

Saving the children – making infant deaths everybody's business



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Purpose

Prevent infant deaths through **tackling** the **modifiable factors** that are associated with an increased **risk** of infant death

Not all factors modifiable

Some amenable to change-To reduce risk of infant deaths

Objective

Identify:



1. Who, Where and why

- ❖ Gain in-depth understanding
- ❖ Causes, demographics, vulnerable cohorts, hotspot areas/populations

2. Modifiable risk factors

- ❖ that can be **influenced** by a multi-agency approach and contribute to **prevention** of future infant deaths

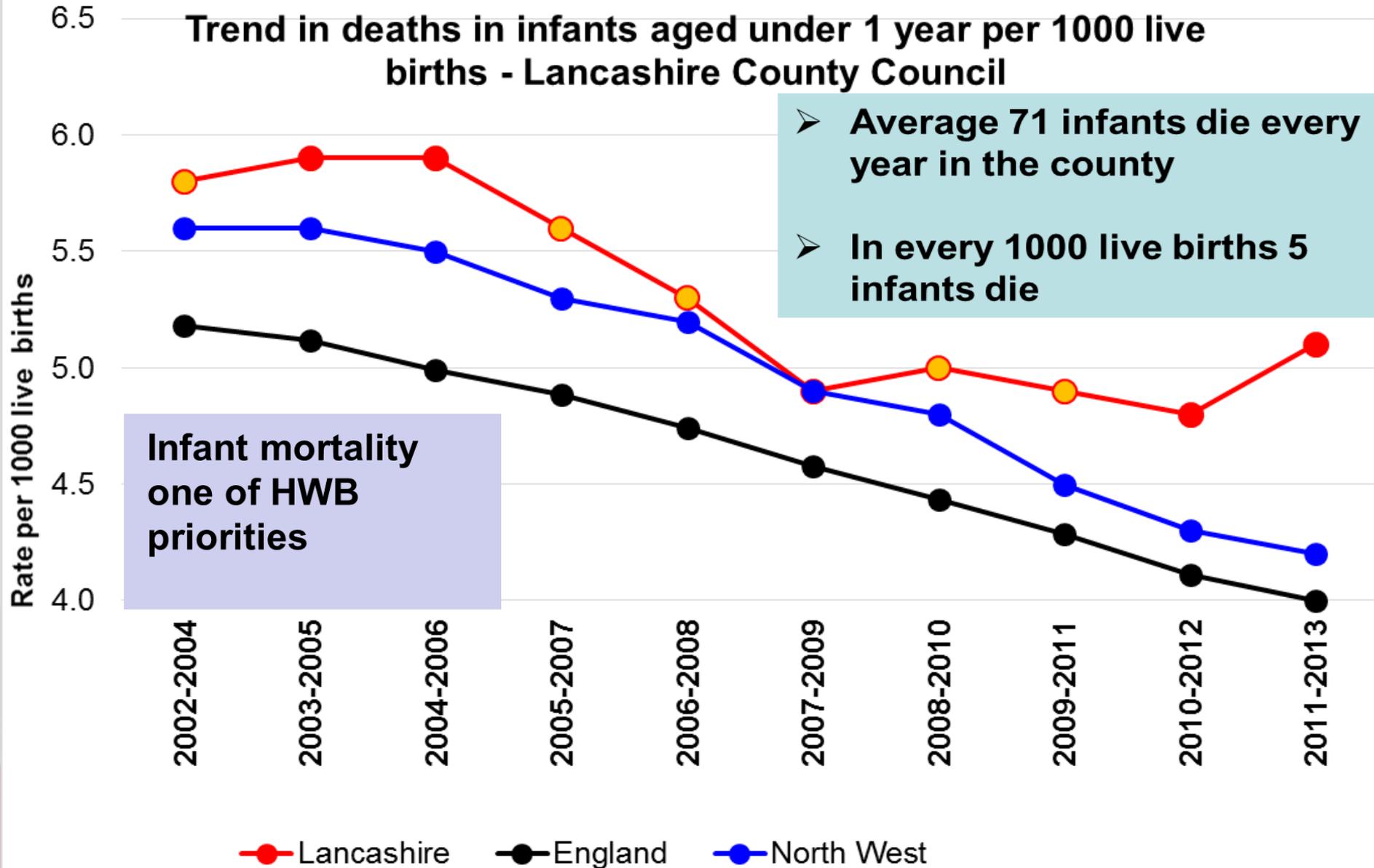
Goal

1. **Secure** partner engagement
2. **Enable** partners to understand how they can influence the modifiable risk factors
 1. Partners to take **Actions** - where and who to target
 1. **Embed** infant mortality into local partnerships across Lancashire

