

## Health and Well-being Board

5 December 2016

### Infant Mortality<sup>1</sup> Task and Finish Work Group

#### 1. Purpose

The purpose of this report is to update the Health and Well-being Board on the progress made by the Infant Mortality Task and Finish Work Group since January 2016 and its change in role to an Infant Mortality Strategy Oversight Group

#### 2. Recommendations

2.1. That the HWB notes the content of the report from the Infant Mortality Strategy Oversight Group that includes the partnership infant mortality reduction strategy (summary of themes and key actions **Appendix A** pages 5-11 of this report)

2.2. That the HWB notes the intended change in role from the Infant Mortality Task and Finish Work Group to the Infant Mortality Strategy Oversight Group

2.3. That the HWB notes the work of the Infant Mortality Strategy Oversight Group to date and agrees how often it wishes to have reports on progress in the future.

#### 3. Report detail

##### 3.1 Infant Mortality Reduction in Walsall

Infant mortality (figure 1) and perinatal mortality (figure 2) have reduced in Walsall 2012/14 showing a consistent reduction in infant and peri natal mortality over the last 4 years

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<sup>1</sup> The death of a baby before his or her first birthday is called infant mortality. The *infant mortality rate* is an estimate of the number of infant deaths for every 1,000 live births.

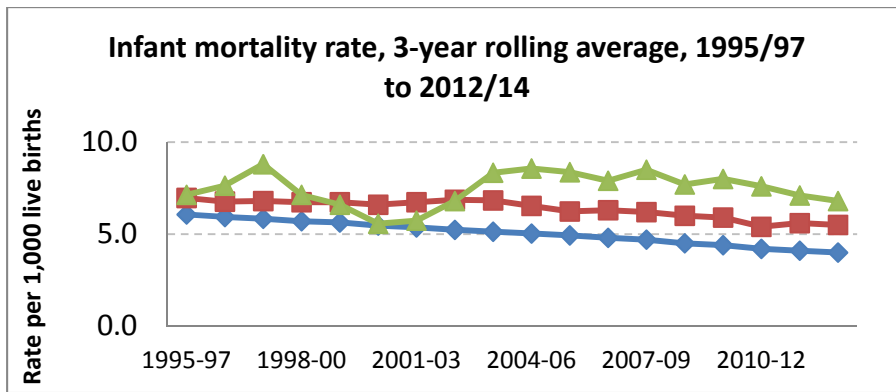


Figure 1

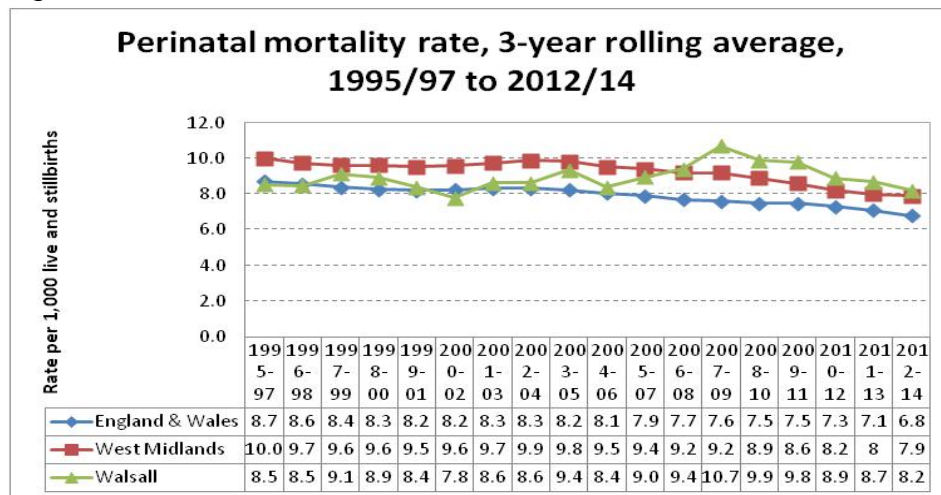


Figure 2

Figure 2 illustrates that perinatal mortality is now close to the Regional average

