

## AMENDED REPORT

	<b><u>Agenda Item: 14</u></b>
<b>Report to:</b>	<b>Birmingham Health &amp; Wellbeing Board</b>
<b>Date:</b>	<b>31<sup>st</sup> January 2023</b>
<b>TITLE:</b>	<b>Update on the work of the Perinatal and Infant Mortality Taskforce</b>
<b>Organisation</b>	<b>Birmingham City Council</b>
<b>Presenting Officer</b>	<b>Dr Marion Gibbon</b>

<b>Report Type:</b>	<b>Information</b>
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### 1. Purpose:

- 1.1. To update the Health and Wellbeing Board on the work of the Perinatal and Infant Mortality Taskforce.

### 2. Implications (tick all that apply):

Creating a Bolder, Healthier, City (2022-2030) – Strategic Priorities	Closing the Gap (Inequalities)	Y
	Theme 1: Healthy and Affordable Food	
	Theme 2: Mental Wellness and Balance	
	Theme 3: Active at Every Age and Ability	
	Theme 4: Contributing to a Green and Sustainable Future	
	Theme 5: Protect and Detect	
	Getting the Best Start in Life	Y
	Living, Working and Learning Well	
	Ageing and Dying Well	
Joint Strategic Needs Assessment		

### 3. Recommendation

3.1. To note the report.

## **4. Report Body**

### **4.1 Background - Update on the work of the Infant Mortality Taskforce**

4.1.1 A report was prepared for Birmingham Health Overview and Scrutiny in 2020 and a request for an in-depth piece of work to consider the figures for infant mortality in Birmingham and the contributing factors which was presented to HOSC (Health Overview and Scrutiny Committee) in December 2020.

4.1.2 A series of recommendations were posed which consisted of:

1. To work with partners to establish a multi-agency 'Reducing Infant Mortality in Birmingham' Task Force to oversee a concerted effort by all relevant agencies to achieve a substantial reduction in infant mortality in the city. The Task Force should include the existing Local Maternity System, Clinical Genetics representation, commissioners, and other maternity services such as BCHC (Birmingham Community Health Care), plus BCC (Birmingham City Council) Public Health, representatives of the CVS sector and elected Member, with a brief to bring the threads of all related interventions together in a concerted and mutually reinforcing programme. It should also identify and address any factors that may discourage some parents from engaging with their maternity service professionals.
2. To set an ambitious goal to reduce infant mortality by 50% in Birmingham by 2025 (from 2015 figures, matching the national target) but to then go further and eliminate the gap between infant mortality rates in Birmingham and the England average by this date. This should be accompanied by a delivery plan that can plausibly demonstrate how these targets can be met, identifying both the structural and modifiable factors underlying the infant mortality within the City.
3. To develop a strong community awareness strand within the Task Force work programme, led by respected and trusted community groups, local community and faith leaders, and other influencers who are engaged in social media. This should be targeted at improved health behaviours, identifying, and supporting families facing material hardship and adverse stressful circumstances, early detection of poor baby growth, and empowering people to make healthy life choices that minimise their infant mortality risk factors. This will include ensuring up to date information is available, including current and likely future trends in consanguineous unions in Birmingham.
4. The work of the Task Force should be tasked to consider and adapt the 'four strands' approach of Professor Salway and access any resource and support available nationally.

4.1.3 A tracking report was provided for HOSC on the progress of each of the recommendations in October 2021 detailing the progress of the recommendations. A further report to HOSC was presented on 18<sup>th</sup> October 2022 (Appendix 1).

