

<b>Report of:</b>	<b>Cabinet Member for Health and Social Care</b>
<b>To:</b>	<b>Health and Social Care Overview and Scrutiny Committee (HOSC)</b>
<b>Date:</b>	<b>18<sup>th</sup> October 2022</b>

## **Progress Report on Implementation: Infant Mortality**

### **Review Information**

Date approved at City Council:	13 <sup>th</sup> April 2021
Member who led the original review:	Councillor Rob Pocock
Lead Officer for the review:	Emma Williamson
Date progress last tracked:	N/A

1. In approving this Review the City Council asked me, as the appropriate Cabinet Member for Health and Social Care, to report on progress towards these recommendations to this Overview and Scrutiny Committee.
2. Details of progress with the remaining recommendations are shown in Appendix 2.
3. Members are therefore asked to consider progress against the recommendations and give their view as to how progress is categorized for each.

### **Appendices**

<b>1</b>	<b>Scrutiny Office guidance on the tracking process</b>
<b>2</b>	<b>Recommendations you are tracking today</b>
<b>3</b>	<b>Recommendations tracked previously and concluded</b>

### **For more information about this report, please contact**

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## Appendix ○: The Tracking Process

In making its assessment, the Committee may wish to consider:

- What progress/ key actions have been made against each recommendation?
- Are these actions pertinent to the measures required in the recommendation?
- Have the actions been undertaken within the time scale allocated?
- Are there any matters in the recommendation where progress is outstanding?
- Is the Committee satisfied that sufficient progress has been made and that the recommendation has been achieved?

Category	Criteria
<b>1: Achieved (Fully)</b>	The evidence provided shows that the recommendation has been fully implemented within the timescale specified.
<b>2: Achieved (Late)</b>	The evidence provided shows that the recommendation has been fully implemented but not within the timescale specified.
<b>3: Not Achieved (Progress Made)</b>	The evidence provided shows that the recommendation has not been fully achieved, but there has been significant progress made towards full achievement. <b>An anticipated date by which the recommendation is expected to become achieved must be advised.</b>
<b>4: Not Achieved (Obstacle)</b>	The evidence provided shows that the recommendation has not been fully achieved, but all possible action has been taken. Outstanding actions are prevented by obstacles beyond the control of the Council (such as passage of enabling legislation).
<b>5: Not Achieved (Insufficient Progress)</b>	The evidence provided shows that the recommendation has not been fully achieved and there has been insufficient progress made towards full achievement. <b>An anticipated date by which the recommendation is expected to become achieved must be advised.</b>
<b>6: In Progress</b>	It is not appropriate to monitor achievement of the recommendation at this time because the timescale specified has not yet expired.

## Appendix : Progress with Recommendations

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R01	<p>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 and reduction in Infant Mortality in the City.</p> <p>The Task Force should include the existing Local Maternity System, Clinical Genetics representation, commissioners and other maternity services such as BCHC, plus BCC Public Health, representatives of the CVS sector and elected Members, 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 effectively with their maternity service professionals.</p>	Cabinet Member, Health and Social Care	July 2021	2

### Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')

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 Richard Kennedy. Jo Garstang, the Designated Doctor for Childhood Death, 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 West Birmingham ICB Development Lead for Maternity and Children, Amy Maclean on a pilot project that is developing work with schools on the "Best Start in Life".
3. Implementation – this is chaired by Marcia Perry, Birmingham Community Health Trust. This group is looking at the pathway from maternity into health visiting.

The Task Force includes members of the local maternity system, clinical genetics, BSol ICS, BCC Public Health, representatives of 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 Birmingham and Solihull United Maternity Partnership (BUMP) to review the working of the Maternity Voices Partnership (MVP) and establish its new arrangements.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R02	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	Cabinet Member, Health and Social Care	July 2021	2

	<p>Birmingham and the England average by this date.</p> <p><b>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 inequalities in infant mortality within the City.</b></p>		October 2021	2
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**Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')**

The group now has a development plan which was presented at the last Health and Wellbeing Board when an update was requested on 22<sup>nd</sup> March 2022 ([CMIS > Meetings](#) Appendix 3 pp384-388).

The development plan is not a static document, it is dynamic and changes in light of findings from the work being undertaken by the group.

No.	Recommendation	Responsibility	Original Date For Completion	Cabinet Member's Assessment
R03	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 the current scale and likely future trends in consanguineous unions in Birmingham.	Cabinet Member, Health and Social Care	February 2022	2

**Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')**

**Seldom Heard Report:**

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.

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.

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.

**Community Researchers:**

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).

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.

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.

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

Work is being developed by the PHM lead in public health with partners

#### **School Project:**

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.

The second strand is the co-production of an approach with schools called “Best Start in Life” which aims to enable school aged children (girls 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 discussed early detection of problems, and was to empower young women to make healthy life choices that minimise their infant mortality risk factors.

Presentations from health professionals provided up-to-date information about infant mortality, and information on the current scale and likely future trends 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 will be produced.

