# Appendix 1

## Blackburn with Darwen Borough Council /Blackburn with Darwen Local Safeguarding Children's Board

## Sector Led Improvement (SLI) Infant Mortality: Recommendations for individual localities

| **Recommendation for individual localities**<br>**Proposed lead:**<br>**Chair of LSCB/ Director Public Health**<br>**(Directly taken from the Review)** | **Blackburn with Darwen Borough Council Comments** | **Recommendation for Local Action** |
|---|---|---|
| **Child Death Overview Panel (CDOP)** | | |
| **1. Clearly define governance of CDOP report within individual localities.** | Pan Lancashire CDOP Annual Report is presented to Blackburn with Darwen's (BwDs) Children's Partnership Board and,<br>BwD's Local Safeguarding Children Board (LSCB).<br><br>It will also be discussed at the Pennine Lancashire Infant Mortality meeting in addition | To maintain the governance that is in place |
| **2. Clarify how findings from CDOP cases within the locality are shared for action.** | Actions arising from individual cases are tracked by the Pan Lancashire CDOP. Within the BwD locality these are also presented to the Pennine Lancashire Infant Mortality Group. | To maintain the governance that is in place |
| **Capacity to improve** | | |
| **3. Identify a named lead for reducing infant mortality within the locality** | Currently public health chair the Infant Mortality Group, but no formally named lead | The Director of Public Health (DPH) should be nominated as the lead officer |
| **4. Identify a lead elected member for reducing infant mortality** | Currently public health chair the Infant Mortality Group, and reported to Health SPT but no formally named lead | The portfolio holder for Health should be nominated as lead elected member |

# Appendix 1

| | | |
|---|---|---|
| **5. Modifiable factors associated with infant mortality are firmly embedded in integration programmes.**<br>(Modifiable factors include safeguarding in relation to abuse and neglect, smoking, drugs and alcohol misuse, and co-sleeping) | This is part of the Pennine Lancashire Infant Mortality Framework as the enabler | To strengthen this recommendation within the local Framework |
| **6. Consider opportunities to influence behaviour change and social norms for modifiable factors associated with infant mortality (such as social movement).** | **Smoking in pregnancy**<br>Tobacco Free Lancashire Strategy<br>See comments within recommendations 17 to 21 below for further details.<br><br>**Diet and nutrition**<br>Eat Well, Shape Up Move More Strategy, including promotion of breastfeeding<br><br>**Stress**<br>The Parenting Strategy supports this component as does the work across the Mental Health First Aid Training programmes etc.<br><br>Emotional Wellbeing for children and young people (including parents) is a priority for the Children's Partnership Board and part of the Early Help offer.<br><br>Pan Lancashire Emotional Health & Wellbeing (CAMHS) Systems Board provides leadership and development of programmes and services for children, young people and families' mental health and wellbeing, which includes BwD representation.<br><br>**Healthy pregnancy**<br>Local programmes include work to reduce alcohol exposed pregnancies, and promote healthy | To review the actions within the Pennine Lancashire Infant Mortality Framework and cross-check with the thematic strategies |

# Appendix 1

| | | |
|---|---|---|
| | pregnancy and breastfeeding.<br><br>Children's Centre's deliver Healthy Start voucher and vitamins schemes (see 22. below for further details).<br><br>Also part of the Early Help Offer<br><br>Other relevant strategies and action plans include:<br>• Domestic Abuse Strategy<br>• Alcohol Strategy<br>• Accident Prevention Strategy<br>• Substance Misuse Strategy<br>• Health and Wellbeing Strategy<br>• Children & Young People's EHWB Transformation Plan<br>• Lancashire Infant feeding plan<br>• Healthy Child Programme – local delivery model | |
| **7. All services commissioned are evaluated to ensure they make positive changes to modifiable factors** | This is undertaken in an ad hoc manner | To have an explicit recommendation within the Pennine Lancashire Framework to ask this directly and capture the responses. |
| **Safeguarding** | | |
| **8. Data sharing and information governance within localities facilitates safeguarding for all agencies** | Currently covered via LSCB's Information Protocol: defines legal gateways for sharing information between agencies for safeguarding purposes.<br><br>Within midwifery and health visiting there is the consent to share process that is completed at initial visits/appointments and both services complete | For the LSCB and Infant Mortality Groups to continue the learning and progress with data sharing. |

