

Report to HEALTH AND WELLBEING BOARD

Child Death Overview Panel – GM Annual Report and Oldham Briefing

Portfolio Holder:

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Purpose of the Report

To provide Health and Wellbeing Board with the Greater Manchester (GM) Child Death Overview Panel (CDOP) Annual Report, which includes the work undertaken by the Bury, Oldham & Rochdale panel. The aim of this annual report is take data from the four CDOP panels that cover GM to make observations about causes and modifiable factors in order to inform action to promote child safety and reduce child deaths in GM.

This covering report also provides an overview of the implications for Oldham and the current work happening to address the potentially modifiable factors identified.

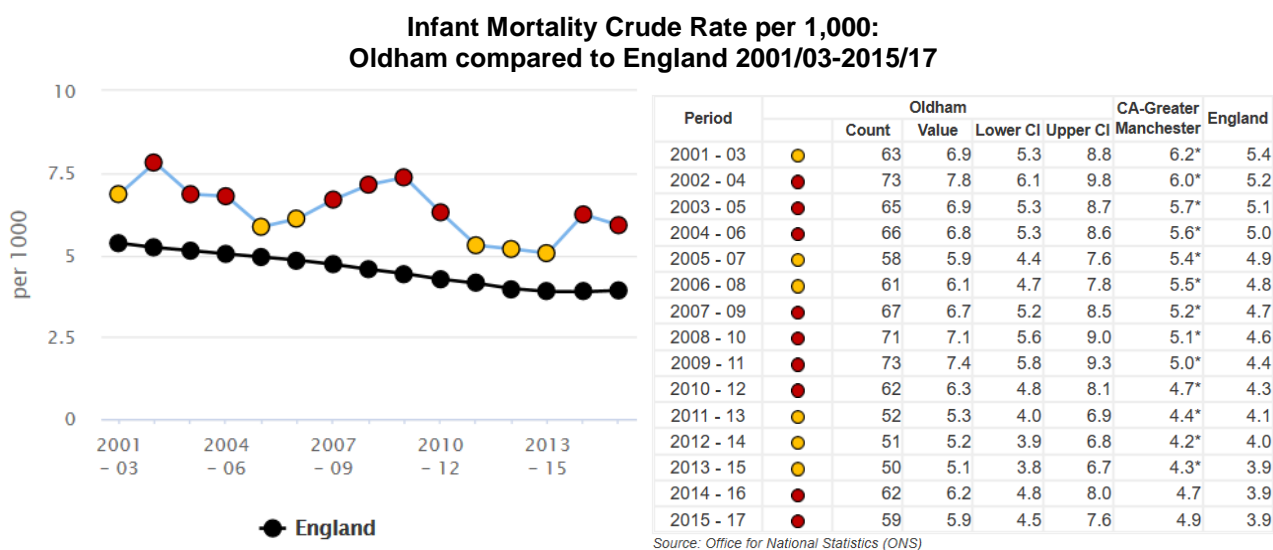
Requirement from the Health and Wellbeing Board

Health and Wellbeing Board are asked to note the Child Death Overview Panel Annual Report for Greater Manchester. The Board are also asked to note this Oldham briefing and agree for further work on infant mortality in Oldham.

Oldham Briefing

Background

In 2018/19 Manchester had both the highest crude number of notified deaths and the highest rate at 4.59 deaths per 10,000 <18 population. The next highest rates were seen in Oldham and Tameside with 3.53 and 3.38 deaths per 10,000 <18 population respectively. It is hard to draw conclusions on the reasons for the variation in child death rates across GM as the absolute numbers are sufficiently small that any variations could be due to chance. These figures correlate with the national infant mortality figures though that show that Oldham has a significantly higher rate of infant mortality than the national average (see table and graph below)



The GM CDOP annual report shows that the large majority of child deaths in GM occurred in the first year of life; 42% of closed cases occurred in the first 28 days and 60% in the first 12 months. Oldham has a similar picture with 36% in the first 28 days, and 57% in the first 12 months. This fits with the national picture and the CDOP reports from previous years.

