

NB: This briefing note is retained in its original format from May 2107, including corporate branding from the time.

BRIEFING NOTE

SUBJECT: Infant Mortality Update May 2017

Confidential: No

1. Purpose

To brief the Chair of Health and Social Care Overview and Scrutiny Committee as requested.

2. Decision required

To note content of report and that infant mortality rates have reduced considerably over the last few years but the last 3 year rolling period has increased slightly. The infant mortality rate remains above national and regional rates and is higher in the more deprived parts of the district.

3. Background

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' Strategy and Action Plans, commissioning priorities and interventions. Since then further detailed information and understanding has emerged as a result of the work of the Child Death Overview Panel (CDOP). CDOPs were established nationally in 2008 as a statutory requirement for local children's safeguarding boards and the purpose is to review all deaths in children under 18 years and identify potentially modifiable causes. Because two thirds of all deaths in children under 18 years in the district are in children under one year of age, this has enabled a deeper understanding of why infants die, and continues to inform the Every Baby Matters Action Plan to reduce infant deaths.

Updates on progress have been brought before the Health and Social Care Overview and Scrutiny Committee in 2013, 2014, 2015, and 2016. This briefing provides a further update on progress against the 2016/17 Action Plan and further data on infant mortality that has since been published (analysis of Infant mortality rates are attached in Appendix 1).

4. Key issues

The 3-year rolling Infant Mortality rate (IMR) has increased slightly between 2012-14 and 2013-15 from 5.8 per 1,000 live births to 5.9, as published on the Public Health Outcomes Framework. Overall, numbers of infant deaths have reduced from an average of 68 per annum in 2008-10 to 47 per annum in 2013-15.

The Infant Mortality rate similarly increased across Yorkshire and the Humber region between 2012-14 and 2013-15 from 4.2 per 1,000 live births to 4.3. Nationally the rate of infant mortality has been declining steadily since 2001-03 and is now 3.9 per 1000 live births.

The main findings for Bradford district were as follows:

- The 2013-15 IMR remains higher than the rate for England (3.9 deaths per 1,000 live births) and Yorkshire and the Humber (4.3 deaths per 1,000 live births); see *Appendix 1 Figure 1*. The 2012-14 IMR was the lowest figure since records began, and this most recent increase follows 7 successive years of reductions.
- The *number* of infant deaths in Bradford remained the same between 2012-14 and 2013-15 (meaning the rate has increased as a result of fewer babies having been born).
- Analysis by deprivation quintiles demonstrates that the reduction has been faster in the more deprived areas of the district. This remains unchanged between 2012-14 and 2013-15; see *Appendix 1 Figure 2*.
- Analysis by ward over the last five years demonstrates that IMRs are considerably higher in Clayton and Fairweather Green, Keighley Central, Little Horton, Toller, and Bowling and Barkerend; see *Appendix 1 Figure 3*.

The Every Baby Matters (EBM) Steering Group continues to lead the partnership work in improving maternal and infant health and reducing infant mortality across the Bradford District. The EBM strategy covers the following 10 recommendations of the original Bradford District Infant Mortality Commission (IMC):

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 pregnant women, babies and women planning pregnancy by promoting a healthy food culture.
3b.	To increase the numbers and percentages of women who initiate and continue to breastfeed for at least six to eight weeks.
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, especially those living in areas of social disadvantage.
6a.	To reduce the numbers of men and women smoking in the District with a focus on the needs of women during pregnancy.
6b.	To reduce the numbers of women with high levels of use of alcohol and/or non-prescribed drugs in pregnancy.
7.	To increase community understanding of the role of genetically inherited congenital anomalies as a cause of death.
8.	To ensure these recommendations are shared widely and understood by communities across the Bradford district.
9.	To develop further the data collection and monitoring procedures in Bradford.
10.	Future research to understand causes of death

The EBM steering group co-ordinates detailed action plans relating to each of these recommendations which form the key priority areas of the EBM Infant Mortality Action Plan.

The EBM Infant Mortality Action Plan draws together a number of local activities and programmes that partners are continuing to work on and prioritise across the 10 Recommendation areas. Some key work over the past year has included:

- Ensuring pregnant women and women with young children have priority to access safer and healthier housing where appropriate and standards in the private sector are improved.
- Development of a new Child Poverty Strategy is now planned and continued focus on reducing unemployment rates overall for families including those with young children.
- Systematic work across the district to promote breastfeeding using UNICEF approved evidence based approaches and actively promoting healthy eating and healthy weight for pregnant women, as well as continued promotion of Vitamin D tablets and Vitamin D awareness.

- Early access to high quality antenatal care for all pregnant women with a focus on identifying those who are at risk or vulnerable at an early stage to provide support.
- Robust universal healthy child programme offer for young children and their families with a focus on support and signposting for those who are more vulnerable including access to services in Children’s Centres, voluntary and community sector, and primary care.
- Ensure effective delivery of high impact areas within the Integrated Early Years Action plan which impact on infants
- Support for women to stop smoking in pregnancy with specialist midwifery services.
- Training for community workers and staff across all services around genetic inheritance awareness.
- A range of social media campaigns to support safe sleeping, breastfeeding, stopping smoking in pregnancy and other key areas.
- Continued in depth analysis of why infants die in the district as part of the Child Death Overview Panel work with an annual published report.
- Use of national and local research such as the Born in Bradford research and emerging research and evaluation from the Big Lottery funded Better Start Bradford programme.