## **4.2 Achievements**

4.2.1 The Perinatal and Infant Mortality taskforce has been established and has been meeting on a regular basis. Three streams of work have been established to take the work forward, which consist of:

1. Research – this group is chaired by Jo Garstang, the Designated Doctor for Childhood Death, she has received funding to establish research that develops an approach to understand the impact of infant loss on mothers and their families. Part of this is also looking at how these women can be supported.
2. Co-production and innovation - led by Dr Marion Gibbon. She is working with the Ladywood and Perry Barr Partnership Development Lead for Maternity and Children, Amy Maclean on a pilot project that is developing work with schools on the “Best Start in Life.” This has been extremely successful, and this work will be taken forward by a partnership between Birmingham Education Partnership and Youth People’s Education Community (YPEC). During the pilot, year 11 students in 2 secondary schools have participated in a Health Hack where they engage with health professionals and information about causes of infant mortality but framed as ways, they can enable a best start in life for themselves, their peers, families, and communities. Feedback from students has been positive, including gratitude for learning about such topics at this point in their lives.
3. Implementation – this was to be chaired by Marcia Perry, Birmingham Community Healthcare Trust once she retired. The majority of implementation relating to infant mortality is through the LMNS. One aspect that the development plan has highlighted is the need to look at the pathway from maternity into health visiting. As Marcia has now left this chair is vacant and we are hoping that someone from the Birmingham and Solihull (BSol) ICB (Integrated Care Board) will take on this role. It has been agreed that the taskforce will sit under the LMNS (Local Maternity and Neonatal System) BUMP (BSol United and neonatal Maternity Partnership) board. This will ensure greater accountability and traction for the work of the taskforce.

4.2.2 The Task Force includes members of the local maternity neonatal system (LMNS), clinical genetics, BSol ICS (Integrated Care System), BCC Public Health, representatives from the voluntary sector and elected Members. There is ongoing work to enable parents to engage effectively with their maternity service professionals. Members of the group have been working with the BSol (BUMP) to

review the working of the Maternity Voices Partnership (MVP) and establish its new arrangements to ensure women's voices and experiences underpin the work.

### **4.3 The Perinatal and Infant Mortality goal and workplan**

4.3.1 The Development Plan was presented at the last Health and Wellbeing Board when an update was requested on 22<sup>nd</sup> March 2022 ([CMIS \(Committee Management Information System\) > Meetings](#) Appendix 3 pp384-388).

4.3.2 The development plan is not a static document; it is dynamic and changes considering findings from the work being undertaken by the group. The latest version of the development plan is attached (Appendix 2). A significant amount of work has occurred since October 2022 with the consolidation of national and local policy documents by Barnes, J (SpR) and a discussion with the LMNS concerning leadership and priorities for the future.

### **4.4 Community awareness strand**

#### **4.4.1 Seldom Heard Report:**

4.4.1.1 Birmingham Public Health commissioned providers to facilitate target focus group conversations to capture the voices of women about pregnancy and its interlinking topics. This offered insight into personal thoughts and experiences and based on those discussions, developed recommendations on how to improve the system.

4.4.1.2 It was thought that the findings from the groups would help influence the development of the Infant Mortality Action Plan. Written reports of the key findings were produced by each individual researcher and have since been consolidated into one report.

4.4.1.3 Helpful resources are being collated alongside a comms plan for sharing the report on a wider footprint which might help address some of the issues raised in the report. The report has recently been published (Appendix 3) and highlights the work of the Birmingham and Lewisham Health Inequalities Review. Work on cultural compassion is an area that is highlighted in both reports.

#### **4.4.2 Community Researchers:**

4.4.2.1 Birmingham Public Health commissioned Community Research training, women were recruited and trained from seldom heard communities (Black African, Polish & Eastern European, South Asian, and Chinese communities).

4.4.2.2 The training was to enhance the skills and abilities of women, enabling them to further develop trusting relationships with women in their communities. This gave them a good understanding of ways of engaging with individuals and communities through conversations around the topic of pregnancy, maternity services, language barriers, cultural and religious beliefs.

4.4.2.3 The training provided confidence and understanding of ways to highlight key issues with Public Health. Public Health have now agreed host organisations

and are finalising terms and conditions for them to support and develop the trained Community Researchers, in order that they can be confident in engaging in research practice with topics identified by Public Health and other partners.

