The Best Start in Life Conception to 2 Years

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT
2014-2015

NHS
North East Lincolnshire
Clinical Commissioning Group

NORTH EAST LINCOLNSHIRE COUNCIL
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Simon Hearn
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Bill Geer
Marie Smith
Vanessa Catterall
Katrice Redfearn

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1. INTRODUCTION

Welcome to my first Annual Report of the Director of Public Health for North East Lincolnshire. Public Health is now firmly embedded into the local authority contributing to its important leadership role in developing the health and wellbeing of the people of North East Lincolnshire Council.

I have chosen to centre my first report on children's health, specifically on conception to 2 years, reflecting the focus of two recent key reports, *Conception to Year 2 - Age of Opportunity*[1] and *Building Great Britons Conception to Age 2:First 1001 Days All Party Parliamentary Group*[2]. These pieces of work, like previous reports such as The Marmot Report, make a compelling case for intervention in the early years, both in terms of health and economic outcomes, in order to break into the intergenerational cyclical pattern of disadvantage, poverty and poor health outcomes experienced by local communities.

It should not be surprising to hear a Director of Public Health extolling the need for a shift towards prevention, whilst recognising the challenges facing parents themselves and the range of organisations involved in delivering health and welfare services for this age group. I continue to learn in the short time I have been in post, of the broad range of initiatives contained under the umbrella of our prevention and early intervention strategy, seeing the dedication of staff first hand working with families managing in difficult circumstances and trying to make the best of things for the children of North East Lincolnshire.

The evidence reflected in the reports mentioned above regarding the impact of adverse childhood events and their lasting events into later life, up to an adult's middle years, makes a compelling case for this to be one of the top if not the number one priority for the Health & Wellbeing Board, its partner organisations and the direction of available resources.

This requires greater integration of the commissioning and provision of services, based on a strong body of evidence, including outcomes where the impact may not be seen for a generation and incorporating all the influencing social, economic and personal factors that shape those outcomes. As part of the shift to prevention and early intervention, we need to consider "anticipatory" intervention programmes based on shared intelligence to impact on issues before they become a problem.

We have structured this report using the "Age of Opportunity" commissioning framework as a guide, in particular the prevention agenda. In doing so we have tried to generate a view of the current situation in North East Lincolnshire with the data currently available to us and which partner agencies are able to supply. For some aspects local information is hard to come by and this is reflected in their coverage in this report. We have also used The Young Reporters initiative to gather views and useful insight from service users and professionals working with this population. I hope this report stimulates discussion and thinking amongst partner organisations and strengthens local endeavour and solutions for the future generations of North East Lincolnshire. There is also an update by Geoff Barnes who acted up prior to my appointment, on last year's Annual Report.

Stephen Pintus
Director of Public Health

[1] Conception to Year 2 - Age of Opportunity WaveTrust (2014)
[2] Building Great Britons Conception to Age 2: First 1001 Days All Party Parliamentary Group (2015)

2. Update on Last Year's Report & Recommendation

Last year's public health annual report reflected on progress since the public health transition from the NHS to North East Lincolnshire Council in April 2013. The report highlighted the considerable progress that had been made in ensuring that health and wellbeing is at the heart of the council's vision for the future of the area and managers across the council are recognising their role in delivering policies and services that will enhance health and wellbeing. This was illustrated clearly in June 2014 when we held our first North East Lincolnshire Council Public Health Conference which included presentations from senior managers in planning, economy, leisure and housing who all set out how their work plans were supporting improved health outcomes.

Another significant event last summer was our Health & Wellbeing Peer Challenge. This Local Government Association (LGA) sponsored initiative puts a council's health and wellbeing arrangements under critical scrutiny by a team of senior officers from across the local government and health sectors. We commissioned our health and wellbeing peer challenge to provide an external view as to how our public health and health & wellbeing board (HWB) infrastructure was developing. The central aim of the review was to help the council to affirm what progress had been made in relation to its new health and wellbeing responsibilities, and to understand where effort was needed to improve. Our final report from the challenge noted that there is a powerful and shared commitment to improve the health and wellbeing of the population of North East Lincolnshire and to significantly reduce health inequalities. It also highlighted evidence of strong partnerships and good relationships across the health system. However it identified a need for a shared and owned vision for the health and wellbeing of the residents of North East Lincolnshire and a model of shared leadership for the health and social care system. The team also recommended that we should use our data intelligence better in order to drive priorities, target action and improve communication so that the health and wellbeing strategy becomes more widely known amongst the public. The HWB accepted the findings of the peer challenge and have produced an action plan to meet the issues identified.

Amongst our major pieces of work last year was a domestic violence needs assessment. The research identified high and apparently increasing rates of domestic abuse although victims were becoming more likely to report crimes. It was also clear that services were not responding effectively as many posts and services were only in receipt of short term funding and some posts had been lost completely. Following further discussion at the HWB it was agreed that work was needed to develop a 'one system' approach to domestic abuse. This new approach is being over-seen by the reducing violent crime group, a sub group of the safer and stronger executive communities executive, although the work of the group will report to the four theme boards of health and wellbeing, safer and stronger, safeguarding children and safeguarding adults. Copies of the needs assessment are available on NE Lincs Informed website (http://www.nelincsdata.net/IAS/strategicassessment). Another positive outcome relating to this work programme was that an excellent working relationship was established between the public health team and Women's Aid in Grimsby which culminated in Denise Farman, the manager of Women's Aid being invited to the Houses of Parliament to receive an award commemorating excellence in public health practice from the Minister for Public Health, Jane Ellison.

Another very different piece of work which we delivered was our Health Impact Assessment (HIA) of Shoreline's proposals to demolish six tower blocks in the East Marsh area. As part of the HIA we interviewed residents from the tower blocks to explore their views about the impact that the proposals would have on their lives, we also interviewed local ward councillors and senior managers in health and local government. We carried out a rapid review of the evidence base assisted by a senior lecturer from Sheffield Hallam University and we held a multi-stakeholder workshop where we agreed the likely health impacts. The HIA identified groups within the blocks that were especially vulnerable if the proposals were adopted and produced recommendations for mitigating the most harmful impacts. Copies of the report are available on NE Lincs Informed website.

Our third major piece of work completed in 2014/15 was the Pharmaceutical Needs Assessment (PNA) which is an assessment of our population's needs for pharmaceutical services. Completion of such a needs assessment is a statutory requirement for all health and wellbeing boards. PNAs are used by the NHS and other agencies to make decisions about which NHS funded services need to be provided by local pharmacies. The PNA will help NHS England when making decisions on whether to approve applications to open new pharmacies and will help to gauge the adequacy of current services and what future needs

there might be. A broad range of information was collated and analysed which acted as the basis for the findings of the PNA. There are 35 pharmacies included in the North East Lincolnshire pharmaceutical list which are provided by 17 distinct contractors. Many of the pharmacies offer extended opening hours and there are two 100 hour pharmacies. There is also one distance selling premises and one dispensing GP practice. A 60 day public consultation on the draft PNA document was carried out and amendments, where relevant, were reflected in the final PNA. Overall the HWB concluded that access to pharmaceutical services in North East Lincolnshire is adequate with a reasonable choice of pharmacies available and no current or future (during the lifetime of the PNA) needs for pharmaceutical services were identified. The Board wishes to see more pharmacies becoming healthy living pharmacies particularly in the Central and Fiveways localities, which have high levels of deprivation and poor health outcomes, some of which will be amenable to lifestyle changes. The Board also believes that commissioners may wish to consider the introduction of minor ailment schemes at existing pharmacies as a response to increasing demands upon the NHS, to make better use of existing pharmaceutical provision and to reduce the demand and/ or inappropriate use of other primary care and accident and emergency services.

My main recommendation from last year's report was that the council should undertake 'a detailed review of all spend within the public health grant to ensure that it is being spent efficiently and effectively and produces recommendations for how it can be spent better. To fulfil this recommendation a Public Health Opportunities Review was established. This review looked in depth at all the areas supported by public health grant funding in 2014/15 and involved interviews with a large number of managers and stakeholders. More focused work was undertaken to look at areas of high public health expenditure such as drugs and alcohol and children's health

My second recommendation was that public health capacity should be maintained so that the council is able to deliver public health support (core offer) to North East Lincolnshire Clinical Commissioning Group (CCG). Our core offer support to the CCG has not worked out as well as we had hoped since transition due to staffing difficulties and also information governance issues which have meant that we have not been able to access NHS data. However the appointment of our new DPH has ensured an increase in capacity and we have negotiated honorary contracts for council public health staff which should improve our access to data.

My final recommendation was that the DPH should develop close working relationships with Public Health England to ensure that the public health system is strong and resilient and continues to produce good outcomes for health protection services. The importance of this recommendation was brought into sharp focus in August 2014 when we were informed that there had been four cases of Legionnaires disease diagnosed in Grimsby. As there are only typically 200 cases nationally per annum we immediately thought that it was highly likely that these cases were linked. We established an incident team involving council colleagues in public and environmental health along with regional and national PHE experts, senior hospital consultants, Health and Safety Executive etc. Extensive investigations quickly identified a common link between the cases and appropriate remediation measures were put in place. No further cases occurred. These types of incident come out of the blue but require urgent measures to be put in place in order to prevent public health dangers.

Recognising reductions in capacity since the public health transition, directors of public health across the Humber have established an assurance framework for health protection which has put health protection governance onto a stronger footing. The framework ensures a regular monitoring of health protection risks, including those associated with screening and immunisation, is carried out and holds other organisations such as Public Health England and NHS England to account for their public health delivery arrangements across the Humber. The continuing success of the health protection assurance framework, which ultimately delivers more for less, can only be achieved by maintaining strong partnership arrangements across the public health community in local government and beyond and it is vital that these are maintained in future years.

Geoff Barnes
Deputy Director of Public Health

3. Pregnancy

In this section I provide a detailed analysis of the developmental factors which may affect foetal and child development. It is vitally important to report on and understand these factors as there is compelling evidence to show that development begins before birth and that the health a baby is crucially affected by maternal health and well-being (**Wave Trust, 2013**). The first report I mention in my introduction (*Conception to Year 2 - Age of Opportunity*) highlights specific factors which pregnant women should hope to fulfil in order for the best outcomes for both mother and baby to be achieved (see Box 1).

The majority of maternity services are jointly commissioned by the CCGs in North East Lincolnshire and North Lincolnshire and are provided locally by Northern Lincolnshire and Goole NHS Foundation Trust (NLaG). Some elements of maternity care including antenatal screening and immunisation are commissioned by NHS England and Public Health England. For many of the outcomes detailed in Box 1, a wealth of data is available both locally and nationally and where possible is analysed in more detail below.

Box 1: Healthy Pregnancy

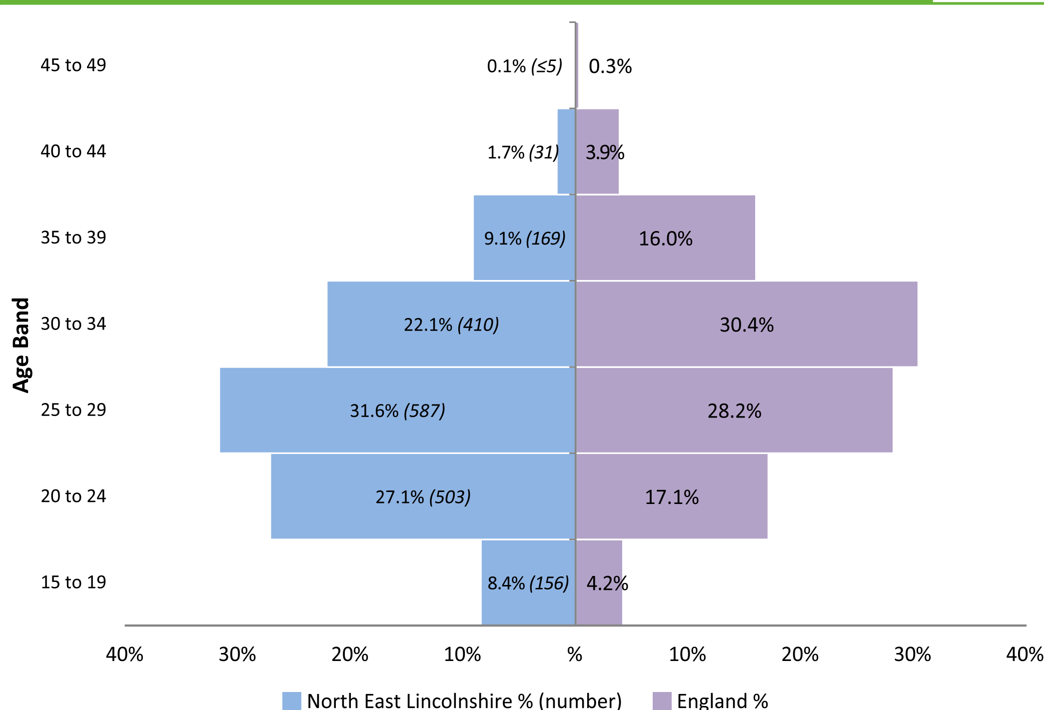
To achieve the best outcomes for both mother and baby, pregnant women should;

- eat a well-balanced diet
- not experience stress or anxiety
- be in a supportive relationship and not experience domestic violence
- not smoke, consume alcohol or misuse illegal substances
- not be in poor physical, mental or emotional health
- not be socio-economically disadvantaged
- be at least 20 years old
- have a supportive birthing assistant at the birth itself (**Wave Trust, 2013**).

