Report of the Director of Public Health to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on April 7th 2016

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 April 2015.

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Portfolios: Health and Social Care

Overview & Scrutiny Area:
Health and Social Care
1. SUMMARY

On the 9th April 2015, 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, (based on all deaths in infants under the age of one year of age), across the Bradford District. This report provides an annual 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 Strategy and Action Plan, commissioning priorities and interventions. Since then further detailed information and understanding has emerged as a result of the Child Death Overview Panel (CDOP) work; CDOPs were established in 2008 and review all deaths in children under 18 years. Around two thirds of all deaths in children in the district are in children under one year of age and we have an in-depth understanding of why infants die and this 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, and 2015. This report therefore provides a further update on progress against the 2015/16 Action Plan and further data on infant mortality that has since been published (details of activity are attached in Appendix 1 and performance indicators in Appendix 2).

3. REPORT ISSUES

The Health and Wellbeing Board, Children’s Trust Board and Integrated Early Years Strategy Steering Group 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.

3.1 Current data

The infant mortality rates 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 5.8 per 1,000 live births for 2012-14, is a reduction from 5.9 in 2011-13 and 7.0 in 2010-12. This rate, although reducing, remains higher than the average for England (4.0 deaths per 1,000 live births) and Yorkshire and the Humber (4.2 deaths per 1,000 live births).

3.2 Key Priority areas of the Every Baby Matters Infant Mortality Action Plan

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 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
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:

- Home Safety equipment in over 4000 households in deprived areas of the district
- Warm Homes Healthy People has delivered interventions to priority groups vulnerable to the cold including families with young children
- Priority is given to pregnant women and families with newborn infants to access safer and healthier housing where appropriate
- Healthy Start programme for pregnant women and young children is promoted actively and this includes Vitamin D, for all pregnant women and babies up to six months and Vitamin D champions
- UNICEF baby friendly initiative has been adopted by more organisations in the district and 140 Children’s centre staff and 242 GPs have taken up specialist training in this area
- Midwifery Caseloading pilots for vulnerable women at Airedale FoundationTrust and also Bradford Teaching Hospitals NHS Foundation Trust via the Better Start Bradford project
- Launch of maternal mental health pathway and training for staff to support mothers and infants to promote good maternal and infant mental health
- Homestart volunteer peer programme supports over 90 vulnerable families with young children with extended work in 2016/17
- Focus on integration and effective working across Health Visiting, midwifery and Children’s centre staff teams with a clear vision via the Integrated care pathway approach
- Better Start Bradford projects rolled out in three deprived wards; Perinatal Support Service, Talking Together, Baby Buddy app and personalised midwifery care
- Specialist midwife support for Smoking cessation is now in place and BabyClear programme approach is being embedded across all services
- Leaflet developed around genetic inheritance awareness and more genetic inheritance training now commissioned to start in March 2016 for 300 staff
- In depth understanding of why babies and infants die in the district via the well-established Child Death Overview Panel

See Appendix 1 for full details of the work over the past year.
Reducing infant mortality is a key priority of several 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 in 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. In addition, it is one of the key 6 early years strategic outcomes for improvement as part of the Integrated Early Years Strategy 2015-18 for children aged 0-7 years.

3.3 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 for reducing infant mortality. The Joint Strategic Needs Assessment has a chapter on infant mortality and regular analysis on Infant Mortality data and the linked risk factors are undertaken. In addition, the Child Death Overview Panel report provides a detailed understanding of causes of death for infants and this directly informs the work of Every Baby Matters Steering Group, alongside emerging research from Born in Bradford and other key national and local evidence and research relevant to reducing infant deaths.

3.3.1 Infant Mortality Rate

The continued decline in infant mortality is noted over the last 7 years; however, the rate of 5.8 per 1000 live births in Bradford remains high in comparison to Yorkshire and Humber which is 4.2 per 1000 live births and England which is 4.0 per 1000 live births. However, the gap between Bradford rates and regional and national rates has reduced overall; see Fig 1. Analysis by deprivation quintiles demonstrates that the reduction is faster in the more deprived areas of the district as seen in Appendix 2.