#### **4.4.3 Pilot Population Health Management (PHM):**

A population health management approach is being piloted by Public Health aimed at identifying risk factors for low birth weight. This approach accesses standardised and linked data sets. It applies statistical techniques to identify and assess risk.

#### **4.4.4 School Project:**

4.4.4.1 There are two strands to this. The first is the development of PHSE materials that support the discussion of genetics and cousin marriage within the school curriculum. Several schools have been involved in this and a package is currently in development. A PowerPoint slide set has been developed (Appendix 4).

4.4.4.2 The second strand is the co-production of an approach with schools called “Best Start in Life” which aims to enable young adults in schools (young women in the first instance) to discuss what factors can lead to better health outcomes in babies. This event focused on developing action to improve health behaviours, identifying, and discussing early detection of problems, and empowered young women to make healthier life choices that minimise their infant mortality risk factors.

4.4.4.3 Presentations from health professionals provided up-to-date information about infant mortality, and information on the current scale and genetic problems caused by social and cultural factors in Birmingham. The first event was held on Friday 9<sup>th</sup> September at Handsworth Girls Academy. A report from this event is being produced.

#### **4.4.5 Developing Workforce Cultural Compassion:**

BUMP has commissioned a training programme called “5 times more”, which focuses on developing workforce cultural compassion in the workforce. To date two sessions have been held with more planned.

#### **4.4.6 Immediate Post-Natal Contraception:**

A pilot has been completed and the findings presented to the BUMP board. Public Health has met with the Clinical Director of the local maternity partnership system to discuss the next phase of implementation. A further update will be produced on this project.

#### **4.4.7 The Economic Cost of Genetic Conditions:**

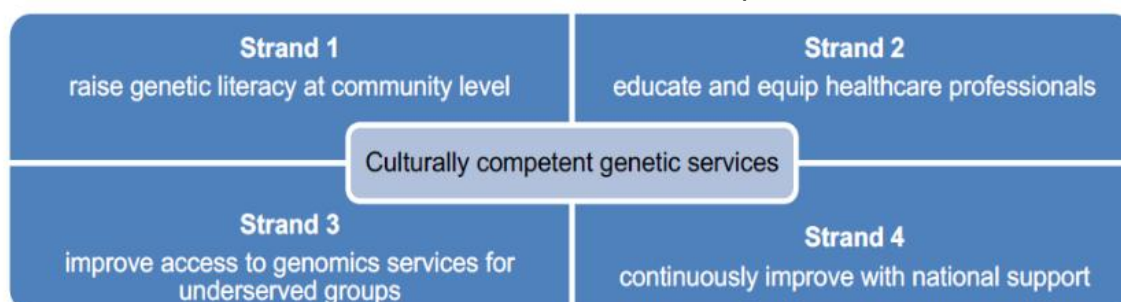
A report has been completed and presented to the Perinatal and Infant Mortality Taskforce. Several recommendations were posed which will feed into the development of culturally compassionate materials for families which is being led by the EDI (Equality, Diversity, and Inclusion) lead for BUMP.

#### **4.4.8 LMNS Culturally Competent Genetics Service**



4.4.8.1 The LMNS Culturally Competent Genetics Service has established a working group which will be monitored by the Maternal Quality Committee. The LMNS will be responsible for reporting progress made by the group to NHSEI (NHS England and Improvement) and Maternity Transformation Programme (MTP) on a regular basis.

4.4.8.2 The first national strategy for England to improve access to high quality genetics services for underserved groups will give families opportunities to make informed reproductive decisions, while respecting their culture, values, and beliefs. The NHSE strategy was coproduced with parents, clinicians, and academics. The strategy is informed by research evidence and national consensus on how this unmet health need should be addressed (Salway et al., 2019). It has four strands, illustrated below and which the service will be developed on:



4.4.8.3 As per the MTP bid process the LMNS have a financial package including national support to help implement Culturally Competent Genetic Service for the identified underserved groups in areas of high need for Birmingham, ringfenced to Birmingham North & East and Heart of Birmingham (based on the old PCT boundaries) where two separate bid applications required approval.