3.1 Distribution of live births by age of mother

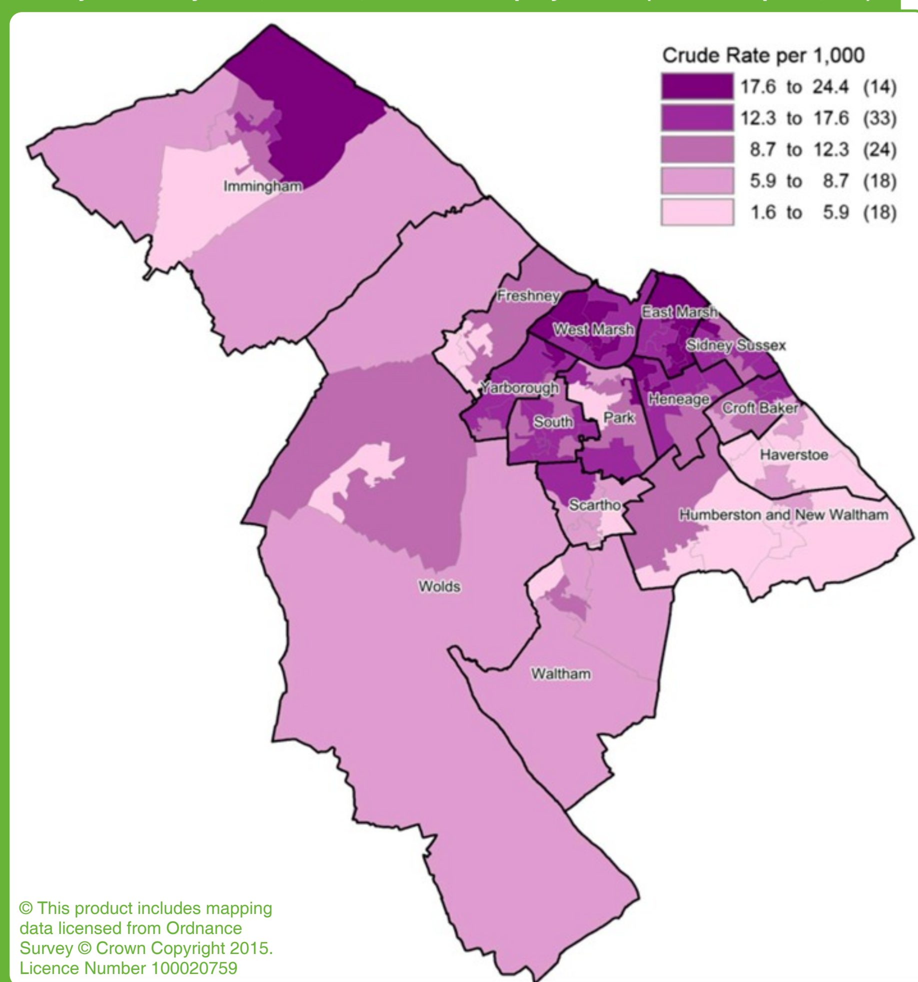
In England in 2013, over half (51%) of live births were to mothers aged 30 and over, in North East Lincolnshire just under a third (30%) of women were aged 30 or over. Overall, the age-band comparison of the proportion of women giving birth in North East Lincolnshire is very different to the England average, see Figure 1. The proportion of women giving birth under the age of 20 in North East Lincolnshire was 8%, double that of the England average of 4%, a greater proportion were also aged 20-24 than the national average. Overall women giving birth in North East Lincolnshire were younger than the national average. The average age of mothers giving birth in North East Lincolnshire was 27 years, compared to 30 years nationally.

Figure 1: Distribution of live births to mothers resident in North East Lincolnshire Unitary Authority area, 2013/14 by age band, number and proportion



Source: NLaG

Figure 2: Distribution of live births to mothers resident in North East Lincolnshire Unitary Authority area, 2013/14, thematic map by LSOA (birth rate per 1,000)



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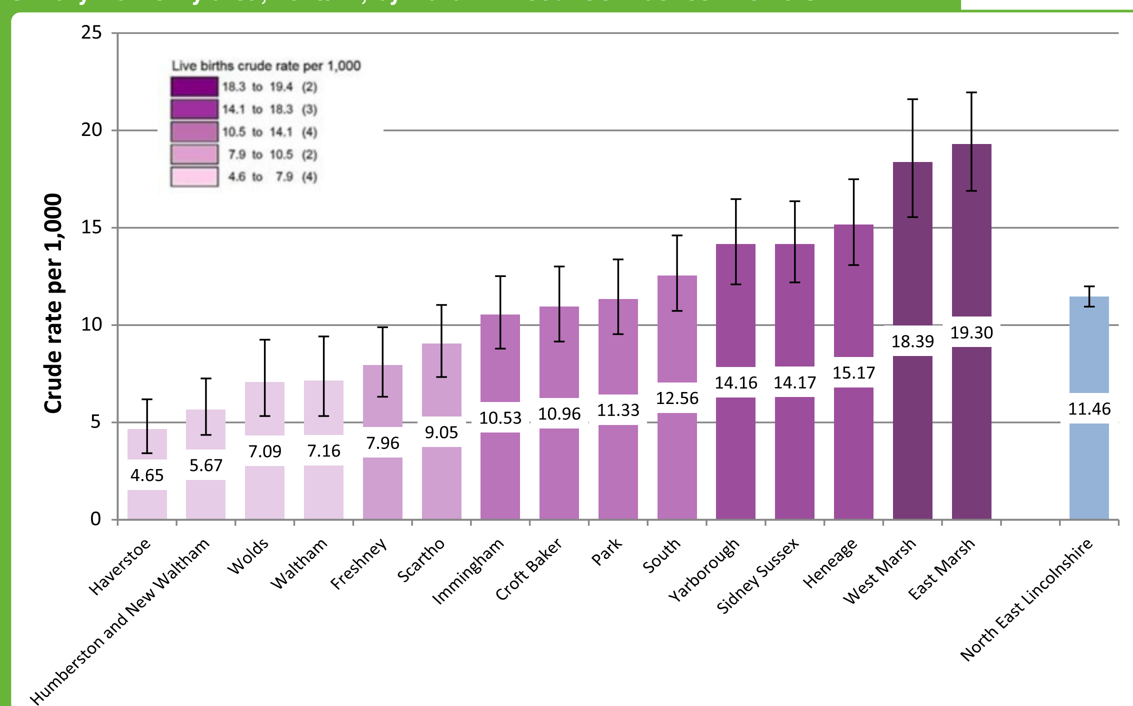
Source: NLaG

3.2 Distribution of live births

The birth rate for babies born to mothers resident in North East Lincolnshire in 2013/14 was 11.5/1,000 compared to 12.3/1,000 nationally.

The highest birth rates were found in the most deprived wards of East Marsh and West Marsh, the lowest rates were in the most affluent wards of Haverstoe and Humberston and New Waltham, see Figure 2 and Figure 3.

Figure 3: Distribution of live births to mothers resident in North East Lincolnshire Unitary Authority area, 2013/14, by ward with 95% Confidence Intervals

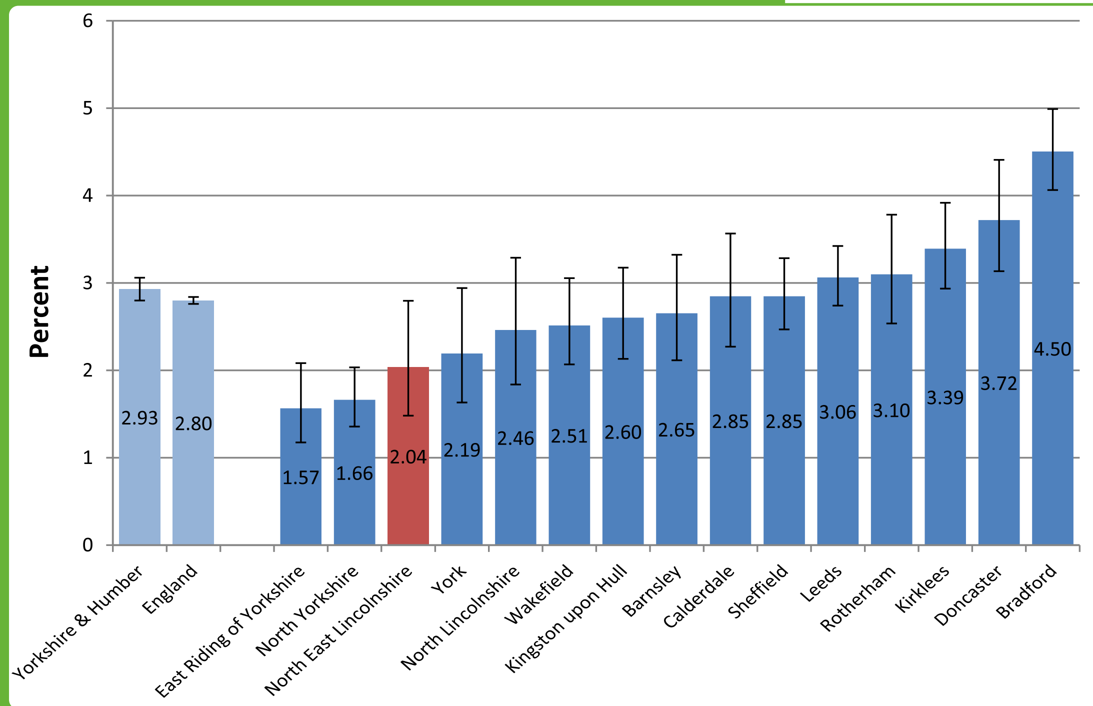


Source: NLaG

3.3 Low birth weight

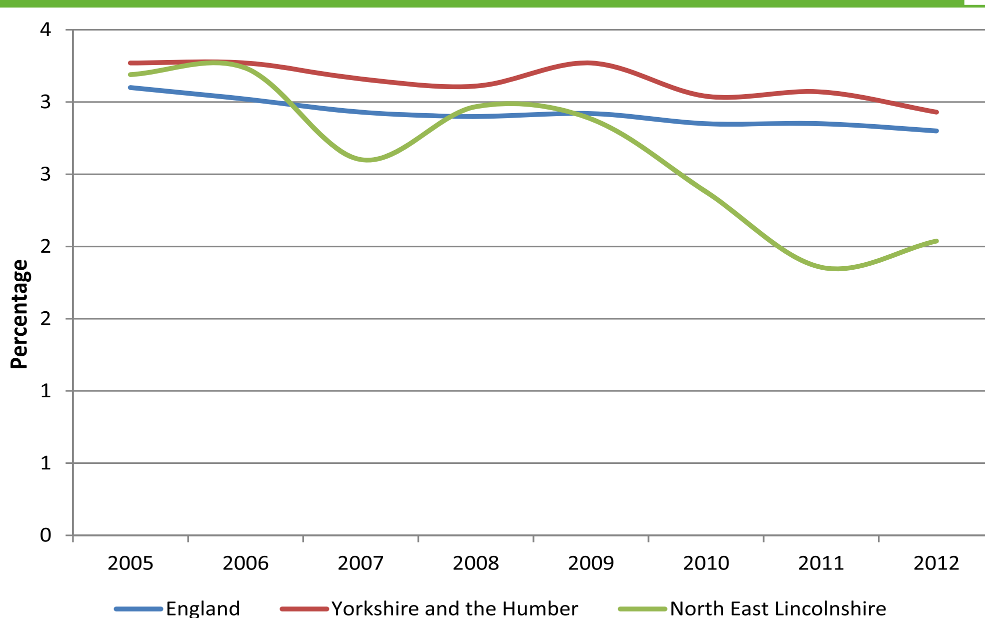
Babies born with a low birth weight at full term (37 weeks gestation or after) is a Public Health Outcomes Framework measure. Low birth weight increases the risk of childhood mortality and of development problems for the child, it is also associated with poorer health later in life (Public Health England, 2015). North East Lincolnshire has a statistically significantly lower rate of low birth weight babies born at full term (37 weeks gestation or after) compared to the England and Yorkshire and Humber averages for 2012. North East Lincolnshire ranks 3rd lowest in the region after the East Riding of Yorkshire and North Yorkshire, see Figure 4. It is important to note that due to small numbers, the local rate can fluctuate year on year

Figure 4: Percentage of low birth weight (<2500g) babies born at 37 weeks gestation or after in the Yorkshire and Humber, 2012.



Source: Public Health England

Figure 5: Percentage of low birth weight (<2500g) babies born at 37 weeks gestation or after, Trend, North East Lincolnshire, Yorkshire and Humber and England.



Source: Public Health England

Figure 5 shows the decrease in low birth weight in full term babies in North East Lincolnshire in comparison to the Yorkshire and Humber and England. Although the most recent figure for North East Lincolnshire increased slightly, the numbers are very low and so there will be some yearly variation locally and the rate remains significantly lower.

3.4 Smoking in Pregnancy

Smoking during pregnancy can cause serious pregnancy-related health problems. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth weight and sudden unexpected death in infancy (Public Health England, 2015).

