Agenda Item No: **15**

CITY OF WOLVERHAMPTON COUNCIL

Cabinet Meeting

22 July 2015

Report title	Scrutiny Review of Infant Mortality
Decision designation	AMBER
Cabinet member to give management response	Councillor Sandra Samuels Public Health and Wellbeing
Key decision	Yes
In forward plan	Yes
Wards affected	All
Review Chair	Cllr Claire Darke
Review Members	Cllr Phil Bateman Cllr Ian Claymore Cllr Judith Rowley Cllr Wendy Thompson Cllr Burt Turner Cllr Richard Whitehouse Cllr Patricia Patten Cllr Dr Mike Hardacre Cllr Rita Potter
Lead Scrutiny Review Officer	Earl Piggott-Smith Tel. Office: 01902 551251 E-mail: earl.piggott-smith@wolverhampton.gov.uk
Link Officer	Ros Jervis Service Director - Public Health and Wellbeing Tel. Office: 01902 553053 E-mail: ros.jervis@wolverhampton.gov.uk
Report to be/has been considered by	Strategic Executive Board 26 May 2015 Executive Team 20 June 2015

Recommendations for action or decision:

The Cabinet is recommended to:

1. Receive the report of the Scrutiny Review of Infant Mortality attached at **Appendix 1** and consider the following recommendations from the review:

The importance of co-ordinating local efforts to tackle the underlying causes of infant mortality in Wolverhampton

1. The Service Director- Public Health and Wellbeing to be responsible for collating a coordinated response from the officers responsible for the following recommendations listed below. The Service Director to present a report to Scrutiny Board with details of progress in implementing all the accepted recommendations. The Scrutiny Board report to be presented to the Infant Mortality Working Group for information and comment:

   a) Royal Wolverhampton NHS Trust to coordinate a response from the maternity, healthy lifestyles and health visiting services which details specific actions aimed at reducing the percentage of pregnant women setting a smoking quit date, where the results are either not known or lost to follow up. The report to include details of the take-up rate of nicotine replacement therapy and the number who have set a quit date.

   b) Royal Wolverhampton NHS Trust to coordinate a report from maternity, healthy lifestyles and health visiting services on progress in the use and results of carbon monoxide testing of pregnant women at every contact. The report to include feedback from pregnant women recorded as smoking and subsequently referred, about their experiences of the stop smoking service.

   c) Royal Wolverhampton NHS Trust to present a report on a review of effective interventions aimed at reducing the numbers of women smoking during and after pregnancy.

   d) The lead officer for infant mortality at Wolverhampton Clinical Commissioning Group (CCG) to report on current commissioning arrangements and the extent to which services for pregnancy and infancy are delivering the right mix of enhanced and targeted interventions for pregnant women, particularly vulnerable women considered to be at risk.

   e) A report on the benefits of providing a Pepi-Pod crib or similar alternative cot in Wolverhampton. A report of the potential value of using a mobile phone app for parents and parents-to-be with personalised information and content approved by doctors and midwives that spans from pregnancy right through to the first six months after birth.

      The schemes, if introduced, should be initially targeted a vulnerable women and the findings published with recommendations about a possible future roll out across the City.

f) The Service Director – Public Health and Wellbeing to work with lead officers from key partners to discuss proposals to make best use of available local intelligence in order to help with the early identification of vulnerable pregnant women and provide appropriate targeted interventions that can support them. The findings to be shared with the Wolverhampton Health and Wellbeing Board, Wolverhampton CCG Governing Body and the Infant Mortality Working Group.

g) To invite Directors of Public Health across the West Midlands region to share examples of best practice in respect of delivering an effective smoking cessation programme to pregnant women and to discuss further opportunities to promote the adoption of best practice across the region.

h) The Service Director – Public Health and Wellbeing and the Chair of the Child Death Overview Panel (CDOP) to jointly report on progress in recruiting staff to collate current and future statistics. Analysis of comparative data at a regional level to be included in future annual reports.

i) The Chair of the Child Death Overview Panel (CDOP) to publish the annual report for Wolverhampton prominently on the Council's website and also shared with key local agencies to promote good practice and improve the quality of local intelligence.

j) The Service Director- Public Health and Wellbeing to report on outcome of review of the national funding formula for 2016/17. (The formula is used to calculate the number of health visitors that an area needs to deliver safe and effective services.)

2. Wolverhampton Clinical Commissioning Group (CCG) and the Service Director - Public Health and Wellbeing to agree a programme of work that supports enhanced targeted interventions for high risk families or vulnerable mothers with new babies identified by maternity services; including advice on contraception to avoid unplanned early repeat pregnancy, and support pregnancy spacing. This should include post natal support in the first few weeks of life aimed at parent education and support to reduce the risk of infant death after discharge from the neonatal unit/post natal ward.

3. The Black Country clinical representative of West Midlands Maternity and Children's Strategic Clinical Network in discussion with representatives of SSBC Newborn and Maternity Networks to jointly present a report to the Infant Mortality Working Group regarding care pathways for anticipated extreme preterm births.

   The report to include an update on work towards improving survival rates for this cohort and also progress on the outcome of discussions with West Midlands Ambulance Services about improving care pathways for intrauterine transfers of pregnant women in preterm labour. The overall aim of the policy is for pregnant women in preterm labour to be taken to the most appropriate hospital for the safe delivery and on-going care of their baby.

A strategic and co-ordinated response to tackle the modifiable causes of infant mortality in Wolverhampton and also respond to the challenges of dealing with the effects of poverty and deprivation.

4. The review group endorse the recommendations of the Infant Mortality Working Group Action Plan 2015 – 2018. A joint report to be presented by the lead officer for infant mortality at Wolverhampton CCG and Public Health to the Wolverhampton Health and Wellbeing Board on a six monthly basis on progress and achievements against recommendations accepted in the Infant Mortality Action Plan.