Fig 1: Infant Mortality Rates for Bradford District vs England and Yorkshire & Humber Rates (published by ChiMat March 2016)
3.3.2 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 per 1,000 in 1998 to 27 per 1,000 in 2014 (Appendix 2, Figure 4). This continues a trend which has seen a reduction of 52.4% in the conception rate per 1,000 girls aged 15-18 years, from 1998 to 2014, achieving the ambition set out in the National teenage pregnancy strategy. This compares to a 50.9% reduction across West Yorkshire and a 51.4% fall across England as a whole.

3.3.2 Early access to midwifery services

There continues to be a year on year improvement in the percentage of women who access services before 13 weeks of pregnancy which increased from 79% in 2009/10 to 85% in 2012/13 and over 90% in 2014/15. There is an on-going focus in this area to continue to achieve well over the 90% target (Appendix 2, Figure 5). 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.

3.3.3 Immunisations

High levels of immunisation rates are continued to be achieved across the district and work continues in low uptake areas to ensure they remain high. Data for 2014/15 shows immunisation and vaccination rates remain high at around 95% for childhood immunisations for DTaP/IPV/Hib(Diptheria,Tetanus,Pertussis/ Polio/ HaemophilusB) (see Appendix 2, Figure 10).

3.3.4 Breastfeeding at 6-8 weeks

Breastfeeding initiation rates at delivery are 70.7% and 41.6% continuation of breast feeding at 6-8 weeks for 2014/15. There are a range of measures in place within organisations (UNICEF Baby Friendly Initiatives) to promote breastfeeding, on-going training for staff and support for mothers to increase breast feeding rates further (see Appendix 2 Figures 8 & 9).

3.3.5 Smoking cessation four week quit rate for pregnant women

Overall smoking rates for pregnant women at delivery have been fairly static at around 16%; but have reduced to 15% in 2014/15 (Appendix 2, Figure 6). Considering all of the pregnant women who set a quit date with Smoking Cessation services, 17% quit smoking in 2014/15.(Appendix 2, Figure 7). This remains a priority area and there are a range of actions to reduce smoking prevalence specific to smoking in pregnancy and in addition wider tobacco control measures also play an important part to reduce prevalence overall.

A range of interventions are in place to increase quit rates and this includes training of all midwives, ensuring smoking cessation services are high quality, use of CO monitors with pregnant women as per National Institute for Clinical Effectiveness (NICE) guidelines and targeted work in areas where smoking rates are higher. However, recording and reporting the number of pregnant smokers quitting prior to 2014/15 has been identified as inaccurate, therefore a new reporting process was introduced in 2014/15 to ensure data quality.
3.4 New areas of development

Integrated Early Years Strategy 2015-2018 for children aged 0-7 years

This is the vision and joint approach across all partners which has 6 strategic early years outcomes including reduction in infant mortality as one of the key areas for focus for all early years partners. An integrated care pathway is now in place between midwifery, health visiting and early year’s services to enable 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. The New Deal approach for the Council includes ‘Good start and Good schools’ for all children; ensuring children have the best start in life and are ready for school and the Five Year Forward Plan for Bradford and Craven and Plans for the Clinical Commissioning Groups across the district include a focus on improving maternal and child health via the Maternity and Children’s Networks and other key groups.

Better Start Bradford

Following the successful Big Lottery bid, £49million has been awarded to Better Start Bradford (BSB) to improve outcomes for children in three wards which have high 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. There are 22 projects planned across the whole programme to be implemented across the Better Start area (Bradford Moor, Bowling and Barkerend and Little Horton wards) and a range of projects have already commenced; Perinatal Support Service, Talking Together, Baby Buddy mobile phone app for parents and parents-to-be and Personalised midwifery care pilot which ensures that women see the same midwife throughout their pregnancy and the postnatal period. This programme is based on the latest evidence of what works to improve outcomes for pregnant women and young children and there is close working and collaboration between BSB and all key partners in early years to improve outcomes for children across the district.