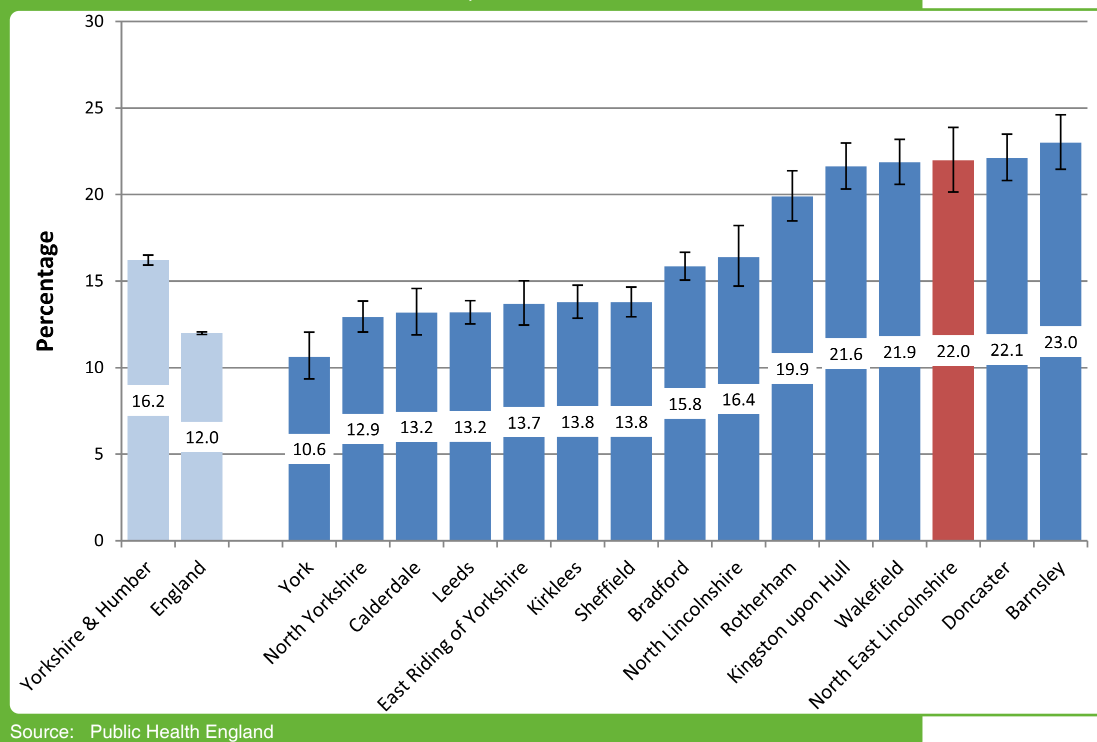
The Tobacco Control Plan (Department of Health , 2011) contains a national ambition to reduce the rate of smoking throughout pregnancy to 11% or less by the end of 2015 (measured at time of giving birth). Locally, the North East Lincolnshire Tobacco Control Plan has set the target to reduce smoking in pregnancy to 15% by the end of 2015.

In 2013/14 22% of women smoked in pregnancy in North East Lincolnshire and although the rate remains statistically significantly higher than the England rate of 12% and the Yorkshire and Humber rate of 16.2% it is no longer the highest in the region and now ranks third highest, see Figure 6, however, the North East Lincolnshire rate is not far behind Doncaster and Barnsley.

Because of the high rate of smoking in pregnancy locally, an audit of maternity notes was undertaken on behalf of public health. This was to confirm if the data was correct. Some issues were identified in processes but the data was confirmed as accurate. Further work was undertaken with the maternity services to ensure that National Institute for Health and Care Excellence (NICE) guidance was being fully implemented.

As a result of the high smoking rates in North East Lincolnshire a number of new measures have been put in place including providing all midwives with carbon monoxide monitors and training them in their use. The referral forms from midwifery to the Stop Smoking Service have been improved to increase the information flow between them and improve auditing. Pregnant mothers are now supported by the Stop Smoking Service for a longer period to help them maintain any successful quit they make.

Figure 6: Percentage of women who smoked in pregnancy (at time of delivery) Yorkshire and Humber Local Authorities, 2013/14



Source: Public Health England

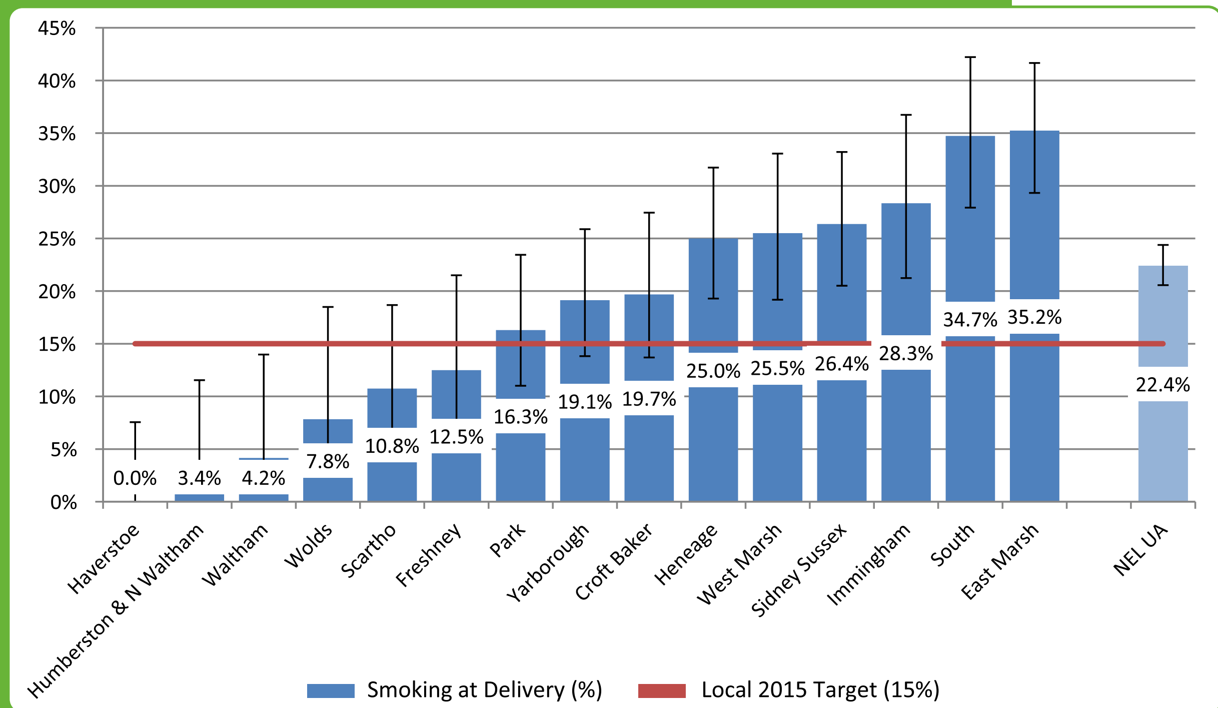
Currently 6 out of 15 electoral wards have already achieved a smoking in pregnancy prevalence lower than 15% (local target for 2015). In 2013/14 Haverstoe ward had the lowest proportion of women who smoked in pregnancy (at time of delivery) with no women reported as smoking at delivery. Humberston and New Waltham, Waltham, Wolds, Scartho and Freshney wards also achieved the target with less than 15% of women smoking at delivery.

East Marsh ward had the highest proportion with 35.2% of women smoking in pregnancy closely followed by South ward with 34.7%. East Marsh and South wards had rates statistically significantly higher than the NELUA average of 22.4% see Figure 7.

831 pregnant women were referred from Maternity services to the Specialist Stop Smoking Service (SSSS) from quarter 1 to quarter 3 of 2014. Of these women only 27 women (3%) successfully quit smoking (defined as a successful 4 week quit), over half (53%) were lost due to failure to contact. Currently the SSSS attempt to contact women via phone call, followed by a letter if no contact is made. To improve the chance of making contact with women considerations need to be made about how best to make contact.

From 2015 public health have funded the national Baby Clear approach to help strengthen a consistent approach to maternity staff discussing smoking with pregnant women. BabyClear is a training programme targeted at midwives which aims to change the approach that they take in engaging with pregnant mothers who smoke to increase the motivation of the mothers to quit. This programme of training for staff will be undertaken during the summer.

Figure 7: Percentage of women who smoked in pregnancy (at time of delivery) by ward, North East Lincolnshire, 2013/14



Source: NLaG * Locally calculated figure may differ from the published figure

3.5 Drug and Alcohol Use in Pregnancy

Secondary Care Substance Misuse Treatment services in North East Lincolnshire are provided by Foundations and this provision includes specialist service for women who are pregnant and have dependency with either drugs or alcohol. During the period 1st July 2014 to 30th June 2015, Foundations have supported 14 clients during pregnancy and these have resulted in 9 births, 3 terminations and 2 cases of stillbirth. These statistics are in line with previous years.

3.6 Nutrition in Pregnancy

Women who are obese when they become pregnant are at greater risk of developing complications during pregnancy and childbirth. This includes the risk of impaired glucose intolerance and gestational diabetes, miscarriage, pre-eclampsia, thromboembolism and maternal death (NICE, 2010). Additionally, obese women are more likely to have an induced labour, instrumental delivery, caesarean section or postpartum haemorrhage. Furthermore, after the birth wound healing can be slower with an increased risk of infection and obese women are more likely to need additional support to establish breastfeeding due to difficulties in the baby latching on (NICE, 2010).

For 2013/14, 26.2% of women had a BMI in the obese category at booking with maternity services and 29.2% had a BMI recorded as overweight therefore over half (55.4%) of women were overweight or obese. 40.8% of women had a healthy BMI and 3.8% were recorded as underweight.

Table 1:
BMI of pregnant women in North East Lincolnshire at booking with maternity services, 2013/14

BMI at booking	No.	%
Underweight	69	3.8%
Healthy weight	740	40.8%
Overweight	530	29.2%
Obese	475	26.2%
Total	**1814**	**100.0%**

* excludes women who booked with maternity services but miscarried.
** 51 Records did not have a BMI recorded at booking.

The North East Lincolnshire Maternal and Early Years Healthy Lifestyle Advisors support pregnant women who have a BMI of 30 or higher at booking with maternity services through a planned programme of dietary and lifestyle behaviour changes. It was set up in response to a high and rising number of obese pregnant women. Ultimately, the aim is to minimise weight gain in pregnancy to 5-9kg (in line with US institute of Medicine (IOM), 2009) and reduce complications during pregnancy and labour. Additionally, the post birth contacts encourage women and their families to sustain healthy habits and reduce weight gain in subsequent pregnancies.

Since 23rd April 2013 the service has received 735 referrals from midwifery, 65% (480) received brief intervention over the telephone, the remaining 35% (255) could not be reached by the service. 278 women attended one or more appointments with the advisor and to date 96 women have completed their pre-birth contacts with an advisor, 78% (75/96) of these have maintained their weight during pregnancy. 48% (46/96) who completed the pre-birth programme reengaged with the service or attended a community weight management programme.

For pregnant women, women who are breastfeeding and young children, it is important to get the right amount of certain vitamins and sometimes it is not possible to get these through diet alone. Folic acid should be taken by women planning a pregnancy and for the first 12 weeks of pregnancy to reduce the chances of neural tube defects in the baby. Pregnant and breastfeeding women and children should also take vitamin C to maintain healthy tissues in the body and vitamin D to aid calcium absorption for healthy bones. Additionally, children should take vitamin A for a healthy immune system (Healthy Start, n.d.)

The Healthy Start Scheme provides pregnant and breastfeeding women on some benefits and tax credits with vouchers for free vitamins for them and their children, those who are not eligible are able to buy them in Children's Centre's across North East Lincolnshire. Locally uptake of vitamins via cash payments for both women and children have increased since the scheme began, however uptake via vouchers has decreased, uptake overall remains low, however it is not possible to compare this to other areas as the data is no longer available nationally.

What the young reporters found out

Children's centre staff and Health visitor on what works well: Getting to know the families works best. Letting families know what is available to them. 'It's about the person'. Building up relationships with the mothers.

Children's centre worker on what their service will look like in 5 years' time: We are currently restructuring into a family hub which will aim to reach problems before they arise.

Health visitor on what their service will look like in 5 years' time: We will aim to continue to help in the way we do, and maintain a safe environment to equip parents to raise a child.

Children's centre worker on improving their service: I would like us to remove some of the stereotyping and engage with more families being able to help safeguard them. Engage more families, and people.