### 3.2 Key achievements in 2015/16

#### 3.2.2 Joint task group led by Health and Wellbeing Board and Children and Young People's Partnership Board

The Health and Wellbeing Board and Children and Young people's Partnership Board established a joint Task group to review the factors contributing to infant mortality and to review actions that have taken place since Walsall's infant mortality strategy 2010. This group met on multiple occasions over 2015/16 and reviewed infant mortality in Walsall in relation to the following themes:

- Lifestyle factors
- Wider determinants of health
- Emotional wellbeing and mental health
- Vulnerable parents

Following the review of the above issues, it was decided that this group would develop an Infant Mortality Strategy and support its development. The

suggestion was made that this group becomes a Strategy Oversight Group with new terms of reference.

### **3.2.3 Revised strategy for infant mortality**

In July 2016, the Task group ratified a revised Walsall wide infant mortality reduction strategy. This had multiagency commitment and is supported by prevention work across the Borough. (see summary of key objectives for each theme **Appendix A**). This strategy incorporates current evidence based work and recommendations of key national reports such as the Cumberledge Report, MBRRACE and the Government commitment to reduce infant mortality by 2020 as well as Engaging with Every Baby Counts (RCOG)

In particular the revised infant mortality strategy;

- i. Redoubles efforts to ensure that mothers have access to support services to minimise lifestyle risks in pregnancy
- ii. Ensures that all frontline services work together to promote the best start in life, including health visiting, children's centres, maternity services, paediatric services and the voluntary sector.
- iii. Ensures that mothers receive clear, consistent messages about healthy pregnancy which they are able to relate to.
- iv. Closely links with the CCG maternity strategy, particularly to ensure high quality maternity care for the women of Walsall

### **3.2.4 Strategy Governance**

The strategy will be monitored by the Strategy Oversight Group and will be subject to oversight from

- Health and Wellbeing Board
- Children and Young People's Board

Discussion has taken place with strategic leads in Walsall Healthcare Trust to gain support and to how to ensure whole staff adoption of the strategy.

### **3.2.5 Actions to embed infant mortality strategy**

- Key leads will review the strategy actions,
- identify which are to be achieved within the short, medium and long term
- Identify which would accord with a Learning Into Action approach of bottom up staff problem solving.
- Using a Learning Into Action approach, Leads will work with relevant staff to identify barriers and solutions and feed this back to the larger staff group

## **4. Key developments proposed for 2016/17**

Below are some of the key areas of development for 2016/17. A more detailed summary of actions for 2016/17 and subsequent years are included in **Appendix A**

#### **4.1 Maternal mental health**

- Development of a Maternal mental health multiagency pathway to support seamless support for women experiencing all levels of mental health issues.
- Training to promote this pathway to be offered to the wider partnership in 2017
- Intensive awareness training to be offered to all Health Visitors and midwives January to March 2017
- Setting up support groups for women experiencing mental health issues
- Establishment of a mental health champion in each Health Visiting tea team to support low level mental health support in the ante natal and post natal periods

#### **4.2 Ante natal visits**

- Establishment of a 28-32 week ante natal visit which offers women the opportunity to prepare for the birth of their child, discuss any concerns they might have and begin to build a relationship with their Health Visitor.
- Production of a film and app produced to support transition into parenthood which will be shown in all bases and downloadable on women's mobile devices

#### **4.3 Early Help**

- Health Visitors to take the lead professional role within Early Help and coordinate support for families with children under 5.
- Support for vulnerable families in place including support for those vulnerable parents most at risk from infant mortality eg. teen parents and care leavers.

#### **4.4 Healthy pregnancy service**

- Development of a new service within the 0-5 Health Visiting service which complements the support offered by the midwifery service. This service will commence 1.4.17
- This will address lifestyle risk in pregnancy and reduce the risk of infant mortality with women being seen as a minimum at every Trimester. At least one visit will be offered in the home.

