

Appendix C: Infant Mortality Action Plan

Infant Mortality Action Plan v3 (5 February 2020)

Priority 1: Addressing the wider determinants to health			
Objective	Action Plan	Lead	Partners
1.1 To support efforts to reduce poverty in families	<ul style="list-style-type: none"> To ensure we raise awareness of the links between child poverty and infant mortality targeting services in areas of greatest need based on Public Health intelligence data on deprivation and infant mortality 	Public Health Specialist, Wider Determinants Team	Public Health Housing services Benefits Employment Service Police Domestic abuse service Children and Families Wellbeing Service (CFWS)
1.2 To tackle child poverty as a priority	<ul style="list-style-type: none"> To consider the development of a child poverty strategy and action plan/embed the importance of this as a priority across everything we do so we see a difference in areas of greatest need. 		
1.3 To improve the availability of good quality and affordable housing	<ul style="list-style-type: none"> To ensure the needs of pregnant mothers, babies and children are prioritised so we address inequality in housing through improved living conditions and assessment of need and risk of overcrowding 		
1.4 Take ensure take up of benefits in most deprived areas	<ul style="list-style-type: none"> To support and advise individuals and communities at risk who are eligible for welfare benefits and support with their family and child's needs 		
1.5 To establish links with Health and Social care so we target vulnerable Families	<ul style="list-style-type: none"> To explore how Housing Associations could partner with health improvement initiatives, Early help, Health and Social and Children and family wellbeing service (CFW) to target vulnerable tenants and offer appropriate support and referrals. 		
1.6 To reduce anti-social behaviour, violence and domestic abuse in pregnant women and families with babies and infants	<ul style="list-style-type: none"> To ensure safeguarding of vulnerable women, babies and families by using a partnership approach to address some of these wider determinants linking with youth services, anti-social behaviour and safeguarding teams 		
1.7 To support economic development and establish links between housing and vulnerable children and young people	<ul style="list-style-type: none"> To link in with the economic development and LEP team, including school improvement and supported accommodation for Children and young people To consider how current commissioning capacity in the education and children's team which is on care leavers and the homelessness protocol can take forward this wider housing agenda. Consider how some Districts might support embedding Housing Officers within Family Safeguarding Teams in order to improve support for most vulnerable families with children 	HoS Policy, Information, and Commissioning, Start Well	

Priority 2: To reduce the number of deaths caused by co-sleeping in unsafe situations (see Serious Case Review recommendations)			
2.1 To improve professional advice about co-sleeping in unsafe situations and reduce infant deaths	<ul style="list-style-type: none"> To develop and implement an individualised safer sleep assessment tool as part of the 6 safer sleep steps programme. 	Sudden Unexplained Death in Childhood (SUDC) Prevention Group	CDOP Public Health Health Visiting Early years Children Family Service (CFW)
	<ul style="list-style-type: none"> To strengthen and clarify the safer sleep messages for parents as well as the criminal consequence should they ignore professionals' advice. 		
	<ul style="list-style-type: none"> To continue with the Train the Trainer Sessions so members of the health/ social care/ education professions receive training. 		
	<ul style="list-style-type: none"> To audit the extent to which safer sleep messages are being advocated by health professionals and others 		
2.2 To improve public awareness of infant death	<ul style="list-style-type: none"> Public campaign on the risks of co-sleeping in line with the Pan-Lancashire safer sleep guidance including a broader approach to reducing infant deaths using social media, marketing and a communications plan as well as the development of a workforce development plan. 		
	<ul style="list-style-type: none"> Training carers and parents in rescue and resuscitation techniques to minimise the severity of outcomes from. 		
2.3 To raise awareness of deaths and life limiting injuries sustained through shaking an infant and causing Abusive Head Trauma (AHT)	<ul style="list-style-type: none"> To implement the ICON (Abusive head Trauma) Campaign as set out in Hampshire's ICON Campaign with additions from UNICEF BFI and signed off by CDOP: <ul style="list-style-type: none"> To consider Phase 2 of the ICON campaign Links with schools/GPs/Digital Screens and the use of the full length film. Integrate Safer sleep messages into the programme 		
2.4 To ensure adequate support to affected parents and families	<ul style="list-style-type: none"> To support families who have been bereaved and ensure appropriate care of next infant (CONI) 		
2.5 To reduce the number of deaths and life limiting injuries sustained through shaking an infant and causing AHT.	<ul style="list-style-type: none"> Following the Terms of Reference as set out in Hampshire's ICON Campaign with additions from UNICEF BFI and signed off by CDOP: <ul style="list-style-type: none"> Awareness to be raised re negative impact of shaking a baby following an SCR recommendation Continuation of the Train the Trainer Sessions so that members of the health/ social care/ education professions receive training. Agreed use of materials and tools. Phase 2 of the ICON campaign to be considered. Links with schools/GPs/Digital Screens and the use of the full length film. 	SUDC Prevention Group	CDOP Public Health Health Visiting Early years Midwifery

