Reducing child deaths

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Reducing child deaths

*Increased risk of child death involves a series of complex interactions between many factors, including genetics, the child’s physical, social and economic environment and the health and care systems which surround families.*

*There are significant inequalities in premature child death*
Infant Mortality

Child Mortality rate
Greater Manchester Annual Report of Child Deaths in 2018/19

Bolton, Salford & Wigan CDOP closed 64 cases, this was the most in GM at 31%. Table below report gives the break down by age range. Salford had 16 deaths which accounts for 8%.

<table>
<thead>
<tr>
<th>AREA</th>
<th>Neonate</th>
<th>28-364 days</th>
<th>1-4 years</th>
<th>5-9 years</th>
<th>10-14 years</th>
<th>15-17 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salford</td>
<td>50%</td>
<td>13%</td>
<td>6%</td>
<td>0%</td>
<td>0%</td>
<td>13%</td>
</tr>
<tr>
<td>GM</td>
<td>42%</td>
<td>19%</td>
<td>11%</td>
<td>8%</td>
<td>10%</td>
<td>11%</td>
</tr>
</tbody>
</table>

The Salford under 18 years population was estimated to be 56,566 in 2018 and although Salford population size is one of the smallest in GM, the percentage of people in the most deprived 10% is the 2nd highest in GM behind Manchester. The average IMD score has reduced from 34.74 (2010) to 32.95 (2015)

GM modifiable risk factors

Modifiable factors were identified in 79 closed cases (39%) across GM

There were approximately 89 different issues related to the 79 cases.

- Smoking was still the largest modifiable factor (24 cases)
- Obesity (19)
- Access to health care or poor care management (11)
- Substance misuse 4th (10)
Child Death Overview Panel (CDOP)

Mean average number of days to close review

Smoking at time of delivery
Suicide

Suicide is a leading cause of death worldwide in 15-29 year olds; approximately 8% of all deaths

• 14% of deaths in 10-19 year olds (UK)
• Over half have previously self-harmed
• Recent increase in suicide and self-harm by young people
  – 68% increase in self-harm incidence in young girls, 2011-14
• 1 in 5 young women report self-harm; twice rate of young men
• Over half of young people who self-harm never seen by services

Sector Led Improvement

Deborah Blackburn
Assistant Director Public Health Nursing and Wellbeing
North West Infant Mortality Sector Led Improvement

In April 2016 the NW Infant Mortality Sector Led Improvement conference introduced the NW review

The aim of the review was to:

- Adopt an agreed SLI methodology to review action to reduce infant mortality as part of a peer review approach. The process included identifying activity with a particular focus on modifiable factors.
- Identify places where actions have resulted in improved outcomes and share the learning.
- Identify key themes and recommendations at LA level, sub-regional level and North West level.
- Outcomes of the review to provide opportunities for collaborative work programmes which may include commissioning.
- Enable sharing of good practice and innovation to aid mutual support and drive improvement in outcomes.
- Identify any gaps in data and intelligence and provide recommendations for CDOPs.
- Produce an action plan for LSCB and Adult Boards who will be responsible for oversight and implementation.

Recommendations

Includes recommendations under the following themes:

- CDOP and Consistency in identifying modifiable factors
- Capacity to Improve
- Safeguarding
- Congenital Abnormalities
- Co-sleeping
- Smoking in pregnancy
- Deprivation
- Build relationships and sharing good practice.
- Support linked with professional challenge.
Salford’s response

Salford’s response to the review was to establish a partnership group to identify priority areas and to ascertain whether current activity was appropriately targeted and proportionate.

The identification of modifiable risk factors and addressing these is essential to driving down mortality rates.

The overarching increase in risk due to poverty and inequalities is the priority for the Salford partnership.

Salford Action Plan

The partnership created an action plan that takes the issues and sets them in the Salford context. The action plan addresses a range of risk factors which lead to an increased risk of premature births. These area include:

- Social Insight into smoking during pregnancy
- Maternal obesity
- Standardised PSHE education in Schools
- Late antenatal care
- Infection screening
- Universal antenatal parenting/understanding child development and risks
- Unintentional injuries and fall under 4s
- Poverty and inequalities/the role of housing providers