Causes complex and no one single agency can successfully tackle

Rationale

Trend in deaths in infants aged under 1 year per 1000 live births - Lancashire County Council



Area	Count	Value	95% Lower CI	95% Upper CI
England	8,146	4.0	3.9	4.1
North West region	1,118	4.2	4.0	4.5
Bury	39	5.2	3.7	7.1
Oldham	50	5.1	3.8	6.7
Lancashire	206	5.1	4.4	5.8
Blackpool	26	5.0	3.3	7.3
Rochdale	45	4.9	3.6	6.6
Blackburn with Darwen	34	4.9	3.4	6.9
Warrington	35	4.8	3.4	6.7
Sefton	39	4.6	3.3	6.3
Bolton	53	4.6	3.4	6.0
Manchester	108	4.5	3.7	5.4
Liverpool	74	4.2	3.3	5.3
Wirral	46	4.1	3.0	5.5
Knowsley	23	4.0	2.5	6.0
Salford	42	3.9	2.8	5.3
Stockport	40	3.9	2.8	5.3
Cheshire East	45	3.8	2.8	5.1
Wigan	40	3.5	2.5	4.8
Cumbria	50	3.4	2.5	4.4
Cheshire West and Chester	37	3.4	2.4	4.6
St. Helens	19	3.0	1.8	4.7
Trafford	26	3.0	2.0	4.4
Tameside	27	3.0	2.0	4.3
Halton	14	2.9	1.6	4.9

Source: Office for National Statistics (ONS)

In North West

4.01 - Infant mortality 2011 - 13

Area	Rank	Count	Value	95% Lower CI	95% Upper CI
England	-	8,146	4.0	3.9	4.1
Lancashire	-	206	5.1	4.4	5.8
Staffordshire	2	126	4.7	3.9	5.6
Northamptonshire	5	126	4.6	3.8	5.5
Norfolk	13	126	4.5	3.7	5.3
Lincolnshire	12	101	4.3	3.5	5.2
Nottinghamshire	1	100	3.7	3.0	4.5
Suffolk	11	91	3.7	3.0	4.6
Essex	10	179	3.6	3.1	4.2
Leicestershire	14	75	3.6	2.9	4.5
Warwickshire	7	65	3.5	2.7	4.4
North Yorkshire	15	60	3.4	2.6	4.4
Worcestershire	8	64	3.4	2.6	4.3
Cumbria	4	50	3.4	2.5	4.4
Kent	6	151	2.9	2.4	3.4
Gloucestershire	9	57	2.8	2.1	3.7
Derbyshire	3	64	2.6	2.0	3.3

Source: Office for National Statistics (ONS)

CIPFA nearest neighbours

4.01 - Infant mortality

2011 - 13

Crude rate - per 1000

Area	Count	Value	95% Lower CI	95% Upper CI
England	8,146	4.0	3.9	4.1
North West region	1,118	4.2	4.0	4.5
Wyre	22	7.6	4.8	11.5
Pendle	29	7.5	5.0	10.7
Burnley	22	6.1	3.8	9.2
Hyndburn	18	5.3	3.1	8.3
Bury	39	5.2	3.7	7.1
Oldham	50	5.1	3.8	6.7
Blackpool	26	5.0	3.3	7.3
Rochdale	45	4.9	3.6	6.6
Blackburn with Darwen	34	4.9	3.4	6.9
South Ribble	18	4.9	2.9	7.8
Chorley	18	4.9	2.9	7.7
Carlisle	18	4.8	2.9	7.7
Warrington	35	4.8	3.4	6.7
West Lancashire	16	4.7	2.7	7.6
Sefton	39	4.6	3.3	6.3
Bolton	53	4.6	3.4	6.0
Fylde	9	4.5	2.0	8.5
Manchester	108	4.5	3.7	5.4
Preston	25	4.4	2.8	6.5
Liverpool	74	4.2	3.3	5.3
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Wigan	40	3.5	2.5	4.8
Cheshire West and Chester	37	3.4	2.4	4.6
South Lakeland	8	3.2	1.4	6.3
Eden	4	3.0	0.8	7.8
St. Helens	19	3.0	1.8	4.7
Trafford	26	3.0	2.0	4.4
Tameside	27	3.0	2.0	4.3
Ribble Valley	4	3.0	0.8	7.6
Halton	14	2.9	1.6	4.9
Allerdale	8	2.9	1.3	5.7
Rossendale	7	2.8	1.1	5.7
Barrow-in-Furness	6	2.7	1.0	5.8
Copeland	6	2.6	0.9	5.6