A full update of the EBM Action plan is expected in June 2017, along with further detailed information and analysis of all infant deaths reviewed in 2016-17 as a result of the Child Death Overview Panel (CDOP) and this work which will be published in August 2017.

5. Financial, HR, Communications issues (including value for money)

Whilst there are budget pressures across all services in the Council, CCG and VCS, key services across midwifery, health visiting, children’s centres, early years, primary care, and the voluntary and community sector are working closely together to mitigate risks for children and families and continue to focus on improved outcomes and reducing inequalities for young children. Key strategic mechanisms for this work are via the Integrated Early Years Strategy Action Plan for children aged 0-7 years and the key current Prevention and Integration transformation and integration work for children 0-19 years is being led by Children’s Services.

6. Options

Not applicable

7. Recommendations

To note content of this briefing and the wide range of work currently underway and being delivered by partners across the district which contributes to improving maternal and child health overall and reducing infant mortality rates via the Every Baby Matters Action Plan.

8. Appendix 1 –Analysis of Infant mortality rates

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Appendix 1 : Analysis of Infant mortality rates for Bradford district

Infant mortality – Deaths per 1,000 live births *Source: Public Health Outcomes Framework*

Year	Bradford		Yorkshire and the Humber	England
	Number	Rate		
2001-03	199	9.0	5.9	5.4
2002-04	177	7.9	5.9	5.2
2003-05	178	7.7	5.8	5.1
2004-06	172	7.2	5.8	5.0
2005-07	204	8.3	5.8	4.9
2006-08	204	8.2	5.6	4.8
2007-09	207	8.1	5.5	4.7
2008-10	205	7.9	5.4	4.6
2009-11	192	7.5	5.2	4.4
2010-12	177	7.0	4.8	4.3
2011-13	146	5.9	4.5	4.1
2012-14	142	5.8	4.2	4.0
2013-15	142	5.9	4.3	3.9

Figure 1: Infant mortality - Rate of deaths in infants aged under 1 year per 1,000 live births

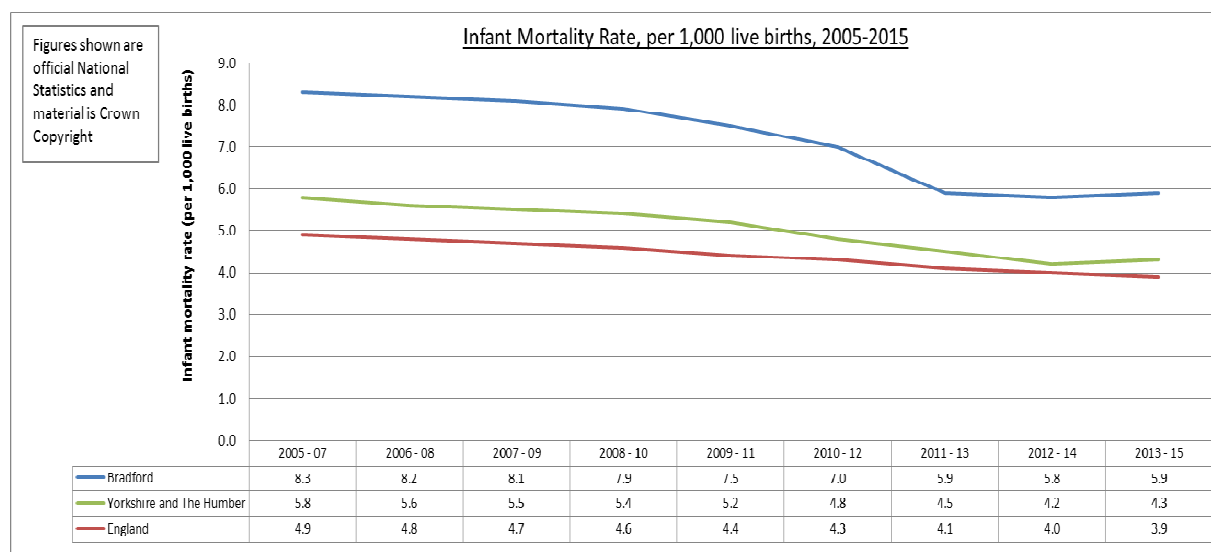
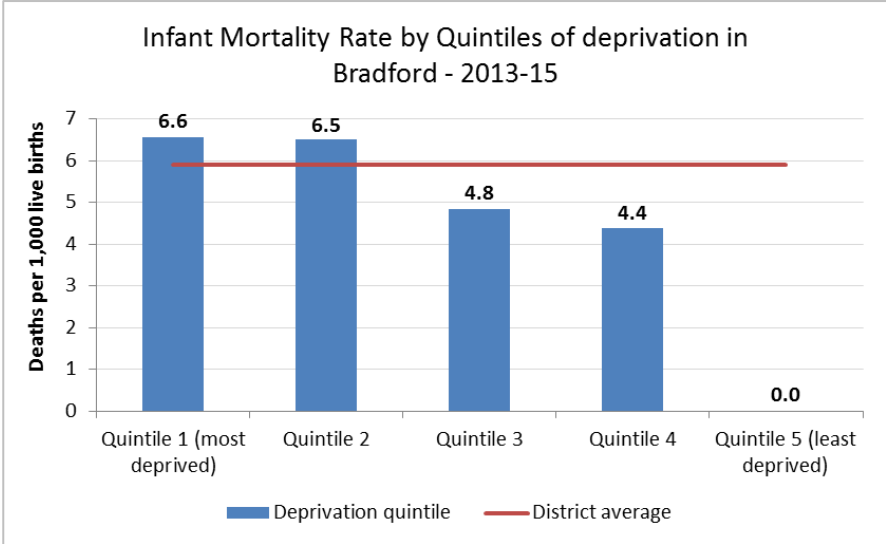


