Report of the Director of Public Health to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 9 April 2015

Subject: Infant Mortality – Update on Progress report

Summary statement:
The report gives an update on progress with regard to the implementation of the Every Baby Matters Action Plan to improve maternal and infant health and reduce infant mortality rates across Bradford District following a Progress Report in March 2014.

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Portfolio:
Children & Young People’s Services
1. **Summary**

On the 27th March 2014, an annual Progress Report was presented with regard to the implementation of the Every Baby Matters Action Plan to improve maternal and infant health and reduce infant mortality rates across the Bradford District. This report provides an update following this meeting.

2. **Background**

2.1 **General**

In 2004-2006 the Bradford District Infant Mortality Commission reviewed the evidence for and reasons behind why Bradford District experienced one of the highest infant mortality rates in England and Wales. The report provided ten recommendations that have provided the foundation for subsequent Every Baby Matters Strategies and Action Plans, commissioning priorities and interventions.

Updates on progress have been brought before the Health and Social Care Overview and Scrutiny Committee in October 2013 and March 2014. This report therefore provides a further update on progress against the 2014/15 Action Plan and further data on infant mortality that has been published since (details of activity are attached in Appendix 1 and performance indicators in Appendix 2).

2.2 **Current**

The infant mortality rate for Bradford district is now the lowest rate over the last decade and has reduced year on year for the last six years. The latest rate of 5.9 per 1,000 for 2011-13 was a reduction from 7.0 in 2010-12 and 8.3 in 2005-07. It is also the lowest rate for Bradford district over the last decade.

2.3 **Every Baby Matters strategy**

The Every Baby Matters strategy covers the following 10 recommendations:

1. To reduce poverty and unemployment in families in Bradford
2. To improve the availability of good quality and affordable housing for families
3a. To improve the health and nutrition of women, before and during pregnancy, and their babies
3b. To increase breastfeeding rates
4. To ensure equal access to all aspects of pre-conception, maternal and infant health care
5. To improve social and emotional support for vulnerable parents
6a. To reduce smoking rates in the district with a focus on women during pregnancy
6b. To reduce high levels of alcohol and/or non-prescribed drugs in pregnancy
7. To increase community understanding of genetically inherited congenital anomalies
8. To ensure these recommendations are shared widely
9. To develop further data collection and monitoring procedures
10. Future research to understand causes of death

The Every Baby Matters steering group co-ordinates detailed action plans relating to each of these recommendations. Some key work over the past year has included:
• Actions to mitigate the risks of child poverty such as home safety equipment provision and access to Free School Meals
• Housing Allocations Policy 2014 which includes helping vulnerably housed pregnant women and families with new born children
• HENRY (Health, Exercise and Nutrition for the Really Young) training for early years staff and 10 Children’s Centres are now delivering the programme
• Early years staff trained in Baby Friendly Initiatives (BFI) to promote breast feeding, more key organisations working towards BFI standards and peer support co-ordinator services now commissioned and due to start Spring 2015
• Maternal mental health pathway completed and early booking for antenatal services remains a priority
• Family Nurse Partnership services for vulnerable young pregnant women under 20 has been expanded and the target for Health Visitor expansion will be achieved by March 2015
• New post for a specialist midwifery services for smoking cessation due to start in Spring 2015 and focus on increased referrals of women smoking in pregnancy
• Training with GPs on genetic inheritance pathway completed which evaluated well
• Baby Buddy App launched and promotion work in the media centred on Vitamin D, smoking in pregnancy and flu vaccination for pregnant women

See Appendix 1 for full details of the work over the past year.

Reducing infant mortality is a key priority of several other strategies. The Chair of Every Baby Matters steering group reports to the Children’s Trust Board and the Health and Wellbeing Board as required. Infant mortality has also been incorporated into the overall Health Inequalities Action Plan as part of the Joint Health and Wellbeing Strategy for the District and the Children’s Trust Board has delegated responsibility for the priority areas for children which include infant mortality.

2.4 Indicators

There is a dashboard to accompany the Every Baby Matters action plan which enables progress on indicators to be monitored. Highlights are presented here and further details can be found in Appendix 2.

Data and public health intelligence continues to be collected to inform areas of greatest need and priority. The Joint Strategic Needs Assessment has a chapter on infant mortality and regular analysis on Infant Mortality data and risk factors are undertaken. The Child Death Overview Panel Report provides detailed understanding of causes of death for infants and this informs the work of Every Baby Matters Steering Group alongside emerging research from Born in Bradford and other national evidence and local relevant to reducing infant deaths.

