

# Influencing drivers of neonatal and infant mortality at system level

Public health perspective and levers

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With thanks to Mandy Clarkson

# Aims and objectives

## **Aim for this session:**

To identify how you can influence and impact on drivers of infant mortality in your system

## **At the end of this session you will have:**

1. Identified opportunities to build on your current work to tackle infant mortality across the system and the life course
2. Identified possible ways of working to do this differently
3. Identified individuals across the region with whom to collaborate
4. Learned how to join NHS Futures Space to share

# Plan for the session

## 1. Recap:

- What we know about the challenge
- Regional work and plans

## 2. 'Diagnosis' and sharing your experiences – interactive Menti questions

## 3. Group discussion

## 4. Feedback/close

# In the West Midlands in 2022

353 babies died before their first birthday

279 of these babies died before they were 28 days old

A further 271 babies were stillborn

Our region has the highest rates of stillbirth, perinatal mortality, neonatal mortality and infant mortality in England.



# Geographically, there is a persistent pattern in the distribution of high infant mortality rates

Figure 11: Local Authorities in England with Statistically Significant Higher 3-Year Rolling Average Rate of Infant Mortality Compared to England 2020 to 2022

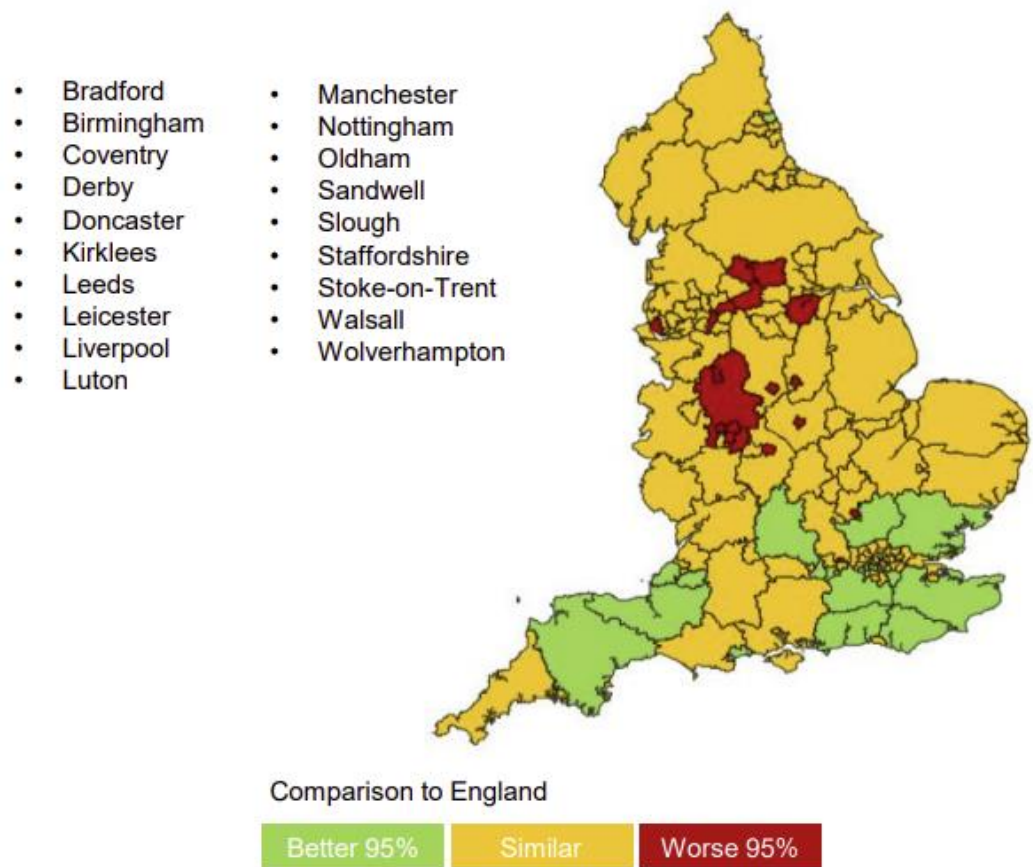
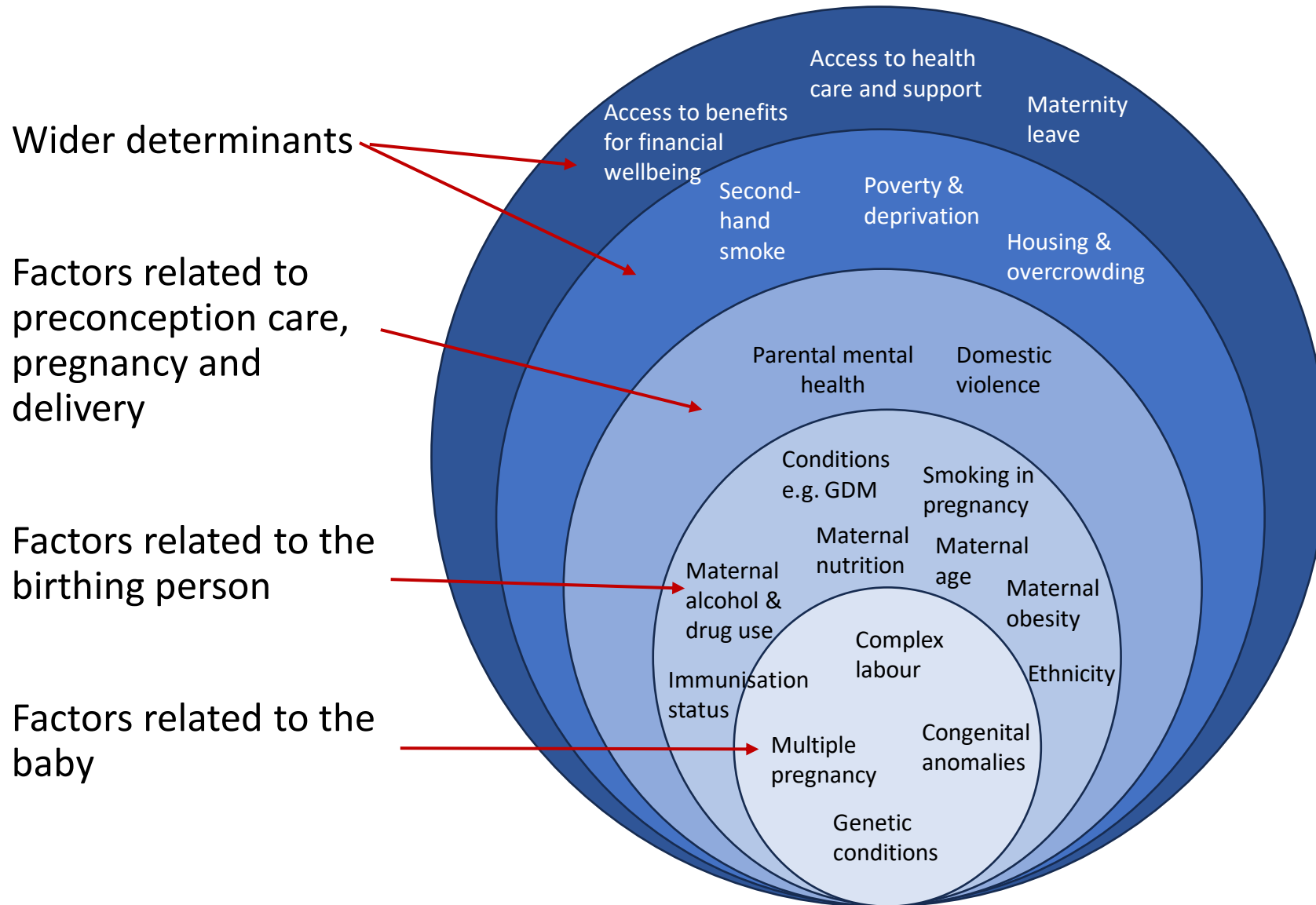


