

ICS Public Health Prevention in Maternity (PHPiM) Key Deliverables



Why is change needed?

Giving every child the best start in life (BSIL) is key to reducing health inequalities, and Maternity and Early Years are key leads in tackling the widening inequalities of health. Too many children in the North of England do not have the best start in life that they need to thrive, and maternity care gives the first key opportunity to initiate positive change (Marmot, 2010).

Benefits of ICS scale change

Recognition of the benefits of working at scale with the aim to 'do once' where appropriate and share learning and best practice.

All stakeholder health and social care organisations in local health economies buy-in to and advocate a fully integrated approach.

Planned impact of our ambition

Focussing on clinical practice in pregnancy and the early postnatal period to embed public health practices at the earliest opportunity. Identifying and tailoring care to those with inequalities that may lead to poorer outcomes. Continuing to refresh and reframe purpose, assess and adapt so progression can be seen and motivation of others to come on board to make wide scale system change benefiting the population at the very first opportunity and producing lifelong impact.

Key policy drivers

NENC Integrated Care System Priorities

Inequalities: inequalities reduction trajectory - Measure that reflects the inequalities focus of local plans.

Perinatal Equity Analysis Strategy 2021 (expected December 2021)

Maternity Mental Health Services, to ensure 100% implementation across England by 2023/24.

NHSE&I Quarterly reporting on UNICEF accreditation (via UNICEF)

Implementing Saving Babies Lives Care Bundle 2 (SBLv2) (May 2019)

SBLv2 compliance via Maternity Incentive Scheme (CNST)

50% reduction in stillbirth and neonatal mortality rates by 2030 (via MBBRACE) National Deliverables

NHS Long Term Plan: Neonatal and Maternity implementation of LTP: LMS guidance (Sept 2019)

Better Births (2016)

Postnatal Care Improvement Plan (PNCIP) guide (October 2019)

LMS Deliverables 2021/22

Governance

The programme reports into the ICS Population Health and Prevention Board via the ICS PHPiM Steering group which meets on a regular basis.

Finance and resource requirements (including staffing)

Allocations for all ICSs, from 2021/22, for the phased implementation of NHS smoking cessation services for all inpatients who smoke, pregnant women and users of high-risk outpatient services.

Funding awarded by NECS, County Durham and North Tyneside Councils to support the programme infrastructure until April 2023.

Infrastructure support to the Public Health Prevention in Maternity workstream

1.0 wte ICS Public Health Prevention Strategic Manager for Maternity

0.8 wte ICS Infant Feeding & Maternal Healthy Weight Coordinator

1.0 wte ICS Public Health Practitioner

Our mission

To support geographical areas (PCN, Place, ICP, ICS) to reduce the risk of unwarranted health outcomes of local populations and working with the relevant components of the system to make support available to women and their families in the perinatal period where it is most needed. To continue to support research, education, and curriculum development and support effective mechanisms to obtain high quality data collection.

Health Inequalities Lens

- Poverty
- Digital inclusion
- Learning Disabilities
- * Inclusivity of the family unit
- * Continuity of Carer
- * Serious Mental Illness
- * Minority Ethnic Groups

■ denotes involvement in related research subject

Key Ambitions & Objectives

21/22 Q3	21/22 Q4	22/23 Q1	22/23 Q2	22/23 Q3
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5% or less women tobacco dependant at time of birth by 2025

Embed enhanced stop smoking support and NRT as per ambitions of the NHS LTP through maternity provision ■

Support and enhance the ICS Tobacco Dependency in Pregnancy pathway to maximise support to those with highest health inequalities

Support a ICS breastfeeding friendly culture

Ensure all Maternity services are fully UNICEF BFI accredited and Neonatal Services to level 2 by 2024

Support of place based interventions to increase breastfeeding at initiation and continuation rates ■

For all women/birthing people, parents, partners and their babies to experience optimum mental health and emotional wellbeing in the perinatal period ■

Development of multi agency postnatal contacts to maximise support available to women and families

Improve reproductive health and safe pregnancy spacing of multiparous women

Implementation of postnatal contraceptive care advice and develop a best practice provision model ■

Improve pre-conceptive advice on tobacco dependency; alcohol use, positive mental health, postnatal contraception, nutrition and physical activity

Change the narrative from illness and treatment of obesity to good promotion of health and wellbeing

Develop a set of recommendations that supports primary prevention and identifies high-risk groups to inform high risk pathways

Support the roll out of communications & resources ■

Continue to support localities in the embedding of business as usual work (alcohol in pregnancy, immunisations and MECC)