#### **4.5 Support for vulnerable parents**

- Intensive support offered to all vulnerable parents and children under the age of 5. This includes supporting groups such as teen parents, care leavers, migrants and parents with mental health issues or learning difficulties to meet outcomes around the six high impact areas

#### **4.6 Communication campaigns to reduce Infant Mortality using Walsall Mommas approach (see appendix B)**

- Renewed SUDI campaign working with Walsall LSCB
- A Walsall Mommas film and app to support parents around transition to parenthood including offering advice on when to seek support and more targeted support aimed at parents experiencing domestic abuse or using drugs
- An app supporting families around reducing accidents and emergency admissions to hospital

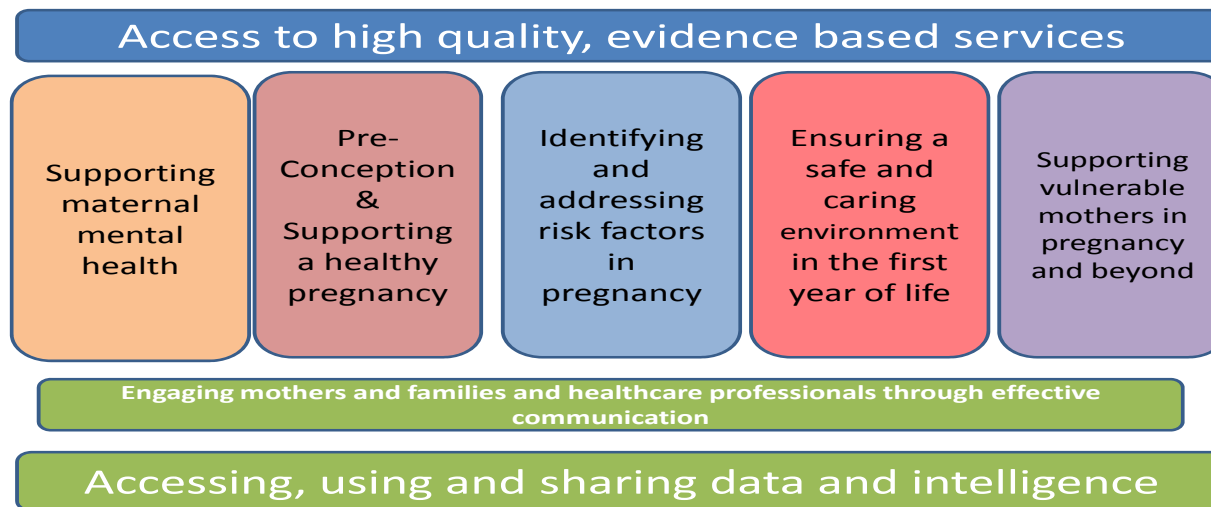
## APPENDIX A

### Draft Infant Mortality Strategy

#### The vision

- Walsall will have an infant mortality rate on par with national rates by 2020, reducing inequalities between different communities in the borough. We will work in partnership to ensure that women have a healthy pregnancy, and the first year of a child's life is safe and cared for.

### Priorities



## Maternal Mental Health

What has already been achieved?

- The development of Walsall Multiagency Perinatal Maternal Mental Health Pathway
- Use of transformation funding to :
  - Fund training for health visitors and midwives around perinatal mental health.
  - Fund community support groups for families who have suffered low level perinatal mental health issues, bereavement or traumatic birth.
- Development of the health visiting service to excel in the 6 high impact areas, with a focus on maternal mental health

### Priority actions for 2016/17

	Owner	Recommendation
1	Public Health	Work jointly with the CCG to improve communication pathways between health visitors, midwives and GPs
2	Maternity Services	Encourage women to discuss mental health issues at booking and throughout pregnancy . Ensure an understanding of the relationship between mental health, pregnancy and child development.
3	Maternity Services	Ensure appropriate referrals to maternal mental health services and that mental health discussions are documented
4	D&W MHT	Provide support to community perinatal mental health services and Walsall Health Care Trust maternity services
5	CCG	Ensure appropriately located specialist support to community perinatal mental health services, with significant investment in both to provide services that are able to meet need
6	NHS England	Ensure access to specialist services is available to meet the need of women in Walsall