Priority 3: To ensure equal access to all aspects of pre-conception, maternal and infant health care			
3.1 To ensure engagement with antenatal services and promote the benefits of preconception, antenatal care	<ul style="list-style-type: none"> To ensure equal access to midwifery services so that every woman receives the appropriate level of antenatal care, assessment and targeted support where needed 	Better Births Workstream ICS	
	<ul style="list-style-type: none"> To develop an integrated care pathway from birth to ensure consistency and evidence based approach across Lancashire so maternity services are engaged and there are clear pathways and a streamlined approach to maternity and other services such as health visiting and early year's services. 		
	<ul style="list-style-type: none"> To align public health and early years services with the Better Births Programme Action Plan 		
3.2 To deliver core offer of Health Visiting mandated services	<ul style="list-style-type: none"> To ensure all women are offered the mandated visits as part of the core health visiting offer and an assessment of need is carried out at all visits especially the antenatal and birth visit 	Senior Public Health Practitioner, Health Services, Health Visiting	Health Visiting CFWS
3.3 To focus prevention programmes on families most at risk	<ul style="list-style-type: none"> To prioritise the needs of those with social circumstances that expose infants to more risk and promote parental behaviour change, including more vulnerable and at risk women and families such as for teenage mothers 	TBC	
	<ul style="list-style-type: none"> Communications and raising awareness with so called hard to reach groups - Consider targeted health promotion messages (e.g. ESOL classes, family and neighbourhood centres, nurseries, schools) 	TBC	
3.4 To ensure timely and complete immunisations and vaccinations	<ul style="list-style-type: none"> To increase access to immunisations and vaccinations for pregnant mothers (pertussis, flu) and babies and children (DTaP/IPV/Hib/ HepB, Pneumococcal conjugate vaccination (PCV), MenB, gastroenteritis Rotavirus 	NHS England	NHS England
	<ul style="list-style-type: none"> To ensure screening tests during pregnancy including for infectious diseases, Sickle cell and thalassaemia, Down's syndrome, Edwards' syndrome and Patau's syndrome, 20-week scan and Newborn screening 	Senior Public Health Practitioner, Assurance	Health Visiting CCGs Midwifery
3.5 To provide genetic counselling/genetic literacy for individuals and communities with a need	<ul style="list-style-type: none"> To ensure clear pathways for genetic counselling when family history is identified or where families have been affected by genetically inherited conditions 	Genetics Service	CDOP
	<ul style="list-style-type: none"> To provide training for midwives and obstetricians to improve knowledge of genetics and consanguinity 	TBC	Health Visiting Midwifery
	<ul style="list-style-type: none"> To raise awareness of genetics and pathways available in community and neighbourhood centres. 		