2.4.1 Infant Mortality Rate

The continued decline in infant mortality is noted over the last six years; however, the rate of 5.9 per 1,000 live births in Bradford remains higher than Yorkshire and Humber which is 4.5 per 1,000 live births and England which is 4.1 per 1,000 live births (Figure 1). However, the gap between Bradford rates and regional and national rates has reduced.
2.4.2 Teenage conception rate

Following the 10-year national teenage pregnancy prevention strategy for England which aimed to halve teenage conception rates, Bradford’s rate has fallen from 57.2 per 1,000 in 1998 to 27.9 per 1,000 in 2013 and is now similar to England rates. This is a reduction of 51.2% meaning that the District had achieved the ambition set out in 1999 in the National teenage pregnancy strategy. The current rate is similar to the England average rate.

2.4.3 Early access to midwifery services

There continues to be an improvement in the percentage of women who access services before 12 weeks of pregnancy. The year to date figures from Bradford Teaching Hospitals NHS Foundation Trust show that 97.2% of women were seen by a midwife or maternity healthcare professional before 12 weeks. Airedale NHS Foundation Trust had similarly high figures of 92.7% of pregnant women. Early access to a midwife is crucial to ensure any risk factors are picked up early and appropriate support offered e.g. smoking in pregnancy, obesity, previous poor antenatal history.

2.4.4 Immunisations

High levels of immunisation rates continue to be achieved across the district. Data for 2013/14 shows immunisation and vaccination rates remain high at 95.2% for childhood immunisations for DTaP/IPV/Hib (Diphtheria, Tetanus, Pertussis/ Polio/ Haemophilus B - see Appendix 2, Figure 9).
2.4.5 **Breast Feeding**

Breastfeeding initiation rates at delivery are 69.8% and 40.3% for continuation of breast feeding at 6-8 weeks for 2013/14. (Appendix 2, Figures 7 and 8).

2.4.6 **Smoking cessation for pregnant women**

Overall smoking rates for pregnant women at time of delivery have been fairly static at around 15.8% (Appendix 2, Figure 5). Of the pregnant women who set a quit date with Smoking Cessation services, 32% quit smoking.

2.5 **New areas of development**

**Integrated Early Years Strategy and New Deal**

An integrated care pathway has now been launched in June 2014 between midwifery, health visiting and early year’s services which will ensure that these key services operate in a cohesive and effective way to all support women and young children, but particularly in areas of greatest need. Health performance targets for Children’s Centres now include immunisations, breastfeeding, obesity and infant mortality and this supports partnership working to target inequalities in maternal and child health. In addition there is now an Integrated Early Years Strategy in development which includes the work of the Every Baby Matters group amongst many other key work areas. The New Deal approach for the Council includes ensuring children have the best start in life and are ready for school and the Clinical Commissioning Groups across the district include improving maternal and child health as a key area for focus to improve outcomes.

**Better Start Bradford**

Following the successful Big Lottery bid, £49million has been awarded to Better Start Bradford to improve outcomes for children in the three wards with the highest infant mortality rates historically. The ten year programme of interventions is being led by Bradford Trident with partnership between Voluntary and Community Sector, Health, Local Authority, and other key organisations. Currently, Better Start Bradford is in a mobilisation phase and the interventions being commissioned are being set up along with data collection and monitoring protocols. There are 22 projects within the whole programme and these will be implemented across the Better Start area (Bradford Moor, Bowling and Barkerend and Little Horton wards) with a view to roll out those that are most effective across the district.

3. **Report issues**

The Health and Wellbeing Board and Children’s Trust Board will monitor progress on the Every Baby Matters Action Plan and progress in reducing infant mortality rates as well as the Health and Social Care Overview and Scrutiny Committee.

4. **Options**

Members may wish to comment on any aspects of the report.
5. **Contribution to corporate priorities**

The implementation of the Every Baby Matters Steering Group to reduce infant mortality rates and improve maternal and child health contributes to:

- Priority 2 of the Joint Health and Wellbeing Strategy and Health Inequalities Action Plan
- Children’s and Young People’s Plan for the district
- New Deal for the Council; to ensure all children have a Good start in life and Good Schools
- Community Strategy for the District; specifically improving the health and wellbeing and quality of life for people in the district

6. **Recommendations**

6.1 The Committee note the report and further significant progress to reduce infant mortality rates since the last report in March 2014

6.2 The Committee continues to support the integrated and joint working approach within the Every Baby Matters Action Plan across all children services in the early years which contributes to improving both maternal and child health overall and reducing infant mortality rates

6.3 The progress is monitored via Priority 2 of the Health Inequalities Action Plan of the Joint Health and Wellbeing Strategy and Board and the Children’s Trust Board.

