

Health Inequalities and Infant mortality.






Organisation / date





Why a Health Inequalities and Equality perspective is important

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Section number



Policy Drivers /Legal Duties

NHS England has legal duties to:

- Have regard to reduce health inequalities(HIS)in access and outcomes of health services and;
- Integrate both healthcare and other services where this might reduce (HIS)
- Public Sector Equality Duty
- NHS Mandate
- NHS Outcomes Framework
- Public Health Outcomes Framework
- NHS Constitution 'Everyone Counts' - Moral Case

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Infant Mortality

- Infant Mortality is a term used to describe deaths in children aged less than 1 year old.(This does not includes still births.
- The latest infant mortality rate for England is 4.3 per 1000 lives birth.
- Rates vary across Local Authority areas from 0 to 10. Source National Statistics, 2011.
- Without delving deeper into these rates by different measures of equality and inequality, the true extent of variation in infant mortality rates is not visible.

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What we know – Health Inequalities

- We know that higher rates of infant mortality can be seen for:
 - Women with poorer educational attainment, some ethnic minority groups – socio economic factors
 - Young and older mothers
 - Women who smoke and or take drugs
 - Environmental factors such as where and how babies are laid to sleep
 - Mother suffering from depression
 - Mother having maternal complications such as diabetes, obesity

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Equality perspective a focus on ethnicity

- A rapidly diversifying population – Asylum Seekers, Travellers, New Migrants, Language Barriers
- Evidence of larger inequalities in infant mortality between ethnic groups, Pakistani and Caribbean women – twice the national average
- Failure to consider leads to:
 - Partial understanding
 - Ineffective and inefficient intervention
 - Persistent inequity (S.Salway)
 - Qualitative insights fundamental

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Leveraging data to improve child health

- The following data is available nationally, mostly available to NHS England in aggregate form
- Early neonatal mortality rate
- Neonatal mortality rate
- Perinatal mortality rate
- Stillbirth rate
- Source HSCIC (indicator portal)
- The list is not exhaustive

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Data analysis to tackle inequities in health

- This data enables users to see summary trends but often doesn't enable users to get a true understanding of extent of issues across our diverse communities.
- To address these issues at local level Commissioners of maternal and child health need to understand their local population and put in place the right service to meet their local need.
- To help them to do this intelligence combining of all the following types of factors needs to be available.(H.Brown)

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Intelligence combining

- Uptake of maternal assessments and screening
- Quality of maternity care
- Uptake of breast feeding
- Smoking in pregnancy
- Maternal complications
- Preterm babies
- Ethnicity
- Fertility rates
- Consanguinity

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The use of intelligence in action

- To tackle high rates of infant mortality some local areas have undertaken detailed investigations into why their rates are high by linking together various local and national routine data sets from ONS: births, mortality, HES, and maternity systems, e.g. Bradford who set up an infant mortality commission in 2006 followed by a birth cohort research study, Born in Bradford, in 2007.
- This has enabled them to understand who the patients are that are most at risk, and to target appropriate services to those most in need.

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Intelligence led commissioning

- For example:
- Focus on breast feeding to help reduce the numbers of babies dying from infections
- Introduction of genetic counselling to inform risks of congenital anomalies
- Introduction of congenital anomalies register
- Targeted Health Visiting service
- Handovers between midwives and health visitors between prenatal and postnatal care
- Born in Bradford <http://www.borninbradford.nhs.uk>

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Best Practice

- In Leeds, a Haamla programme to enable Black and Minority Ethnic women to access antenatal resulting in more than 90% of South Asian women accessing antenatal care by 12 weeks. (DH,2010)
- DH(2010) National Support Team - numerous examples of best practice that can be leveraged today!

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Levers and mechanism for action

- Joint Strategic Needs Assessment (JSNA)
- Health and Wellbeing Strategies
- Equality Delivery System (EDS)
- Service specifications
- Community Engagement – Putting Patients first
- Cross sector partnership working ,patients, community, PHE, LA, NHS England, CCG's Third Sector, Children's Centres etc. Children Board Partnership Board
- Family Test
- National Maternity Audit

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Scalability

- The introduction of the national maternal and child health data set will enable this sort of innovative analysis to be compiled at scale and made available to all areas to help the reduction of infant mortality, and to help achieve better outcomes for mothers, babies and children. (Maternal and child health dataset will be available in about 2 years time)
- Maternal and Children's data set
<http://www.hscic.gov.uk/maternityandchildren>

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Critical Success Factors –DH NST

- The key strategic messages are:
- Strong local and national leadership is vital to an effective cross agency approach to improving maternity and early years services and reducing infant mortality;
- Integrated commissioning whole systems approach
- Community engagement and understanding the preferences and needs of local population will help develop flexible, responsive, acceptable services for those who need them.

Leading the way in NHS England

- Leading the way from NHS England two National Clinical Directors,
- Dr Catherine Calderwood MA MRCOG FRCP Consultant Obstetrician and Gynaecologist Medical adviser for medical and surgical specialties, maternity and women's health, screening programmes
- 0131 244 2379
- Dr Jacqueline Cornish, OBE FRCP FRCPCH National Clinical Director Children, Young People and Transition

Priorities NHS England

- National Maternity audit
- Gynaecology audit
- Preconception health – smoking obesity, contraception, fertility messages
- Reduce still births and neonatal deaths
- Reduce variation in practice
- Perinatal mental health
- Patient experience
- Reduction in preterm delivery rate
- The list is not exhaustive

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Give every child the best start in life !

- Reducing infant mortality across our diverse communities is critical.
- The death of any child is heart breaking. All children should be afforded the best start in life, high quality health care for all, which starts with the Mother, the beginning of the life course.
- Critically, Marmot (2012) argues Tackling inequalities in health is a matter of social justice!!

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Thank You

Any Questions

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