

Infant Mortality Action Plan 2007 - 2010

1. Strengthening local delivery

Policy recommendation	Action	Area lead/key stakeholder	Time-scale	Resources	Progress measure
1.1 Raise awareness of the Infant Mortality target and action plan with key stakeholders	Establish mechanisms to clarify and communicate the target using existing networks to spread the message and promote the key actions that are most likely to contribute to the target and improve outcomes for mothers and babies; ensure high level support and sign up to the Action Plan	Public Health TPCT	2007-2008	From existing resources	Action Plan signed off by the Children and Young People's Strategic Partnership Board. Communication mechanisms established.
1.2 Improve data quality and strengthen evidence base	Develop the evidence base to ensure that interventions are targeted to make the biggest impact in reducing inequalities in Infant Mortality amongst vulnerable groups.	Public Health TPCT	2007-2008	From existing resources	Development of an evidence base and local profiling to address targets
1.3 Act on existing and planned guidance to review and revise Action Plan	Review and revise the Action Plan to take into account new guidance and recommendations e.g. Best Practice Guidance to reduce inequalities in Infant Mortality from Department of Health (expected Spring 2007); Reaching Out – action plan on social exclusion etc	Public Health TPCT	2007	From existing resources	New evidence of effectiveness incorporated into Action Plan and communicated to key stakeholders
1.4 Ensure ownership of target through effective performance management	Develop a local target around Infant Mortality in partnership with the Local Authority and establish performance management protocols to monitor progress	LA Policy and Performance Team	Short term	From existing resources	Local target set and performance management protocols in place
1.5 Establish an understanding of causes of death in those aged under one	Review local causes of death in the under 1s to identify major causes and trends	Public Health TPCT North Middlesex Hospital Whittington Hospital	2007-2008	From existing resources	Clearer understanding of causes of death
1.6 Maximise opportunities to work with women preconceptionally to improve overall health	Use available opportunities to promote the importance of weight management; smoking cessation; nutrition etc to women of reproductive age considering a pregnancy i.e. through Children's Centres; community events; primary care settings; family planning services etc	Children's Networks Family Planning Services	Ongoing	From existing resources	Health needs of women of reproductive age put on public health agenda
1.7 Improved monitoring	Ensure the Infant Mortality Action Plan is reviewed as part of	Children's Service	2008	From	Monitoring arrangements in place

arrangements to assess progress in reducing infant mortality	the monitoring of the Children and Young People's Plan			existing resources	and implementation leads agreed.
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2. Teenage pregnancy

Policy recommendation	Action	Area lead/key stakeholder	Time-scale	Resources	Progress measure
2.1 Continued links with the Smoking Cessation Service (SCS)	<p>Increase number of people trained to level 1 or higher in smoking cessation in the services dealing with teenage parents;</p> <ul style="list-style-type: none"> • 4YP Team • Teenage Parents Support Team (TPST) • Designated Children's Centre staff 	Smoking Cessation Service (SCS)	2007/2008	Training provided by the SCS free	<p>All of TPST and 50% of 4YP staff trained by end 2007</p> <p>Identification of key staff to be trained to Level 2 and training programmes put into place</p>
2.2 Implementation of Teenage Pregnancy Strategy	<p>Communicate importance of how achieving teenage pregnancy targets impacts on achievement of Infant Mortality targets</p> <p>Ensure cross reporting mechanisms are established.</p>	Public Health, TPCT Teenage Pregnancy Co-ordinator	Ongoing	From existing resources	<p>Conception data – progress towards meeting Teenage Pregnancy PSA target; Children and Young People's Plan to draw together Action Plans</p>
2.3 Improve links between agencies working with teenage parents	<p>Improve data collection and sharing to ensure that services are aware of where teenage parents are to ensure timely and effective support.</p>	TPCT: Public Health; Child Health Children's Networks North Middlesex Hospital; Whittington Hospital; Teenage Pregnancy Co-ordinator	Short term	From existing resources	<p>Data sharing protocols between key agencies established.</p>
	<p>Improve links between housing and the health service to help improve early access to service and appropriate housing provision.</p>	LA Housing TPCT Teenage Pregnancy Co-ordinator	Short term	From existing resources	<p>Information sharing protocols established and acted upon</p>
	<p>Establish clear lines of accountability with services working with teenage pregnancy and teenage parents to ensure all key stakeholders are aware of roles and responsibilities</p>	Teenage Pregnancy Co-ordinator TPCT Maternity Services Reintegration Team	Short term		<p>All agencies aware of specific roles and responsibilities around teenage pregnancy and teenage parents</p>