Priority 4: Improve social and emotional support for parents and families			
4.1 To improve social and emotional support for vulnerable parents, especially those living in areas of social disadvantage	<ul style="list-style-type: none"> • Early identification of women and appropriate pathways in place for vulnerable women including younger (teenage mothers) and vulnerable mothers addressing issues such as domestic violence, antisocial behaviour or abuse in families • To establish links with family safeguarding as Adult mental health practitioners will be embedded in the family safeguarding teams 		Better Births CCGs Early Help HV Service Public Health Social care Midwifery
	<ul style="list-style-type: none"> • To ensure fathers and partners are provided with appropriate support where social and emotional support is required, including group and one to one family support via the Children Family Worker (CFW) 		
	<ul style="list-style-type: none"> • To provide an enhanced Health Visiting service to vulnerable families with additional visits as well as the core offer which will identify and support families at risk who need more targeted support 	Senior Public Health Practitioner, Health Services, Health Visiting	
4.2 To ensure early identification of women with perinatal and post-natal depression through universal mood assessment	<ul style="list-style-type: none"> • To ensure maternal mood and emotional health and wellbeing issues are assessed as soon as possible and as appropriate through antenatal/perinatal/postnatal access and maternal mood assessments 	Midwifery Health Visiting	
Priority 5: To reduce the numbers of women (and families) smoking during pregnancy and after			
5.1 To ensure commissioning and delivery of Public Health Harm reduction services include a focus on smoking in pregnancy	<ul style="list-style-type: none"> • To ensure commissioning and delivery of Public Health Harm reduction and other services recognise the importance of the impact smoking in pregnancy has on infant mortality and stillbirths and to include this as part of service specifications 	Public Health Specialist, Behaviour Change	Better Births Prevention Group CCGs
5.2 To ensure all women are offered CO monitoring at their antenatal appointments	<ul style="list-style-type: none"> • To ensure all midwives have accessed training to use CO monitors and that all pregnant women are CO monitored at booking appointments with support to identify and refer women as necessary 	Better Births / Prevention work-streams, ICS	Early Help HV Service Public Health Social Care
	<ul style="list-style-type: none"> • To ensure smoking cessation clinics for pregnant women attending ante-natal 'high risk' obstetric clinics according to NICE guidance and saving babies Lives (including ongoing improvements to CO monitor use, referral system and CO levels recorded) 		
5.3 To ensure reducing smoking in pregnancy is a core part of the Children and family centres	<ul style="list-style-type: none"> • To ensure reducing smoking in pregnancy is part of the core offer for Children/family/neighbourhood centres and have trained advisers and brief intervention training on-going with early year's staff with targeted interventions where there is highest need 		

5.4 To use public health intelligence data to identify trends and hot spots	<ul style="list-style-type: none"> To consider the hot spots for smoking using public health data and intelligence as well as linking into key partnerships such as the ICP and CCG Networks 		
5.5 To reduce smoking in pregnancy and parents and exposure to tobacco smoke in the home and cars	<ul style="list-style-type: none"> To promote smoke free homes and support staff with the training and skills to have conversations about smoke-free homes, with clear, constructive and supportive messages and communications 		
5.6 To increase the quit rate at time of delivery	<ul style="list-style-type: none"> To increase the quit smoking rate to decrease the smoking at time of delivery rate, with emphasis on areas identified with highest rates 		
Priority 6: To reduce the numbers of women with high levels of use of alcohol and/or non-prescribed drugs in pregnancy			
6.1 To raise awareness of the risks associated with substance misuse in pregnancy for all pregnant women	<ul style="list-style-type: none"> To ensure that available alcohol and substance-misuse services are communicated more effectively to health professionals and other relevant agencies 	Better Births Workstream ICS, including Health Visiting	Better Births Prevention CCGs Early Help HV Service Public Health
	<ul style="list-style-type: none"> To ensure that health professionals are aware of the safeguarding risks associated with drug and alcohol use 		
	<ul style="list-style-type: none"> To raise awareness of Foetal alcohol syndrome and the impact alcohol has on the developing foetus, and how children are affected at different ages 		
6.2 To ensure referral pathways are up to date and effective	<ul style="list-style-type: none"> To ensure existing pathways target pregnant women who have issues with substance misuse and poor mental health as a result 	CCGs Midwifery CFWS	Social Care Midwifery Services CFW Service
6.3 To identify substance misuse in pregnancy	<ul style="list-style-type: none"> To ensure all pregnant women receive the Audit C screening to identify women and signpost to appropriate services and treatment. 		
	<ul style="list-style-type: none"> To consider specialist Substance Misuse Midwife and champions in centres To ensure social workers understand the vital role in their daily practice - effective working with and parenting affected children 		
6.4 To ensure appropriate training and resources for professionals and families	<ul style="list-style-type: none"> To ensure basic Awareness through Alcohol and Drug courses and consider on-line e-learning Basic Awareness Courses 		
	<ul style="list-style-type: none"> To promote this through Every Contact Count so that we embed alcohol screening, smoking cessation and sexual health awareness 		
Priority 7: To improve the health and nutrition of pregnant women, babies and infants			
7.1 To reduce maternal obesity and improve nutrition in pregnancy and before	<ul style="list-style-type: none"> To raise awareness of the importance of healthy weight for a healthy pregnancy and work with partners to consider maternal obesity that focuses on prevention and earlier intervention 	Better Births workstream, ICS	
	<ul style="list-style-type: none"> To train more health professionals to confidently identify, provide consistent advice, and refer where required. 		

