The National Support Teams
Emerging Themes from the Infant Mortality National Support Team

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Infant Mortality National Support Team
Reducing inequalities in outcomes for families, mothers and children

National Support Teams
What are National Support Teams?

• National Support Teams (NSTs) provide consultancy-style, expert and peer tailored delivery support to health partnerships in England – Primary Care Trusts (PCTs), NHS Trusts and Local Authorities.

• Areas offered support are identified principally on performance and who would most benefit. Discussions take place with Government Offices and Strategic Health Authorities prior to offer being made to individual areas. Local areas are the clients.

• Expertise drawn from the NHS, Local Government and Third sector with expertise in relevant topic areas, change management, commissioning and public health. Matching expertise principle used.
What are National Support Teams?

• Style is genuinely supportive although will challenge

• Recommendations are based on evidence and good practice, but are bespoke to the area with local practical solutions

• Liaison on scheduling of overall programme takes place with other support processes such as the Information and Development Agency (IDeA)

• NST reports build upon the work of other support agents and there is coordination of the support package with other support agents e.g. at regional level
## Current National Support Teams

- **Sexual Health** from February 2006
- **Tobacco Control** from March 2006
- **Health Inequalities** from February 2007
- **Teenage Pregnancy** from March 2007
- **Childhood Obesity** from September 2007
- **Alcohol Harm Reduction** from September 2008
- **Infant Mortality** from December 2008
- **Response to Sexual Violence** from December 2008
- **Childhood Immunisation** from Autumn 2009
Supporting partnerships to improve health outcomes

> 200 NST Visits
February 2006 – April 2009

- Sexual Health
- Health Inequalities
- Childhood Obesity
- Teenage Pregnancy
- Tobacco Control
- Alcohol Harm Reduction
- Infant Mortality
- Response to Sexual Violence
Health Inequalities in Infant Mortality
Health inequalities infant mortality PSA target

‘Starting with children under one year, by 2010 to reduce by at least 10% the gap in mortality between the routine and manual group and the population as a whole’

The baseline is 1997-99
Background

• Review of the Health Inequalities Infant Mortality PSA Target (February 2007)


• Infant Mortality NST launched in autumn 2008 as a commitment in Health Inequalities: Progress and Next Steps (June 2008)
Identifiable actions to reduce the 2002-04 gap in infant mortality

<table>
<thead>
<tr>
<th>What would work</th>
<th>Impact on the 2002-04 gap (percentage points)</th>
<th>What would work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reducing conceptions in under 18s in the R&amp;M group by 44% to meet the target</td>
<td>1.0</td>
<td>Reducing overcrowding in the R&amp;M group, through its effect on SUDI</td>
</tr>
<tr>
<td>Targeted interventions to prevent SUDI by 10% in the R&amp;M group</td>
<td>1.4</td>
<td>Reducing the rate of smoking in pregnancy by two percentage points by 2010</td>
</tr>
<tr>
<td>Reducing the prevalence of maternal obesity in the R&amp;M group to 23%</td>
<td>2.8</td>
<td>Meeting the child poverty strategy</td>
</tr>
</tbody>
</table>

**Immediate actions**
- Optimising preconception care
- Early booking
- Access to culturally sensitive healthcare
- Reducing maternal and infant infections

**Long-term actions**
- Improving infant nutrition
- Improving maternal educational attainment
Effective implementation will be achieved through a combination of NHS interventions and actions on the wider social determinants of health throughout preconception, pregnancy, birth, infancy, childhood and adolescence.
Reducing inequalities in outcomes for families, mothers and children
Aims of the Infant Mortality NST

• Help areas with the highest burden of infant mortality in the routine and manual (R&M) group (defined as 20 or more infant deaths in the R&M group over the three-year period of 2002-04) meet the health inequalities infant mortality PSA target

• Help areas reduce infant mortality in other disadvantaged populations e.g. teenage mothers, single parents, black and minority ethnic groups, the homeless and unemployed
**Aims of the Infant Mortality NST**

- Improve maternal and child health in local areas
- Gather and disseminate examples of good practice
- Promote and raise the profile of infant mortality locally, nationally and internationally
What the Infant Mortality NST provides

Diagnostic visit and intensive bespoke support to PCTs, NHS Trusts and Local Authorities

- Credible expertise in the strategic development, commissioning and provision of maternal and child health services and interventions, public health and change management

- Focus on:
  - reducing infant mortality in the routine and manual target group and in other disadvantaged populations
  - improving maternal and child health in local areas
What the Infant Mortality NST provides

- Initial visit over 4 days
- Systematic enquiry with key stakeholders on 1 to 1 basis and workshops on themes
- Immediate feedback identifying strengths, good practice, specific strategic recommendations and recommendations for each workshop theme
- Agreed support package over a period of time, delivered by the team or facilitated through other support processes nationally or regionally
# Infant Mortality NST visiting schedule