2.4 Earlier identification and referral of pregnant teenagers to relevant support services	Ensure effective systems are in place to refer pregnant teenagers to appropriate support services and ensure new referrals are made known to Teenage Pregnancy Co-ordinator; and relevant Children's Centres	HV/Midwife group NMH Whittington Hospital TPCT Child Health Surveillance Team Teenage Pregnancy Co-ordinator	Short term		Clear referral pathways established; Children's Centres aware of teenage parents requiring support in their reach area
2.5 Antenatal Care services tailored to accommodate needs of teenagers	Evaluate the impact of the specialist teenage pregnancy midwives at the Whittington in terms of improved outcomes for teenage mothers and their babies	Whittington Hospital	2008-2009	From existing resources	Evaluation of the impact of specialist Teenage Pregnancy midwives and dissemination of findings
2.6 Ensure services meet the needs of teenage parents and are young people friendly	Training for Children's Centres and other professionals working with teenage parents to ensure services are welcoming, non-judgemental and accessible to teenage parents	Teenage Parents Support Team; Children's Network Area Leads	Short term	From existing resources	Number of Children's Centre staff receiving training; Children's Centres meeting their reach targets around teenage parents
	Pilot drop ins for teenage parents at five identified Children's Centres to encourage networking; reduce social isolation and promote information sharing	Teenage Parents Support Team Children's Centres	2007-2008	From existing resources	Drop ins established; numbers of teenage parents accessing drop ins and perceived satisfaction with services
2.7 Ensure strong support for breastfeeding	Identify young mothers willing to be trained as peer breastfeeding supporters and pilot a specific teenage breastfeeding support group	Infant Feeding Co-ordinator; Teenage Parents Support Team	Short term		Number of young people trained; young mothers breastfeeding groups established

3. Smoking cessation

Policy recommendation	Action	Area lead/key stakeholder	Time-scale	Resources	Progress measure
3.1 Smoking cessation to be an integral part of service delivery for whole family during and after pregnancy	Ensure SCS level 1 (or higher) is part of <ul style="list-style-type: none"> • mandatory training programme for appropriate staff in TPCT (i.e. dealing with (teenage) mothers/parents) • Health Visitor training • Midwives • Student health professionals training/education (also approach Royal Colleague to include in curriculum) • Educational services which deal with teenage parents • Children's Centre staff training Level 2 training made available for midwives and health visitors working with Teenage parents	Smoking Cessation Service Service managers for Midwifery and Health Visiting	Ongoing	Training provided free by SCS within existing resources	Training strategy in place, which targets staff and students. Level 1 training part of the curriculum Training of all new Health Visitors and identified Children's Centre staff to Level 1 by end of 2007
	Continued close liaison between midwifery and SCS to maintain good relationships and referral rates	Smoking Cessation Service NMH Whittington	Ongoing	From existing resources	Referral forms in booking in notes Increase in referral rates identified
	All pregnant women to be asked their smoking status at booking , throughout pregnancy and in post natal period. Status recorded and referrals made to SCS	North Middlesex Hospital; Whittington Hospital; Health Visiting Service Smoking Cessation Service Children's Networks	September 07	From existing resources	Numbers of pregnant women referred to Smoking Cessation Service from Hospital Trusts and Health Visiting Service
	Teenage Parents Support Team to monitor levels of smoking in teenage parents and the number of referrals made to the smoking cessation service	Teenage Parent Support Team; Smoking Cessation Service	Ongoing	From existing resources	System in place to collect data on smoking in TP.
	Improve GP referral rates for pregnant women to the smoking cessation services, through Primary Care facilitators. Maintain good links with Level 2 GPs and encourage other GPs to access training	Smoking Cessation Service; Primary care Facilitators	Ongoing	From existing resources	Every new Practice Nurse to receive level 1 Training delivered to all GP collaboratives

