Department of Health

Screening and the Public Health Inequalities Agenda

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National Support Teams
Engage Recommend Facilitate

Outline of presentation

- Health inequalities in infant mortality
- Health inequalities and screening
- The Infant Mortality National Support Team
- Emerging themes about screening from the National Support Team visits

Health inequalities in infant mortality

Acheson (1998)

The importance of mothers and children

There are many potentially beneficial interventions to reduce inequalities in health in adults of working age and older people, many of those with the best chance of reducing health inequalities… relate to… present and future mothers and children

Key Facts

- 2,127 babies born alive in England died in the neonatal period in 2007. That is 41 per week, six a day
- This is almost 50% more than the number of children in the UK diagnosed with cancer in 2007 (1,500)
- This is 50% more than the number of people who died from MRSA in 2007 (1593)
- This is eight times the number of people who were fatally stabbed in England and Wales in 2007/08 (270)

Source: Department of Health (2009) Toolkit for High-Quality Neonatal Services

Health inequalities infant mortality PSA target

'Starting with children under one year, by 2010 to reduce by at least 10% the gap in mortality between the routine and manual group and the population as a whole'

The baseline is 1997-99

Progress to achieving the target

Infant mortality by Socio-economic Group

England and Wales 1994 – 2007 and target and projection[1] for the year '2010'

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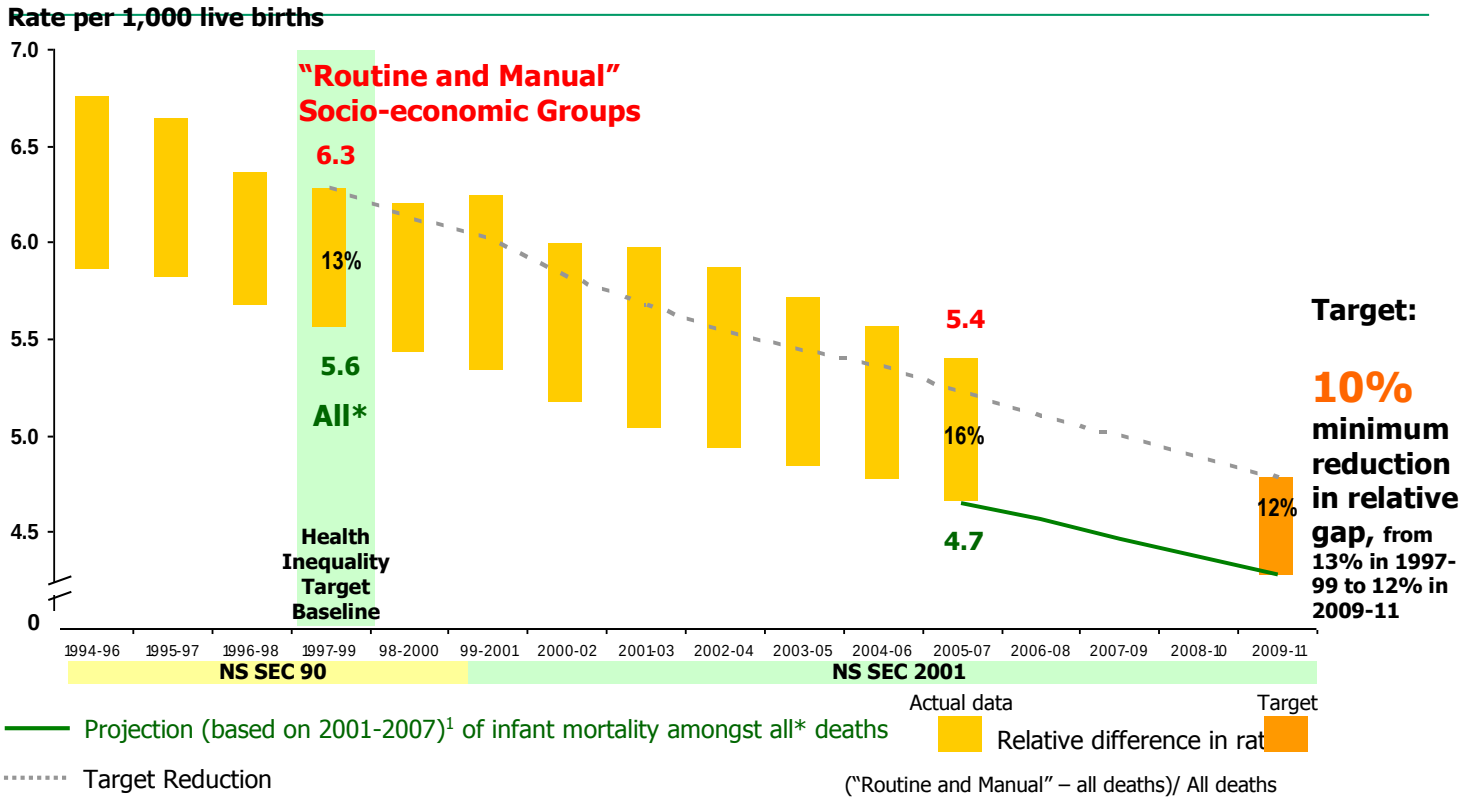