4. FINANCIAL & RESOURCE APPRAISAL

None

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

None

6. LEGAL APPRAISAL

None

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

None
7.2 SUSTAINABILITY IMPACTS
None

7.3 GREENHOUSE GAS EMISSIONS IMPACTS
None

7.4 COMMUNITY SAFETY IMPACTS
None

7.5 HUMAN RIGHTS ACT
None

7.6 TRADE UNION
None

7.7 WARD IMPLICATIONS
None specific

8. NOT FOR PUBLICATION DOCUMENTS
None

9. OPTIONS
To note the report and its contents

10. RECOMMENDATIONS
10.1 The Committee note the report and further progress to reduce infant mortality rates since the last report in April 2015.

10.2 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.

10.3 The progress is monitored via Priority 2 of the Health Inequalities Action Plan of the Joint Health and Wellbeing Strategy and Board, the Children’s Trust Board and the Integrated Early Years Strategy Steering Group.

11. APPENDICES
11.1 Appendix 1 – Progress report against the 10 recommendations of the Every Baby Matters (EBM) Action Plan – March 2016
11.2 Appendix 2 – Key performance from the EBM Dashboard
12. BACKGROUND DOCUMENTS

Every Baby Matters Action Plan
Every Baby Matters Dashboard
Children’s Services Overview & Scrutiny Committee: Better Start Bradford Update – Jan 2016
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

**Key actions that impacted over 2015/16?**

- Home Safety Equipment scheme has provided and installed free home safety equipment to over 4,000 households with young children in deprived areas across the district.
- The Warm Homes Healthy People Partnership has delivered a multiplicity of different short term interventions targeted at priority groups vulnerable to the cold including families with young children. This year’s programme is secured for two years to build on the need to offer all year round support in periods of inclement weather.
- Over a 100 households were referred by Children’s centres to apply for the £135 Warm Home Discount.
- Take up of free school meals has risen from 48% of eligible children in spring 2014 to 73% in autumn 2015 with 834 more children getting free meals.
- Children’s Centre Plus has started providing support to families of 2 year olds who access early education.
- Families First initiative has turned around 1,672 of the 1,700 families supported which has resulted in improved school attendance, reductions in anti-social behaviour and more parents in employment.

**Key future plans for March 2016 onwards?**

- The Bradford District Partnership (BDP) plans to bring together a number of key groups tackling poverty and exclusion issues in the district under a new multiagency task group called Fairness and Inclusion. It is hoped this comprehensive approach will help to mitigate the impacts of welfare reforms, child poverty and social exclusion experienced by communities of interest in our area.
- Re-procurement of our welfare advice services ensuring that services meet the needs of and are accessible for vulnerable households with children and young people.
- Work with DWP to support families most at risk of financial hardship as Universal Credit is rolled by providing financial management support and helping people with online applications.
- Better Start Bradford programme will engage with 20,000 children over the next 10 years to improve their social and emotional wellbeing, their communication and language skills and their diet and nutrition.
- Bradford’s Families First (Phase 2) aims to identify and deliver interventions to 5,990 families by March 2020.
- Helping families in fuel poverty through initiatives such as Warm Homes – Healthy People and ensuring families receive the support they are entitled to.
- Develop a ‘Made in Bradford’ renewable energy offer, working with private sector partners to deliver energy to families at a fair price.
- Increasing the number of childcare and early education places.

### 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

**Key actions that impacted over 2015/16?**

- A Fuel Poverty Framework for Action was adopted by the Council in September 2015.
The Bradford Healthy Heat Scheme has delivered heating systems and other home energy improvements to residents with long term chronic cold related illness referred by health professionals. The scheme has offered assistance to 38 vulnerable households.

The Warm Homes Healthy People programme has funded a Warm Homes Officer post based in the not- for- profit sector; the role of this post is to knit together the range of activities taking place around fuel poverty in the area. This includes direct services and strategic considerations such as the roll out of the fuel poverty and debt e-learning package.