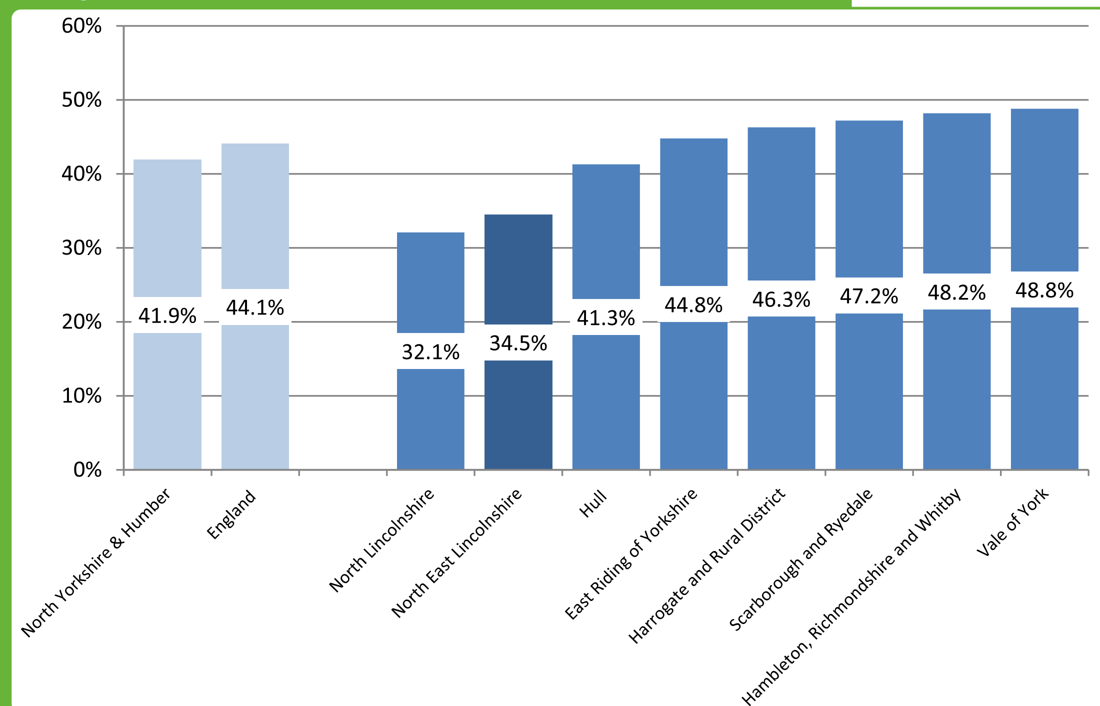
3.7 Vaccination in Pregnant Women

Pregnant women have an increased risk of developing complications if they get flu, particularly in the later stages of pregnancy. The most common complication is bronchitis which can develop into pneumonia. Women who get flu in pregnancy increase their chances of having a premature birth, a baby with a low birthweight and have a higher chance of having a stillbirth (NHS Choices, 2014).

In the autumn of 2010 the seasonal flu vaccine (SFV) was introduced for all pregnant women through primary care. Previously, in 2012/13 public health funded a pilot programme providing the seasonal flu vaccination in pregnancy through maternity services, it had traditionally been done in GP practice. In the maternity services led model women were offered the SFV when they attended their scan appointment, alternatively women could still choose to have it at their GP practice. Following a successful evaluation of the pilot this continued in 2013/14 with the new commissioner NHS England, however the service was decommissioned the following year due to the cost of this model. Additionally, from 2014/15 pharmacists also provide the service to all people eligible for the seasonal flu vaccine.

The uptake of SFV in North East Lincolnshire for the 2014/15 flu season in pregnant women was 34.5%, lower than the England average and the North Yorkshire and Humber average. Compared to the 2013/14 flu season the national figure has increased from 38.9% to 44.1% whilst the local figure has decreased from 37.2% to 34.5% leaving a wider gap between the local and national average.

Figure 8: North Yorkshire and Humber Area Season Flu Vaccine Update in Pregnant Women, 2014/15 Flu Season.



Source: ImmForm, Public Health England

It is recommended that pregnant women are vaccinated against pertussis (whooping cough) between 28 and 32 weeks of pregnancy. This is to offer protection to the baby from pertussis between birth to receiving their vaccine in the childhood immunisation programme. Pertussis can be a serious illness for young babies and most are admitted to hospital and in severe cases young babies have died. Currently there is no locally available data to measure the uptake of the pertussis vaccine in pregnant women. (NHS Choices, 2014)

3.8 Mental Health in Pregnancy

Mental health problems in pregnancy are not only an important public health issue because of the adverse effects on the mother but also because of the impact on the health development of the child's emotional, cognitive and even physical development (Bauer, et al., 2014). Poor mental health can affect any pregnant women or new mother, not just those with existing mental health conditions. NICE suggest that nationally up to 10% of mothers experience post-natal depression.

All pregnant women in North East Lincolnshire have a mental health assessment at booking with maternity services and then again at delivery and/or postnatally following NICE guidelines. Women who have an identified need are either referred directly to their existing care worker if they have one, or to the Eleanor Centre or Open Minds if they don't have a pre-existing mental health problem. Despite the data collection at various stages, there is currently little robust local data available for analysis, therefore it is not possible to say how many women were identified with a mental health problem or where they were referred to. The only available data shows that there were 224 admissions to Diana Princess of Wales Hospital (DPOW) for pregnancy related depression, this refers to number of admissions not the number of individual people, it also includes women who live outside of North East Lincolnshire.

Currently, there is no local provision for women requiring admission for acute perinatal mental health disorders, this is true of most trusts across the Yorkshire and Humber, this is because of the relatively low local numbers and the high numbers needed for a specialist unit. The nearest specialist units are in Leeds and Nottingham, these units allow babies to be admitted with their mothers. The Promoting perinatal mental health within maternity services' guidelines are in the process of being reviewed and updated.

Domestic violence in pregnancy can trigger maternal stress which can increase the risk of poor mental health outcomes for the child. Research has shown that a quarter of children witnessing domestic violence develop serious social and behavioural problems and children brought up in homes where parents are involved in domestic violence are less likely to have good attachments with their parents (Wave Trust, 2013).

There is an increased risk of domestic violence in pregnancy and after birth, there is also a strong correlation between domestic violence and post-natal depression. Women who suffer domestic violence are more likely to delay accessing care to maternity services, have a miscarriage, go into premature labour or have a stillbirth (NICE, 2014).

No research has been conducted locally to identify the proportion of women who experience domestic violence during pregnancy. Although midwives do ask pregnant women if they have experienced domestic violence, this data is not currently available. However, numerous studies have been undertaken nationally and internationally which have attempted to quantify the prevalence of gestational domestic abuse. The majority of research places domestic abuse prevalence amongst pregnant women anywhere between 2.9% and 17% (Johnson, et al., 2003) (Fanslow, et al., 2008) with prevalence likely to increase as pregnancy progresses (Bacchus, et al., 2004). A UK cohort study carried out in 2011 (Flach, et al., 2011) found that 7% of women reported emotional and/or physical violence at 18 weeks gestation. Applying this prevalence to the number pregnant women who went on to give birth in North East Lincolnshire in 2013/14 (a total of 1865) it can be estimated that approximately 131 women were subjected to some form of domestic abuse during their pregnancy.

More information on domestic violence is provided in section 4.6.

3.9 Teenage Conceptions

Children born to teenage mothers are more likely to experience a range of negative outcomes throughout their life and are more likely to become teenage parents themselves. Teenage mothers are at greater risk of experiencing a poor range of outcomes, for example:

- They are less likely to finish their education and more likely to bring up their child alone, in poverty.
- The infant mortality rate is 60% higher in babies born to teenage mothers than in older mothers.
- Teenage mothers are 3 times more likely to have post-natal depression than older mothers and have an increased risk of poor mental health for 3 years following the birth.
- Children of teenage mothers are generally at increased risk of poverty, low educational attainment, poor housing, poor health and have lower rates of economic activity later in life. (DCSF, DH, 2010)

Under-18 conception statistics include pregnancies that result in one (or more) live or still births (a maternity), and pregnancies that result in a legal termination under the Abortion Act 1967. The statistics do not include miscarriages during the first 23 weeks of gestation or illegal abortions. The date of conception is estimated using recorded gestation for abortions and stillbirths, and assumes 38 weeks gestation for live births.

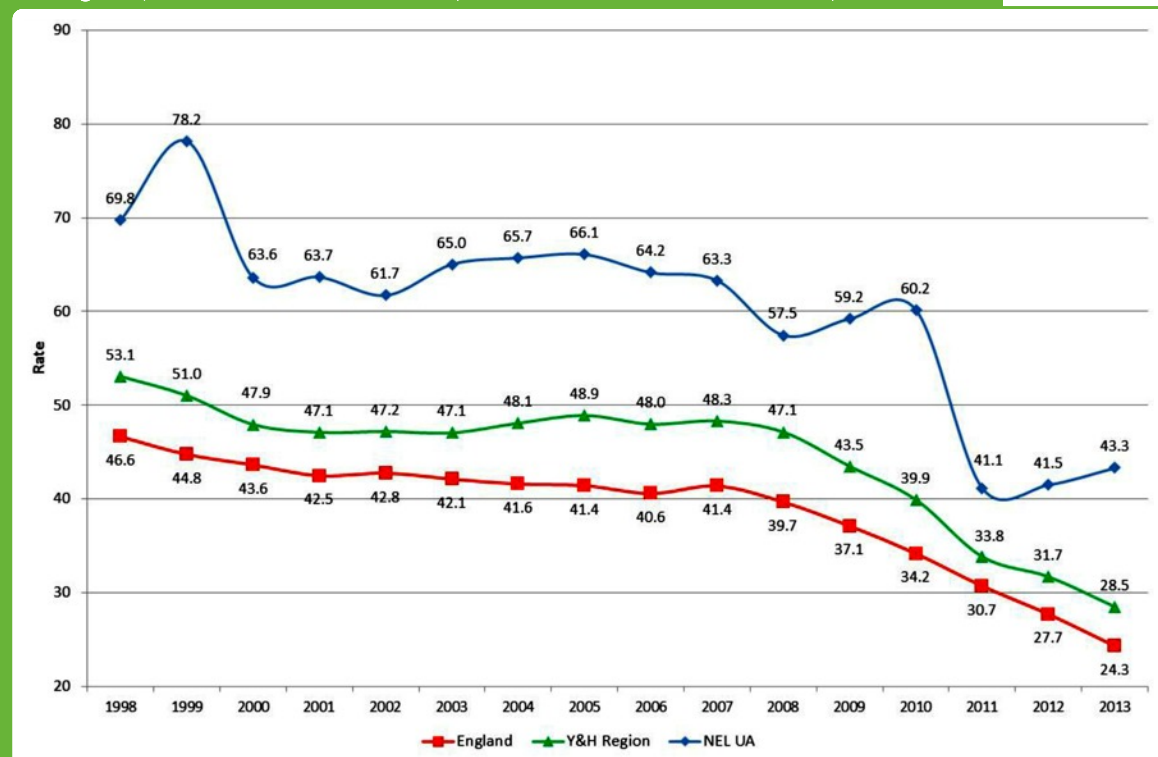
The latest one year rolling average under-18 conception rate for North East Lincolnshire for quarter 4 of 2013 is 43.3 conceptions per 1000 females aged 15 to 17 years. This is higher than both the Yorkshire and the Humber (28.6) and England (24.4) average rates.

Figure 9 details the progress that has been made regarding reducing the under-18 conception rate since 1998 which was the baseline period for the 1999 Teenage Pregnancy Strategy.

The rate of North East Lincolnshire under-18 conceptions has fallen from 69.8 in 1998, to 43.3 in 2012, which is a reduction of 38.0%. This reduction is lower than that achieved for the Yorkshire and the Humber (46.3%) and for England (47.9%).

The actual number of under-18 conceptions has fallen year on year from 2005 to 2011. There were 122 North East Lincolnshire under-18 conceptions during 2012 which was the same number as during 2011, and this is 61 fewer conceptions than during 2010, and 90 fewer conceptions than during 1998. 122 conceptions is the lowest annual number of conceptions since the 1998 baseline. The number of under-18 conceptions during 2013 rose by 4 conceptions from the 2012 figure to 126 conceptions. During 2013, 38.1% of North East Lincolnshire under-18 conceptions led to an termination, which is lower than both the Yorkshire and the Humber (45.0%) and the England (51.1%) averages.

Figure 9: Under-18 conception rates per 1000 female population aged 15-17 years, for England, Yorkshire and the Humber, and North East Lincolnshire UA, 1998 to 2013

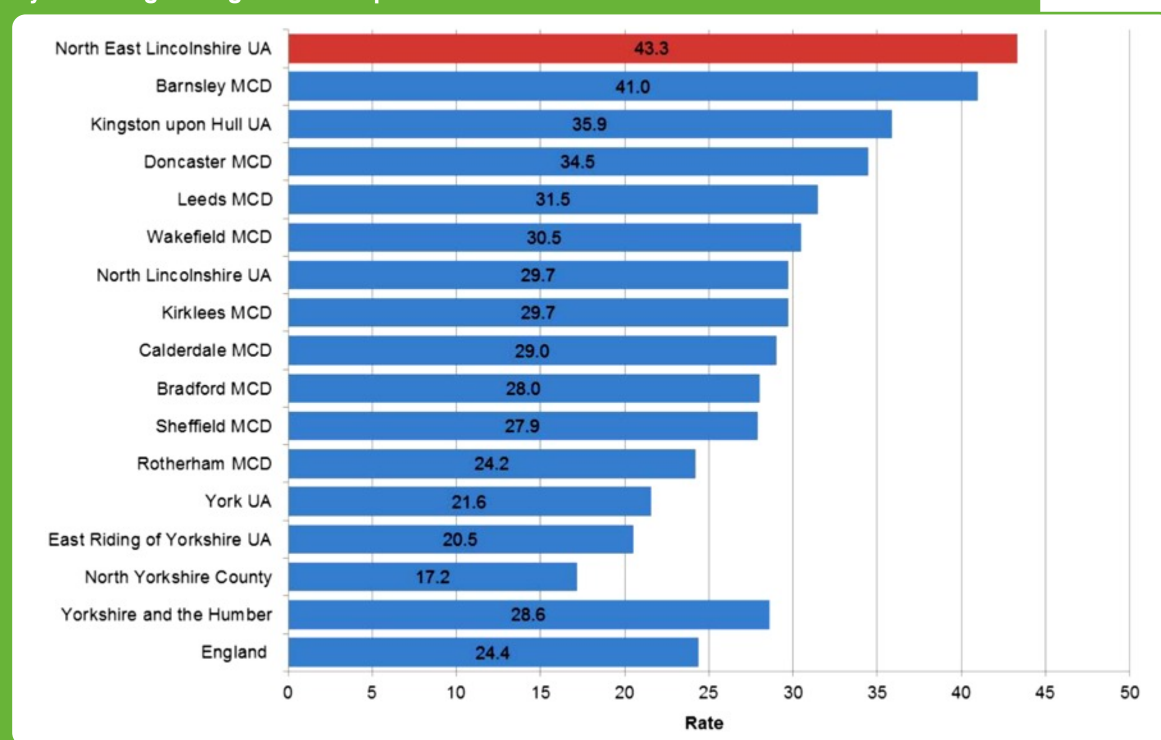


Source: Office for National Statistics (www.ons.gov.uk), © Crown copyright 2015.