Figure 12: Local Authorities in England with Statistically Significant Higher Rates (3-year rolling average) of Infant Mortality compared to England since 2001-03

Local Authority (LA)	Region	Number of times the LA Infant Mortality rate has been statistically significantly higher than the England IMR...	
		...since 2011-13 (10 time points)	...since 2001-03 (20 time points)
Birmingham	WM	10	20
Bradford	Y&H	10	20
Sandwell	WM	10	20
Walsall	WM	10	19
Stoke-on-Trent	WM	10	18
Wolverhampton	WM	9	18
Leicester	EM	9	15
Staffordshire	WM	9	13
Manchester	NW	8	17
Derby	EM	8	11
Nottingham	EM	7	15
Oldham	NW	7	14
Kirklees	Y&H	6	14
Luton	E	6	9
Lancashire	NW	5	11

# Risk factors amenable to healthcare/ health improvement



## Social/clinical interventions

- Financial wellbeing for parenthood
- Stop smoking (CO<sub>2</sub> monitoring, household and opt-out models)
- Reduce teenage pregnancy
- Intensive support for teenage parents
- Domestic violence services
- Perinatal mental health services
- Healthy weight services
- Early booking; full antenatal care
- Screening for infection and congenital anomalies
- Maternal immunisation, such as MMR, pertussis and flu
- Optimal care of medical conditions during pregnancy, such as diabetes and hypertension
- Nutrition, folic acid supplements
- Optimisation of clinical care via bundles e.g. SBL, PeriPrem