<p>7.2 To ensure obesity pathways in place</p>	<ul style="list-style-type: none"> To revisit what pathways we have for obesity and faltering growth and ensure that maternal obesity is treated as a priority and that referrals to appropriate services take place as early as possible (family-planning and booking stages). Planning a pregnancy will be a focus work-stream from April 2020 as will data collection. To create a central website for Better Births for all of the ICS by April 2020. The website will contain sections for all stages of the pregnancy journey and will provide information for breastfeeding, bottle feeding and starting solids as well as signposting to appropriate resources. Maternal nutrition and eating well in preparation for pregnancy will be included, but at a later date. 		
<p>7.3 To develop and policies and guidelines for maternal and early years nutrition</p>	<ul style="list-style-type: none"> To ensure we have a strategy on maternal and Early Years nutrition which is developed with key partners. Sub-group will be identified by February 2020 and arrange a first meeting. To develop guidelines and training on nutrition for maternal and infant health including weaning including provision of 2 day infant feeding and relationship training course which adheres to BFI standards offered to all health professionals and community workers in contact with families including maternity, HV, CFWB and peer support infant feeding service. It is continually reviewed as they widen the scope of it to be inclusive for dieticians, school nurses and others To consider the development of a model food policy for children's centres to use to quality check their provision of food activity including a Food and nutrition toolkit for early year's settings. 	<p>Better Births workstream ICS, Public Health Practitioner, Health Services, Infant Feeding Network (LSC IFN)</p>	<p>Better Births Prevention CCGs Early Help HV Service Public Health Social Care Midwifery Services CFWS</p>
<p>7.4 Community awareness and training</p>	<ul style="list-style-type: none"> Consider nutrition training programme for 2020 – such as Institute of Health Visiting who have already done quite a significant piece of work around training – train the trainer packages To deliver on evidence based programmes such as Healthy Start Programme, Start for Life, First Steps in order to increase community awareness and uptake of vitamin D supplements 		

