

Public Document Pack

Date Wednesday, 12th February, 2014
Time 7.00 pm
Venue Committee Room 1, Civic Offices, Merrial Street,
Newcastle-under-Lyme, Staffordshire, ST5 2AG
Contact Julia Cleary

Supplementary Agenda Health Scrutiny Committee

PART 1- OPEN AGENDA

8 INFANT MORTALITY (Pages 1 - 4)

To receive an update from Sally Parkin (North Staffordshire Clinical Commissioning Group) and Dr John Harvey (Public Health Consultant).

9a Community Based Services (Pages 5 - 6)

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Infant Mortality/Health
Newcastle Borough Council Health Scrutiny Committee
Wednesday 12th February 2014

Background

Reducing Infant Mortality is one of the seven outcomes under the second strategic goal as identified within the Integrated Strategy and Operating Plan for North Staffordshire CCG). Those being:

- Increase Life Expectancy and reduce inequality
- **Improve prevention, early detection and effective management of those at increased risk**
 - Reduce childhood obesity
 - Help smokers to quit
 - Reduce dependent drinkers
 - **Reduce Infant Mortality**
 - Reduce premature deaths from respiratory conditions
 - Reduce premature deaths from CVD
 - Reduce premature deaths from cancer
- Enhance quality of life and improve health outcomes for people with long term conditions
- Ensure people receive the right care in the right place at the right time

The baseline (2008-10) infant mortality rate (deaths under 1 year) for the population served by North Staffordshire CCG (Newcastle under Lyme and Staffordshire Moorlands) was 7.6 deaths per 1,000 live births¹. The aspiration of the CCG is to move towards the England average, reducing to 4.6 deaths per 1,000 live births by 2015.

Progress to date

An Infant Mortality Commissioners Group made up of representatives from partner organisations within Newcastle Borough Council, Staffordshire County Council District Commissioner, Public Health, GP locality leads, Clinical Commissioning Group and NHS England Area Team was established in June 2012 to:

- Address the issues of high infant mortality rates in Newcastle under Lyme and recommend a way forward to achieve the outcomes as specified in the NSCCG Integrated Strategy and Operating Plan.
- Understand and co-ordinate the range of interventions currently being commissioned
- Advise the CCG Board regarding future commissioning intentions
- Understand and analyse how the wider determinants of health impact positively and negatively on maternal and infant health and to investigate opportunities for partnership working that can lead to improved outcomes.

The outcomes of a case note review by the Perinatal Institute formed the basis of the mapping work that was carried out to identify a baseline understanding of currently commissioned services and gaps in provision. The impacting risk factors identified through this case note review and work done in other areas suggests that Infant Mortality is strongly associated with:

- Women living in families where both partners are unemployed
- Single mothers on benefit
- Women living in the most deprived areas of England

- Women who do not speak English/require translation services – Asylum seekers/newly arrived
- Homelessness
- Late booking & poor attenders (>4 DNAs)
- Domestic violence
- Known to social services
- Previous children in care
- Teenagers
- Drug and/or alcohol user
- Smoking
- Nutrition
- Maternal mental health

Identified services were shortlisted and prioritised through the Clinical Priorities Advisory Group of the CCG to be commissioned:

- Increased detection of Intra Uterine Growth Restriction (IUGR)
- Maternal Mental Health
- Pre-conception counselling
- Enhanced smoking cessation support
- Breastfeeding support in Primary Care
- Sudden Unexpected Death in Infants (SUDI) campaign

Update

Due to the re-structure of the NHS and existing Public Health functions moving from PCT/CCG to Local Authority bodies the future commissioning of services was put on hold until agreement was reached in terms of funding available and aligning priorities of the emerging organisations.

Service	Lead	Update
Increased Detection of IUGR	CCG	Community Growth scans continue to be used. CCGs commissioned the continued use of personalised growth charts. IUGR detection rates have increased to c57%
Maternal Mental Health	CCG	Implementation of a wellbeing service with Community Psychiatric Nurse support to provide care to women pre-conception, antenatal and post natal who are experiencing mild-moderate mental health issues. Expected to be implemented from 1 st April 2014
Pre-conception counselling	CCG	Educational events have been delivered to Primary Care clinicians to deliver pre-conception advice to diabetic patients. The revised service specification for the diabetic specialist teams now includes pre-conception advice to patients known to the service – to be implemented 1 st April 2014 Leaflets have been developed to be circulated to all diabetic women of childbearing age to inform of