Within the Yorkshire and the Humber, North East Lincolnshire has the highest rate of under-18 conceptions. The one year rolling average under-18 conception rates for all the local authorities within the Yorkshire and the Humber for quarter 4 of 2013 are detailed in Figure 10. Of all local authorities in England, North East Lincolnshire has the second highest one year rolling average under-18 conception rate for quarter 4 of 2013.

The most recent teenage conception data available at ward level are pooled figures for the period 2010-2012. There are considerable variations in under-18 conception rates between wards. Two wards (Humberston and New Waltham and Wolds) have under-18 conception rates which are significantly lower than the North East Lincolnshire average rate, and three wards (South, East Marsh, and West Marsh) have under-18 conception rates which are significantly higher than the North East Lincolnshire average rate.

Figure 10: Under-18 conception rates per 1000 female population aged 15-17 years, for England, Yorkshire and the Humber, and the 15 LAs in the Yorkshire and the Humber, 1 year rolling average rates for quarter 4 2013



Source: Office for National Statistics (www.ons.gov.uk), © Crown copyright 2015.

3.10 Termination of Pregnancy

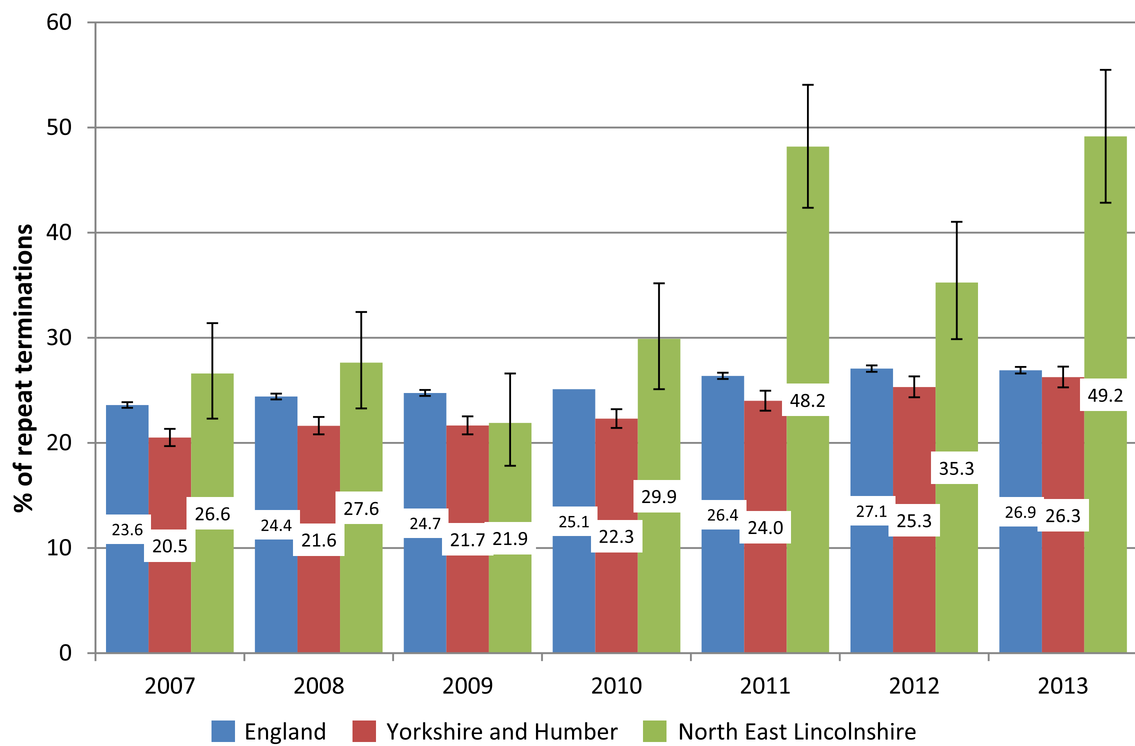
Since April 2013 the commissioning of terminations (termination of pregnancy/ToP) has been the responsibility of the CCG (Clinical Commissioning Group). There are two local NHS funded providers for women in North East Lincolnshire choosing a termination of pregnancy, Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and the British Pregnancy Advisory Service (BPAS). In addition some women might choose to fund themselves from other providers.

The majority of ToPs are carried out in NLaG. It was identified that in 2013 North East Lincolnshire was an outlier for repeat abortions in women under 25 years.

Further work with the CCG and the providers is ongoing to understand the demographics, contraceptive use at the time of pregnancy (and on discharge from the service) and reasons behind the terminations/repeat terminations as this information is not published nationally. This will then help to identify any gaps/shape local services.

Since 2011, North East Lincolnshire has had a statistically significantly higher rate of repeat terminations in the under 25's, in 2013 North East Lincolnshire ranked highest in the whole of England for repeat terminations in this age group, see Figure 11.

Figure 11: Repeat Terminations, Under 25's (15 to 24) North East Lincolnshire, Yorkshire and Humber and England, 2013



Source: ONS

What the young reporters found out

Parent on how they are supported: During pregnancy the midwives provide support through regular check-ups but sometimes it is not the same person and there is a repetition of information. This is an annoyance, as it means that you have to explain yourself every single time, and the midwives don't get a chance to see how the baby grows through the pregnancy. After pregnancy the visits continue but sometimes the support is more ambiguous than helpful. You get guidelines, instead of definite answers, clear instructions would be preferred. Overall support was very good and the children's centres are a good source of support and a great range of activities.

Children's centre worker on what currently works best: The consistency of being able to see a familiar face for advice right through from pregnancy and carried through when the child is born.

Health visitor on what currently works best: Making the service accessible is important as it shows consistency, and having an assigned midwife where possible for a certain family.

Parent on improving the services: Having a family-assigned midwife and health visitor who is always the one that you see, instead of switching between numerous different people. Also hospital waiting times improved for pregnant/expectant parents, it would not only be better for the parents, but also the children.

Consultant Midwife on how they support parents: Young parents have a wide range of support whilst they are pregnant and after the birth of the baby some young first time mothers are able to access the Family Nurse partnership programme (FNP). FNP offers support whilst they are pregnant through until the baby is 2 years old and covers a wide range of different aspects of parenting. Those who are not chosen have additional support to the Consultant Midwife for Teenage pregnancy who offers a dedicated clinic and a specific preparation for labour and delivery group. These mums also have access to a parenting group provided by young people's support services once a week where they can socialise together and can attend before and after the birth of their baby.

Key Points - Pregnancy

- Locally, the highest birth rates were in East and West Marsh wards.
- Women giving birth in North East Lincolnshire are younger on average than for England, one of the positive effects of this is that NEL has fewer babies born with a low birth weight, fewer still births and lower infant mortality than the England average.
- Smoking in pregnancy rates are statistically significantly higher in North East Lincolnshire compared to England.
- Over half of women in NEL are overweight or obese at booking with maternity services.
- The Under 18 conception rate has fallen in NEL, however we have the second highest rolling 1 year average under 18 conception rate for Q4 2013 out of all local authorities in England.
- NEL had the highest rate in England for repeat terminations in under 25's.

Recommendations - Pregnancy

We should continue to strengthen our adoption of effective measures to reduce a range of risk behaviours in pregnancy including unhealthy weight, smoking, alcohol and drug use and develop a better understanding of the extent of risk behaviour in North East Lincolnshire in shaping our approach.

Maternal mental health before and after birth is a key determinant of the child's future health and life prospects and therefore we should ensure professionals feel equipped and supported in identifying mental and emotional health related issues during and after pregnancy. We should explore what works to include a greater emphasis on mental health and becoming a parent as part of the ante natal parent preparation process.

Delaying the age at which women have their first and subsequent children should be considered as a key indicator of successful growth in the local economy that offers young people improved career choices and opportunities.

We should continue to improve our understanding of the underlying factors behind our termination of pregnancy figures to help identify effective measures to reduce the levels closer to the national average.

4. Developmental Factors 0-2 years

After a child is born, physical development is promoted through good nutrition (particularly breastfeeding) and immunisation and physical and emotional well-being are both interlinked and independent. Secure relationships promote positive emotional health in young children and have a direct effect on future emotional, social and physical health.

The quality of the environment in which a baby is brought up influences the development of the brain and social behaviours, forming a foundation for their future experiences and how they respond to them (Wave Trust, 2013).

Child - parent relationships and relationships between parents are also key in developing a healthy child. Children who are brought up by loving authoritative parents have more confidence and feelings of self-worth therefore stimulating better brain development and building the capacity to learn. In contrast negative or inconsistent discipline, lack of emotional warmth and parental conflict increase the risk of behavioural and emotional problems (Wave Trust, 2013).

Children who are born to parents with poor mental health, into families where there is domestic violence and families where there is alcohol or drug abuse are particularly at risk of poor emotional well-being and developing behavioural problems later in life (Wave Trust, 2013).

4.1 Infant Mortality and Still Birth

Infant mortality is defined as the death of an infant before their first birthday, there are a range of biological and social factors associated with increased risk of infant mortality. These include birthweight, mother's age at birth, mother's country of birth, marital status, parity (number of births to the mother) and the fathers socio-economic status based on his occupation (ONS, 2012). Overall North East Lincolnshire has achieved relatively good outcomes for infant mortality and still birth which are detailed below.

Infant mortality does not include stillbirths, a stillbirth is a baby born after 24 weeks gestation showing no signs of life, if a baby dies before this time it is known as a miscarriage or foetal loss. Perinatal mortality includes stillbirths and infants who died under 7 completed days of life. Early neonatal deaths include babies who died under 7 days of life but don't include stillbirths. Neonatal deaths exclude stillbirths but include babies who died under 28 completed days of life. Post neonatal deaths include those who died between 28 days and under 1 year of life. Table 2 shows rates for North East Lincolnshire compared to Yorkshire and Humber and England in the different categories of infant mortality and stillbirth.

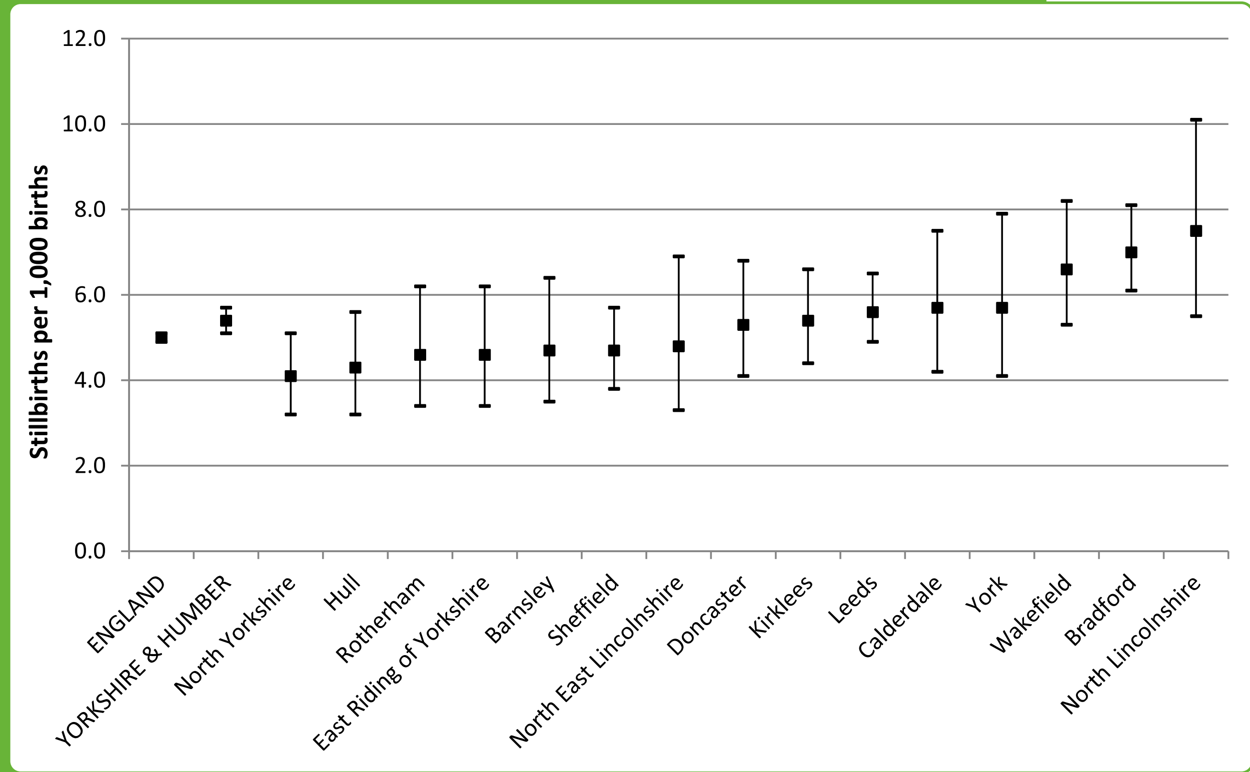
The rate of stillbirths in NEL is lower than the England and Yorkshire and Humber average, there is no statistical significance but the numbers are low so confidence intervals are wide. See Figure 12 and Table 2.