7. **Background documents**

Every Baby Matters Strategy and Action Plan
Every Baby Matters Dashboard

8. **Not for publication documents**

None

9. **Appendices**

9.1 Appendix 1 – Progress report against the 10 key recommendations of the Every Baby Matters (EBM) Action Plan – April 2015

9.2 Appendix 2 – Key performance from the EBM dashboard
APPENDIX 1:


Recommendation 1: To reduce poverty and unemployment in families in Bradford to enable more women attain sufficient personal, social and economic resource to experience a sense of wellbeing throughout pregnancy and parenthood

- A new Child Poverty Strategy and Action Plan for 2014-17 are to be published shortly. The actions under this strategy are to try to reduce the impact of poverty, to increase Free School Meal uptake, to work with schools to target the pupil premium and to support and improve parenting through Children’s Centres and other services. There will also be targeted work to reduce the impact of health and social inequalities including food poverty, fuel poverty and child accidents.
- Partnership working has secured funding for several programmes; to restart the home safety scheme to provide free home safety equipment in 1,400 households with young children in deprived areas in 2014/15, for Warm Homes, Healthy People to run winter programmes to reduce risks to health in cold weather, to alleviate food poverty in schools.
- Families First (Bradford's Troubled Families Programme) has to date worked with 1,964 families in Bradford district, hence exceeding the government target of 1,760 families in Bradford. The programme has the aim of turning lives around by raising aspirations including supporting adults into training/work, improving attendance at school and reducing crime and anti-social behaviour. This partnership approach includes Council, Police, Probation, Jobcentre Plus, Health, and a range of providers from the Voluntary and Community Sector. They have supported 142 families into continuous employment as well as improving attendance at school and reducing crime and anti-social behaviour.
- Get Bradford Working have supported 1,138 people into work and 43% of them are female.

Recommendation 2: To improve the availability of good quality and affordable housing for families so that fewer pregnant women and infants live in substandard housing conditions.

- The District's revised Housing Allocations Policy was approved in January 2014. The new policy confirms that priority in allocating social homes will be awarded to people with a statutory need (i.e. homeless, as defined by the Housing Act 1996), and also those with an urgent need who may include people occupying insanitary or overcrowded housing. This helps to enable vulnerably housed pregnant women and families with new born children to access safer and healthier housing. The new VBL Social Housing Allocations system was launched in June 2014, which brings into force the new Allocations Policy agreed in January.
- A Fuel Poverty Framework for Action final draft document has been produced with an accompanying Annual Programme of Work. This document will be adopted by the Council in due course, but is pending an update to reflect any outcomes arising from the Scrutiny Committee Poverty Inquiry.
- Bradford Council has recently entered into a long-term contract to establish ‘Better Homes Yorkshire’, a Leeds City Region scheme to provide energy efficiency measures to private sector domestic properties, including all Green Deal and ECO works. The scheme will be promoted in the Bradford District as ‘Better Homes Bradford’ and is intended to be a long-term programme, lasting up to eight years.
- The Bradford b-Warm Scheme is now come to an end and will be replaced by Better Homes Bradford in due course. This scheme has delivered 433 home energy improvement measures, including a significant number of ‘hard to treat’ insulation measures.
• The Bradford b-Warm framework of contractors is still responsible for delivering the Green Deal Communities Phase 1 Programme, utilizing a significant amount of funding secured from the Department of Energy and Climate Change to deliver area based external wall insulation schemes in the District by September 2015.
• The Bradford Healthy Heat Scheme has delivered heating systems and other home energy improvements to residents with a long term chronic cold related illness referred by health professionals. The scheme has offered assistance to 30 vulnerable clients in the past year.
• The Council’s Health and Safety assistance and loans scheme targets vulnerable homeowners to help them fund improvements to their homes. Funding for this scheme is only available until 2015/16, with the majority of this funding now committed.