[1]Projection of data for the seven years 2001-2007, since NS SEC 2001 was introduced.

* "All" relate to inside marriage and joint registrations outside marriage, not including "social class not specified" for 1995 and 1999. Sole registration and unlinked births are exclude
Information on the father's occupation is not collected for births outside marriage if the father does not attend the registration of the baby's
Figures for live births are a 10 per cent sample coded for father's occupation.
Source: Office for National Statistics

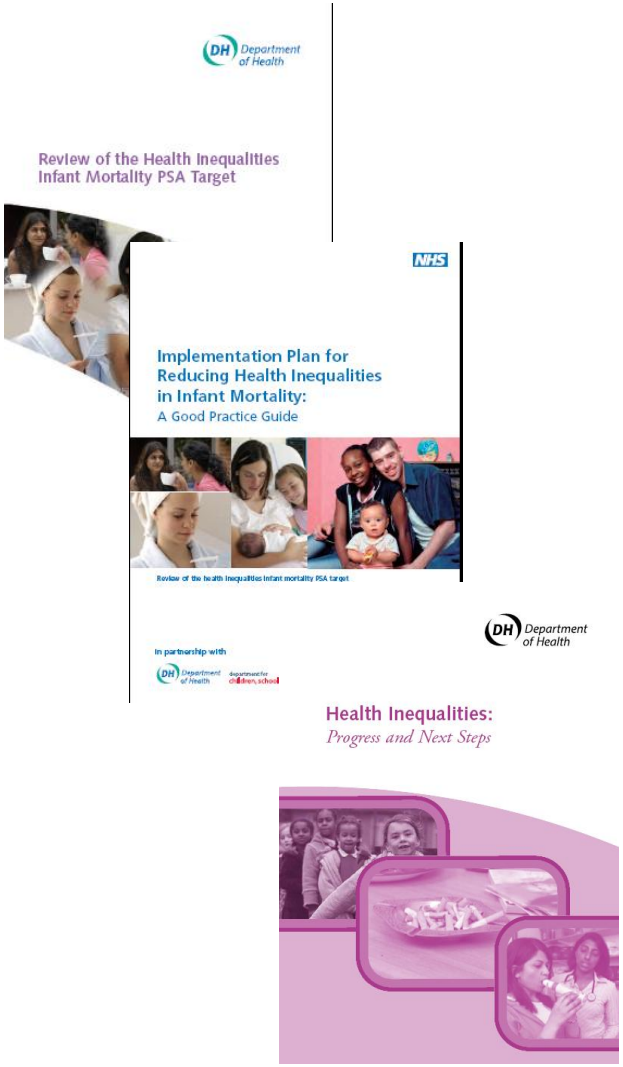
Health Improvement Analytical Team
HIAT Monitoring Unit

Health inequalities

- Review of the Health Inequalities Infant Mortality PSA Target (February 2007)

- Implementation Plan for Reducing Health Inequalities in Infant Mortality: A Good Practice Guide (December 2007)

- Infant Mortality NST launched in autumn 2008 as a commitment in Health Inequalities: Progress and Next Steps (June 2008)