Table 2:
Infant mortality and stillbirths in North East Lincolnshire UA area, compared to England & Y&H rate per 1,000 births, 2010-12 data pooled

	NEL	Y&H	England
Stillbirth	4.8	5.4	5.0
Perinatal (still births & deaths <7 days)	6.3	7.8	7.3
Early neonatal (<7 days)	1.5	2.4	2.3
Neonatal (<28 days)	1.8	3.2	2.9
Post neonatal (28 days - 1 year)	1.8	1.6	1.3
Infant mortality (under 1 year)	3.7	4.8	4.3

* NHS Health and Social Care Information Centre (HSCIC)

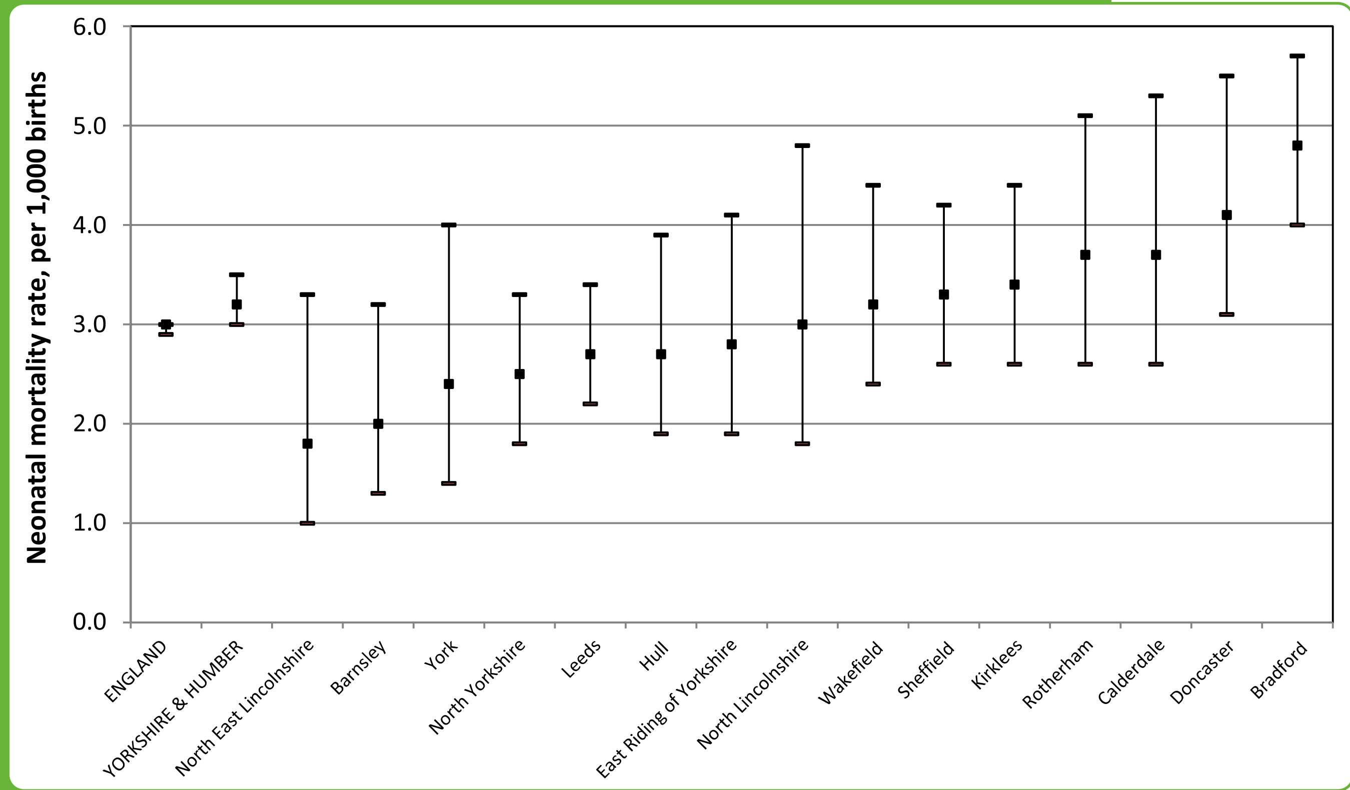
Figure 12: Still births per 1,000 births in the Yorkshire and humber, 2010-12 pooled data



Source: NHS HSCIC

NEL has the lowest rate of neonatal morality (deaths in babies aged under 28 days) in the whole of the Yorkshire and Humber region and has a rate lower than the England average. See Figure 13 and Table 2.

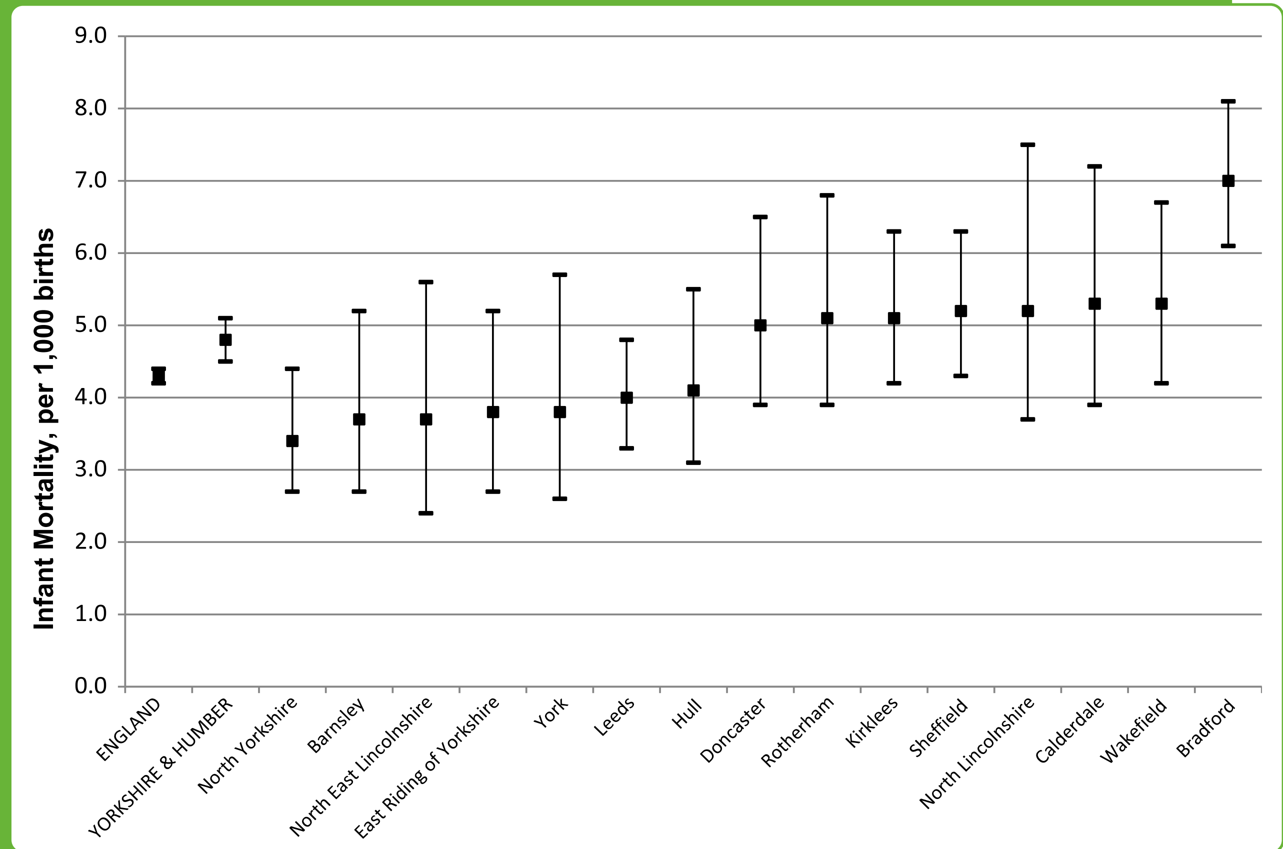
Figure 13: Neonatal mortality in the Yorkshire and Humber, 2010-12 pooled data, rate per 1000



Source: NHS HSCIC

North East Lincolnshire has the third lowest rate of infant mortality (deaths in babies under 1 year of age) in the Yorkshire and Humber region and has a rate lower than the England average. See Figure 14 and Table 2.

Figure 14: Infant mortality (under 1 year) rate per 1,000 births, Yorkshire and Humber 2010-12 pooled data



Source: NHS HSCIC

4.2 Admissions for children aged 0-2 years

The majority of hospital admissions for children aged 2 and under were emergency admissions, during 2013/14. Out of 1771 admissions to Diana Princess of Wales hospital (DPOW) 1642 (93%) were emergency admissions, 129 (7%) were non-emergency admissions. The top ten reasons for admissions for Northern Lincolnshire and Goole hospitals are listed in Table 3. Unspecified viral infections and acute upper respiratory infections were by far the most common reason for admission. Collectively the respiratory infections (including acute upper respiratory infections, respiratory distress syndrome of a newborn, bronchiolitis, acute obstructive laryngitis (croup) and lower respiratory infections) account for a large proportion of admissions in this age group. One of the attributable factors for children being admitted to hospital for chest infections can be parental smoking, particularly if they have smoked in an enclosed space such as in the home or car (NHS Choices, 2015). For more information on smoking in pregnancy see section 3.4.

Table 3:
Top 10 reasons for admission for children aged 0-2 years, Northern Lincolnshire and Goole hospitals, 2013/14

Reason for admission	No. of Admissions
Viral infection, unspecified	327
Acute upper respiratory infection, unspecified	304
Neonatal jaundice, unspecified	170
Viral intestinal infection, unspecified	166
Other low birth weight	152
Respiratory distress syndrome of newborn	152
Acute bronchiolitis, unspecified	148
Acute tonsilitis, unspecified	136
Acute obstrucive laryngitis [croup]	104
Unspecified acute lower respiratory infection	102

Source: NLaG

4.3 Breastfeeding

Breastfeeding has many health benefits for both mothers and babies and is the healthiest way to feed a baby, exclusive breastfeeding is recommended for the first 6 months of life. Breastfed babies have less chance of being admitted to hospital as a result of diarrhoea and vomiting and chest and ear infections, they have less chance of being constipated, less chance of getting eczema and are less likely to be obese and therefore developing type 2 diabetes and other obesity related illnesses later in life. Breastfeeding lowers the mothers chance of developing breast and ovarian cancer and can help to build a strong bond between the mother and her baby (NHS Choices, 2014).

As the Wave trust report identifies attachment is an important protective factor that can influence resilience or vulnerability depending on how it is experienced by a child. This in turn seems to be predictive of the calls on statutory resources from an early age relating to behavioural and self-esteem issues.

As well as the nutritional benefits, breastfeeding represents an important opportunity for early attachment. Although attachment should not be interpreted only in terms of the mother but apply to both parents.

UNICEF Baby Friendly

UNICEF Baby Friendly is a worldwide and well recognised assessment and accreditation process. The staged approach to achieving full Baby Friendly Initiative (BFI) provides a framework for embedding best practice and improving standards of information, support and care across hospital and community services. Positively, North East Lincolnshire has been successful in progressing through the BFI stages. The area has already achieved The UNICEF BFI Stage One award. UNICEF representatives also recently visited the area and accredited The Health Visiting service, Family Hubs (children's centres) and peer support with meeting stage two accreditation requirements. Maternity and Neonatal services will be assessed for stage two during 2015 and will be working towards stage three for 2016.

Prevention and Early Intervention - Breastfeeding Peer Support Service

North East Lincolnshire has a breastfeeding peer support service which provides both a preventative and early intervention approach to helping families improve their health. Short and long term health benefits of breastfeeding to both mother and child are well documented (DH 2009, UNICEF 2012). The Breastfeeding Peer support service consists of women from the local community that have personal experience of successful breastfeeding.

