

⁴ As above

Proportion of children under 5 with tooth decay	39.1% (2007/08) ⁵	30.0% (2011/12)	28% (2013/14)	45.9%	Following improvements and a narrowing of the gap between Tower Hamlets and London and England from 2002-08, there has been a deterioration in Tower Hamlets. More needs to be done both to improve children's access to dental care and also preventive work including raising awareness of impact of dietary sugar and oral hygiene. This will be linked to work on health weaning.
Proportion of children accessing dental services	53.4% ⁶	55%	56%	53.4% (2013)	A number of children access primary care dental services at the Dental Institute of Queen Mary University. The figures are not included in the national data. The proportion of children accessing dental services in Tower Hamlets is therefore thought to be much higher than the current figure of 53.4%.
Action/strategy/programme to deliver	Lead	Milestones	Timescale	RAG	Comments
Child obesity: create wider opportunities for children to engage in physical activity and healthy eating in	Public Health (Cathie Shaw, Esther Trenchard-	Review current opportunities and identify how to build in wider		G	Wider opportunities in new action plan includes: strengthening work on weaning, building stronger links with

⁵ This indicator is based on a survey carried out every two years.

⁶ This indicator has historically been very low. After increases in the outturn, there was a decrease – in Tower Hamlets, across London and nationally – in 2012. The targets in for this measure have been set using the convergence principles.

community, leisure, school, faith and home settings (priority across both maternity and early years and children 5-12 years)	Mabere) Early Years Accreditation Scheme (Selina) Healthy Lives (Schools) (Kate Smith) Voluntary sector (Alex Nelson / Pip Pinhorn) Parents and Carers Council (Jill McGinley)	opportunities for healthy eating and physical activity into existing services and everyday lives			parental engagement team and oral health team. Healthy eating and active play service for 0-5 years has been re-commissioned.
		Agree priorities and develop action plan	April 2103	G	New action plan has been developed and agreed by PRG and the MEYC C&D Group (see report submitted to H&WB Board June 2014 for full action plan)
Child injury prevention: develop new partnerships to tackle the main causes of child injury at home and in the community (priority across both maternity and early years and children 5-12 years)	Public Health (Simon Twite, Esther Trenchard-Mabere) Transport and Highways (Margaret Cooper) Health Visiting Service, Barts Health (Rita Wallace) Children's Centres (TBC) Healthy Lives (Schools) (Kate	Review data on main causes of child injury presenting at A&E		R	Data has not been available from A&E
		Agree priorities and develop action plan		A	Work has started mapping multi-agency action against NICE guidance to inform an action plan

	Smith) Voluntary sector (Alex Nelson / Pip Pinhorn) Parents and Carers Council (Jill McGinley)				
<p>Ensure that on-going partnership work is maintained and supported, including:</p> <ul style="list-style-type: none"> • Early identification of families at risk of obesity, including identification at booking for antenatal care and linking to wider services • Improve physical activity opportunities available for under-5s • Expand uptake and support maintenance of Early Years Accreditation Scheme • Deliver the following oral health promotion programmes: Brushing for Life, Smiling Start, Healthy Teeth in Schools (fluoride varnish), Happy Smiles (health promotion in schools programme) and 'train the trainers' • Develop an oral health promotion programme for children with SEN. 					

Recommend:

Improve employment prospects for mothers by increasing access to volunteering opportunities, including links to Children's Centres, School and TH College – is picked up under 'Emotional and Economic Resilience'