		complications of pregnancy for diabetic women. To be circulated from 1 st April Processes will be put in place to monitor the delivery of pre-conception advice in primary care from 1 st April 2014.
Sudden Unexpected Death in Infants (SUDI) campaign	Safeguarding team	A re-vamp of the 2010 media campaign was rolled out during the summer of 2013. This is an ongoing campaign and communication has gone out to all partners to retain focus on the promotion of this.
Integrated Lifestyle Programme.	Staffordshire County Council Public Health	A pilot project is being planned and will be commissioned to deliver an integrated lifestyle support package for pregnant and post natal women. This will include enhanced smoking cessation post nately, maternal nutrition advice, basic breastfeeding advice and support, brief interventions on alcohol and emotional wellbeing with onward referral where required.

Current Infant Mortality Rates

Infant mortality rates in North Staffordshire and in particular Newcastle under Lyme have reduced since the 'spike' of 2008. Three year rolling average rates (2010-2012 now validated) are shown below:

		2008-2010	2010-2012
Still birth rates Still birth rates per 1,000 births per 1,000 births	England	5.1	5.0
	West Midlands	5.5	4.9
	Newcastle Under Lyme	6.2	3.4
	North Staffs CCG	5.3	3.8
Perinatal Mortality per 1,000 births (Still births and infant deaths under 7 days)	England	7.5	7.3
	West Midlands	8.9	8.2
	Newcastle Under Lyme	12.5	7.9
	North Staffordshire CCG	10.3	8.0
Early neonatal deaths per 1,000 live births (deaths under 7 days)	England	2.4	2.3
	West Midlands	3.4	3.3
	Newcastle Under Lyme	6.3	4.5
	North Staffordshire CCG	5.0	4.2
Neonatal deaths per 1,000 live births (deaths under 28 days)	England	3.1	3.0
	West Midlands	4.2	4.1
	Newcastle Under Lyme	7.1	4.8
	North Staffordshire CCG	5.8	4.3



Infant deaths per 1,000 live births (deaths under 1 year)	England	4.6	4.3
	West Midlands	6.0	5.7
	Newcastle Under Lyme	9.3	6.6
	North Staffordshire CCG	7.6	5.6

Next Steps

- The Infant Mortality Commissioners Group continue to meet bi monthly to:
 - Monitor the implementation of services identified through the health prioritisation process
 - Monitor Infant Mortality Rates across the Borough
 - Analyse the effectiveness of services already commissioned and whether these services are delivering the expected outcomes for those they are targeted for.
- Focus now needs to be on the integration of commissioned services to ensure that all of the different agencies involved in the care/support of these families are able to share the information that they hold to ensure that these families are accessing, known to and receiving support from the appropriate services. An initial meeting is scheduled for Monday 10th February to map out and commence this piece of work.
- Provide regular updates, as requested to the Newcastle Borough Council Health Scrutiny Committee

Sarah Hawthorne
Commissioning Manager
NHS North Staffordshire Clinical Commissioning Group
5th February 2014

Report to the Health Scrutiny Overview and Scrutiny Committee

12th February 2014

Community Based Services in Newcastle under Lyme



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Introduction

A request has been made by the County Council representative on the Health Scrutiny Committee to initiate a piece of work in relation to community based health services in Newcastle under Lyme. Community based services could include areas such as walk in centres, home care services, GP clinics, midwife services and community nurses.

The Committee is requested to add this topic to its work plan and agree on a timescale and way forward.

Questions to be Addressed:

1. What services are currently available and in place?
2. Are these services working?
3. If there are working how well are they working?
4. Are there overlaps between these services?

Outcomes

- For the Committee to add a topic relating to community based services in Newcastle under Lyme to the work plan.
- For a full report to be provided to a later meeting of the committee and relevant stakeholders invited to provide advice and information.
- That the Committee agree timescales and actions for the scrutiny topic.

- To ascertain what services are in place for community healthcare and whether these services are meeting the needs of the residents of Newcastle under Lyme.

Invited Partners/Stakeholders/Residents

Who would the Committee like to invite to future meetings?

Constraints

No constraints have been identified as yet.

Relevant Portfolio Holder(s)

Cllr Williams (Planning and Assets)

Cllr Kearon (Community Safety)

Local Ward Member (if applicable)

This will affect all wards.