# Appendix 1

| | | |
|---|---|---|
| | initial 'social needs assessments'.<br><br>Recent serious case reviews (SCRs) have identified the process in both organisations requires improvement to include family history (adverse childhood experiences possible option) and checking self-reported history with other agencies as currently reliant on self-reporting alone. The process in midwifery of managing pregnancies between community and hospital midwifes requires improvement as all information on risks is not always in records, especially hospital records. Information on unmet need is usually in patient hand-held midwifery records. | |
| **9. Effective partnership working including information sharing to support safeguarding.** | Existing process between midwifery, health visiting and children's centres to share information and refer to services at early help level. Both health providers also have processes to refer to their safeguarding teams for any risk cases that require referral to Multi Agency Safeguarding Hub (MASH) for Children in Need /Child Protection /Looked After Children concerns. The LSCB's Continuum of Need Framework identifies the thresholds for Early Help to Looked After Children concerns and audit identifies that most agencies do understand the thresholds. | To continue with the good partnership working and to continue to be strengthened. |
| **10. All staff working with children and families have the capacity and capability to work effectively to ensure safeguarding and understand the implications in relation to infant mortality** | Whilst LSCB training does not cover explicitly the risks associated with infant mortality, CDOP & SCR briefings do. Training sessions on safer sleep have been delivered in the past.<br><br>BwD's risk model is covered in LSCB training and this | There is an opportunity to consider current training needs and how these could best be addressed to look at ways in which all front line staff could ensure consistent messaging and brief interventions |

# Appendix 1

| | | |
|---|---|---|
| | focuses on practitioners becoming knowledgeable on assessing unmet need and risks using accepted child development milestones within the assessment framework (the framework has three domains: child's needs; parenting capacity; and family/environmental factors). Within the domains are further sub-domains that cover implicitly infant mortality. | on factors associated with infant mortality e.g. safer sleeping, smoke free pregnancy, smoke free homes, breastfeeding, managing stress, and healthy weight. |
| **11. Review working practices for professional staff working in deprived areas and ensure rotation to more affluent areas to prevent social norms becoming distorted** | In the 'Child W' case review that was completed in 2012, it found: The repeated exposure of professionals to intractable and long term problems 'normalise' their response and understanding of deviant and risky parental behaviour<br><br>The finding led to the development of the BwD risk model (now also being rolled out across Lancashire) that clearly identifies what are 'underlying risk factors' and 'high risk indicators'. | To review the BwD Risk Model over time. |
| **Congenital abnormalities** | | |
| **12. Reliable information system to enable access to high quality intelligence to identify 'at risk' population groups** | Public Health England (PHE) recently taken over responsibility for congenital anomaly registers nationally. Impact on ability to identify 'at risk' population groups is not yet apparent | To review the data once established |
| **13. Preconception care in place which targets 'at risk' groups of congenital abnormality** | Pennine Lancashire has a service which engages with communities and extended families who practice customary cousin marriage, and the health care staff who serve them, to raise awareness, promote conversations and provide genetic counselling for those with a family history of possible recessive disorder. This includes pre-marital and pre-conception advice and carrier testing (if feasible). | To continue with the service within the community |