<table>
<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AM</strong></td>
<td><strong>All day</strong></td>
<td><strong>All day</strong></td>
<td><strong>Closing Plenary</strong></td>
</tr>
</tbody>
</table>
| *Opening Plenary*  
  Introduction to NST and process-Service presentations on strategy and needs assessment  
  ~  
  *PM*  
  Scheduled interviews or workshops | *Scheduled interviews or workshops* | *Feedback Planning NST*  
  (closed session NST members – to write report / complete presentation) | NST feedback presentation to PCT and partner organisations. Discussions on presentation and process |

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*Infant Mortality National Support Team*  
Reducing inequalities in outcomes for families, mothers and children
NST model

**Population Health and Wellbeing**

- Systematic enquiry with questions for key stakeholders
- Systematic and scaled interventions by frontline services
- Fitness for Purpose
  - Leadership
  - Partnership
  - Organisational Arrangements
  - Vision, Strategy and Commissioning
  - Data and Needs Assessment
  - Communications, Social Marketing and Community Engagement
  - Workforce Capacity and Training
- Systematic community engagement

**Personal Health and Wellbeing**

- Frontline service engagement with the community in different settings

**Community Health and Wellbeing**
## Workshops on contributors to infant mortality

<table>
<thead>
<tr>
<th>Current workshops</th>
<th>Links to other national priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td>Theme throughout national priorities</td>
</tr>
<tr>
<td>Housing</td>
<td>PSA 20, Indicator 4: Housing</td>
</tr>
<tr>
<td>Immunisations</td>
<td>Vital Signs</td>
</tr>
<tr>
<td>Maternal and infant nutrition</td>
<td>PSA12, Indicator 1: Breastfeeding prevalence</td>
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<tr>
<td></td>
<td>Vital Signs</td>
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<tr>
<td>Management of the feverish or unwell infant</td>
<td>NICE guidelines</td>
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<tr>
<td>Safeguarding children and SUDI</td>
<td>PSA 13: Improve children and young people’s safety</td>
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<td></td>
<td>The Laming Report</td>
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<tr>
<td>Screening</td>
<td>PSA 19, Indicator 4: Health and social needs assessment by 12 completed weeks of pregnancy</td>
</tr>
<tr>
<td></td>
<td>Vital Signs</td>
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<tr>
<td>Reducing tobacco use</td>
<td>PSA 18, Indicator 3: Prevalence of smoking</td>
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<tr>
<td></td>
<td>Vital Signs</td>
</tr>
<tr>
<td>Reducing teenage pregnancy and supporting pregnant teenagers</td>
<td>PSA 14, Indicator 4: Under 18 conceptions</td>
</tr>
<tr>
<td></td>
<td>Vital Signs</td>
</tr>
</tbody>
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## Areas planned to visit

Local authority areas with 20 or more infant deaths in the routine and manual group from 2002 to 2004

<table>
<thead>
<tr>
<th>Areas</th>
<th>Spearhead areas</th>
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<tbody>
<tr>
<td>Birmingham*</td>
<td>Hackney*</td>
</tr>
<tr>
<td>Blackburn with Darwen*</td>
<td>Haringey*</td>
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<tr>
<td>Bolton*</td>
<td>Kingston upon Hull*</td>
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<tr>
<td>Bradford*</td>
<td>Kirklees</td>
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<tr>
<td>Brent</td>
<td>Lambeth*</td>
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<tr>
<td>Bristol</td>
<td>Leeds</td>
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<tr>
<td>Calderdale</td>
<td>Leicester*</td>
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<tr>
<td>Coventry*</td>
<td>Liverpool*</td>
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<tr>
<td>Croydon</td>
<td>Luton</td>
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<tr>
<td>Derby</td>
<td>Manchester*</td>
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<tr>
<td>Doncaster*</td>
<td>Medway Towns</td>
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<tr>
<td>Dudley</td>
<td>Milton Keynes</td>
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<tr>
<td>Ealing</td>
<td>Newham*</td>
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<tr>
<td>East Riding of Yorkshire</td>
<td>Northampton</td>
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<tr>
<td>Greenwich*</td>
<td>Nottingham*</td>
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<tr>
<td>Oldham*</td>
<td>Portsmouth</td>
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<tr>
<td>Preston*</td>
<td>Rotherham*</td>
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<tr>
<td>Sandwell*</td>
<td>Sheffield</td>
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<tr>
<td>Southwark*</td>
<td>Stoke-on-Trent*</td>
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<tr>
<td>Sunderland*</td>
<td>Tower Hamlets*</td>
</tr>
<tr>
<td>Wakefield*</td>
<td>Walsall*</td>
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<tr>
<td>Wolverhampton*</td>
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*Spearhead areas*
Progress to date

- Five pilot visits:
  - Milton Keynes, Leeds, Bristol, Kirklees, Brent

- 96% of participants said that the IMNST visit provided the individual, partnership or organisation with a basis for further improvement

- 15 visits are planned for 2009

- Published infant mortality profiles for PCTs in partnership with ChiMat [www.chimat.org.uk](http://www.chimat.org.uk)

- Six monthly Steering Group meetings
Emerging Themes from the Infant Mortality NST Visits
Emerging strategic themes