					Smoking booklet sent to all GPs
	Develop referral pathways for pregnant women to Smoking Cessation Service through other sources e.g. Pharmacists, Dentists etc. Children's Centres	Smoking Cessation Service	2007-2008	From existing resources	Referral pathways in place for other professionals
3.2 Utilise opportunities to promote Health Promotion messages	Utilise forthcoming legislation around smoking in public places, maximise opportunities to encourage smokers to quit	Public Health, TPCT Children's Networks Smoking Cessation Service	2007	From existing resources	Numbers of quitters amongst relevant groups
3.3 Make the smoking cessation service more accessible and community based	Build on existing work undertaken with pharmacists etc to monitor usage to assess appropriateness of times of service etc. Expansion of workplace initiatives; promote languages spoken by Level 2 counsellors	Smoking Cessation Service	Long term	From existing resources	Patient satisfaction with smoking cessation services
	Health Equity Audit on access to Smoking Cessation Service to highlight usage and outcomes for pregnant women	Public Health TPCT	Short term	From existing resources	Findings of health equity audit disseminated and acted upon

4. Antenatal to Postnatal care

Policy recommendation	Action	Area lead/key stakeholder	Time-scale	Resources	Progress measure
4.1 Improve access to effective and appropriate antenatal and postnatal care	Implementation of Child Health Promotion Programme and modernised Health Visiting service as part of the National Service Framework for Children, Young People and Maternity Services.	TPCT	Long- term	Within existing resources	Programme successfully implemented
	Include telephone numbers of mothers on first page of electronic new birth form to ensure Health Visitors can make appointments at an earlier stage with new parents	IT Services Acute Trusts Child Health Surveillance Team	Short term	To be confirmed	Telephone numbers included on first page of electronic new birth form.
	Develop more targeted community-based antenatal and post natal services through the Children's Centres core offer to improve access to deprived and vulnerable communities	Children's Networks TPCT North Middlesex Hospital Whittington Hospital	2007-2010	To be confirmed	% of Children's Centres antenatal and post natal care; Health Visitor appointments
4.2 Implement NICE guidance on antenatal and postnatal mental health once published	Recognise mental health problems during pregnancy and in the first year after giving birth and ensure systems in place to provide: <ul style="list-style-type: none"> • care and treatment (including drugs and psychological treatments) of women who develop a mental health problem during pregnancy or in the first year after giving birth, and women who have a higher chance of developing a problem at this time • care and treatment (including drugs and psychological treatments) of women who already had a mental health problem before becoming pregnant • how families and carers may be able to support women with mental health problems and get support 	North Middlesex Hospital Whittington Hospital Perinatal mental health team	Ongoing		


	for themselves				
4.3 Target women in routine and manual groups and other vulnerable groups to ensure earlier booking	Conduct an Health Equity Audit of women booked by 12 weeks and after 22 weeks to identify inequalities in early booking and act upon recommendations	Public Health TPCT	2007-2008	From existing resources	Recommendations made and incorporated into action plan
4.4 Promotion of ante natal screening to identify potential problems at an earlier stage	Utilise annual screening audits to identify if inequalities exist in those accessing screening (Department of Health has evidence that there are ethnic differences and recommends work to identify if there are social inequalities)	North Middlesex Hospital Whittington Hospital	2007-2008		Information obtained from screening audits used to improve screening uptake
4.5 Revision of antenatal risk assessment form	In partnership with the acute trusts, review referrals for risk factors relating to domestic violence; safeguarding children; substance misuse; mental health etc with a view to improving liaison with other agencies through CAF (Common Assessment Framework)	North Middlesex Hospital Whittington Hospital TPCT	2007-2008	From existing resources	Monitor referrals and follow up individual Trusts
4.6 Promotion and effective targeting of neonatal screening to improve outcomes	Clearly communicating to parents the purpose and benefits of neonatal screening e.g. physical examination at birth and at 6 weeks and newborn bloodspot screening these tests to improve outcomes for babies Develop system whereby results of tests sent to Great Ormond Street can be sent back to the relevant acute trusts as well as to the GP.	North Middlesex Hospital Whittington Hospital TPCT Health Visiting Service GPs	Ongoing	From existing resources	Monitoring uptake of screening tests among targeted groups Test results received by Acute trusts and information acted upon
4.7 Development of a local referral form for access to antenatal and postnatal services	Raise awareness of and accessibility to antenatal and postnatal services through: <ul style="list-style-type: none"> Advertising more widely routes to care in the community 	TPCT Whittington Hospital North Middlesex	Ongoing	From existing resources	Yearly review of any changes Service user feedback