The GM report highlights potentially modifiable factors for reducing deaths in children as well as the existing evidence around reducing deaths in the early weeks of life. There are currently several initiatives in Oldham aimed at addressing these factors. These are outlined below:

Saving Babies Lives

Saving Babies Lives Care Bundle brings together the elements of care that are recognised as evidence based in reducing perinatal mortality (stillbirths and deaths in the first week of life). These include reducing smoking during pregnancy, improving detection of babies who are small for gestational age, raising awareness of reduced fetal movement and reducing preterm labour. Royal Oldham Hospital met all the requirements of the 'saving babies lives care bundle' and a recent GM audit highlighted the trust as performing well

against key indicators. The care bundle has been updated this year to version 2 and plans are in place to address the changes.

PAHT is working hard to detect Small for Gestational Age (SGA) babies early in pregnancy. In Q3 18/19 the Trust detected 58.7% of SGA babies in the antenatal period. This number is increasing each quarter and once detected a management plan is implemented. PAHT were recently highlighted as being in the top 20 trusts in England for detecting SGA.

Maternal smoking during pregnancy: babyClear

Whilst smoking is always hazardous to health, it is associated with worse outcomes in pregnancy for mother and child. These include increased risk of complications in labour, as well as an increased risk of miscarriage, still birth, low birthweight and sudden unexpected death in infancy. Maternal smoking is also estimated to increase the risk of infant mortality by approximately 40%.

The GM smokefree pregnancy programme began implementation in December 2017 with the ambition that every locality will exceed the national target for smoking at delivery by 2021. The programme focuses efforts on smoking cessation in pregnancy through a GM tailored programme which is fully aligned with NICE guidance, offering innovative and evidence-based approaches.

The babyClear model has been rolled out across GM including Oldham. Midwives support pregnant women, and their partners to quit smoking. Over the past five years Oldham has seen reductions in the rates of women smoking when they are pregnant, from 16.8% in 2012/13 to 14.1% in 2017/18. Our rate of improvement has stalled recently, and we have seen some recent increases. This may be due to better recording and improved validation of smoking status.

In addition, the Health Visiting service will be provided with training from GM in order to enhance their smoking cessation support to pregnant women, and new mothers.

Raised Maternal BMI

In 2018/19 there were 19 cases where maternal obesity was identified as a modifiable factor, this is second only to smoking (24) as a leading modifiable factor in GM. Oldham Council is leading the development of an all-age strategy on healthy weight and physical activity which will include addressing raised maternal BMI.

Consanguinity

From 2015/16 it was agreed that consanguinity would be considered as a modifiable factor if a second child is born with genetic anomalies to consanguineous parents to standardise how different CDOPs recorded this data. In 2015/16, following consideration at Oldham Health and Wellbeing Board and the Local Safeguarding Children Board, it was agreed that consanguinity be seen as a priority in Oldham and the Council and CCG cooperate to commission a local specialist response.

A Genetic Outreach Service has been delivered in Oldham since January 2016. Evaluations suggest that the service is having a positive impact in working with local communities to increase genetic literacy and improve access to services. Continuation and development of the service with a focus on targeted approaches within localities will increase the potential for long term impact over the next generation of births. This unique

model is based on a successful well-established service delivered in Blackburn with Darwen and is supported by the only specialist genetics provider in the North West.

Parental alcohol/drug use & specialist midwifery support

A new team of midwives was established in September to focus on providing specialist midwifery support for drugs & alcohol (including the Alcohol Exposed Pregnancy programme), mental health, learning disabilities and safeguarding, with awareness training given to all community midwives. The Alcohol Exposed Pregnancies programme also includes work with alcohol treatment services, as well as addressing social norms regarding drinking in pregnancy.

Co-sleeping

Health visitors raise the issue and risks of co-sleeping with parents during their mandated contacts. This includes the increased risk of sudden infant deaths when co-sleeping on a sofa, following consuming alcohol or drugs, or if you are a smoker. In addition, safe co-sleeping advice from The Lullaby Trust includes ensuring that sheets, pillows and blankets are kept away from the baby.

Conclusions

The findings of the latest Child Death Overview Panel Annual Report highlight key areas where we can work to reduce the higher rates of infant mortality in Oldham. There are several streams of work, and initiatives to address the modifiable factors but currently our rates are still high.

It is recommended that the Board agree for further work to be undertaken to understand the high rates of infant mortality in the borough, and to develop an action plan to address these.