New district-wide Allocations System launched in June 2014, based on policy which confirms priority in allocating social housing to those with a statutory need and also those with an urgent need. Priority is given to overcrowded households and under-occupying households living in social housing in the new Allocations Policy. This helps to enable vulnerably housed pregnant women and families with newborn infants to access safer and healthier housing.

Proactive project started in October 2015 to visit and assess residential accommodation above commercial properties on key arterial routes – Rogue Landlords funding secured to enhance the Proactive project and help families potentially living in poor conditions.

**Key future plans for March 2016 onwards?**

- The Councils Health and Safety assistance and loans scheme targets vulnerable homeowners to help them fund improvements their homes – funding has been identified to continue to provide financial assistant through loans for a further 3 years.
- Supported Living Framework call-off process commenced October 2015, with new homelessness and support contracts to start in April 2016.
- Domestic & Sexual Violence Housing Related Support Services contracts are now in place and will run for three years (to 2017) with option to extend these by a further year (to 2018).
- Bradford Stock Condition report, incudes data record database of housing stock – will allow particular households to be targeted and will enable a joined up approach for other services.

**RECOMMENDATION 3a**

To improve the health and nutrition of pregnant women, babies and women planning pregnancy by promoting a healthy food culture

**Key actions that impacted over 2015/16?**

- Healthy Start Programme continues to be promoted with the offer of free Healthy Start vitamins, which include Vitamin D for all pregnant women and babies up to six months – voucher recovery system now set up
- Roll out of Faltering Growth Pathway (on SystmOne)to GP’s and Primary Care
- Initiated ‘Vitamin D Champion’ service and register – recruited/trained 12 Champions to work in key locations within the district – another 15 Vitamin D Champions to be trained by April 2016.
- First line resources for Midwifery teams around weight management advice for pregnancy

**Key future plans for March 2016 onwards?**

- Audit uptake of Healthy Start vitamins within maternity services
- Key topic training on key nutritional subjects to children centre workforce
- Continue to monitor and promote Vitamin D champions as a resource across the district
- Mapping of services available to overweight mums
- Work up a recommended plan for a specialist intervention for overweight women and highlight additional resource implications
**RECOMMENDATION 3b**

*Increase the numbers and percentages of women who initiate and continue to breastfeed for at least six to eight weeks*

**Key actions that impacted over 2015/16?**

- 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 was fully accredited in January 2015
  - Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) has been re-accredited in March 2015.
  - Airedale NHS Foundation Trust (ANHSFT) to achieve stage 1 in April 2016
  - The University of Bradford midwifery program is now stage 1 accredited and is set to achieve full accreditation by September 2016.
  - Funding agreed for Children Centre’s for stage 1.
- 140 Children Centre staff have been trained to work towards BFI best practice standards and the free training continues to be on offer.
- 242 GPs have accessed breastfeeding training and the free training is still on offer. Further links are being made to offer training through CCG newsletters, and face to face contact with 5 practice managers per 6 weeks to offer face to face sessions.
- The Breastfeeding Strategy 2015-18 has been finalised and is due to be launched in 2016 – key focus on maximising breast milk and continuing breastfeeding for longer.
- A Breastfeeding peer support service – running breastfeeding support groups in Wrose, Little Horton, Woodside, Thorpe Edge, Saltaire, Fagley. Peer support also available on the ward at BTHFT. 38 mothers supported over 23 hours (between 4/11/15 to 7/12/15 at BTHFT).

**Key future plans for March 2016 onwards?**

- Ensure all Children Centre’s are on the baby friendly pathway and achieve accreditation.
- Breastfeeding campaigns to take place in June/August
- Develop breastfeeding flyer for Health Visiting staff to share with GP’s at their shared meetings.
- Continue recruitment of further cohort and develop the existing peer skills. Also have POP ups in Children Centres, ANHSFT and BTHFT, to recruit more peers.
- Ensure importance of breastfeeding and breast milk is strengthened within schools and other youth settings.