	<p>(i.e. with midwives or GPs) and the types of service available (screening, smoking cessation etc)</p> <ul style="list-style-type: none"> Increasing venues at which booking can be undertaken in community (i.e. children's centres) 	Children's Networks			
4.8 Implementation of NICE Guidance on Antenatal and Postnatal Care and NICE guidance on Effective Actions on initiation and duration of breastfeeding	Ensure practice is guided by evidence of best practice	North Middlesex Hospital Whittington Hospital TPCT Children's Networks	Ongoing	From existing resources	Guidelines implemented and progress against guidance continually reviewed
4.9 Increase exclusive breastfeeding rates (e.g. first 6 months)	<p>Develop a multi-agency breastfeeding policy framework, with senior management level support from local authority, TPCT and Acute Hospital Trusts to ensure:</p> <ul style="list-style-type: none"> Consistent information given by healthcare and other providers Support is co-ordinated between midwives, health visitors; children's centre staff and community/voluntary groups Local organisations provide space and resources to support breast feeding as service providers and employers of mothers All pregnant women are given information about the benefits of breastfeeding and how to initiate breastfeeding Women are given information about where to access breastfeeding support in their local area 	TPCT Infant feeding Co-ordinator Health Visiting Service North Middlesex Hospital Whittington Hospital	Ongoing	From existing resources	Increase in breastfeeding initiation and maintenance rates.
	Build on existing system for collating and analysing breastfeeding data using hospital computerised records and data collated from parent-held child health record i.e. at new birth visit; 6-8 week check and every other contact.	TPCT Child Health Surveillance Team North Middlesex Hospital Whittington Hospital	December 07	Within existing resources	Improved intelligence on breastfeeding initiation and maintenance System introduced to analyse data and provide baseline for national target
	Ensure health visitors, midwives and other interested parties	TPCT	Ongoing		All health visitors receive regular

	receive training based on the UNICEF UK Baby Ten Steps to improve breastfeeding maintenance	Maternity Services Children's Networks			training and is included as part of a package of training for new Health Visitors
	Acute trusts to work towards registering for the Baby Friendly certificate of commitment TPCT to identify community site to pilot implementing the Baby Friendly 10 Steps	North Middlesex Hospital Whittington Hospital TPCT Infant Feeding Co-ordinator Children's Networks	2007-2008	Cost associated with applying and achieving Baby Friendly Accreditation Funding to be identified	Hospitals register intent. Process of accreditation undertaken in Children's Centre and learning disseminated
	Encourage local organisations (LA, PCT, Children's Centres and private) sector to adopt a joint breastfeeding policy by: <ul style="list-style-type: none"> • Providing appropriate facilities and health promotion messages on breast feeding at sites where mothers with small children frequent • Breastfeeding policy to be communicated to all staff working with parents with children aged 0-5 • Breastfeeding policy to be displayed in settings accessed by parents of 0-5 year olds • Ensuring TPCT and LA maternity policies make support for breastfeeding more explicit 	LA and TPCT Human Resources Departments	Ongoing		HR policies reviewed. Women feel comfortable about breastfeeding in public
4.10 Ensure health promotion messages are being targeted to the most vulnerable groups to achieve greatest impact in reducing infant mortality	Midwives and health visitors to reinforce and target 'Back to Sleep' campaign to reduce Sudden Unexpected Deaths in Infancy. Information to be made available in Children's Centres and other places where people with young families attend. In particular, advice needs to be targeted to those in the Routine and Manual groups and other vulnerable groups to achieve greatest reduction in infant deaths.	TPCT Health Visiting Service/CONI (Care of Next Infant Co-ordinator) North Middlesex Hospital Whittington Hospital Children's Networks GPs	Ongoing	From existing resources	Sleeping position is recorded as part of new birth visit
	Interventions to increase immunisation rates are targeted to	TPCT Public Health	Ongoing	From	Increase in immunisations ??

