

Public Health Annual Report 2015: List of recommendations

	PHAR 2015 Recommendation	Comments	Lead Partnership / Organisation
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 City Council is developing a new Children and Young People's Strategy. The strategy will include actions to address Child Poverty in the city. Child Poverty is not a standalone issue and should be addressed as an integral part of the city's vision for Children and Young People, rather than creating a separate strategy.	Southampton Connect
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	<p>Some work is already underway within Southampton's Maternity Services regarding smoking and obesity during pregnancy. A briefing paper on Public Health opportunities in Maternity Services is to be presented to University Hospitals Southampton in July. However, this work does not cover women's pre-conceptual health, as they would not become known to the service until they book. Support to women pre-conceptually needs to be an integral part of wider Public Health programmes, including Behaviour Change.</p> <p>The Southampton Public Health team's role will be to identify need and evidence opportunities to engage with young women pre-conceptually via LifeLab.</p>	SCC/CCG

	PHAR 2015 Recommendation	Comments	Lead Partnership / Organisation
A3	<p>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” (MECC)</p>	<p>Integration is a key theme with Better Care Southampton and national set direction of travel. Integration of children’s health and care is a current work programme being led by the Director of Children’s Services. Locality teams for early help have been established and we are developing our early help offer, which incorporates the families matter programme.</p> <p>The ICU is working closely with Children and Families and Public Health to put in place the required commissioning arrangements for this integration.</p> <p>MECC is broadly consistent with delivery of the Healthy Child Programme, and links and pathways to new behaviour change services will be developed for parents seeking support in making lifestyle changes where the support needed is beyond brief interventions. MECC is a priority within the Behaviour Change Service recommissioning project.</p>	SCC / CCG
A4	<p>Reducing health and developmental inequalities must be a priority for those young children identified as vulnerable, ensuring the approach supports “proportionate universalism”</p>	<p>The principle of the approach is adopted in the Public Health Nursing Service. Public Health is currently aligning universal, universal partnership and universal partnership plus (and specialist) offers for health and care provision.</p> <p>Commissioning priorities for the 5-19 Public Health Nursing model already support proportionate universalism in seeking to prioritise reducing avoidable health and developmental inequalities in vulnerable children. This approach has also been a guiding design principle for the ICU in the design and development of 0-19 prevention and early help service integration proposals.</p>	HWBB

	PHAR 2015 Recommendation	Comments	Lead Partnership / Organisation
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	A technical briefing was delivered to the CCG Clinical Executive Group in June 2016 and a position statement is being drafted by the CCG executive leads for the Health and Wellbeing Board. The Cabinet Member for Health and Sustainability is also planning engagement events and dialogue with other council members throughout summer and autumn to clarify the Council Members' position on water fluoridation. Dialogue continues between the Cabinet and Public Health England about options for resourcing any further public consultation and engagement needed on this important issue.	HWBB
B	EMOTIONAL AND MENTAL HEALTH		
B1	Evidence based approaches should be embedded within services (and innovative approaches assessed) to improve mental health during pregnancy.	<p>The Health Wellbeing Board recognise the importance of improving mental health during pregnancy, and consider that this should be extended to include perinatal health.</p> <p>Pre and peri-natal mental health are Public Health priorities for Maternity Services. A paper on this issue will be presented at the Maternity Board meeting in July. It is also is a key work stream for Wessex Clinical Senate (WCS) for Maternal and Child Health.</p> <p>Southampton has among the best perinatal specialist (acute) mental health facilities in Wessex. Preventative perinatal mental health services is a higher priority for development.</p>	SCC / CCG

	PHAR 2015 Recommendation	Comments	Lead Partnership / Organisation
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	<p>This links with '5 ways to wellbeing' and 'Mentally Healthy Southampton' ambitions.</p> <p>The Mental Health Matters review aims to achieve a shift to prevention and early intervention, and to ensuring the needs of young people whose parents have mental health problems are addressed.</p> <p>This is a priority for Mental Health and Child and Family commissioning leads in the ICU. It is a key part of the 0-19 integrated offer. It is not just an issue for health services, but for universal services, employers and other services.</p>	CCG/SCC
B3	The Health and Wellbeing Board should ensure that community resourcefulness is promoted and is a key principle in future strategies	<p>This is a key principle in the Prevention and Early Intervention work, and developing community capacity is a core part of the Behaviour Change Service recommissioning. Developing community resourcefulness is a key element of Better Care Southampton and an agreed principle across health and care providers.</p> <p>Significant programmes of Public Mental Health work are already underway making use of community resources.</p>	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	Southampton City Council and the CCG will ensure that this is a requirement in future Maternity Service specifications and ensure strong links with the health visiting service.	CCG/SCC
B5	Recording of mental health and attachment should be included as indicators of the quality of maternity and health visiting services.	The CCG will ensure this is a requirement incorporated within service specifications. Commissioners will need to work with Mental Health Services and Public Health to define appropriate, robust and objective measure.	CCG
C	DIET AND NUTRITION		