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**RECOMMENDATION 4**

*To ensure equal access to all aspects of pre-conceptional, maternal and infant health care*

**Key actions that impacted over 2015/16?**

- Supporting improvements in maternal mental health and outcomes for children, including delivery of training to key practitioners such as midwives, health visitors and early years staff and launch of perinatal mental health pathway.
- Pilot work on case loading both by AFT (vulnerable women) and BTHFT (via Bradford Better Start Midwifery Case loading Pilot)
- Link established with Self-Care Programme to promote importance of optimum health prior to and during pregnancy, including discussions to support women with or at risk of diabetes.
- Work continues to promote and facilitate pregnant women having the choice to book early with midwifery services and increase early booking rates.
- Specialist midwife support for Smoking Cessation.
- Following a successful pilot the Doula project (which provides additional support to vulnerable women) will be funded on a recurrent basis.
- Baby Buddy App launched

**Key future plans for March 2016 onwards?**
- Utilising Women’s Health Network to reach communities of women who do not routinely access health care
- Plan to set up Infant mental health team through Better Start Bradford
- Stillbirth Action Plan to be finalised April 2016.
- Understand the implications of the Annual Report of the Chief Medical Officer (published in Dec 2015) and the National Maternity Review, Better Births – Five Year Forward View for maternity care (published Feb 2016) for local services.

### RECOMMENDATION 5

**To improve social and emotional support for vulnerable parents, especially those living in areas of social disadvantage**

**Key actions that impacted over 2015/16?**
- Infant mortality is one of key strategic outcomes within the new Integrated Early Years Strategy
- Progress on introduction of district-wide Early Help Hub, agreement established for Keighley and Better Start wards to act as pathfinders from April 2016.
- Roll out of Signs of Safety training has commenced
- Children centre cluster model is now in place and the last 3 children’s centre clusters will be re-procured by summer 2016; this approach will support an integrated approach
- Health Visiting and Family Nurse Partnership services are under review to ensure services are fit for the future and recommendations regarding a new model will be taken to the Executive in June 2016
- Three year expansion of Family Nurse Partnership (FNP) completed and review of current model is underway (see above)
- Homestart, a volunteer peer support programme that supports families with under 5’s, supported over 90 vulnerable families including 1390 hours of voluntary visits, 30 new volunteers prepped in 2015/16 to give regular home visiting and community support to young families – funding extended to cover 2016/17 to support greater number of families
- Coping with crying project developed and roll out supported by BSB Baby Buddy app.
- Ur Choice Relationships and Sex Education (RSE) programme delivered in 9 schools across the district – programme also developed for use in pupil referral units and alternative educational settings.
- Teenage pregnancy hotspots areas identified; changing demographics of increasing Central and Eastern European (CEE) and other vulnerable communities with specialist Teenage Pregnancy services and Family Nurse Partnership services in place
- Better Start Bradford (BSB), a community partnership led by Bradford Trident, has been awarded £49 million from the Big Lottery Fund to help parents give their children the best start in life. Projects being rolled out include Perinatal Support Service which provides emotional support to families during pregnancy and the first year after birth, Talking Together, a service to support children in their communication and language development, Baby Buddy mobile phone app for parents and parents-to-be and Personalised midwifery care pilot which ensures that women see the same midwife throughout their pregnancy and the postnatal period.

**Key future plans for March 2016 onwards?**
- Implementation of the Integrated Early Years Strategy and BSB programme projects and evaluation influencing district wide approaches to improve outcomes
- Family Information Services to be improved with launch of new Council website
- Rolling out Early Help offer across the district once pilots are complete.
- Outcome of service reviews into FNP and Health Visiting expected June 2016
- Expansion of good quality Relationship and Sex Education across more schools in the

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City of Bradford
Metropolitan District Council
To reduce the numbers of men and women smoking in the District with a focus on the needs of women during pregnancy

