

Public Health Annual Report 2015: List of recommendations

PHAR 2015 Recommendation		Lead Partnership / Organisation	Key Group / Board / service
A	SOCIAL FACTORS		
A1	The Health and Wellbeing Board should promote the development of a child poverty strategy for Southampton (as recommended by the Children's Commissioner)	Southampton Connect	Anti-Poverty Network
A2	Service providers should identify new ways of engaging with disadvantaged groups of women pre-conceptually and during pregnancy to support them to make healthy choices in recognition of their social circumstances	CCG	Integration Board
A3	Locality based children's health and social care teams should be formally integrated to deliver shared outcomes, and seek opportunities to "make every contact count"	SCC / CCG	ICU / Children and Families
A4	Reducing health and developmental inequalities must be a priority for those young children identified as vulnerable, ensuring the approach supports "proportionate universalism"	HWBB	ICU / Children and Families
A5	The Health and Wellbeing Board should consider the poor dental health in children that has persisted for over two decades and make a recommendation on the implementation of Southampton's water fluoridation scheme	HWBB	Public Health
B	EMOTIONAL AND MENTAL HEALTH		
B1	Evidence based approaches should be embedded within services (and innovative approaches assessed) to improve mental health during pregnancy	SCC / CCG	ICU / Children and Families
B2	Health professionals should take every opportunity to prevent and identify mental health issues at the earliest stage, pre-pregnancy, during pregnancy and in the early years of life	CCG	ICU
B3	The Health and Wellbeing Board should ensure that community resourcefulness is promoted and is a key principle in future strategies	HWBB	
B4	All pregnant mothers and their partners should be able to access antenatal and postnatal support with a strong focus on the quality of the interaction between the parent/s and the child	CCG	ICU

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B5	Recording of mental health and attachment should be included as indicators of the quality of maternity and health visiting services	CCG	ICU
C	DIET AND NUTRITION		
C1	More settings should be supported to achieve quality standards in terms of food and nutrition provision, with training provided for staff and volunteers in these settings on nutrition in the early years	SCC	Children and Families
C2	Targeted promotion, and opportunities for practical skills development is required for at risk families, especially those affected by the welfare reforms, through both health and community services. This should include promotion of breastfeeding, Healthy Start, and weaning and practical skills development for healthy eating on a budget	HWBB	Children and Families
C3	To make healthier food choices easier for people in Southampton, the public health impact should feature in decisions by various sectors which shape and influence food choices including planning, licencing, economic development, transport and leisure	SCC	Public Health
D	SMOKING		
D1	Commissioners and maternity services should support the extension of CO screening across the whole antenatal pathway including health visitors, and all agencies working with young families, to ensure this is systematically and sustainably implemented across the system in a joined up approach by end of 2016	CCG	ICU
D2	Commissioners and maternity services should review the outcomes of the FNP work to consider longer term investment to reduce smoking in young pregnant women, focussing on deprivation areas	CCG	ICU
D3	Agencies should work together to support the delivery of a Smoke Free Homes campaign by Children's Centres/FNPs and Health visitors in 2016	HWBB	SCC / CCG communications
E	SUBSTANCE MISUSE IN PREGNANCY		
E1	The data collection methods and referral pathway for maternity and substance misuse services should be reviewed to understand the scale of the problem posed by substance misuse in pregnancy and identify ways to improve outcomes.	ICU	Substance misuse / maternity services

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E2	The training of healthcare staff involved in the clinical management of women who misuse substances during pregnancy should be reviewed to ensure appropriate health knowledge is available for prevention and management.	CCG	ICU
E3	Midwives should extend questions about alcohol use in pregnancy to a modified version of the AUDIT tool and be trained in brief advice or extended brief interventions.	CCG	ICU
E4	Alcohol's harmful effects in pregnancy should be emphasised more in schools delivering sexual health education.	SCC	Children and Families
E5	Women of reproductive age who are consuming risky levels of alcohol should be signposted to contraceptive services by drug and alcohol services.	ICU	Substance misuse / maternity services
E6	Women using sexual health services who are found to be consuming high levels of alcohol are warned about the risks of Foetal Alcohol Spectrum Disorder and should be signposted to the appropriate drug and alcohol services.	ICU	Substance misuse / maternity services
E7	The new guidance on alcohol should be widely promoted, emphasising the important change to advice during pregnancy.	HWBB	Public Health / ICU
F	INFECTIONS		
F1	The awareness by clinical staff of the risk factors for serious infection, including maternal obesity and following caesarean section, should be increased to improve recognition	NHS England	
F2	The local translation of the NICE "febrile" guideline into care pathways across the Wessex area should be supported and widely promoted by service providers	NHS England	
F3	The risk of chicken pox infection during pregnancy is higher in women from other countries, and local obstetric protocols need to raise awareness of this greater risk and encourage proactive diagnosis and advice	CCG	ICU
F4	BCG "catch-up" immunisation must be ensured locally, especially given the recent increase in TB notifications in the Southampton area	CCG	ICU

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F5	New schedules of immunisation need to be promoted actively to ensure the highest level of protection for mothers and babies, as immunisation among pregnant mothers remains the most important strategy to reduce harm to mother and baby	CCG	ICU
G	SCREENING		
G1	Service providers should maintain the high coverage of antenatal and new-born screening in line with the targets of the five main national screening programmes.	CCG	ICU
G2	The new-born and infant examination screening programme coverage should be reviewed by public health when the data becomes available in 2015/16.	SCC	Public Health
G3	The outcome data from the various programmes should be reviewed to better understand the burden of disease affecting Southampton and the relative benefits of the screening programmes.	SCC	Public Health