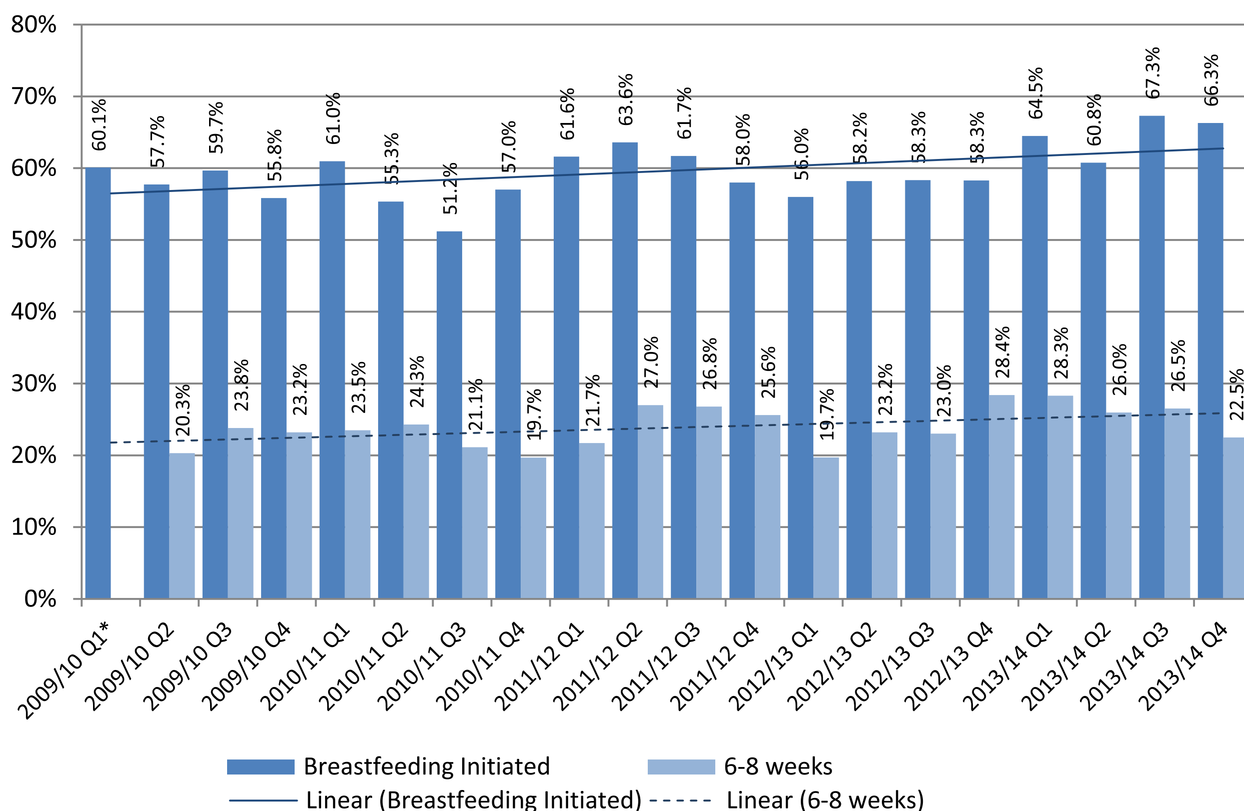
The Breastfeeding Peer support service has provided support for over 1000 women over the last year (2014/15) and feedback from local evaluations have highlighted that women (partners and families) highly value the opportunity to have contact with peer support in order to access information and support that helps women initiate and continue breastfeeding. The core service is based on local maternity and neonatal wards; this enables new mothers and babies to have increased access to support as soon as possible post-delivery.

Breastfeeding Initiation and Continuation

Breastfeeding initiation has increased overall from 60.1% in Q1 2009/10 to 66.3% in Q4 of 2013/14. The latest two quarters saw the highest initiation over the time period shown in Figure 15. Breastfeeding initiation includes babies who have been put to the breast regardless of the feeding intention of the mother and so can be misleading as this for some babies will be the one and only time they are breastfed. For breastfeeding at 6-8 weeks there has also been an overall increase.

Whilst local rates of initiation and continuation are gradually improving (see trend line, Figure 15), they still remain low in comparison to national figures. For 2012/13 the England rate for initiation was 73.9%, North East Lincolnshire was statistically significantly lower with 57.3%. For 6-8 week continuation the England average was 47.2% whilst the local rate was statistically significantly lower with 23.4% and was the lowest in the Yorkshire and Humber region.

Figure 15: Percentage of women initiating breastfeeding and at 6-8 weeks, North East Lincolnshire trend



Source: NLaG

4.4 Nutrition in young children

Weaning Pilot

After a review of NICE public health guidance 11 (Maternal and Child Nutrition) a small working group was formed to ensure the Eatwell pathway from breastfeeding to solid foods at 6 months, known as weaning was in place locally to ensure infants can eat well and have the best start in life.

Nursery Nurses already complete a weaning contact with families at around 4 months as part of the healthy child programme, to provide information on introducing solid foods and encourage the delay of weaning until around 6 months. At this point it was felt that those families in need of further practical weaning support and healthy weaning food preparation can be invited to attend a session.

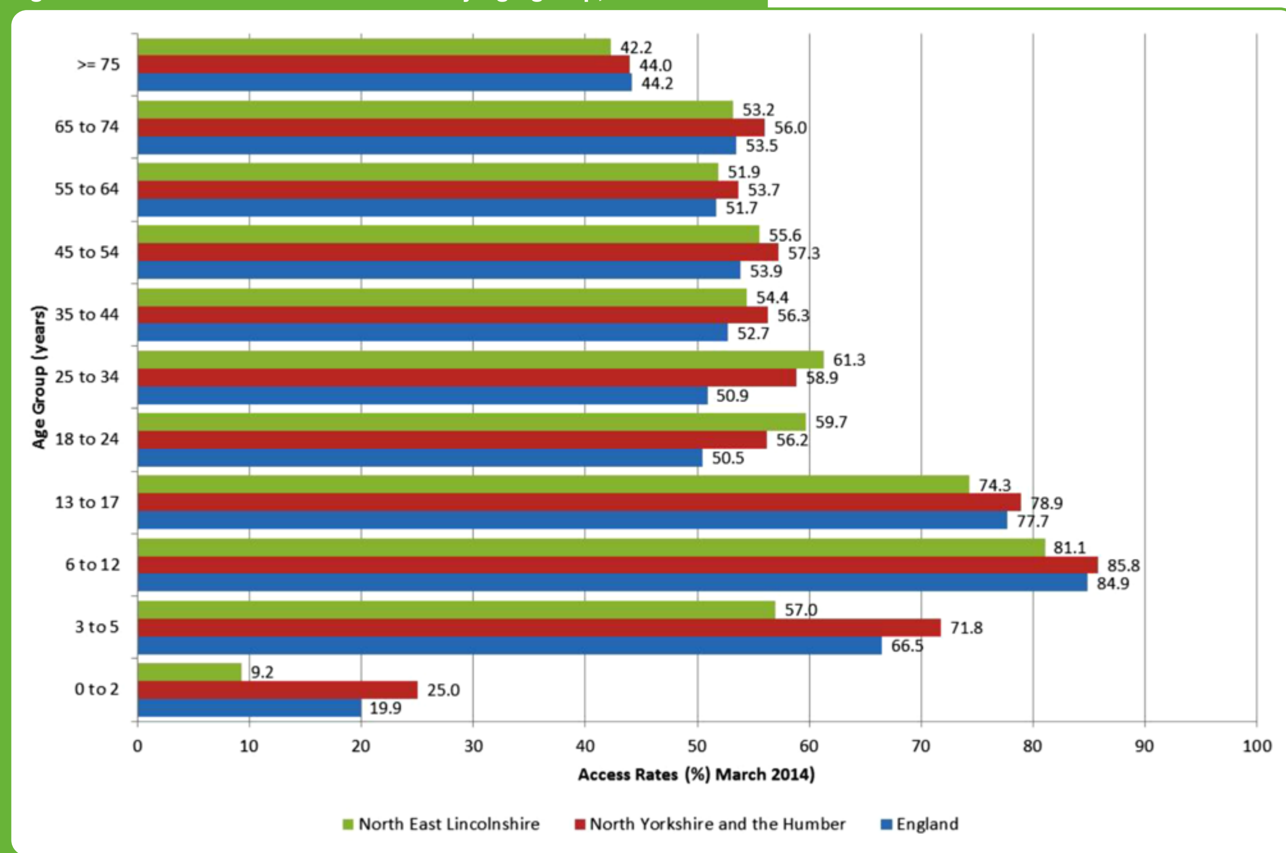
Health Nursery Nurses have received training from experienced food workers from the Developing Healthier Communities team, who have also developed a practical toolkit to aid the delivery of the sessions.

This model has been tested in Immingham with the Health Visiting Team and Family Hub to refine the training and practical sessions with feedback from local parents. It is anticipated that this model will be cascaded out to a further four family hubs in 2015/16.

Oral Health

Tooth decay is the most common oral disease affecting children and yet it is a largely preventable disease. Local authorities have a statutory responsibility to improve the oral health of their population. Dental access rates presented in Figure 16 shows access rates by age group. In North East Lincolnshire 9.2% of 0-2 year olds accessed dental care, lower than the England average of 19.9% and the Yorkshire and Humber average of 25.0%.

Figure 16: Access to NHS dental care by age group, March 2014



Source: NHS BSA Information Centre

Low levels of dental attendance of young children means that opportunities for clinical prevention and advice are missed. It is important that oral health advice is integrated into the healthy child programme so that appropriate support and signposting is provided.

What the young reporters found out

Parent on current services available:

There is wide range of activities at the children's centre such as buggy fit, music and art based activities some of which are free, while others are paid for if they are put on by outside agencies. These work effectively and provide good interaction.

Parent on current services available:

There are many activities available through the children's centre. Support is very good, they help to meet new people, and bond with them, discuss situations with other parents and built a group of friends.

4.4 Immunisation in Children

There are routine vaccinations offered to children under 2 in the UK free of charge on the NHS see Box 2 .

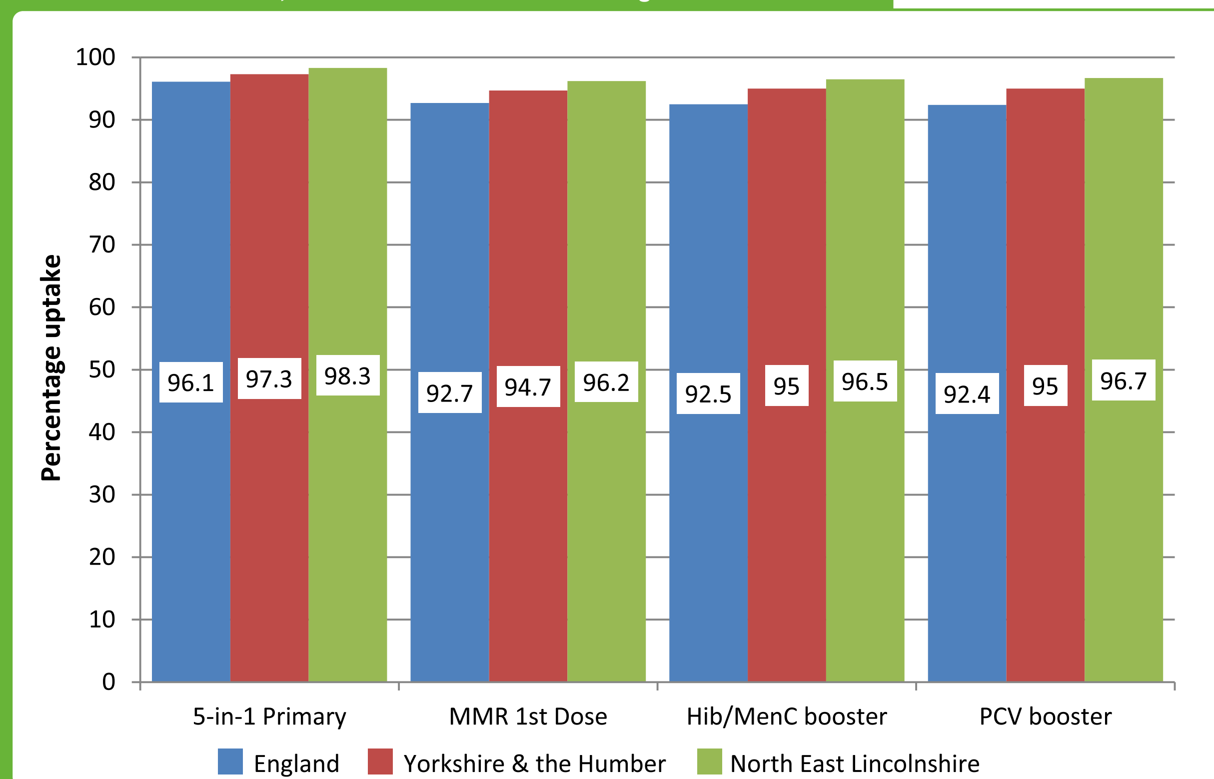
From September 2015 the Men B vaccine will be added to the routine childhood immunisation programme and will be given to babies at 2, 4 and 12 months of age. The Men B vaccine protects against meningitis caused by meningococcal type B bacteria (NHS Choices, 2014).

Uptake of the childhood immunisation programme in North East Lincolnshire is compared to Yorkshire and Humber and England in Figure 17. Ideally 95% uptake in the population ensures herd immunity, therefore preventing disease outbreaks. Uptake of routine childhood vaccines before the child's second birthday in North East Lincolnshire is high and above the national and regional average across all vaccines, all are also above 95%, see Figure 17.

