Executive response: **Scrutiny Review of Infant Mortality**

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

Recommendation 1

1. The Service Director- Public Health and Wellbeing to be responsible for collating a coordinated response from the officers responsible for to the following recommendations listed below. The Service Director to and advising Scrutiny present a report to Scrutiny Board with details of progress in implementing all the accepted recommendations and necessary follow up action, as appropriate, where accepted recommendations have not been implemented. 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 living 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 living 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 for infant mortality at Wolverhampton CCG to detail proposals to discuss proposals to make best use of available local intelligence in order to help with the early identification better of identify vulnerable pregnant women mothers and provide appropriate targeted interventions that can support them. that will contribute to the overall aim of reducing the numbers of infant deaths. The findings to be shared with the Wolverhampton Health and Wellbeing Board, and 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 to be published prominently on the Council's website and also the findings 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.)

	Comment	Timescale/progress so far	Officer Responsible
	1a-c **Accepted** The draft scrutiny report was presented to the Infant Mortality Working Group (IMWG) on Friday 8th May 2015. Representatives across the whole working group were present, including representatives in	1b. CO monitors have been purchased for midwifery and health visiting services and training will be delivered to support delivery.	Ros Jervis, Service Director, Public Health and Wellbeing (SDPHW)

	relation to recommendations 1a – 1c. Everyone is aware of the need to respond collectively to these recommendations regarding quit rates, use of carbon monoxide monitors (CO), nicotine replacement therapy and the use of stop smoking services in general by pregnant women.	A more detailed response by responsible organisations/services will be required at the Infant Mortality Working Group (IMWG) at the November 2015 meeting.	
	1d **Accepted** The executive nurse (EN) for the CCG alongside the Designated Doctor for Child Deaths (DDCD) will respond in detail to this recommendation. ***Manjeet Garcha*** has provided a detailed response to the recommendation – attached as Appendix 1	A more detailed response by responsible organisations/individuals will be required at the IMWG at the November 2015 meeting.	Manjeet Garcha Executive Lead for Nursing and Quality- Wolverhampton CCG
	1e **Accepted** Public Health to undertake an evidence review in relation to available information relevant to use of: i. pepi-pod or alternatives ii. phone applications for personalised information	A more detailed response will be reported by Public Health to the IMWG at the November 2015 meeting.	Ros Jervis (SDPHW)

	Cost effectiveness will be evaluated where possible		
	1f **Accepted** Public health working alongside EN for CCG, maternity and children services will review the vulnerable women's pathway. There is also a proposed task and finish group to discuss and develop a conception to age five pathway which will also address vulnerability) ***Manjeet Garcha*** has provided a detailed response to the recommendation – attached as Appendix 1	A more detailed response by responsible organisations/services will be required at the IMWG at the November 2015 meeting. **(Please read in conjunction with recommendation 2)**	Manjeet Garcha Executive Lead for Nursing and Quality- Wolverhampton CCG
	1g **Accepted** Public Health to work with Public Health England on a regional basis in terms of gathering and sharing good practice that supports women to stop smoking during pregnancy and to continue not to smoke after delivery.	A more detailed response will be reported by Public Health to the IMWG at the November 2015 meeting.	Ros Jervis (SDPHW)

	1h & 1i **Accepted** Public health working alongside the Chair of the Child Death Overview Panel (Joint) to report on the review currently being undertaken which will be completed by end June 2015.	A more detailed response by the Chair of the Child Death Overview Panel will be required at the IMWG at the November 2015 meeting. CDOP agree to publish the annual report through the WSCB.	Chair of the Child Death Overview Panel
	1j **Accepted** SDPHW has submitted a response to the consultation on the national funding formula for 2016/17. A national response is awaited.	It is possible that a national response will be published in December 2015.	Ros Jervis (SDPHW)

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Recommendation 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.		
Comment	**Timescale/progress so far**	**Officer Responsible**
Accepted Public Health working alongside EN for CCG, maternity and children services will review the vulnerable women's pathway. There is also a proposed task and finish group to discuss and develop a conception to age five pathway which will also address vulnerability.	A more detailed response by responsible organisations/services will be required at the IMWG in November 2015. (**This must be read in conjunction with recommendation 1f**)	Ros Jervis (SDPHW)

Recommendation 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.

Comment	Timescale/progress so far	Officer Responsible
Accepted This recommendation will be addressed via the Black Country SCN lead update on infant mortality which will incorporate current discussions on intrauterine transfers across the network.	A final report will be presented to the IMWG in November 2015 with a view to a future joint presentation to the Health Scrutiny Panel.	Ros Jervis (SDPHW) alongside either a representative of the SCN or Tilly Pillay, Neonatal Lead, The Royal Wolverhampton NHS Trust (RWT)

Recommendation 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.		
Comment	**Timescale/progress so far**	**Officer Responsible**
Accepted Update on the IMWG action plan will be presented to the Wolverhampton Health and Wellbeing Board (WHWB).	Update to be completed within two weeks of the May 2015 IMWG and forwarded as an agenda item to be considered for a forthcoming HWBB meeting. Careful consideration needs to be given regarding reporting progress against infant mortality actions (mechanisms and timescales) to various interested parties.	Ros Jervis (SDPHW)

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.