Identifiable actions to reduce the 2002-04 gap in infant mortality

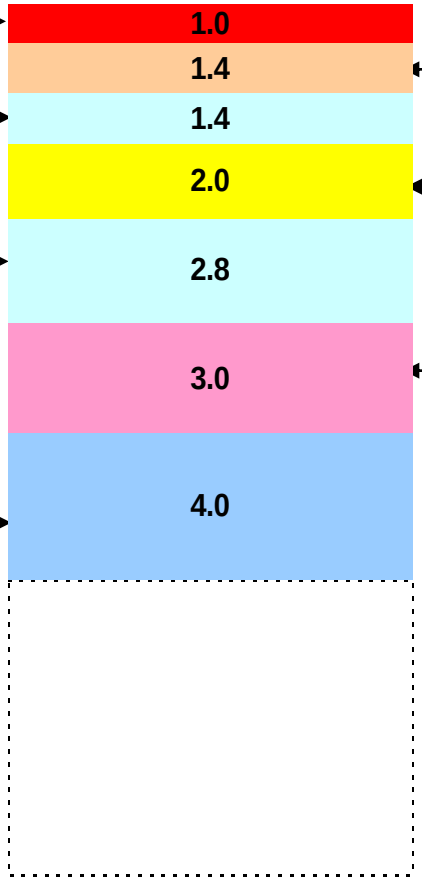
What would work | **Impact on the 2002-04 gap (percentage points)** | **What would work**

Reducing conceptions in under 18s in the R&M group by 44% to meet the target

Targeted interventions to prevent SUDI by 10% in the R&M group

Reducing the prevalence of obesity in the R&M group to 23%

Increasing the rate of breastfeeding initiation in the R&M group to those of the non-R&M group from 67% to 83%