	PHAR 2015 Recommendation	Comments	Lead Partnership / Organisation
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	<p>Work is underway to review and improve practical skills development for healthy eating on a budget via Healthy Early Years Award (Early years staff, volunteers, children and their families are supported to adopt a more healthy lifestyle) as part of Behaviour Change Service recommissioning:</p> <p>http://sid.southampton.gov.uk/kb5/southampton/directory/advice.page?id=mL6L_cWinF4</p>	SCC
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, weaning and practical skills development for healthy eating on a budget.	<p>Services have already been commissioned to support these recommendations.</p> <p>Other support is available via the Families Matter (FM) programme which offers employment coaching, access to the City Deal key work programme and other local provisions such as 'adult learning'. Priority families who are most at risk can be identified for inclusion on FM and/or sign posted to support through Welfare Rights. A large programme of work is offered through Sure Start Children's Centres offering language support, adult learning and volunteer opportunities for families.</p> <p>Work is also underway to review and improve practical skills development for healthy eating on a budget via Healthy Early Years Award as part of Behaviour Change Service recommissioning.</p>	SCC
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.	<p>Partnerships between Planning and Public Health are developing. A new childhood obesity action plan will inform future work.</p> <p>We should work collectively harder as a national system (up to and including PHE) to develop the stylish and appealing development of the messages we want parents, children and young people to take on board. We should do more to create an appetite and interest in doing the right thing with healthy, fresh ingredients to counter the efforts of those selling convenience foods packed with sugars, fats and preservatives.</p>	SCC

	PHAR 2015 Recommendation	Comments	Lead Partnership / Organisation
C4	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.	<p>Smoking in pregnancy is a priority within the 'Quitters' contract for this year and has been highlighted across HIOW as a priority within the Sustainable Transformation Plan. Some work is already underway with Maternity Services. A briefing paper on Public Health opportunities in Maternity Services will be presented to University Hospitals Southampton in July which will re-emphasise this priority.</p> <p>Work is underway to include CO screening within the Health Visitors service specification. However this needs to be balanced against priorities in delivering core Health Care Professional and safeguarding responsibilities within a reducing financial envelope</p> <p>Procurement of Behaviour Change Services to improve confidence in the accessibility of smoking cessation support will also help in the longer term. Pregnant women will be a target area in the new Behaviour Change Service</p>	CCG/SCC
C5	Commissioners and maternity services should review the outcomes of the Family Nurse Partnership (FNP) work to consider longer term investment to reduce smoking in young pregnant women, with particular focus on areas of deprivation	<p>A pilot programme is being developed to test the use of incentives for giving up smoking during pregnancy.</p> <p>The Southampton FNP team are working with Public Health and commissioners to explore and pilot approaches to improving smoking cessation and reduction, especially in areas of deprivation.</p>	CCG/SCC
C6	Local agencies should work together to support the delivery of a Smoke Free Homes campaign by Children's Centres/FNPs and Health visitors during 2016.	Leadership of this campaign should come from Southampton's Public Health team. Enthusiastic support for the campaign should be expected from all the named providers and others (maternity, schools, early years settings, GPs, pharmacies etc.) and pushed by commissioners and other service and system leaders. Shifting ownership of the campaign itself to others risks falling at the first hurdle to get the core message right, and negates the impact of others in then pushing a sub-optimal message.	HWBB

	PHAR 2015 Recommendation	Comments	Lead Partnership / Organisation
D	SUBSTANCE MISUSE IN PREGNANCY		
D1	The data collection methods and referral pathways 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.	<p>This is already part of the action plan within Maternity Services, working with substance misuse providers.</p> <p>This issue will be explored by new the Public Health Consultant lead for substance misuse.</p>	ICU/ Public Health
D2	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.	<p>The Health and Wellbeing Board recommends that this should be extended to include Mental Health and Domestic Abuse. The review would then incorporate all of the issues relating to substance misuse in pregnancy.</p> <p>CCG will ensure that this is a requirement incorporated within service specifications.</p> <p>These issues will be explored by the new Public Health Consultant lead for substance misuse.</p>	CCG
D3	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.	<p>These issues will be explored by the new Public Health Consultant lead for substance misuse. Brief intervention training is currently being reviewed as part of Behaviour Change Service recommissioning.</p> <p>This will need negotiating with Maternity Services as it is not currently included in the specification.</p> <p>These issues will be explored by the new Public Health Consultant lead for substance misuse.</p>	CCG