Figure 2: Infant mortality rate - reductions from 2007-09 to 2013-15

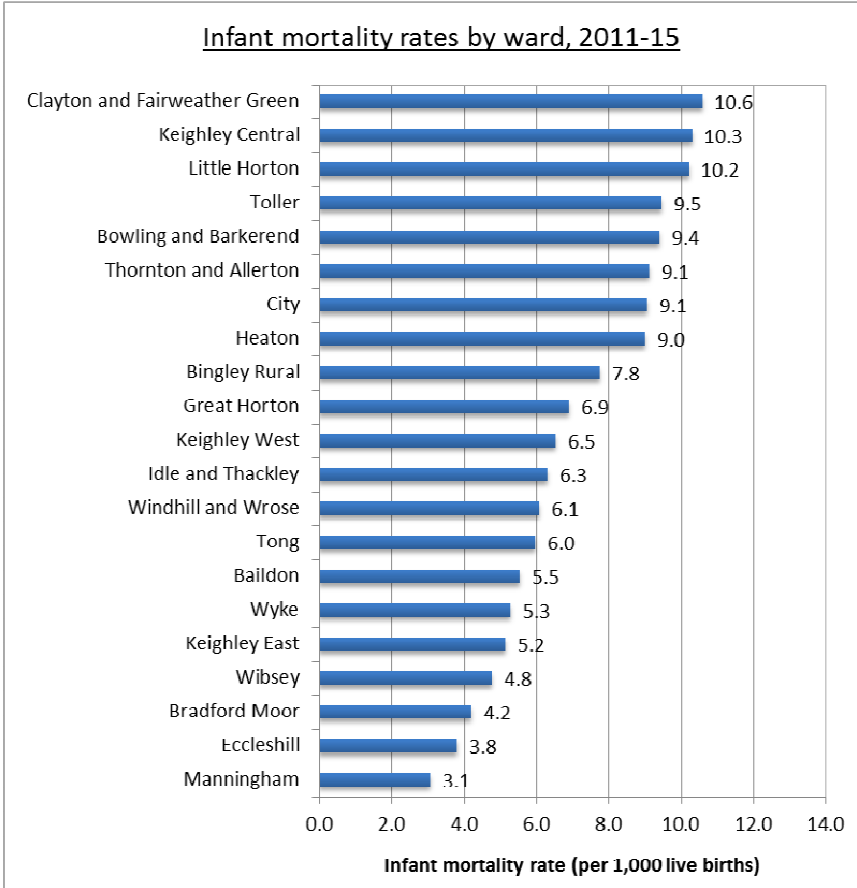
Infant mortality – Local, National, and Regional rates				
Year	Bradford Most Deprived Quintile	Bradford	Yorkshire & Humber	England
2007-09	10.6	7.9	5.3	4.6
2008-10	10.2	7.9	5.4	4.6
2009-11	9.0	7.5	5.2	4.4
2010-12	7.8	7.0	4.8	4.3
2011-13	6.9	5.9	4.5	4.1
2012-14	6.6	5.8	4.2	4.0
2013-15	6.6	5.9	4.3	3.9
IMR change between 2007-09 and 2013-15	-4.0	-2.0	-1.0	-0.7

Infant mortality by deprivation quintile – 2013-15



Please note: Quintiles of deprivation do not have clear geographic boundaries; they are a way of assessing the most- and least-deprived parts of the region and this cannot be interpreted geographically e.g. small pockets of deprivation may exist within areas which are otherwise less-deprived, and vice versa.

Figure 3: Five year Infant mortality rate by ward – 2011-15



Please note: Results are not displayed for Bingley, Bolton and Undercliffe, Craven, Ilkley, Queensbury, Royds, Shipley, Wharfedale, Worth Valley as fewer than 3 deaths occurred in these wards. Due to the small numbers involved within these wards, compliance with regards to disclosive situations must be observed.