#### **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 and there are more planned.

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

A pilot has been completed and the findings presented to the BUMP board. Public Health is meeting with the Clinical Director of the local maternity partnership system to discuss the next phase of implementation

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

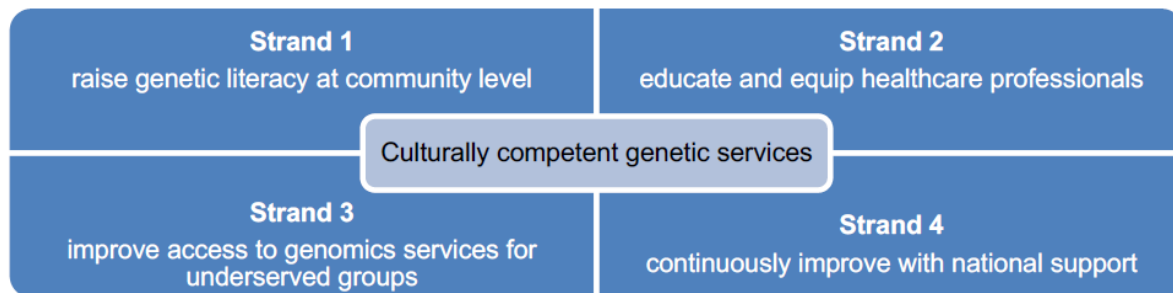
A report has been completed and presented to the Perinatal and Infant Mortality Taskforce. Several recommendations were posed which will feed into the development of culturally compassionate materials for families which is being led by the EDI lead for BUMP.

<b>No.</b>	<b>Recommendation</b>	<b>Responsibility</b>	<b>Original Date For Completion</b>	<b>Cabinet Member's Assessment</b>
<b>R04</b>	The work of the Task Force should be tasked to consider and adapt the 'four strands' approach put to us by Professor Salway (outlined above) and access any resource and support available nationally.	Cabinet Member, Health and Social Care	March 2022	2
Evidence of Progress (and Anticipated Completion Date if 'Not Achieved')				

Building on from the Delphi exercise (which brought about professor Salway's recommended 'four strands' approach), there has been a national strategy being funded by NHSEI in response to increased genetic risk associated with close relative marriage.

In order to deliver against the four strands (fig.1) the programme is aiming to work with 8 areas of high need based on infant mortality data of which North & East Birmingham have been identified as one.

Fig.1



The [Equity & Equality: guidance for Local Maternity Systems](#) (pp. 26, 29-30), made a commitment to roll out culturally competent genetics services for consanguineous couples. There are two aims of this work to:

1. improve access to genomics services for underserved groups; and
2. give families the opportunity to make informed reproductive decisions

NHSEI has offered financial and national support to help implement these culturally competent genetic services for underserved groups in Birmingham. Birmingham LMNS can access this extra support, including funding for local genetic literacy programmes; funding for a close relative marriage midwife (band 6, 0.4WTE); dedicated support in the regional genomics service; and a clinically led national support offer.

In order to oversee this work, a Culturally Competent Genetics Service – Relative Marriages Working Group has been convened, Terms of Reference are available on request. The group will apply for the nationally available funding, £334,000 per annum over 3 years and work together to deliver and monitor expected and agreed outcomes.

The Group will address the areas of work outlined in the four strands below:

#### **Strand 1: raise genetic literacy at community level**

Will develop a genetic literacy programme to raise awareness of genetic risk and improve access to NHS Services to support informed reproductive decision-making. Alongside ensuring there is a process for sharing health promotion materials provided by NHSE to support face-to-face conversations between families and a health or social care worker for the population of North and East Birmingham respecting their cultural values and belief.

#### **Strand 2: educate and equip healthcare professionals**

Will carry out recruitment process to appoint a 'Close Relative Marriage Midwife (band 6 at least 0.4wte per high need area), based within the provider trust's screening team. With development of online training and follow-up webinars to midwives, maternity support workers, neonatal staff, GPs, health visitors, paediatricians, social workers, and others by incorporating emphasis on respect of the cultural values and belief of the population of North and East Birmingham – *details are being worked through*.

### **Strand 3: Improve access to genomic services for underserved groups**

- Will develop and improve local pathways for counselling to improve access to services for families at increased genetic risk associated with close relative marriage, from primary and secondary care to ensure high quality referrals to the regional genomics service, with a focus on underserved groups within North & East Birmingham – for those practising close relative marriage, particularly couples from Pakistani ethnic groups.
- Will monitor local metrics evidencing an increase in high quality referrals to the Regional Genomics Service from underserved groups across North & East Birmingham by increasing face to face contacts for families in the North and East Birmingham areas when interventions are developed.

### **Strand 4: Continuously improve with national support**

- There will be commitment from the appointed Close relative marriage midwife and a public health representative to attend the all-day events to share learning and receive training.
- LMNS leads, public health, ICS and members of the local, multi-agency working group(s) to attend and contribute to the annual event. To provide quarterly highlight reports on progress and spend against plan, risks, etc, using template provided by MTP.
- Will provide anonymous data every month for quality improvement purposes, in line with reporting cycles; these data will be shared with other organisations, e.g., the NHS, ICBs, local authorities, national steering group members.
- Will participate in qualitative and quantitative surveys and facilitate access to staff and service users

The timeline for applying for the funding:

- **1 August Process for bid submission is issued to LMNS**
- 6 September Virtual workshop about the application process (from 2-4pm)
- **23 September Deadline to submit applications and supporting documents**
- 5 October Assessment of applications
- **7 October Notification of decision sent to successful applicants**
- October 2022 Funding transferred to the LMNS' host ICB

## Appendix ○: Concluded Recommendations

**These recommendations have been tracked previously and concluded.**

**They are presented here for information only.**

# Concluded

No.	Recommendation	Responsibility	Date Concluded by Overview and Scrutiny Committee	Tracking Assessment
R05	<p>Progress towards achievement of these recommendations should be reported to the Health and Social Care Overview and Scrutiny Committee no later than 31 October 2021.</p> <p>Subsequent progress reports will be scheduled by the Committee thereafter, until all recommendations are implemented.</p>	Cabinet Member, Health and Social Care	October 2021	1