	PHAR 2015 Recommendation	Comments	Lead Partnership / Organisation
D4	Alcohol's harmful effects in pregnancy should be emphasised more in schools delivering sexual health education.	<p>Delivery of the Youth Health Champion programme is currently being developed for 2016-17. This includes some content on alcohol and sexual health. Information provided should include Foetal Alcohol Spectrum Disorder.</p> <p>Public Health will take a lead in developing high quality teaching resources that convey this information persuasively and lastingly to pupils, and in engaging schools in the adoption of these materials into their curriculum.</p>	SCC
D5	Women of reproductive age who are consuming risky levels of alcohol should be signposted to contraceptive services by drug and alcohol services.	<p>These issues will be picked up in the regular substance misuse Contract Review and Clinical Quality Review Meetings.</p> <p>A Public Health consultant is involved in the governance of Sexual Health services, and will explore options to include information in the literature about "you and your drinking".</p>	Public Health/ICU
D6	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.	<p>An Alcohol Campaign is planned for 2016-17.</p> <p>This issue is to be included in the Alcohol Strategy which is being developed.</p>	ICU
D7	The new guidance on alcohol should be widely promoted, emphasising the important change to advice during pregnancy.	<p>An Alcohol Campaign is planned for 2016-17.</p> <p>This issue is to be included in the Alcohol Strategy which is being developed. Midwifery services are aware of new alcohol consumption guidelines.</p>	HWBB
E	INFECTIONS		
E1	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.	<p>This should be part of first appointment with either their lead midwife, GP or obstetrician.</p> <p>Currently ensuring this is part of care pathways and training in recognition of risks – e.g. Sepsis 6.</p>	NHS England

	PHAR 2015 Recommendation	Comments	Lead Partnership / Organisation
E2	The local translation of the NICE “febrile” guideline into care pathways across the Wessex area should be supported and widely promoted by service providers.	<p>Wessex Healthier Together pilot offers opportunity to provide clear consistent advice for practitioners and parents on managing febrile conditions for 0-5 year olds. It includes a care pathway and guidelines for practitioners.</p> <p>This is embedding within clinical pathway around Sepsis 6 pathways.</p> <p>An example would be the learning from PAH following a Serious Incident – non-ED admission routes of a deteriorating patient (foetal loss).</p>	NHS England
E3	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	This should be part of first appointment with either their lead midwife; GP or obstetrician. It could be flagged at a Maternity Contract meeting – Public Health and NHS England attend.	NHS England
E4	BCG “catch-up” immunisation must be ensured locally, especially given the recent increase in TB notifications in the Southampton area	<p>BCG immunisation is within the Maternity Service specification. The service is also commissioned to deliver the following screening and immunisation programmes by NHS England, the payment for which is covered by the maternity PBR tariff. NHS England is the responsible commissioner for these services and accountability for delivery of quality and performance will be to NHS England. The detailed specifications can be found in the NHS England contract with UHS.</p> <p>TB service specification will be revised in preparation for service change in April 2017.</p>	NHS England/ CCG

	PHAR 2015 Recommendation	Comments	Lead Partnership / Organisation
E5	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	There have been 7 changes to immunisation schedule for 2016. The updated schedule is available on the NHS England website. Information is cascaded to all practice nurses, midwives and health visitors. In addition, training is provided across Wessex via Health Education England to strengthen skills. The Wessex Healthier Together pilot in Southampton (starting September 2016) offers an opportunity to strengthen understanding and communication on the current schedule to both practitioners and parents. Further opportunities to engage with parents via health visiting and children's centres will be explored.	NHS England/CCG
F	SCREENING		
F1	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.	Verbal update at HWB meeting on 27 th July.	NHS England
F2	The new-born and infant examination screening programme coverage should be reviewed by public health when the data becomes available in 2015/16.	Verbal update at HWB meeting on 27 th July.	NHS England
F3	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.	Verbal update at HWB meeting on 27 th July.	NHS England