Recommendation 3a: To improve the health and nutrition of pregnant women, babies and women planning pregnancy by promoting a healthy food culture.
• Healthy Start Programme continues to offer free Healthy Start supplements which include Vitamin D for all pregnant women and babies up to six months.
• A Healthy Child Pathway for underweight children has been integrated into SystemOne, the IT system used by GPs.
• Approximately 140 Children’s Centre staff, Health Visitors, School Nurses and Voluntary and Community Sector staff have been trained to deliver the Health, Exercise and Nutrition for the Really Young (HENRY) programme and around 10 Children’s Centres are now delivering the programme.

Recommendation 3b: to increase the numbers of women who start breastfeeding by attaining UNICEF accreditation in both acute hospital maternity units, across Bradford district’s primary health care teams and within all the children’s centres.
• The UNICEF Baby Friendly Initiative (BFI) is being adopted across the district and there has been an increase in the number of organisations working towards BFI standards:
  • Bradford District Care Trust’s Health Visiting service has recently been fully accredited as a BFI service for the first time.
  • Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) has also recently been re-assessed and they are awaiting a decision on re-accreditation.
  • The University of Bradford midwifery program is now on the BFI pathway.
• 90 staff in Early Years settings have been trained to work towards BFI best practice standards and the free training continues to be on offer.
• 100 GPs have accessed breastfeeding training and the free training is still on offer. Further links are being made with the CCGs to deliver training sessions to more GPs.
• The Breastfeeding Strategy 2015-18 is being finalized and will be published in 2015.
• There will be a breastfeeding champion in each Children’s Centre cluster.
• There will be recruitment and co-ordination of peer supporters (20-24 peers) this year.

Recommendation 4: to ensure equal access to all aspects of pre-conceptional, maternal and infant health care
• To support improvements in maternal mental health and outcomes for children, a revised pathway to mental health services has been developed and launched in 2014/15. There is now a mental health lead and Health Visitor champions.
• The CCGs have been developing their commissioning intentions around personalised maternity care including the My Airedale Midwife service (MAMs) pilot launched by AFT in January 2014 and a caseloading pilot in the Better Start Bradford area. There are already existing personalised services such as the Family Nurse Partnership and the Teenage Pregnancy midwifery services.
• There has been ongoing work to facilitate pregnant women having the choice to book early with midwifery services and increase early booking rates.
• The doula project has been funded for another year which provides additional support to women including vulnerable women.

Recommendation 5: to improve social and emotional support for vulnerable parents, especially those living in areas of social disadvantage.
• The expansion of the Health Visiting service is on target to be achieved by March 2015.
• The Family Nurse Partnership team has been expanded to a team of 10 to support vulnerable pregnant women under 20 years.
• The Specialist Teenage Pregnancy midwife supports pregnant teenagers across the district.
• Implementation of the Integrated Care Pathway which was launched in June 2014 between health visitors, midwives and children centre staff is underway.
• Infant mortality is embedded into discussions with Children’s Centres and the Core Offer and is one of the four targets within the contract which also includes improving immunisations, breastfeeding rates and reducing obesity rates via improved nutrition and physical activity in young children.
• There is training for staff on effective parenting support.

Recommendation 6a: To reduce the numbers of men and women smoking in the District with a focus on the needs of women during pregnancy.
• There is a new post for a specialist midwife for smoking in pregnancy at BTHFT.
• There have been ongoing improvements to carbon monoxide (CO) monitor use, the referral system and CO levels recorded for pregnant women. 95% of pregnant smokers had a CO screening at their booking appointment in Q1 2014/15.
• There has been an improvement in referrals from the booking appointment into smoking cessation services with 45% of pregnant smokers referred for support to quit.
• Work to introduce CO monitoring on maternity wards is ongoing.
• BTHFT antenatal staff are to undergo training to ensure a consistent intervention to pregnant smokers throughout the antenatal care pathway.
• Home visits introduced for pregnant smokers unable to attend an appointment in areas of high smoking prevalence.

Recommendation 6b: to reduce the numbers of women with high levels of use of alcohol and/or non-prescribed drugs in pregnancy.
• Basic Awareness Alcohol and Drug courses have been run in 2014/15 to train around 90 frontline staff to screen pregnant women for alcohol and drugs usage using evidence based tools including social workers, district nurses, family centres, infant school staff, housing workers, health trainers and health visitors.
• Specialist Substance Misuse Midwife at One Stop BTHFT continues to work closely with community midwives.
• Joint screening for alcohol takes place across the district delivered through Smoking Cessation Services, Sexual Health Services and Lifeline Piccadilly Project.
• Fit for purpose training is being developed as part of the Integrated Early Years Strategy work and joint training programme which will include Early Years staff.

