APPENDIX B

HEALTH SCRUTINY PANEL
CHILDREN WITH COMPLEX NEEDS – ACTION PLAN

10 SEPTEMBER 2013

SCRUTINY RECOMMENDATION	PROPOSED ACTION	BY WHOM	BUDGET COST	TIMESCALE
1. The Health and Wellbeing Board should develop a new and redesigned stop smoking service, which has sufficient capacity and expertise to take on the sizeable and difficult task ahead of it. The service's formulation and structure is a matter for management, after considering the evidence around need and necessary capacity. Nonetheless, from a political point of view, the Panel considers that the service should have the following aspects: 1.1 To be sufficiently assertive to contact every pregnant woman in the town and ascertain their smoking status 1.2 If smoking status is confirmed, the expectant mother should be provided with a key worker, perhaps this could be their named community midwife, to offer support through the stop smoking services. The Panel considers having a key worker may reduce the numbers of those 'lost to follow up'.	Whilst it is not the role of Health and Wellbeing Board to design services, the Public Health Team are: a) reviewing the existing model of delivering stop smoking services across Middlesbrough and a new model will be in place for March 2014. Key target areas for the new service model include: - Detailed work to understand of the barriers to accessing services and actions to address these factors - Increasing access to stop smoking services for young People - Increasing uptake and access to stop smoking services for pregnant women and their families - Increasing uptake and access to stop smoking services for patients with long term	Director of public health		April 2014

1.3 The new Stop Smoking Service should make a specific, structured effort to work with the partners and families of pregnant women, in an attempt to alter the home environment to help the pregnant woman stop smoking 1.4 For this to happen, people need to have accessible clinics in the communities most affected by tobacco use in pregnancy, at times and locations that match local demand. It should certainly be the case that there should be an accessible service, both in times and location, for every ward that is judged to need it. 1.5 If judged to be necessary, after considering all available evidence, smoking cessation classes should also provide a crèche facility, to eliminate a lack of childcare as a reason for expectant mothers not being able to attend. 1.6 Detailed consideration should also be given to the feasibility of the service including in its remit, all harmful substances which can consumed in pregnancy and potentially damage the unborn child. 1.7 The Panel would suggest that detailed social marketing is undertaken to	conditions and pre and post - operative patients b) To increase the delivery of lifestyle and behaviour change services through the universal services i.e. GP practices, community pharmacies and acute NHS trusts. c) Integrated approach to commissioning and service delivery to ensure healthy pregnancy (addressing preventable lifestyle risk factors) and best start in life (early years) for achieving a “Best Start in Life”. This would bring together key risk factors such as smoking in pregnancy, breast feeding, immunisation, nutrition etc under one commissioning intention and improve the customer journey.	South Tees Maternal Health Group		April 2014 April 2014

understand local need, in terms of times and accessibility, to enable good access to this service.				
2. That the local health and social care economy undertakes detailed analysis of all available evidence regarding the likely changes in population, aimed at producing a reliable set of data, regarding the number of children with complex needs in the future. This will be critical in planning educational, heath and social care capacity in the future.	a) Detailed analysis of available evidence on population changes, demands on services for children with complex health and social care needs, low birth weight and premature births, neonatal survival and outcomes and implications for health, social care and other related services be included in the JSNA work programme.	Director of public health		April 2014
3. That the local Health and Social Care Economy, with a specific focus on the Clinical Commissioning Group, prepares a strategy as to how it will take on the timely and equitable funding responsibility for EHSCPs and how they will be marketed to parents. The Panel would like to receive an update on this point in September 2013.	a) Multi-agency working groups for each of the key strands of the SEND reforms to be set up through the Middlesbrough Achievement Partnership to develop implementation plans. These groups will include representation from NHS commissioners and provider organisations.	Middlesbrough Achievement Partnership South Tees Clinical Commissioning Group		
4. That the Director of Public Health is supported in his efforts to increase the immunisation rates in Middlesbrough, by the full weight of the local authority. This should include the suggestion to schools that they provide assistance in offering facilities for immunisation programmes or associated catch up	a) NHS England Area team to develop an immunisation plan for Middlesbrough outlining actions to be taken to increase uptake of immunisation programmes as well as address the variation and inequity that exists at GP practice and ward levels.	NHS England Area team		December 2013

programmes. Evidence suggests that schools can be a very useful tool in reaching children requiring immunisations.	b) The implementation of the immunisation plan will be monitored by the public health delivery partnership and the director of public health.	Public health delivery partnership		December 2013
a. That the Directorate of Public Health takes on an area of work, aimed at understanding why there is such a divergence between rate of immunisations in Middlesbrough. This should have a focus on GP practice, as well as electoral wards.	c) An evaluation of the recent school based MMR catch up campaign carried out in response to the measles outbreak is currently underway and the findings will inform future ways of delivering immunisation programmes.	Tees measles outbreak committee and NHS England Area Team		October 2013
b. That the Director of Public Health reassess how long term child patients at hospitals receive their immunisations, with a view to ensuring that all long terms patients child patients at JCUH receive immunisations when due. The Panel considers it to be completely unacceptable that such a cohort is most at risk of not receiving their immunisations.	d) The director of public health will work closely with the clinical commissioning group and the NHS England Area Team to increase the uptake of opportunistic immunisations across primary care, secondary care and community services.	Director of public health		December 2013
c. That with the Health Scrutiny Panel's support, the Director of Public Health writes to the Secretary of State of Defence, seeking clarification around the immunisation support provided for the children of Armed Forces families	The director of public health to support scrutiny in writing the letter to seek clarification around the immunisation support provided for the children of Armed Forces families.	Director of public health		July 2013

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