## Pre-Conception care & Supporting Healthy Pregnancy

### What has already been achieved?

- Improved documenting of fetal movement advice
- Improving early access to maternity services
- An identified obstetrician for each team of midwives who can advise on issues as appropriate
- A significant increase in women having the flu jab in pregnancy
- An increased focus on a healthy pregnancy in the new 0-5 service to be procured from 2017

### Priority actions for 2016/17

	Owner	Recommendation
1	Public Health	Reduce the number of women who smoke at booking Reduce the number of women who smoke during in pregnancy, exploring strategies to reduce attrition rates for 4 and 12 week quits.
2	CCG	Ensure funding is available for a package of preconception care across Walsall (specialised eg diabetes, Mental Health)
3	Public Health	Reduce harmful lifestyle behaviours during pregnancy, working with the healthy pregnancy service
4	CCG/Public Health	Commission a genetic counselling service, working with frontline healthcare workers and community leaders to empower the local community to understand the consequences of consanguinity on infant mortality and morbidity and how they can be avoided.
5	Maternity Services	Collaborate with Public Health to produce a single on line resource for women, such as a web page or mobile phone app
6	Maternity Services	Ensure that the level of pregnancy risk is re-assessed frequently throughout pregnancy.
7	Children's Centres	Work with Public Health to take an active role in the promotion of messages around fetal movement, healthy eating, physical activity and healthy start
8	Housing Services	Private and council housing providers should ensure pregnant women are prioritised and put into appropriate housing



## Identifying and Addressing Risk Factors in Pregnancy

### What has been achieved so far

- An improvement to record keeping at WHCT
- Established a dedicated diabetes in pregnancy service including a diabetes specialist midwife post.
- Increased training for midwives around monitoring fetal growth
- Adoption of the SCOR risk assessment in the midwifery service
- Increase in the ratio of midwives to women

### Priority actions for 2016/17

	Owner	Recommendation
1	Trust Maternity	Increase awareness of importance of antenatal assessment and produce clear, individualised care plans reflecting medical, obstetric and social risk factors
2	Trust Maternity	Ensure all staff are trained in antenatal surveillance of fetal growth and the appropriate referral pathways and establishing rolling audit of performance (SGA/FGR detection rates)
3	Trust Maternity	Ensure ongoing training in intrapartum surveillance, CTG interpretation and timely escalation of problems. Ensure a buddy system is in place for review of CTG interpretation.
4	Trust Maternity	Ensure appropriate pathway for assessment and management of intrauterine growth restriction
5	CCG	Ensure sufficient resources are available for fetal growth assessment by ultrasound, according to RCOG and NHS England commission guidance
6	CCG	Support implementation of standardised reviews of adverse incidents
7	CCG	WHCT and Walsall CCG should work collaboratively to ensure rapid referral protocols are in place between professionals and across organisations to ensure that the woman and her baby can access more specialist care when they need it
8	CCG/Public Health	Ensure equity of service provision according to need

## Identifying and reducing risk factors in pregnancy

### What has been achieved so far

#### Priority actions for 2016/17

	Owner	Recommendation
1	Neonatal Care	Consultant paediatrician needs to have overall responsibility for the management of each neonatal case ensuring teams understand individual plans of care
2	Neonatal Care	Ensure pre-term infant transfer protocol is adhered to
3	Maternal and New-born Network	Help standardise assessment and management of neonates
4	Maternal and New-born Network	In line with the STP develop a geographical network for sharing intelligence and best practice, including a standardised peer review process of adverse outcomes
5	Trust Maternity/ Public Health	Ongoing training for health care professionals about the risk factors, prevention, advice and management of SUDI. Work with local partners to raise awareness in the community and develop effective resources.
6	Trust Maternity/ Children's directorate	Ensure growth status of neonates at delivery and other risk factors are assessed and shared with Health Visiting service and GPs
7	Public Health	Promote education on SIDS awareness including co sleeping
8	Public Health	Develop a health visiting service that focuses on the 6 high impact areas, at an individual and population level
9	Public Health	Improve communication between agencies so that post partum women are supported with services which they may have taken up through pregnancy
10	Public Health	Establish closer working between health and housing to reduce health inequalities in infant mortality