Source: Office for National Statistics (ONS)



Methodology

- **Data analysis – 10 years (2005-2014)**

- **Examined infant deaths across the 12 Lancashire districts and wards within**

Datasets linked

- 1. Primary Care Mortality Database** – age at death, cause of death, socio-economic status of parents, location, GP practice
- 2. Births** – birth weight, multiple birth, age of mother, mother's country of birth, birth in marriage etc
- 3. Child Death Overview Panel** – Death category, modifiable risk factors, ethnicity
- 4. Mosaic profiler** – lifestyle and behaviour characteristics of populations

Main Findings

- Strong link with deprivation - 66% from Q1 and Q2
- 66% LBW
- Approx. **25%** infant deaths had modifiable risk factor recorded
- Risk factors vary across areas
- Mosaic group **I, L & M** representation higher than in Lancashire population
- 77% White
- 18% Asian

I Urban Cohesion



Key Features

- Settled extended families
- City suburbs
- Multicultural
- Own 3 bedroom homes
- Sense of community
- Younger generation love technology

Channel Preference

- Face to Face
- Post
- Landline
- Email
- Mobile
- Online

L Transient Renters



Key Features

- Private renters
- Low length of residence
- Low cost housing
- Singles and sharers
- Older terraces
- Few landline telephones

Channel Preference

- Face to Face
- Post
- Landline
- Email
- Mobile
- Online

M Family Basics



Key Features

- Families with children
- Aged 25 to 40
- Limited resources
- Some own low cost homes
- Some rent from social landlords
- Squeezed budgets

Channel Preference

- Face to Face
- Post
- Landline
- Email
- Mobile
- Online

Common Modifiable risk factors identified

Parental mental health, Smoking, Alcohol/Substance misuse, Safer sleeping, consanguinity, housing, chaotic lifestyle

Risk factors differ by areas

Risk factors ranked

Challenge

- Securing partner engagement
- Embed infant mortality into local partnerships across Lancashire

Findings drove engagement with partners



Bespoke analysis and presentation

- District specific findings....make issue local
- Public health co-ordinators – conduit to securing engagement

➤ 12 districts

➤ 5 CPBs

➤ 4 HWB partnerships

High level

Making it everyone's business

Partners who can influence at ground level:

- Ward councillors
- Community midwives
- Stop Smoking Services
- Children's Centres
- Social housing providers
- Community development workers
/volunteers
- Local GP practices

**Ground
level**

Outputs

- Engagement secured.....
- Findings currently being used as the basis for a number of ongoing projects and programmes
- Projects set up in number of districts to reach out to families in areas with the highest numbers of infant deaths

Output - example 1

- One district council made infant mortality subject of their annual **Overview and Scrutiny programme**
- Cross party task and finish group formed and sub groups created to address each of the highest modifiable factors: **smoking in pregnancy**, **housing**, **access to services** etc.

Outputs - example 2

In another district.....

- Infant mortality a standing item on the Health and Wellbeing Partnership

Going forward

- Findings forming the basis of a Lancashire wide **Infant Mortality Action Plan**
- Partner-led initiatives continuing
- Explore **further linkage** with other internal & external datasets

Learning

Positive experience of:

- Linking different datasets
- Securing engagement and commitment from partners

Learning

- Possible to bring partners on board by making the issue **local to them**

..... even if it is as simple as passing on the right simple health and safer sleep messages

These various work programmes will affect the health of many infants, not just those who are at risk of dying.

Thank you

Any questions?