	those in greatest need. Information is readily available to explain the importance of immunisations through a variety of outlets including Children's Centres; community organisations etc	Health Visiting Service Children's Networks GPs		existing resources	
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5. Social Support

Policy recommendation	Action	Area lead/key stakeholder	Time-scale	Resources	Progress measure
5.1 Extra support and follow up for vulnerable families and babies and improving links/referral between agencies	Roll out of Common Assessment Framework. Ensure training for staff in use of CAF	TPCT LA Acute trusts	Ongoing		All key professionals trained in use of CAF.
5.2 Provide an assortment of evidence based parenting programmes for families who are experiencing difficulties in parenting (including for young fathers)	Develop a borough wide parenting strategy to consider parenting in schools, Children's Centres, nurseries and antenatal clinics etc to be delivered by skilled multi agency teams	TPCT Children's Networks	2007-2008	To be confirmed	Borough wide strategy developed highlighting models of good practice
	Embed 'Mellow Parents' parenting programme as part of borough wide parenting strategy	TPCT Children's Networks	Ongoing	To be confirmed	Funding identified to continue roll out of Programme
	Explore how parenting skills (antenatal care, breastfeeding and smoking cessation) can be included in the National Curriculum (i.e. in drama etc) . Implement and evaluate the Teens to Toddlers Programme currently being piloted	TPCT/LA Healthy Schools Programme Teenage Pregnancy Co-ordinator	2007-2008	To be confirmed	Evaluation of Teens to Toddlers disseminated and recommendations acted upon
5.3 Establish a Young Father's Group	Investigate potential for Young Fathers Group as part of Teenage Pregnancy Strategy		2007-2008	To be confirmed	Young Father's Group established; regular attendance and ownership of group (s) by young fathers
5.4 Housing agencies to prioritise vulnerable families and expand provision of supported housing for teenage parents	Increase the allocation of mother and baby supported housing units in new supported housing scheme	Supporting People	Long term	Supporting People	More supported housing available for teenage parents

6. Income, Education, Employment

Policy recommendation	Action	Area lead/key stakeholder	Time-scale	Resources	Progress measure
6.1 Improving employment and education opportunities for parents, particularly lone and teenage parents	Work in partnership with the Teaching Programme Centre at the TPCT to explore how <i>New Deal for Lone Parents</i> scheme can support parents Consider targeting Community Nutrition Assistant training scheme at Teenage and Lone parents	Teaching Programme Centre, TPCT	Ongoing		Numbers of teenage parents and lone parents back in to education/employment
	Work in partnership with Teenage Parents Support Team and Teenage Pregnancy Co-ordinator to develop programmes to encourage teenage parents to access education and employment opportunities	Teenage Parents Support Team Teenage Pregnancy Co-ordinator	Ongoing	NRF	Percentage of teenage parents going back into education or employment
6.2 Improve benefit uptake by teenage and lone parents	<ul style="list-style-type: none"> Target advice in community facilities such as GP surgeries, Children's Centres, antenatal clinics and community outlets Promote the Local Authority website www.haringey.gov.uk/index/advice_tax_and_benefits/benefits_and_advice highlighting the 'Benefits for Families' section and related links to Government websites 	Job Centre Plus Local Authority	Ongoing	Within existing resources	Teenage and lone parents able to access benefits advice in a variety of settings
	Develop the Income Maximisation Strategy to improve outcomes for vulnerable families	Adult, Culture and Community Services Local Authority	Long term		