	<ul style="list-style-type: none"> • Development and production of a guide to weaning in appropriately culturally sensitive languages • Healthy Start Programme – increase community awareness and uptake of vitamin D supplements and vitamins/supplements while pregnant (folic acid and vitamin D). • Review provision of antenatal courses as part of early years strategy for example Bump Birth and Beyond antenatal courses 	Senior Public Health specialist, Health Services	
7.5 To encourage and support breastfeeding	<ul style="list-style-type: none"> • To ensure infant feeding for the first year of life including a unified infant feeding policy and supporting guidelines have been created for use across the ICS footprint for all acute and community services • To ensure all women and their families receive standardised care and a seamless transfer of care across services across the footprint. • To take a collaborative approach to breastfeeding and nutrition, ensuring the benefits of breastfeeding and maternal Body Mass Index (BMI) are understood • To ensure consistent advice provided by all health professionals to ensure women are able to make an informed choice • To explore options for increasing the provision of peer support delivering evidence based care • To increase in the number of GPs accessing breastfeeding training • To consider Breastfeeding Champions being in Community and neighbourhood centres via the CFWs • Peer support services delivering evidence based care and adhering to baby friendly standards. • Increase in the number of GPs accessing breastfeeding training • Breastfeeding Champions being developed in Neighbourhood Centres • To consider the UNICEF Baby Friendly Initiative across the area and increase in the number of Organisations working towards Baby Friendly initiative standards • Every pregnant woman, new mother, infant and their family in Lancashire and South Cumbria is cared for by maternity, health visiting, neonatal and neighbourhood centre services are BFI accredited by 2023. • Lancashire community services are due their GOLD BF assessment end March 2020. 	Public Health Specialist, Health Services CFWS Better Births workstream, ICS	
7.6 To consider physical activity as part of tackling obesity	<ul style="list-style-type: none"> • Consider physical activity as an appropriate way to help with maternity outcomes and the input from PHE, and the appointment of a midwife to help with this agenda 		

Priority 8: Performance, Data and Intelligence			
8.1 To ensure appropriate performance and data intelligence is used to monitor infant mortality.	<ul style="list-style-type: none"> To ensure work is systematically being undertaken and monitored to reduce local area infant mortality rates. 	Public Health with support from Public Health Intelligence Team	
	<ul style="list-style-type: none"> To measure inequalities and progress in areas of greatest need 		
	<ul style="list-style-type: none"> To ensure relevant performance data is available in the areas identified so we can monitor progress 		
	<ul style="list-style-type: none"> To work closely with CDOP to inform planning and monitoring of infant mortality 		
8.2 To ensure appropriate reporting on infant mortality in areas identified with highest rates	<ul style="list-style-type: none"> To ensure clear governance and accountability through the CYP and Families Partnership board, health and wellbeing board and ICS where appropriate for monitoring outcomes and performance 	Performance Team	
8.2 To develop a dashboard for infant mortality	<ul style="list-style-type: none"> To develop a dashboard as part of the Early Years strategy with a key focus on infant mortality so this can be monitored and benchmarked according to national and regional targets. 	Public Health Specialist, Assurance	
Priority 9: Communication and Workforce Development			
9 To ensure these plans are shared widely and understood by communities, professionals across Lancashire	<ul style="list-style-type: none"> To review current website and update with areas identified within the infant mortality plan 	LCC Comms Team And Teams from all service areas	All NHS/LCC Communications Teams
	<ul style="list-style-type: none"> To use social media to raise awareness of modifiable factors mentioned above and produce appropriate community resources 		
	<ul style="list-style-type: none"> To ensure consultation and engagement with communities via CCG maternity service user groups 		
	<ul style="list-style-type: none"> To ensure communities are better informed 		
Priority 10: Workforce development			
10.1 To ensure that the wider workforce is knowledgeable and confident to provide and promote reduction in infant mortality and disseminate information.	<ul style="list-style-type: none"> To ensure infant mortality is included in all CYP service workforce development plans To ensure we have a skilled and trained wide CYP workforce That infant mortality is a mandated training expectation of midwifery, health visiting, social care, GP, obstetrician, paediatric, smoking cessation, mental health services, substance misuse and CYP early help services CDOP development of e-learning package Learning, evaluation and improvements from serious case reviews, CDOP and serious case reviews embedded within provider and commissioning functions. 		

	<ul style="list-style-type: none">• Risk assessment tool, identification of modifiable factors and checking the sleeping environment to be universally undertaken by midwifery and HV services, trained as necessary.		
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Version 3