As part of the offer the LMNS are committed to rolling out a Culturally Competent Genetics Service for consanguineous couples in Birmingham North and East and Birmingham Central and West to aligned to the old Heart of Birmingham boundaries with the aim to develop work to:

- Improve access to genomics services for underserved groups; and
- Give families the opportunity to make informed reproductive decisions

4.4.8.4 The project funding is for 3 years and will be subject to confirmation in line with NHS England planning processes. As part of the 1<sup>st</sup> year allocation a "Genomics Associate x 1.0 WTE to the Regional Service will be appointed who will part support Midwifery resource locally (0.4 WTE Band 6 x 2 posts) to cover BSOL LMNS high need areas focusing on Birmingham North & East, Central & West localities—they will lead training, education, and information sharing; the recruitment process is taking place.

#### **4.4.9 Child Death Overview Panel**

Each year a report is written on the child deaths that have occurred in Birmingham. The current report was agreed for publication on 13<sup>th</sup> January 2023 (See Appendix 6) 2022 Annual Report of the Birmingham and Solihull Child Death Review Team and Child Death Overview Panel. The recommendations from the report will be implemented in 2023. These are:

1. To ensure BCH implement joint child death review meetings for all deaths
2. To continue to catch up on cases delayed due to the Covid-19 pandemic
3. Ensure that all lessons learnt from the whole death review process are captured on the eCDOP Analysis form
4. Ensure that all Child Death Review Meetings are multi-agency and external professionals are invited
5. To provide Joint Agency Response (JAR) training for health, police and coroner's staff
6. Closer working with public health.
  - a. Consanguinity
  - b. Deaths compared to social deprivation
  - c. Perinatal deaths and maternal health

#### **4.4.10 Linking to the Children and Young People's Plan**

The Children and Families Directorate is collaborating with partners in preparing our five-year Children and Young People's Plan 2023-2028. During 2022, strategic workshops were held to engage partners in developing strategic priorities for the plan. One workshop focused on infant mortality, preventable deaths, and early intervention. It is crucial to consider how we support children, young people, and families to have healthy relationships, pregnancies, and good health outcomes. The plan is due to be published in April 2023 and includes collective strategic action on joining up our offer in local places so families can connect with support they trust. This includes interventions that minimise the impact of child poverty, which is vital for decreasing infant mortality.

The new role that the Children and Families Division have instituted will ensure that links between public health and other parts of the council have a lasting impact on the health of our communities. Further links are to be developed between Council Services, the Integrated Care System and the NHS Trust Hospitals through the recommissioning of Public Health Nursing (0-19) Services. This will include the pathway between Hospital Maternity Services and Public Health Nursing to support infant health at home and in the community in the first weeks and months of life.

Governance arrangements have been strengthened to make sure that children and young people are at the heart of the work of the Health and Wellbeing Board. Birmingham Children and Young People's Partnership Board will meet quarterly to provide oversight and scrutiny of the progress against the plan. This Board will send regular reports to Health and Wellbeing Board to provide assurance on delivery of strategic actions on infant mortality. The performance framework for the plan will include infant mortality rates as a headline indicator to measure progress, alongside further recognised health and wellbeing indicators.

#### **4.4.11 Update on the numbers**

The Office of National Statistics are yet to publish overall infant deaths for 2021. However, via NOMIS they have published England higher level numbers of deaths for 2021, but not the rates. The following update on infant death rates for Birmingham are based on data currently available to the Birmingham Public Health Intelligence team. The update only includes England comparisons where

the information was available via NOMIS. This means that whilst we have rates for Birmingham between 2019 and 2021 it is not possible to include England comparators. We anticipate that it will be available in March 2023 before we would be able to do so. Appendix 5 also gives a year-to-date graph of information the team currently hold.