Box 2: Childhood Vaccination Programme

- 5-in-1 vaccine which is given at 2, 3 and 4 months of age and protects against diphtheria, tetanus, whooping cough, polio and haemophilus influenza type b (Hib).
- Pneumococcal vaccine (PCV) is given at 2, 4 and 12-13 months of age and protects against some types of pneumococcal infection.
- Rotavirus vaccine is given at 2 and 3 months of age and protects against rotavirus.
- Men C vaccine is given at 3 months of age and protects against meningitis caused by meningococcal C bacteria.
- MMR vaccine is given at 12-13 months and protects against measles, mumps and rubella.
- Additionally a Hib/ Men C booster is given at 12-13 months of age and other boosters are given throughout childhood. The seasonal flu vaccine is offered as a nasal spray to all 2 year olds.

Figure 17: Percentage of children Immunised by their 2nd birthday 2013-14, North East Lincolnshire, Yorkshire and Humber and England.



Source: COVER. Copyright © 2014. Health and Social Care Information Centre. All rights reserved.
Figures reported by LA are for the LA responsible population and in some cases have been estimated.

The seasonal flu vaccination (SFV) has been available for 2 year olds since the 2013/14 flu season, it is available for all 2 year olds regardless of if they have a condition considering them to be in one of the at risk groups.

In the 2014/15 flu season, 35.7% of children aged 2 years received the SFV in North East Lincolnshire, slightly lower than the England average of 38.5% and lower than the North Yorkshire and Humber region average of 39.5%, ranking 3rd lowest regionally. The uptake of the SFV for 2 year olds who were in an at risk group was 56.5% in North East Lincolnshire.

4.6 Domestic Violence

Children brought up in homes where there is domestic violence are twice as likely to suffer child abuse and are at increased risk of receiving physical injury as well as experiencing anxiety and stress which can later present as psychological, anti-social or criminal problems (Wave Trust, 2013).

Tackling domestic abuse is a priority for all agencies within North East Lincolnshire. A 'one-system' approach has been adopted to encourage reporting of incidents, providing quality support to victims and reducing their potential of further harm to victims and other family members. The MARAC or multi-agency risk assessment conference response is adopted in those cases of highest risk to ensure a coordinated response between health, child protection and criminal justice agencies, as well as support from a range of statutory and voluntary sector specialists.

During 2014/15 there were 4,205 incidents of domestic violence reported within North East Lincolnshire resulting in 1,211 criminal offences recorded by police. The period from 1st April 2014 to 30th May 2015 indicates an 11.51% fall in the rate of incidents but a 3.14% increase in the number of offences recorded by police. Whilst 83.8% of reports are by female victims, 16.2% of victims are male.

The impact upon children and families is significant with 248 new open cases being referred for additional support to Children's Services. Safe housing is essential for victims and their families and during each year an average of 80 women and 90 children are accommodated by the local women's refuge.; additionally, 265 women are supported by Women's Aid through outreach each year.

4.7 Coping with Crying Pilot

In extreme cases a crying baby can cause parents to get stressed and harm their baby, the NSPCC in collaboration with health professionals and parents have developed a film to help parents care for a crying baby and reduce the risk of them becoming angry and injuring their baby. The pilot began in 2011 across 24 hospital and birthing units and was evaluated using information from 30,000 parents. In May 2014, North East Lincolnshire began the pilot. (NSPCC, 2015)

North East Lincolnshire currently has the highest percentage of families engaged with the Coping with Crying pilot out of all of the pilot sites across England. The pilot began in North East Lincolnshire in May 2014 and will run till October 2015. Between May 2014 and March 2015, 863 expectant parents viewed the Coping with Crying film in North East Lincolnshire children's centres, 28% of those who viewed the film were fathers. The majority (86%) of parents viewed the film on a one to one and 14% viewed the film in a Bump to Babies antenatal class.

Table 4:
Parents who have seen the coping with crying film in North East Lincolnshire Children's Centres, May 2014 to March 2015.

Children's Centre	No. seen film	% of NEL total
Queensway	49	6%
Nunsthorpe	50	6%
West Marsh	53	6%
Broadway	64	7%
Riverside	64	7%
Central	65	8%
Reynolds	85	10%
Immingham	91	11%
Scartho	109	13%
Highgate	116	13%
East Marsh	117	14%
Total NEL	**863**	**100%**

Family Nurse Partnership (FNP)

The Family Nurse Partnership offers vulnerable, first time mothers under the age of 20 an intensive programme designed to improve responsible caregiving, develop good bonds and attachments between parents and their children and improve outcomes for both mother and baby. Family Nurses use attachment theory to guide their work with FNP clients and have had positive outcomes which include preventing children being taken into care.

Family Nurse Partnership receives referrals primarily from the Midwifery Service for all eligible clients. Of these referrals FNP accepts about 20%, clients are offered the intensive programme over 2 and a half to 3 years. This service replaces the traditional Health Visiting Service for the child's first two years of life. The FNP service is commissioned (currently NHS England though this will transfer to the local authority in Autumn 2015) to deliver up 75 places to clients in North East Lincolnshire.

What the young reporters found out

Children's centre worker on how they support parents through conception to 2 : The centre aims to build relationships with parents up to the child reaching age 5, by providing clinics, activities and trying to give as much support via communication as we can. Discussing support and checking up on how things are going with the child through directly approaching the families.

Parent on what works well with the service: The wide variety of the services available that are available in a central place making it more accessible.

Children's centre worker on what services they offer: We currently offer services such as bump to baby, and speech & language therapy, activities for babies, early reading skills as well as others all aimed to help educate both children and parents together.

Consultant Midwife on what works well: FNP works really well and working within the children's centres is good as it means there is good communication between agencies to ensure families get a good range of support.

Consultant Midwife on how services will look in 5 years' time: Hopefully (in 5 years' time) there will be more FNP nurses, therefore more access to this programme for all young parents under 19 years rather than a specific few.

Consultant Midwife on how services could be improved: Have a dedicated centre for young parents with everything all under one roof access to health young people's support benefits housing social care and more provision for young parents who do not have support from their families where they can stay with their babies and learn life skills and parenting skills.

4.8 Children's Social Care

Referrals to children's social care services are recorded on the Children's Case Management (CCM) system. There were 338 referrals of children aged under 2 years to children's social services during 2014/15 which accounted for 18% of all child referrals. Referrals to children's social services by age and gender are detailed in Table 5 and Table 6.

Table 5:
Children aged <2 years referred to children's social services, 2012-13 to 2014-15

Age	2012-13	2013-14	2014-15
Unborn	183	172	94
0 to 1 year	321	208	132
1 to 2 years	267	220	112
Total	771	600	338
All child referrals	**4268**	**3074**	**1874**
Referrals <2 years as a % of all referrals	**18.1%**	**19.5%**	**18.0%**

Source: CCM NELC

Table 6:
Children aged <2 years referred to children's social services by gender, 2012-13 to 2014-15

Gender	2012-13	2013-14	2014-15
Female	356	303	173
Male	409	293	163
Unknown	6	4	2
Total	**771**	**600**	**338**

Source: CCM NELC

The number of referrals of children aged under 2 years to children's social services reduced from 771 referrals in 2012-13, to 600 referrals in 2013-14, and reduced further to 338 referrals in 2014-15. A factor contributing to this decreased number of referrals to children's social services is the success of early intervention activities like the Common Assessment Framework (CAF), which utilises partnership working to intervene early and engage and work with families to reduce progressions to statutory interventions. An increased proportion of CAFs are being closed with positive outcomes hence there being a reduction in the number of CAF cases escalating to Child In Need. Just over 92% of children aged under 2 years referred to children's services between 2012-13 and 2014-15 were White British.

All referrals are allocated a Department for Education (DfE) referral client category on assessment. Referrals to children's social services by referral category are detailed in Table 7.

Table 7:
Children aged <2 years referred to children's social services by referral category, 2012-13 to 2014-15

Referral Client Category	2012-13	2013-14	2014-15
Child in Need - Neglect	197	184	92
Child in Need - Physical	122	116	52
Child in Need - Sexual	35	31	34
Child in Need - Emotional	39	55	22
Child in Need - Multiple	94	47	13
Disability	<5	0	<5
Parental Illness - Alcoholic	5	11	<5
Parental Illness - Drug Abuse	27	29	9
Parental Illness - Mentally Ill	12	17	14
Parental Illness - Other	10	<5	6
Family Stress	6	<5	<5
Family Dysfunction - Domestic Violence	172	84	63
Domestic Dysfunction - Other	5	<5	0
Other	<5	6	<5
Not recorded	41	13	24
Total	**771**	**600**	**338**

Source: CCM NELC

The predominant reasons for referral to children's social services are due to neglect, domestic violence, and physical abuse.

Figures for 14/15 are not yet validated we are currently compiling the Children In Need (CIN) census and the key component of this is identifying gaps in recording. By the end of July (deadline for CIN census) validated figures will be available. Figures have partly reduced due to investment in early help (CAF).

Troubled Families

The Troubled Families programme began in North East Lincolnshire in 2011.

Troubled Families are families with multiple, complex needs, such as; committing anti-social behaviour and crime, not attending school and worklessness.

Within North East Lincolnshire, if there is a child between the age of 0-2 years old within a 'Troubled Family', the child's needs will be taken into account and addressed as part of a holistic family plan.

Key Points - Developmental Factors 0-2 years

- Local rates of breastfeeding initiation and continuation remain statistically significantly worse than the regional and national averages.
- Viral infections and respiratory problems were the most common reasons for admission to hospital in children under 2 years.
- Respiratory conditions in particular, account for a large number of admissions in this age group.
- Uptake of childhood immunisations by age 2 in NEL are higher than in England and Y&H.
- Predominant reasons for referral to social services for children under 2 years are neglect, domestic violence and physical abuse.
- The 14/15 CCM figures have halved since 2012/13, data is waiting validation however it is thought that the reduction may partly be due to the investment in CAF.
- NEL has a lower rate of stillbirth and infant mortality than the England average.
- North East Lincolnshire currently has the highest percentage of families engaged with the Coping with Crying pilot out of all of the pilot sites across England.
- In North East Lincolnshire 9.2% of 0-2 year olds accessed dental care, lower than the England average of 19.9% and the Yorkshire and Humber average of 25.0%.

Recommendations - Developmental Factors 0-2 years

As part of the transfer process to local government to ensure effective action to identify and address the needs of those expectant parents and very young children who are most at risk of poor outcomes can be taken through the full delivery of the prevention and early intervention strategy, the Healthy Child Programme and targeted work through children's centres.

To consider the development of an anticipatory risk assessment process to identify potential candidates for intervention prior to pregnancy to develop resilience skills and self-confidence.

To consider a social media approach in collaboration with key communities to progress a zero tolerance culture within the local population on domestic violence.

To ensure that women are provided opportunities to share their experience and seek support through contact with health services. To support this approach with workforce development to heighten awareness of health issues that are associated with domestic violence.

To ensure we are investing in evidence based parenting programmes and targeting interventions early and to those families who will benefit the most.

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6. Glossary

Acute obstructive laryngitis (croup)
A common childhood ailment, arising from a viral infection of the larynx (voice box).

Acute perinatal mental health disorders
Severe mental health disorders which can cause complications during pregnancy and/or the year following birth.

"Age of Opportunity" commissioning framework
A framework for local area service commissioners, outlining the components involved in improving child development outcomes and the importance of early intervention/ local support in early childhood.

Eleanor Centre: a base for Navigo
A base for Navigo. Navigo is a non-profit social enterprise that provides a wide range of health and social care services, including local mental health services, across North East Lincolnshire.

Gestation
The carrying of a foetus.

Legionnaires disease
A form of bacterial pneumonia, spread mainly by water droplets through air conditioning and similar systems.

Neonatal
Relates to the first 28 days of a new-born infant's life.

Open Minds
Provides care and support for people aged over 16 who are experiencing common mental health problems, such as stress, depression and anxiety.

Perinatal
The period immediately before and after birth.

Pertussis (whooping cough)
A highly contagious respiratory disease, with symptoms initially similar to the common cold, followed by severe coughing fits.

Post-partum haemorrhage
The loss of more than 500ml of blood within the first 24 hours after childbirth.

Pre-eclampsia
A condition that affects some pregnant women, usually during the second half of pregnancy (from around 20 weeks) or soon after their baby is delivered.

Public Health Outcomes Framework
Sets out a vision for public health, including desired outcomes and indicators that will help understand how well public health is being improved/protected. (See http://www.phoutcomes.info/)

Thromboembolism
Formation of a clot in a blood vessel that breaks loose and is carried by the blood stream to block another blood vessel.

Unitary Authority
A type of local authority that has a single tier and is responsible for all local government functions.

The Young Reporters initiative
12-19 year-old reporters working in partnership with the Grimsby Telegraph.

1999 Teenage Pregnancy Strategy
A strategy implemented to reduce teenage pregnancy and reduce social exclusion for teenagers and their children.

The Best Start in Life Conception to 2 Years

DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT
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Public Health
North East Lincolnshire Council
Municipal Offices
Town Hall Square
Grimsby
DN31 1HU

NHS
North East Lincolnshire
Clinical Commissioning Group

NORTH EAST LINCOLNSHIRE COUNCIL
www.nelincs.gov.uk