# Appendix 1

| | | |
|---|---|---|
| **14. Outreach worker in each locality where there is a high rate of congenital abnormality** | Pennine Lancashire has an outreach service which engages with communities and extended families who practice customary cousin marriage, and the health care staff who serve them, to raise awareness, promote conversations and provide genetic counselling for those with a family history of possible recessive disorder.<br><br>There are currently no other causes of congenital abnormality which takes this approach. | To continue with the service within the community |
| **15. Engage with community leaders and families in high risk groups to communicate messages about consanguinity and the advantages of genetic screening** | Pennine Lancashire has an outreach service which engages with communities and extended families who practice customary cousin marriage, and the health care staff who serve them, to raise awareness, promote conversations and provide genetic counselling for those with a family history of possible recessive disorder | To continue with the service within the community |
| **Co-sleeping** | | |
| **16. Ensure clear and consistent messaging for safe sleeping across all agencies within the locality and include wider services such as 3rd sector, social media, forums (e.g. mumsnet), housing, guest houses etc. using Starting Well National Guidance** | Pan Lancashire Safer Sleeping Guidelines well established across statutory agencies.<br><br>Safer sleep assessment tool that has been developed by CDOP<br><br>Pan-Lancashire safer sleep training later this year | Need to understand whether the Safer Sleep guidance has reached the 'wider services' mentioned here, therefore we recommend a simple survey to assess 'reach'. |
| **Smoking in pregnancy** | | |
| **17. Smoking cessation targets for midwives and health visitors.** | There are no targets set within maternity or health visiting service contracts in Pennine Lancashire for smoking cessation in pregnancy. | To review smoking cessation provision and pathways in line with available local resources |

# Appendix 1

| | | |
|---|---|---|
| **18. Smoking cessation interventions at 20 week scan delivered by trained sonographers (Blackpool model)** | Training of midwives was conducted on the risk perception intervention (RPI) and CO monitoring at the first scan appointment in 2015. However, due to a shortage of resources and a change in staff, RPI is not being undertaken at the present time. Carbon Monoxide (CO) monitoring and the opt-out pathway remains in place and is conducted by the East Lancashire Hospital Trust (ELHT) maternity services. | To review maternal health care and support provided in relation to smoking in pregnancy in line with available local resources and capacity |
| **19. Healthy Community Pharmacies provide cessation intervention upon purchase of pregnancy test kit. Opportunities for Public Health interventions.** | This is not in operation at the present time in BwD. Pharmacies provide smoking cessation services and clinics, along with GP practices locally. | Review smoking cessation provision provided by pharmacies in line with available local resources. |
| **20. Improve referral pathways to enable immediate cessation support** | The opt-out pathway is in place at ELHT maternity services for but BwD referrals to the stop smoking service may not be guaranteed within 24 hours (weekly collection of paper based referrals forms). | Review smoking cessation referral pathways in line with available local resources. |
| **21. Implement evidence based smoking and pregnancy incentive scheme – other 'softer' rewards such as certificates of achievement are extremely valuable / motivational tools** | There is no incentive scheme or rewards available for BwD for smoking in pregnancy. | Review maternity care and smoking cessation support in pregnancy and explore funding opportunities to support incentive scheme |
| **Deprivation** | | |
| **22. Services provide an additional 'offer' to families who are most deprived e.g. free vitamins for pregnant mothers, smoking incentive schemes, pathways to employment/education** | **Healthy Start vitamin scheme**<br>In BwD, the Healthy Start scheme is available for pregnant mothers, delivered through children's centres and distributed by health visitors at routine postnatal home visits. This includes vouchers for families on low income. These can be exchanged for fresh or frozen fruit or vegetable and milk. The | Review of holistic local 'offer' for families who are most deprived, with a focus on pathways to employment and education |

# Appendix 1

| | | |
|---|---|---|
| | scheme also provides vitamins to support intake during pregnancy and early years. The government has recently re-committed to this scheme in the recent National Child Obesity Strategy and the Healthy Start is embedded within the Eat Well, Shape Up and Move More Strategy.<br><br>**Reducing smoking rates**<br>Tobacco Free Lancashire Strategy is in place which was refreshed in 2015, with BwD representation on the strategic group). BwD also sit on Pan Lancashire Smoking In Pregnancy group.<br><br>**Pathways to employment/education**<br>Tackling youth unemployment is a key priority of the Blackburn with Darwen's Early Help Strategy. The New Directions service supports and monitors all school leavers around further education, job seeking and careers advice.<br><br>Children's Centres provide a wide range of information, advice and guidance for parents and families, including childcare, benefits, parenting support groups, and outreach home visits for families with additional needs.<br><br>**Early Help Strategy**<br>One of the five priorities of the Blackburn with Darwen's Early Help Strategy is to 'keep children and young people safe', which explicitly contributes to safeguarding children and promoting children's welfare, monitored by Children's Partnership Board. | |

***End of Report***