Reducing overcrowding in the R&M group, through its effect on SUDI

Reducing the rate of smoking in pregnancy by two percentage points by 2010

Meeting the child poverty strategy

Immediate actions

Optimising preconception care

Early booking

Access to culturally sensitive healthcare

Reducing maternal and infant infections

Long-term actions

Improving maternal educational attainment

Updated October 2009

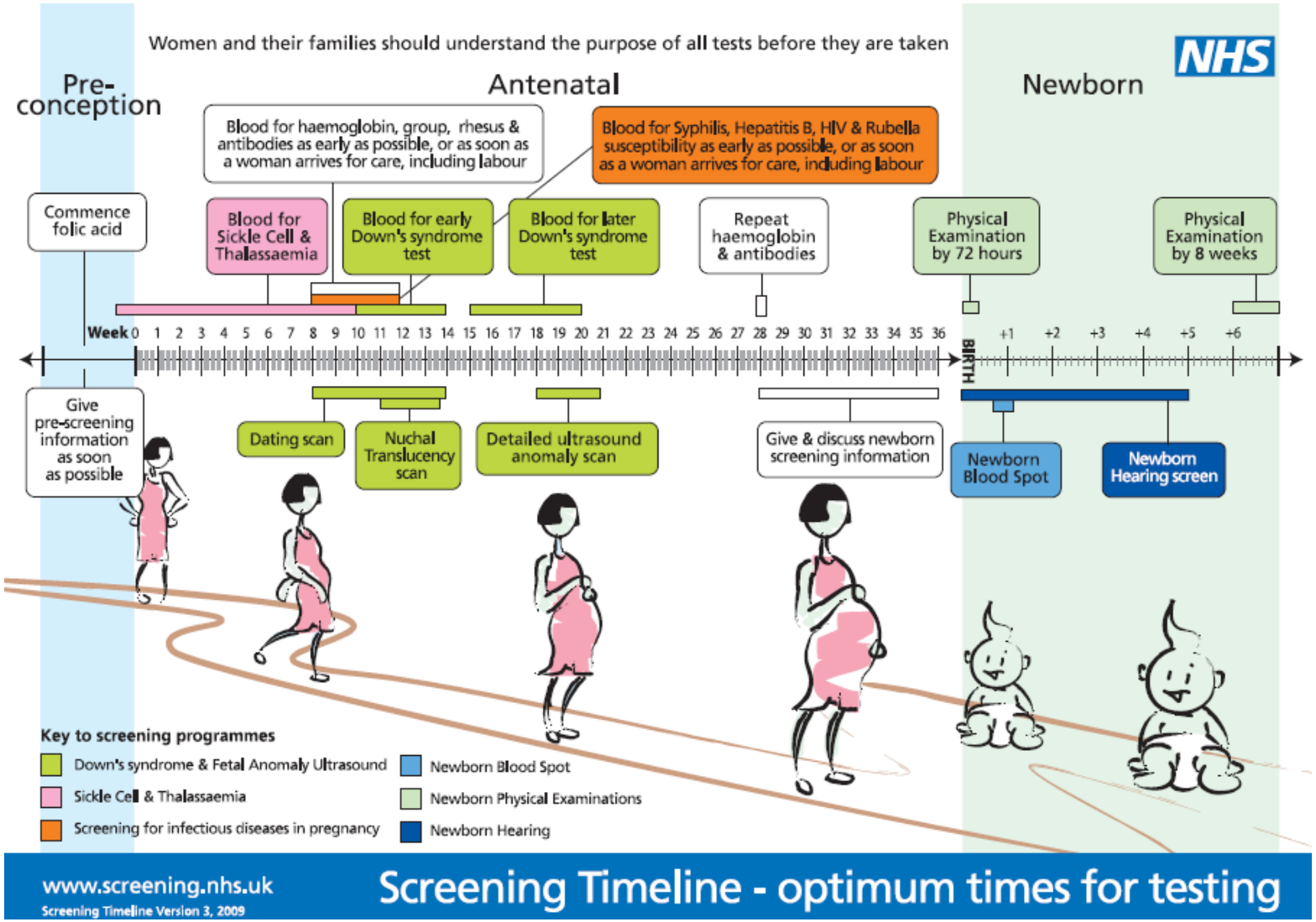
A comprehensive approach

Joining up with other programmes

Influences/Interventions	Links to other national priorities
Ethnicity	Theme throughout national priorities
Housing	PSA 20, Indicator 4: Housing
Immunisations	Vital Signs
Maternal and infant nutrition	PSA12, Indicator 1: Breastfeeding prevalence Vital Signs, WCC Top 10 Priority Health Outcome
Management of the feverish or unwell infant	NICE guidelines
Safeguarding children and SUDI	PSA 13: Improve children and young people's safety The Laming Report
Screening	PSA 19, Indicator 4: Health and social needs assessment by 12 completed weeks of pregnancy Vital Signs
Reducing tobacco use	PSA 18, Indicator 3: Prevalence of smoking Vital Signs, WCC Top 10 Priority Health Outcome
Reducing teenage pregnancy and supporting pregnant teenagers	PSA 14, Indicator 4: Under 18 conceptions Vital Signs, WCC Top 10 Priority Health Outcome

Health inequalities and screening

Screening programmes



Health inequalities and screening

- The development of screening services allowing for equal access is not only a legal requirement, but also an ethical obligation to the population that all antenatal and newborn screening programmes cover

- Antenatal and newborn screening of high-risk patients can reduce levels of health inequalities, but only as long as services are delivered in an acceptable and accessible manner

Antenatal screening

- Early booking by 10-12 weeks gestation allows for antenatal diagnosis and planned management

- Two main challenges:
  - Access: Women from black and minority ethnic (BME) groups and disadvantaged groups are more likely to book late (>20 weeks) for antenatal care
  - Informed choice: Substantial social and cultural inequalities exist in knowledge about antenatal screening

Antenatal screening

- Ensuring that women in the routine and manual group and BME groups book early and are able to access antenatal screening tests may help reduce health inequalities in infant mortality

Neonatal screening

- Newborn physical examination at birth and at six weeks and newborn bloodspot screening may prevent infant deaths by detecting life-threatening congenital anomalies (e.g. congenital heart disease and medium-chain acyl-coA dehydrogenase (MCADD) deficiency) before symptoms develop

- Screening for MCADD is estimated to prevent about 7-8 deaths in children under three years-old, acute serious illness would be prevented in another 15-22 cases and serious life-long neurological disability would be avoided in a few children

NHS sickle cell and thallasaemia screening programme

- Sickle cell and thalassaemia can affect anyone, but have a higher prevalence among specific, well defined BME groups
- Screening for sickle cell disease is likely to detect 300 cases per year and prevent 15 infant deaths per year
- Implementing haemoglobinopathy screening has the potential to impact on reducing health inequalities in BME groups, as these groups suffer from a higher than average rate of infant mortality

National Support Teams

National Support Teams
Engage Recommend Facilitate

What are National Support Teams?