• Knowing the target, knowing your gap
• Make the target part of everyday business
• Taking responsibility and engaging communities
• Matching resources to need
• Focusing on what can be done
Knowing the target, knowing your gap

- Recognising the issue through reference to local data

- The London Health Observatory health inequalities intervention tool (www.lho.org.uk)

Life expectancy years gained if the Most Deprived Quintile of Birmingham MCD had the same mortality rate as the England average for each cause of death
Recognising the issue through reference to local data

Knowing the target, knowing your gap
Knowing the target, knowing your gap  
Local actions to implement change

• Kirklees and Milton Keynes have undertaken audits of infant deaths to understand the causes of infant mortality in their populations and develop strategies to address them.
Make the target part of everyday business

- There is a need to improve the understanding across the health and social care system of the factors that contribute to infant mortality and of the part organisations could play in addressing these, particularly targeting disadvantaged groups.

- Good leadership and real prioritisation makes a difference.
Make the target part of everyday business

- Disjointed data needs to be brought together to provide intelligence to inform commissioning and action

- The use of commissioning as a lever to improve public health with all providers

- Including risk factors for infant mortality into Local Area Agreements and World Class Commissioning priorities
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Reducing inequalities in outcomes for families, mothers and children

An action plan for addressing the

Local actions to implement change
Make the target part of everyday business
Taking responsibility and engaging communities

• Importance of working with communities and individuals, using social marketing, community engagement/development approaches to increase awareness and empower those seldom seen, seldom heard

• Importance of developing information in user friendly ‘marketing’ formats for a wide range of audiences, including Black and Minority Ethnic (BME) groups and the seldom seen, seldom heard
Taking responsibility and engaging communities
Local actions to implement change

- The MEDACT free maternity and advocacy pack for highly marginalised pregnant BME women [www.medact.org.uk](http://www.medact.org.uk)
- The Haamla service in Leeds
- The Women of Childbearing Age (WOCBA) programme in Kirklees
Matching resources to needs

- A systematic, strategic and scaled up approach is needed – not a series of projects

- Partnerships need to be strategic, streamlined, action orientated and linked into Local Strategic Partnership (LSP) structures

- The importance of joint commissioning between PCTs and Local Authorities in the context of taking a whole systems approach to tackling infant mortality
Matching resources to needs

- Workforce planning needs to be across partner organisations to ensure greater workforce integration and appropriate skill mix.

- Integrating services e.g. the provision of antenatal care in Children’s Centres to increase accessibility, in particular to vulnerable groups and the seldom seen, seldom heard.
Matching resources to needs
Local actions to implement change

• Bristol Safeguarding Children’s Board is one of the 11 South West Local Safeguarding Children’s Boards that have joined together to develop the web based South West Child Protection procedures (www.swcpp.org.uk)

• The LSP in Hackney has used the Local Area Agreement process to raise the profile of infant mortality and commission interventions to make a targeted impact

• The transfer of community maternity services to Children’s Centres in Birmingham has received extremely positive feedback from service users and providers

• The ‘Staff Nurse Project’ in Brent is currently recruiting 20 community nurses to a 2 year training programme for health visiting or school nursing in partnership with Buckinghamshire University
Focusing on what can be done

- Identified local champions can add considerable value but there is also a role for everyone
- Importance of front line service effectiveness
- Importance of cross agency and partnership working
- The need for mechanisms for reflecting actions to address infant mortality in all relevant service contracts and specifications
Focusing on what can be done

- The potential of social marketing to develop an understanding of the preferences and needs of young women, pregnant women, fathers, families, carers and the local population, with emphasis on disadvantaged groups
Focusing on what can be done
Local actions to implement change

- The needs assessment and care pathway for pregnant women who are obese in Lambeth

- Identifying the reasons why women booked late for antenatal care in Wolverhampton and developing services to promote early booking
Some emerging themes from workshops

- The importance of both NHS actions and actions on wider determinants to reduce health inequalities in infant mortality

- Recognition of the contribution of many programmes on reducing health inequalities in infant mortality e.g. the relationship between housing quality and infant mortality

- The relationship between risk factors for infant mortality and maternal mortality and the wider context of morbidity

- The importance of public health intelligence to inform planning and commissioning services
Some emerging themes from workshops

• The need for systematic approaches to improving immunisation uptake, antenatal screening programmes and stop smoking services

• The need for an equal focus on teenage pregnancy prevention and supporting teenage mothers and young fathers

• The importance of community engagement and developing services to target vulnerable groups

• The recognition that infections remain the leading cause of death in children under the age of 5 years
Some emerging themes from workshops

- The recognition that although the incidence of Sudden Unexpected Deaths in Infancy has fallen sharply in recent years, this decline is not shared by all groups. Disadvantaged groups have persistently higher levels.

- The potential of the Child Death Review process to identify local priorities.

- The importance of multi-agency bereavement and counselling pathways for families whose babies or children die.
Next steps

- Continue to refine and review the Infant Mortality NST process
- Develop a workshop around child poverty
- Develop a database of good practice
- Continue to work in partnership with local areas to offer visits and provide support
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Any questions?