What follows is a summary.

- 2021 saw an increase of 21 infant deaths registration. The England rate also rose in 2021.
- Three-year rates have increased Birmingham to 7.6 per 1,000 but England has remained static at 3.9 per 1,000 live births.
- Perinatal single year rates have decreased in 2020 to 9.1 The 3 year rolling rates for 2018/20 have also decreased slightly on to 9.8 per 1,000 births locally (Please note data is not available for 2021 currently).
- Early neonatal deaths in 2021 increased by 14 in Birmingham which meant the rate increased by 1.5 deaths per 1,000 live births. England data is unavailable.
- Early neonatal 3-year rates 2019/21 for Birmingham increased by 0.3 per 1,000 live births. England data is unavailable.
- Late neonatal single year death rates have slightly increased in Birmingham in 2021. England data is unavailable.
- Neonatal deaths increased during 2021 by 1.9 per 1,000 live births in Birmingham. England data is unavailable.
- 2019/21 Neonatal rates have increased slightly. England rates are currently unavailable.
- Post neonatal death rates have increase for Birmingham, England 3-year rates are currently unavailable.
- Live births dropped across the city by an estimated 1,000 – stillbirths remained static.
- Currently England Stillbirths for 2019/21 and 2021/22 are unavailable. In Birmingham, locally calculated rates for both years have increased with 20 more stillbirths than 2018/20. Meaning Perinatal mortality has also increased.

## **5. Compliance Issues**

### **5.1. HWBB Forum Responsibility and Board Update**

5.1.1. This report is to update the board on the progress being made by the Birmingham Perinatal and Infant Mortality Task force set up in September 2021 by the Birmingham Council.

### **5.2. Management Responsibility**



5.2.1. The task force is accountable to the Health and wellbeing Board through the Director of Public Health. In future it will also report into the LMNS BUMP Board. The link with delivery through the LMNS is important, as is the appointment of Dr Deepthi Jyothi as clinical Senior Responsible Officer with dedicated sessions to focus on leadership. Infant Mortality is seen as the number one priority in the ICS reducing health inequalities strategy,

## 6. Risk Analysis

Identified Risk	Likelihood	Impact	Actions to Manage Risk
Lack of engagement from partners	Low	High	Ensure are partners informed and involved throughout
Lack of involvement from women and families	Low	High	Ensure co-production throughout
Task force does not complete actions within agreed time frame	Medium	Medium	Close monitoring of agreed actions by task force and subgroups

## Appendices

Appendix 1 – HOSC infant mortality tracking report  
 Appendix 2 – Perinatal and Infant Mortality Development Plan  
 Appendix 3 – Seldom Heard Report  
 Appendix 4 - PowerPoint Presentation on Infant Mortality for School Curriculum  
 Appendix 5 – INFANT MORTALITY UPDATE – January 2023  
 Appendix 6 – Annual report of the Child Death Overview Panel 2022

The following people have been involved in the preparation of this board paper:

Author: Dr Marion Gibbon – Assistant Director of Public Health – Children and Young People, BCC

Jeanette Davis – Public Health Officer Evidence – Public Health Knowledge, Evidence and Governance, BCC

Amy Maclean – Maternity and Children Development Lead – Ladywood and Perry Barr Locality Partnership

Colin Michel – Interim Strategy & Partnerships Lead Birmingham Children's Partnership

Lisa Stalley-Green – Deputy Chief Executive and Chief Nursing Officer BSol ICB

Jo Tonkin – Interim Assistant Director of Public Health – Knowledge, Governance and Intelligence, BCC

Sushma Acquilla – Independent Chair of the Perinatal and Infant Mortality Taskforce