<table>
<thead>
<tr>
<th>Key actions that impacted over 2015/16?</th>
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<tbody>
<tr>
<td>Bradford Teaching Hospital Foundation Trust (BTHFT) Stop Smoking Specialist Midwife in Post (since January 2016)</td>
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<tr>
<td>BabyClear programme implemented in BTHFT and Airedale NHS Foundation Trust (ANHSFT) the programme includes:</td>
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<tr>
<td>- Briefing sessions for midwifery staff and other relevant health professionals</td>
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<td>- Protocols and care pathways reflecting the evidence base and NICE guidance</td>
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<td>- Advanced skills training to support Stop Smoking Advisors to work effectively with pregnant women</td>
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<td>- Ways to reach out to those pregnant smokers who currently do not engage with the Stop Smoking Services</td>
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<tr>
<td>- Administrative / call centre staff training to increase the number of women accepting appointments</td>
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<tr>
<td>- Awareness raising and engagement with all health professionals involved with pregnant smokers</td>
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<tr>
<td>- A performance management system with monitoring and evaluation of effectiveness</td>
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<tr>
<td>There are a range of actions to reduce smoking prevalence specific to smoking in pregnancy in addition wider tobacco control measures also play an important part which includes:</td>
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<tr>
<td>- Training to equip all practitioners working with families to play their part in preventing smoking before, during and beyond pregnancy including targeting partners smoking behaviours and exposure to second hand smoke.</td>
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<td>- Ensuring messages are consistent throughout the maternal care pathway</td>
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<td>- A clear care pathway from identification to referral and treatment consistently implemented - tracked and monitored</td>
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<tr>
<td>- Legislation e.g. tobacco displays in shops, Smoke free cars with children, pricing</td>
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<tr>
<td>- Enforcement 'Keep it Out' campaign tackling cheap illegal tobacco across West Yorkshire, Bradford District enforcement on underage sales</td>
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Key future plans for March 2016 onwards?

| Further Midwife intervention at 12 week scan appointment for women continuing to smoke |
| Launch of BabyClear programme 14th June 2016 |
| Rapid access to support and stop smoking medication for pregnant women admitted to BTHFT during pregnancy |
| Increase the number of Children Centre staff trained to provide support to pregnant smokers |
| Develop a pathway to incorporate Health Visiting service to maintain consistent messages and referral of smokers antenatal and postnatal |

To reduce the numbers of women with high levels of use of alcohol and/or non-prescribed drugs in pregnancy

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<th>Key actions that impacted over 2015/16?</th>
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<tr>
<td>Basic Awareness Alcohol and Drug online training course available, targeted at health and social care professionals – substance misuse information updated regularly</td>
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<tr>
<td>Specialist alcohol workers embedded in primary care where referrals can be made by any primary care staff member</td>
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<tr>
<td>Specialist drug and alcohol workers embedded in GP practices to support GP’s in screening all new patients for alcohol misuse and screen opportunistically e.g.</td>
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</tbody>
</table>
Specialist Women’s Community Drug service based within Bridge Project has established pathways for pregnant women to access midwifery services. Specialist drug treatment including prescribing is accessed via this service. Airedale services are established with midwifery services being delivered in a community setting in partnership with Project 6 ensuring that patients access both substance misuse interventions and midwifery services. Significant reduction in pregnant women presenting with substance misuse; post for substance misuse midwife decommissioned. Pregnant women identified as being substance dependant (through first booking in appointment/referral) receive midwifery service and referral to a drugs worker and treatment to address their dependency with further specialist support as required.

Service review of all treatment services of drug and alcohol services – recommendations were developed in October 2015.

Key future plans for March 2016 onwards?
- Review of pathways between midwifery and treatment service is currently underway to ensure effective joint working.
- A new service specification is being developed which will result in the re-tender of all drug and alcohol services across the service ensuring effective pathways are in place between maternity services and community drug treatment services.
- Enhance assessment for services users to ensure issues around child protection and pregnant mothers are addressed.