   The Service Director - Public Health and Wellbeing to ensure the action plan is reviewed and updated to include emerging risks and further services changes. The findings to be shared with all key partner agencies.

5. The findings and progress of the Infant Mortality Working Group to be shared with organisations with a special interest in reducing the number of child deaths, for example, the Child Death Overview Panel (CDOP), SANDS (SANDS is a stillbirth and neonatal death charity), BLISS (BLISS is a charity that exists to ensure that all babies born too soon, too small or too sick in the UK have the best possible chance of survival and of reaching their full potential.) and the Lullaby Trust (The Lullaby Trust provides specialist support for bereaved families, promotes expert advice on safer baby sleep and raises awareness on sudden infant death) for comment.

   Representatives to be invited to comment on progress and invited to share learning locally and nationally on further improvements in the co-ordination of care from a neonatal setting, to home and whether there are any specific recommendations to build on good practice.

6. The Service Director – Public Health and Wellbeing to draft terms of reference and agree membership for a task and finish group to review vulnerable pregnant women's care pathway; particularly those involving drugs, alcohol, domestic abuse or long term mental health issues. A report of the findings to be reported to the Health and Wellbeing Board and Scrutiny Board.

Changing practices and policies and apply learning based on reliable evidence as to their impact and effectiveness in reducing the rate of infant mortality

7. Royal Wolverhampton NHS Trust to provide a detailed response to the NICE published guidance that all NHS hospitals and clinics should become completely smoke-free zones and to set out detailed proposals for implementation and a timetable for achieving this to be presented to a meeting of the Health and Wellbeing Board.

8. The lead officer for infant mortality at Wolverhampton CCG to consider the availability of genetic screening and counselling support across Wolverhampton and to raise awareness generally of the service. The findings to be presented to the Health Scrutiny Panel

9. Service Director - Public Health and Wellbeing, to work with partner agencies to create a public resource document similar to Bradford's 'Every Baby Matters' which explains the risk factors and provides practical advice and support that can help reduce the numbers of avoidable deaths of babies.

   The resource should be built into any planned public awareness campaigns and include details of the impact of lifestyle behaviours, such as smoking and alcohol that increases the risks of child dying. The document should promote positive health messages and signpost families to sources of available support and useful information.

10. All newly elected Councillors to be given a briefing on the issue of infant mortality in Wolverhampton and the practical advice and information they can give when they meet people as part of their work. This should be presented as briefing of the key health messages and the main risks including sofa/bed-sharing, as well as smoking and alcohol in the lifestyle behaviours.

11. Service Director - Public Health and Wellbeing to report on progress in resolving the issue of getting access to personal confidential health data needed to assess the effectiveness of changes introduced to reduce the infant mortality rate.

12. The scrutiny review of infant mortality report to be sent to Wolverhampton CCG, Royal Wolverhampton NHS Trust and CDOP for information and comment. A progress report on those recommendations accepted by the Cabinet is reported to the Wolverhampton Health and Wellbeing Board in 6 months. The report recommendations to be tracked and monitored by Scrutiny Board at the same time.

2. Approve the Executive response to the review recommendations set out in Appendix 2

3. Refer the Cabinet response to Scrutiny Board for them to monitor the implementation of the agreed recommendations.

1.0 Purpose

1.1 To bring to the attention of Cabinet the findings and recommendations of the review (**Appendix 1**) and to agree the executive response. (**Appendix 2**).

2.0 Background

2.1 At the annual health scrutiny annual work planning event 5.6.14 Councillors and Co-opted Members suggested “Infant Mortality” as a subject matter which could benefit from a scrutiny review. The review was chaired by Cllr Claire Darke.

2.2 The National Child Health Profiles published in March 2014 reported that Wolverhampton has the highest rate of infant mortality in England. The average rate of infant mortality between 2010 and 2012 is 7.7 deaths per 1,000 live births compared to the England average of 4.3 deaths per 1,000 live births.

2.3 For the purpose of the review the following definition of infant mortality will be used - the death of a live born baby within the first year of life. The issue of child infant mortality is a priority nationally and locally.

2.4 The review group considered written and documentary evidence from a range of expert witnesses, both internal and external, to better understand the issue. The review group investigated the work being done by different partner agencies to support efforts to reduce the numbers of babies dying in Wolverhampton. The review group were given a detailed intelligence briefing by Public Health.

2.5 The review group visited Royal Wolverhampton NHS Trust Neonatal Unit on 30 January 2015 for a tour of the site and a briefing about the factors contributing to mortality and the response of the service.

3.0 Discussion

3.1 The report focused on a number of issues linked to understanding the causes of infant mortality and the factors contributing to Wolverhampton having the highest rate of child informality in England. The report invited witnesses to outline their understanding of the causes of child infant mortality, the work being to reduce the risks and suggestions about what more could be done to improve the situation.

4.0 Financial implications

4.1 It is anticipated that the implementation of the review recommendations will be achievable within existing staff resources. However, implementing the review recommendations may require existing resources to be reprioritised. [JF/09062015/E]

5.0 Legal implications

5.1 There are no legal implications linked to the recommendations from the review. [TC/03062015/H]

6.0 Equalities implications

6.1 There are no direct equalities implications arising from the findings or recommendations in this report. However, the equalities implications of the recommendations will be considered throughout the municipal year.

7.0 Environmental implications

7.1 There are no environmental implications linked to the recommendations from the review

8.0 Human resources implications

8.1 There are no human resources implications arising from the recommendations of the review.

9.0 Corporate landlord implications

9.1 There are no corporate landlord implications arising from the recommendations of the review.

10.0 Schedule of background papers

10.1 None