Recommendation 7: To increase community understanding of the role of genetically inherited congenital anomalies as a cause of death.
• Further development of leaflets on genetically inherited conditions for communities and individuals at risk.
• There are links with the Public Health England congenital anomalies register and any subsequent analysis of conditions will inform future planning of outreach and awareness training.
• There was a successful evaluation of training last year for GPs across the district about the genetics pathway on SystemOne.

**Recommendation 8: To ensure these recommendations are shared widely and understood by communities across the Bradford district.**
• The EBM website has all the leaflets commissioned by EBM available to all.
• Different versions of the leaflets have been developed for communities within Bradford including a version for travellers and an easy-read version.
• The Baby Buddy App was launched alongside Better Start Bradford and there has been awareness raising through social media.
• Ongoing promotion of work in other EBM workstreams including vitamin D, smoking cessation in pregnancy and flu vaccination for pregnant women.

**Recommendation 9: to develop further the data collection and monitoring procedures in Bradford.**
• Ongoing analysis of data on infant mortality by the Public Health Analysis Team
• The Child Death Overview Panel (CDOP) report 2013/14 with full analysis of all infant deaths was published in 2014/15 as part of the Bradford Safeguarding Children’s Board report 2013/14.

**Recommendation 10: Future research to understand both the underlying and immediate causes of death**
• There are close links with Born In Bradford (BIB) and awareness of all significant research emerging which is relevant to infant mortality reduction is disseminated to the chair of the EBM steering group.
• The chair of the EBM steering group delivered a successfully received presentation about why babies die in Bradford at the first national CDOP conference in December 2015.
• New emerging evidence locally and nationally is fed into the work of the EBM group
APPENDIX 2:

KEY PERFORMANCE FROM THE EBM DASHBOARD

Figure 1: Infant Mortality rates - The number of deaths under the age of 1 per 1,000 live births

- The chart illustrates the continued reduction in the infant mortality rate in Bradford, and also shows that with the most recent figure of 5.9 for the years 2011-2013, the rate has reduced more quickly than had previously been forecast. The gap between Bradford’s infant mortality rate and regional and national figures is decreasing.

Figure 2: Infant mortality rate percentage reductions from 2007-09 to 2010-12:

The table illustrates that local analysis of the infant mortality rate in the most deprived areas of Bradford District has been reducing at a faster rate than Bradford district, regional and national levels. This table will be updated once local analysis for 2011-2013 has been undertaken.
Teenage conception rates have reduced significantly over the last decade.

The Bradford rate is now similar to the Yorkshire and The Humber rate

Source: Office of National Statistics (ONS)
Over 90% of women see a midwife or maternity health professional before the 12th week of pregnancy.

The proportion of women booking with a midwife has increased over the last two years.
Figure 5: Smoking At Time of Delivery (SATOD) for pregnant women

- The percentage of pregnant women smoking at delivery has remained fairly constant over the last four years.
- Source: Public Health Outcomes Framework (PHOF), 2.03

Figure 6: Quit rates for pregnant women referred to Smoking Cessation Services 2011/12 to 2013/14

<table>
<thead>
<tr>
<th>Year</th>
<th>No. of pregnant women referred to Smoking Cessation Services</th>
<th>No. of women who set a quit date</th>
<th>No. and percentage of pregnant women who quit</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011/12</td>
<td>Not collected</td>
<td>440</td>
<td>123 (28%)</td>
</tr>
<tr>
<td>2012/13</td>
<td>Not collected</td>
<td>354</td>
<td>100 (28%)</td>
</tr>
<tr>
<td>2013/14</td>
<td>683</td>
<td>305</td>
<td>98 (32%)</td>
</tr>
</tbody>
</table>

- The proportion of women who quit following setting a quit date has increased over the last three years.
- Source: Smoking cessation services data
The breastfeeding initiation rate has stayed fairly constant over the last four years.

Source: PHOF 2.02i

Consistently, around 40% of women continue to breastfeed their babies 6-8 weeks after birth.

Source: PHOF 2.02ii
Consistently the target of 95% of children are immunised with Diptheria, Tetanus, Pertussis, Polio and Haemophilus B vaccines (DTaP-IPV-HiB) is achieved.

Source: PHOF