## Supporting vulnerable mothers through pregnancy and beyond

### What has already been achieved?

- The development of an effective evidence based vulnerable parents service, working with early help.
- Provision of supported and coordinated care throughout pregnancy to women who misuse substances
- Provision of an accessible antenatal care service that is sensitive to the needs of individual women and the local community
- An increased focus on supporting all vulnerable pregnant women within the 0-5 service to be delivered from 2017

### Priority actions for 2016/17

	Owner	Recommendation
1	Public Health	Maintain clear pathways for interagency working with high risk families <sup>1</sup>
2	Public Health	Link with the parenting strategy to reduce the number of looked after children in Walsall
3	Maternity Services	Ensure migrant women, asylum seekers and refugees have access to an equitable antenatal service which meets their needs
4	Maternity Services	Ensure equitable antenatal care is provided to women with learning disabilities / care leavers
5	CCG	Evaluate how well mother and infant immunisation services are accessed by disadvantaged groups/vulnerable children
6	Housing Services	Explore how multiple housing agencies can be supported to sign post families that need support into local services
7	Children's Centres	Ensure children's centre staff are fully engaged with those services who work with vulnerable parents

In order to support the strategy, the following will also be ensured

- Raising Awareness
  - Co-ordinated campaigns
  - Genetic Literacy
  - Culturally Relevant resources
- Workforce Development
  - Multi professional training
  - Integrated working
- Development of networks
  - Shared learning
- Data sharing and Information Governance
  - High quality data to monitor performance and quality
  - IG not a barrier to care

## **Appendix B**

### **Communication Mechanisms**

The Infant Mortality Strategy emphasises the importance of communication across all themes. In particular, the Walsall Mommas brand will be used to promote messages to support health in pregnancy and the first year of life

### **Development of the Walsall Momma's programme**

The Walsall Mommas brand was developed in response to an analysis around the communication needs of pregnant women in Walsall. This identified that

- Women listen mainly to other family members
- Women value person to person advice, given by people who they can relate to. Pregnant women want to hear advice from other women who have been pregnant, and who appear more knowledgeable than they are, which usually means older
- Women do not always want to hear medical language, or be given impersonal messages in a leaflet
- Women are receiving mixed messages – e.g. midwife vs. 'Nan' or internet searches leading to disreputable sites
- Women are bombarded with conflicting advice and often listen to the wrong person

Based on this knowledge, a series of films and apps are being developed using the Walsall Mommas brand to deliver information that supports infant mortality reduction.

Film 1 focussed on safe sleep as part of SUDI reduction including the importance of no one in the household smoking around the baby. This was completed in June 2015 and has been positively evaluated by midwives, health visitors and Walsall women.

Film 2 highlights the importance of monitoring fetal movements in pregnancy in order to increase the number of women seeking support early to reduce peri natal mortality.

#### **Walsall Mommas - Future Plans**

Film and app 3 will support transition to parenthood and will be available April 2017

Film 4 will support reducing emergency admissions and reducing minor illnesses

Film 5 will support maternal mental health and be available September 2017

I Pads have been bought for each health visitor base to support sharing the Walsall Momma information with parents. The films also play on a loop in GP surgeries and in the antenatal clinic and women are encouraged to download the films onto their mobile devices from [www.walsallhealthcare.nhs.uk/safe-sleep.aspx](http://www.walsallhealthcare.nhs.uk/safe-sleep.aspx)

## **5 Flu Fairies**

Based on the knowledge that flu Immunisation was low in women during pregnancy in Walsall in 2014, a communication campaign was established to encourage women to have their jab. As a result uptake has increased significantly and flu immunisation is now being offered by midwives in Walsall Healthcare Trust to further increase uptake. In addition Flu Fairies have been visiting the Walsall Manor Ante Natal clinic to raise awareness of the importance of flu immunisation and signpost pregnant women to the midwifery flu clinic