RECOMMENDATION 7

To increase community understanding of the role of genetically inherited congenital anomalies as a cause of death. All partners work to raise awareness and knowledge amongst populations in the Bradford district about the nature of congenital anomalies, including genetically inherited conditions and their impact on infant death

Key actions that impacted over 2015/16?
- Development of leaflet on genetic risk and cousin marriage.
- On-going work across GPs and primary care with distribution of genetic inheritance leaflet to promote further understanding of genetic inheritance issues for all families.
- Sharing of CDOP findings with key partners.

Key future plans for March 2016 onwards?
- Specialist training on genetic risk and cousin marriage offered to 300 health and social care professionals and community sector from March 2016 onwards.
- Options being pursued for further training or alternative options.
- CDOP data analysis to influence new areas of work.
- Updated information on genetic inheritance to be easily accessible via launch of new Council website.

RECOMMENDATION 8

To ensure these recommendations are shared widely and understood by communities across the Bradford district.

Key actions that impacted over 2015/16?
- Development of genetics/cousin marriage leaflets – ensuring consistent set of messages
- Funding Vitamin D leaflets – messages have been given in summer months around Vitamin D/exposure to sun leaflets
- Promoted launch of Baby Buddy app
- Promoted safer sleep guidance in winter months – Safer Sleep Week (14th March) to also be promoted locally via media/social media reinforcing key messages
- On-going promotion of work in other EBM work streams including vitamin D, smoking
cessation in pregnancy and flu vaccination for pregnant women.
- Every Baby Matters leaflet updated and is in all birth packs for pregnant women.

### Key future plans for March 2016 onwards?
- Review district wide/ward level reach of Baby Buddy app launched alongside Better Start Bradford.
- Vitamin D 2016 media campaign set for April.
- Promotional work on BabyClear programme.
- New council website in development – will improve the EBM website – will ensure easily accessible, improved focus to provide the right information to communities across the Bradford district and to professionals.
- Promotion of self-care training programme.
- Promotion of national/international breastfeeding weeks in June and August.

### RECOMMENDATION 9

**To develop further the data collection and monitoring procedures in Bradford**

#### Key actions that impacted over 2015/16?
- On-going analysis of data on infant mortality by the Public Health Analysis Team.
- The Child Death Overview Panel (CDOP) report 2014/15 with full analysis of all infant deaths was published in 2015/16 as part of the Bradford Safeguarding Children’s Board report 2014/15.

#### Key future plans for March 2016 onwards?
- Development of Joint CDOP database to allow timely/routine monitoring and analysis of child deaths and to inform annual CDOP report.

### RECOMMENDATION 10

**Future research to understand both the underlying and immediate causes of death**

#### Key actions that impacted over 2015/16?
- There are close links with Born In Bradford (BIB) and awareness of all significant national and local research emerging which is relevant to infant mortality.
- The chair of the EBM steering group delivered a presentation about why babies die in Bradford at CDOP National Conference in October 2015.
- New emerging evidence locally and nationally is fed into the work of the EBM group.

#### Key future plans for March 2016 onwards?
- CDOP Time Out/Away Day will be held on Tuesday 24 May 2016.
- Reviewing last year’s child deaths and themes around risk factors – ensuring key messages are shared around themes that are identified.
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 5.8 for the years 2012-2014, 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.
- Note: This infant mortality indicator is based on the year in which the death was registered.
- Source: Public Health England National Child and Maternal Health Intelligence Network (ChiMat)

Figure 2: Infant mortality rate percentage reductions from 2007-09 to 2011-13:

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<tr>
<th>Year</th>
<th>Bradford Most Deprived Quintile</th>
<th>Bradford</th>
<th>Yorkshire &amp; Humber</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-2009</td>
<td>10.6</td>
<td>7.9</td>
<td>5.3</td>
<td>4.6</td>
</tr>
<tr>
<td>2008-2010</td>
<td>10.2</td>
<td>7.9</td>
<td>5.4</td>
<td>4.6</td>
</tr>
<tr>
<td>2009-2011</td>
<td>9.0</td>
<td>7.5</td>
<td>5.2</td>
<td>4.4</td>
</tr>
<tr>
<td>2010-2012</td>
<td>7.8</td>
<td>7.0</td>
<td>4.8</td>
<td>4.3</td>
</tr>
<tr>
<td>2011-2013</td>
<td>6.9</td>
<td>5.9</td>
<td>4.5</td>
<td>4.1</td>
</tr>
</tbody>
</table>

% Change between 2007-2009 and 2011-2013: -34.9% -25.3% -15.1% -10.9%
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 2012-2014 has been undertaken.