# Evidence-based interventions through the life-course

	Pre-conception (adults and young people)	Pregnancy	Birth	Infants (0-1 years)	Children and young people (2 -24 years)
Health and care	Access to contraception and health services			Produce clear communication for families to spot the signs of illness or failing health in a manner they can understand	
	Ensure early access to maternity care				
	Proactive identification and support of at risk women and their partners				
	Support stopping smoking in pregnancy and promote smoke-free homes				
	Provide enhanced genetics services				
	Promote healthy diet and exercise and weight management services				
	Provide alcohol and substance-misuse support				
			Postnatal follow up of women e.g. those with known risk to reduce risk for future pregnancy		
		Provide advice and support around safer sleeping			
		Support breastfeeding uptake			
		Deliver antenatal and infant screening			
		Support maternal mental health and wellbeing and refer for specialist and/or emergency assessment if needed			
		Ensure primary care has embedded links to risk reduction services			
		Reduce teenage pregnancy and support pregnant teenagers and pregnant young women			
	Wider determinants	Provide high quality and culturally sensitive primary care, midwifery, neonatal and health visitor care and building trust between health and care and higher risk communities			
Increase maternal and child immunisation uptake					
Ensure safe care through training, continued education, strong leadership and sharing good practice					
Reduce teenage pregnancy and support pregnant teenagers and pregnant young women				Reduce unintentional injuries in the house and on the roads	
Reduce poverty and health inequalities, including access to other resources e.g. the right benefits, food, transport and heating					
Improve housing, reduce overcrowding and reduce homelessness					
Support actions to deliver a system that reduces domestic abuse and domestic homicides, whilst supporting victims and survivors get the support that they need					
Improve educational attainment, support people to move into and progress in work, support the Government's ambition of ending low pay in the UK					
Improve data, monitoring and evidence to ensure that effective, evidence-informed and timely interventions continue to be implemented and updated					
Ensure robust and effective safeguarding practices for all babies, children and young people					

# Where do we start?

**What are the drivers in our systems, what are the causes? Does everyone who needs to know, know?**

**Evidence on individual risk factors – do what we know works, well..**

**Ongoing work to improve quality, safety and effectiveness in individual services – is focus in the right place?**

**Are we making the most of system resources?**

**What could we do differently, and what do we need?**

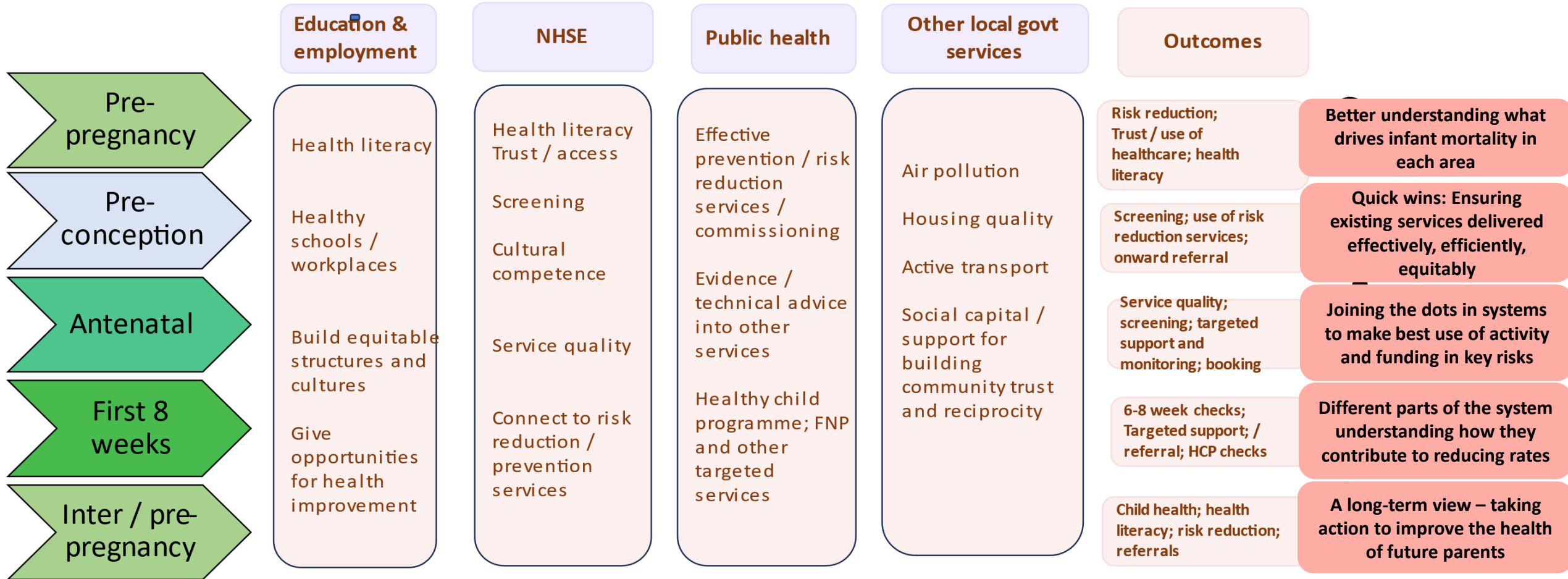
- 2023 roundtable: leadership, oversight, better data, shared focus, lifecourse approach, sharing learning, leadership and staff buy-in