- National Support Teams (NSTs) provide consultancy-style, expert and peer tailored delivery support to health partnerships in England – Primary Care Trusts (PCTs), NHS Trusts and Local Authorities

- NSTs use a systematic approach to explore the local context, identify challenges, highlight strengths, make recommendations for delivery and provide tailored support to an area that is having difficulties meeting a specific national target. The initial visit takes place over four days and follow up support continues over the course of a year

Current National Support Teams

• Sexual Health	from February 2006
• Tobacco Control	from March 2006
• Health Inequalities	from February 2007
• Teenage Pregnancy	from March 2007
• Childhood Obesity	from September 2007
• Alcohol Harm Reduction	from September 2008
• Infant Mortality	from December 2008
• Response to Sexual Violence	from December 2008
• Vaccination and Immunisation	from December 2009
• Children and Young People's Psychological Wellbeing and Mental Health	from December 2009

Infant Mortality National Support Team

IMNST

reducing inequalities in outcomes
for families, mothers and children

Aims of the Infant Mortality NST

- Help areas with the highest burden of infant mortality in the routine and manual (R&M) group (defined as 20 or more infant deaths in the R&M group over the three-year period of 2002-04) meet the health inequalities infant mortality PSA target

- Help areas reduce infant mortality in other disadvantaged populations e.g. teenage mothers, single parents, BME groups, the homeless and unemployed

Aims of the Infant Mortality NST

- Improve maternal and child health in local areas
- Gather and disseminate examples of good practice
- Promote and raise the profile of reducing infant mortality locally, nationally and internationally

What the Infant Mortality NST provides

- Initial visit over four days
- Systematic enquiry with key stakeholders on one to one basis and small group discussions on themes
- Immediate feedback identifying strengths, good practice, specific strategic recommendations and recommendations for each small group discussion
- Agreed support package over a period of time, delivered by the team or facilitated through other support processes nationally or regionally

Areas planned to visit

Local authority areas with 20 or more infant deaths in the routine and manual group from 2002 to 2004

Birmingham*
Blackburn with Darwen*
Bolton*
Bradford*
Brent
Bristol
Calderdale
Coventry*
Croydon
Derby
Doncaster*
Dudley
Ealing
East Riding of Yorkshire
Greenwich*
Hackney*
Haringey*
Kingston upon Hull*
Kirklees
Lambeth*
Leeds
Leicester*
Liverpool*
Luton
Manchester*
Medway Towns
Milton Keynes
Newham*
Northampton
Nottingham*
Oldham*
Portsmouth
Preston*
Rotherham*
Sandwell*
Sheffield
Southwark*
Stoke-on-Trent*
Sunderland*
Tower Hamlets*
Wakefield*
Walsall*
Wolverhampton*

**Spearhead areas*

Progress to date

- Initial focus on non spearhead PCTs, reviewed and changed to spearhead PCTs over the course of the year
- 15 visits carried out
- A typical report contains around 80-90 recommendations
- 96% of participants said that the IMNST visit provided the individual, partnership or organisation with a basis for further improvement
- Website: www.dh.gov.uk/en/Publichealth/Healthimprovement/NationalSupportTeams/Infantmortality/index.htm

Emerging themes about screening from the National Support Team visits

Themes from the screening small group discussion - Strengths

Care pathways

- Multi-agency, multi-disciplinary care pathways with clear roles and responsibilities

Training

- Established training programmes
- The production of newsletters to update staff about new developments in antenatal and neonatal screening

Themes from the screening small group discussion - Strengths

Access and support

- Community based screening services
- Screening counsellors

Communication

- Availability of information in a number of languages
- Access to interpreting services

Themes from the screening small group discussion - Recommendations

Leadership

- Appointing a screening coordinator

Care pathways

- The need for an overall screening framework to clarify current and developing antenatal and neonatal screening pathways
- The importance of multi-agency care pathways for families where abnormalities are detected during screening

Themes from the screening small group discussion - Recommendations

Service evaluation

- The importance of reviewing the characteristics of women who book late for antenatal care. This should inform a programme of outreach to women who are likely to book late to increase uptake of bookings by 12 weeks
- The need to evaluate the Down's Syndrome screening service and develop plans to implement the National Screening Committee's recommendations regarding Down's Syndrome screening
- The importance of evaluating the antenatal haemoglobinopathy screening programme in order to address any gaps in service provision

Any questions?

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