**Figure 3: Infant Mortality rates - The number of deaths under the age of 1 per 1,000 live births (Public Health Outcomes Framework)**

<table>
<thead>
<tr>
<th>Infants Mortality Rate, per 1,000 live births, 2005-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bradford</td>
</tr>
<tr>
<td>2005-07</td>
</tr>
<tr>
<td>8.3</td>
</tr>
<tr>
<td>2006-08</td>
</tr>
<tr>
<td>8.0</td>
</tr>
<tr>
<td>2007-09</td>
</tr>
<tr>
<td>7.9</td>
</tr>
<tr>
<td>2008-10</td>
</tr>
<tr>
<td>7.7</td>
</tr>
<tr>
<td>2009-11</td>
</tr>
<tr>
<td>7.4</td>
</tr>
<tr>
<td>2010-12</td>
</tr>
<tr>
<td>6.9</td>
</tr>
<tr>
<td>2011-13</td>
</tr>
<tr>
<td>5.6</td>
</tr>
<tr>
<td>Yorkshih and the umber</td>
</tr>
<tr>
<td>2005-07</td>
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<tr>
<td>5.7</td>
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<tr>
<td>2006-08</td>
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<td>5.5</td>
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<td>2007-09</td>
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<td>5.3</td>
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<td>2008-10</td>
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<td>2009-11</td>
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<td>5.0</td>
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<td>2010-12</td>
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<td>4.6</td>
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<td>2011-13</td>
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<td>4.3</td>
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<tr>
<td>England</td>
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<tr>
<td>2005-07</td>
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<td>4.9</td>
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<td>4.4</td>
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<td>2009-11</td>
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<td>4.3</td>
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<tr>
<td>2010-12</td>
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<tr>
<td>4.1</td>
</tr>
<tr>
<td>2011-13</td>
</tr>
<tr>
<td>4.0</td>
</tr>
</tbody>
</table>

- The chart illustrates the continued reduction in the infant mortality rate in Bradford, as published on the Public Health Outcomes Framework. The most recent figure of 5.6 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.
- Note: This infant mortality indicator is a shared indicator between the PHOF and the NHS Outcomes Framework and is based on the year the death occurred in (ChiMat data is based on the date the death was registered —see Fig 1).
- Source: Public Health Outcomes Framework (PHOF), 4.01
- 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)

**Figure 5: Access to a midwife before 12 weeks of pregnancy**

- 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 6: Smoking At Time of Delivery (SATOD) for pregnant women

- The percentage of pregnant women smoking at delivery has remained fairly constant over the previous four years, although a slight dip in percentage for 2014/15.
- Source: PHOF 2.03

Figure 7: Quit rates for pregnant women referred to Smoking Cessation Services 2011/12 to 2014/15

<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>
<tr>
<td>2014/15</td>
<td>652</td>
<td>117</td>
<td>20 (17%)</td>
</tr>
</tbody>
</table>

- The proportion of women who quit following setting a quit date has decreased compared to the previous three years, however recording and reporting the number of pregnant smokers quitting prior to 2014/15 was identified as inaccurate, therefore a new reporting process was introduced in 2014/15 to ensure data quality.
- Source: Smoking cessation services data
The breastfeeding initiation rate continues to show improvements, despite slight dip in performance in previous years.

Source: PHOF 2.02i

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

Source: PHOF 2.02ii
Figure 10: Immunisations at 12 months
- 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 3.03iii