Recommendation 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 CDOP, SANDS, BLISS and the Lullaby Trust 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.		
Comment	**Timescale/progress so far**	**Officer Responsible**
Accepted A workshop event to be developed at the end of the calendar year and presented in 2016 to allow monitoring of progress and assessment of improvements.	Workshop discussed at IMWG November 2015 meeting with the proposal for the event to be delivered before March 2016.	Ros Jervis (SDPHW)

Recommendation 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. Representatives of Wolverhampton Integrated Substance Misuse Service (Recovery Near You) need to participate in a review of the effectiveness of the current working arrangements for supporting women referred to the service; 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.**		
Comment	**Timescale/progress so far**	**Officer Responsible**
Accepted A task and finish group will be established to address this complex recommendation, with representatives from CCG, Public health, LA Children services and Recovery Near You (and possibly others) This work is a fundamental component of the vulnerable women's pathway and therefore will also link to recommendation 1f and 2. Helen Kilgallon ,Recovery Near You, representative of Wolverhampton Integrated Substance Misuse Service, provided a detailed response to the recommendation – attached as Appendix 2	Detailed report to presented at the May 2016 IMWG to include action against the linked recommendations 1f, 2 and 6. This can then be reported to either the Health Scrutiny Board or HWBB (or both).	Ros Jervis (SDPHW) and Manjeet Garcha Executive Lead for Nursing and Quality Wolverhampton CCG

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

Recommendation 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.**		
Comment	**Timescale/progress so far**	**Officer Responsible**
Accepted Discussions are being held between the Medical Director and the Healthy Lifestyles Service manager regarding progressing this recommendation. Public Health will be presenting the Infant Mortality Action Plan (as approved by HWBB) to the Royal Wolverhampton NHS Trust Board on 1 June 2015.	Proposed update at the IMWG meeting in November 2015	Anne Mcleod, Manager Healthy Lifestyles Service, RWT

Recommendation 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 Board.**		
Comment	**Timescale/progress so far**	**Officer Responsible**
Accepted Genetic screening and counselling support is commissioned from Birmingham Womens Hospital NHS Trust on a regional basis. We are not aware of any issues with regards to access or availability of these services however we acknowledge the need to ensure good awareness across the public and professionals; including the conditions that would benefit from these services, how to access services and referral mechanisms.	August – October 2015	Manjeet Garcha, Executive Lead for Nursing and Quality Wolverhampton CCG

Recommendation 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.**		
Comment	**Timescale/progress so far**	**Officer Responsible**
Accepted A task and finish group to be established to review developing a resource and the feasibility of delivering Making Every Contact Count training to key agencies	Task and finish group to be convened in July 2015	Ros Jervis (SDPHW)

Recommendation 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.**		
Comment	**Timescale/progress so far**	**Officer Responsible**
Accepted		Earl Piggott-Smith, Scrutiny Officer

Recommendation 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.**		
Comment	**Timescale/progress so far**	**Officer Responsible**
Accepted Information sharing agreement in progress and proposed infant mortality dashboard content agreed by IMWG	Data should be available by end of July 2015 and populated Infant Mortality dashboard presented at IMWG meeting in November 2015	Ros Jervis (SDPHW)

Recommendation 12 **The scrutiny review of infant mortality report to be sent to Wolverhampton CCG, Royal Wolverhampton NHS Trust and CDOP for information and comment and they are invited to give comments on the findings and recommendations.** **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.**		
Comment	**Timescale/progress so far**	**Officer Responsible**
Accepted	A final report will be sent to representatives when approved	Earl Piggott-Smith

Appendix 1

Recommendation 1d

Manjeet Garcha Executive Lead for Nursing and Quality- Wolverhampton CCG

Current arrangements

The Royal Wolverhampton NHS Trust is commissioner by Wolverhampton CCG to provide a full and comprehensive maternity service. The service is provided in accordance with all national and local policies in particular NICE guidelines and RCOG standards for maternity care. NHS England's Maternity Pathway payment system is in place which is split into three modules; antenatal, delivery and postnatal. For antenatal and post natal pathways there are three case-mix levels; standard, intermediate and intensive. Intermediate and intensive levels are where women require additional care and or intervention. The delivery element is split by whether or not there are complications and co-morbidities at a level that requires additional care.

Assurance

These pathways are underpinned by NICE guidance and should deliver the appropriate mix of enhanced and targeted interventions. In order to further understand the extent of interventions provided to women across the case-mix levels a multi-disciplinary case note audit is proposed. The aim of the audit will be to provide assurance of appropriate mix of enhanced and targeted interventions as well as provide learning, identify opportunities for training and education, for example.

Initial outline plan

Audit planning – May – June 2015
Undertake audit – July – August 2015
Review outcomes: September 2015
Develop plan: October 2015

Recommendation 1f

Manjeet Garcha Executive Lead for Nursing and Quality- Wolverhampton CCG

It is acknowledged that local intelligence can come from many sources; this intelligence should be disseminated across services to ensure appropriate consideration is given to the impact on relevance of the information on care needs along with any additional education required by providers. In addition, GPs are the primary point of access for pregnant women to maternity services. There is guidance in place for GPs however; the extent to which this is adhered to is unknown. Further understanding is required of the mechanisms in place across primary care for information sharing between GP and midwife. A survey to gather intelligence followed by education/promotion is opposed.