# A whole system approach

- We are teams of teams... or, a system of systems
- NICE (2010): features of effective whole systems approaches are..
  - The system recognises itself as a system
  - Partners feel they 'own' the mission
  - Sufficient capacity / capacity building
  - Partnerships benefit from community and senior engagement, positive history, shared interests, strategic leadership, common language
  - Embedded in strategy and policy (eg performance framework rewards collaboration)
  - Sustainability
  - Leadership
  - Monitoring / evaluation
  - Supportive wider policy climate



# What might action look like in a whole system approach?



**Focus on: identifying causes and drivers; nudging existing work on people and places with increased risk; developing a shared 'story' so everyone knows the problem, and their part in the solution**

# OHID & NHSE Midlands region joint work

## Universal (whole region)

Regional oversight and leadership  
via Midlands Infant Mortality  
Oversight Group

Service quality improvement

Building shared 'story' and whole  
system community

Data dashboard with key risks  
bringing publish health and NHSE  
interests together

Shared language

Tools, evidence and resources to  
support priority action

## Targeted (high rate)

'Deep dive' supportive review  
with areas with highest rates

4 lenses:

system, governance and  
data;

preconception health;  
people, places and risk;  
service improvement

Advice and support

Oversight – monitoring and  
surveillance

Sharing learning

## Outputs

New data dashboard

System updates

Future NHS resources –  
tools, evidence, practice

Learning from reviews

A system of systems with a  
shared understanding and a  
set of goals that contribute  
to change



## Insights on Infant Mortality action in your system

- Current Challenges
- System insights
- Collaborative working
- Essential actions

[www.menti.com/aln2vmsze5cy](https://www.menti.com/aln2vmsze5cy)



1. What concerns you most about infant mortality for your area?
2. Which of these apply in your system?
3. In relation to infant mortality, our local system has...
4. What are the three most important actions to reduce infant mortality in your system?



# Group discussion – 30 minutes

## Structure:

- 4 groups
- Identify a scribe - please send notes to [Catherine.Swann@dhsc.gov.uk](mailto:Catherine.Swann@dhsc.gov.uk)
- Identify someone to feed back – 2 points per group (but please capture more in writing)

## Question:

1. What would help you to work more effectively as a system to tackle inequalities in infant mortality?
2. How might you monitor the impact of system alignment, as well as outcomes?

# Feedback and next steps

- Group feedback
- Our feedback to you

# Please join our NHS Futures Space

<https://future.nhs.uk/OHIDMidlands/view?objectID=55206640>

The screenshot shows a web browser window displaying the NHS Futures Space interface. The address bar shows the URL: <https://future.nhs.uk/OHIDMidlands/view?objectID=55206640>. The page title is "Midlands Public & Population Health P... > Reducing Infant Mortality".

The main content area features a large blue header with the title "Reducing Infant Mortality" and a sub-header "Brings together evidence, intelligence and expertise about reducing infant mortality in the Midlands region". Below this is a prominent blue button labeled "Work Programme".

The page is organized into a grid of four blue boxes, each representing a key area of focus:

- Data and Analysis**: Regional and local data on the risks of Infant Mortality
- Place, lifestyle and risk**: Evidence and data about and behaviour and how it effects infant outcomes
- Pre-conception Health**: The health of women and people who birth before and
- Service Quality and Improvement**

A sidebar on the left contains a navigation menu with the following items:

- Place Based Working
- Healthy Communities
- PH Resources
- Job Vacancies
- What's on....
- Reducing Infant Mortality (highlighted)
- Health & Work
- InclusiveSustainableEcono
- ISE Bulletin030423.docx
- Forum
- Workspace Members section
- Workspace Managers Only (Private)

At the top right of the workspace, there is a "Create a new item" button and icons for RSS, grid view, and a menu.

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## Thank You



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