Survey: June – July 2015
Assess Response: August 2015
Review guidance: September 2015

Appendix 2

Recommendation 6

Helen Kilgallon
Programme Manager
Wolverhampton Substance Misuse Service

In April 2013 a newly commissioned integrated substance misuse service began. This is a partnership with NACRO as prime contractor, Aquarius and BSMHFT as sub-contractors. A recovery model was adapted within the service and a number of posts that were in existence at the previous service were no longer in the new service model. One of the reasons for this was RNY wanted to ensure all staff were skilled to a high level in safeguarding, pregnancy, domestic abuse and mental health and not rely on one particular specialist post.

The DALT (drug alcohol liaison team) has been successfully operating within RWT for over 5 yrs. When RNY were awarded the contract leads from DALT and the RNY consultant lead met with maternity as a priority to adapt existing pathways and ensure this particular group of women were given a priority within the service. This pathway has been revisited a number of times to ensure all processes and procedures work smoothly and effectively. I have every confidence that the maternity pathway within RNY and RWT is effective as I know RNY staff sit at maternity meetings, and daily discussions are had with specialist nursing staff within RWT. They can often be seen at meetings at RNY and are a visible presence.

As programme manager I have weekly reports sent to me on all pregnant service users and can view their treatment, attendance and offers of support. I also chair safeguarding meetings where they are discussed. I do not feel that RNY needs to review the process we have currently as they have been working successfully for over 18 months.

I would be more than happy to be part of any processes to look at referral routes into and out of the service i.e. mental health services, and more especially primary care. I feel that this is a particular area where much more work could be done at a very early level as they have access to patients where alcohol screening could be done, offers of smoking cessation, weight management and offers of support for mental health and domestic abuse.

A summary of the community maternity pathway is outlined below

SPOC- single point of contact
KW- key worker

Community Maternity Pathway – 'Recovery Near You' Wolverhampton

Aim

To ensure engagement with both substance misuse services and maternity services and maintain a multi-agency approach

To maximise the recovery potential for the client – consider the potential for positive change

To ensure clear and accurate information is given to clients who are pregnant

To maintain the safety of the unborn child

Our advice regarding alcohol should be to reduce quickly and safely - abstinence or 1-2 units 1-2 times week. Our advice regarding drugs should be to stabilise on OST and abstain from all illicit use

RNY Maternity Lead
Carolyn Musgrave
maintains list of current pregnant clients
0781 2260 821

RWT Midwife vulnerable adults
Tracy Kean
maintains list of current pregnant women misusing drug/alcohol
07970146030

Dr George Georgiou
Clinical Lead
0798 588 2230

- Carolyn and Tracy meet monthly
- Act as info source/ support to staff
- Attend maternity and addictions meetings to keep updated
- Maintain local and national guidelines on substance misuse and pregnancy
- Refer to clinical lead Dr. George Georgiou when appropriate

SPOC

Referral & screening
Ask if client pregnant – pregnant clients have potential for high risk and should have priority for immediate assessment

SPOC

Assessment
Ask again if pregnant.
Consider risk, physical health, drug and alcohol use, medications and safeguarding
Give clear information to client re substance misuse and pregnancy – consider leaflet information

ALLOCATIONS

High priority for fast track allocation, consider medical needs, risk and safeguarding alert manager on allocation that client is pregnant

KEY-WORKER

Ensure engagement
Support client with substance misuse goals that safeguard the unborn baby
Inform Maternity lead that you have a pregnant client
Make sure client is 'pregnant' on Illy

ILLY

Mark client as pregnant on Illy
Inform GP and midwife

ACTION

TOPS/OUTCOMES

Liaise with midwife; consider confidentiality, risk and safeguarding/Pregnancy test as appropriate

KEY-WORKER

- Maintain an empathic and non-judgemental approach
- If client discloses pregnancy during contract update as above and contact relevant professionals
- Give clear and accurate information to client re substance misuse and pregnancy
- Discuss client's plans re the pregnancy
- Actively support and encourage change
- Consider reduction/assisted withdrawal with support from medical team
- Engage with the family and consider family interventions
- Maintain a multi-agency approach and liaise regularly with relevant professionals especially named midwife
- Refer for medical appointments as necessary – medics to prioritise these clients
- Consider increase in stress and the impact on substance misuse after the baby is born, don't discharge too quickly

ACTION

- Pregnancy test to confirm pregnancy
- Prioritise appts, medical reviews and changes to medication that protect the unborn baby
- Liaise regularly with named midwife
- All actions recorded on Illy
- Inform midwife of any missed appointments, changes to recovery action plan/changes to medication
- Inform clinical lead of pregnancy status during medical review
- Urine screen as required
- Risks and needs assessed early
- Inform/update social services as required - consider CAF
- Attend all MDT meetings