

Manchester City Council Report for Information

Report to: Health and Wellbeing Board -18 September 2024

Subject: Infant Mortality – the ‘Safe and Healthy Beginnings Plan’ (2024-2029) and Joint Strategic Needs Assessment (JSNA)

Report of: Director of Public Health

Summary

This paper summarises the new Joint Strategic Needs Assessment (JSNA) of infant mortality and the *Safe and Healthy Beginnings* plan that the JSNA has informed.

The Infant Mortality Rate is defined as the number of deaths under the age of one year, per 1000 live births. It is a sensitive measure of the overall health of a population and is a useful indicator of other factors that affect overall health outcomes. Manchester’s rate at 6.7 per 1000 live births in 2022, is significantly higher than the national average of 3.9 deaths per 1000 live births. It is the highest infant mortality rate across Greater Manchester, and is higher than the regional average for the Northwest of England (4.4 per 1000 live births).

The JSNA of infant mortality was initiated to coincide with the previous Manchester Reducing Infant Mortality Strategy 2019-2024 coming to an end. It provides a summary of the evidence and data regarding infant mortality, including the health issues and associated inequalities that are known to affect pregnant women, babies in their first year of life and women of childbearing age living in Manchester. It also describes what Manchester City Council and other organisations working in the city are doing to support this cohort of people, as well as some of the opportunities for action that exist.

Safe and Healthy Beginnings is the City’s new plan, which utilises the findings of the JSNA to outline the priorities to reducing Manchester’s infant mortality rate. It spans the next five years (2024-2029).

Recommendations

The Board is asked to:

- (1) Note the contents of the JSNA and Safe and Healthy Beginnings Plan
 - (2) Approve the JSNA of infant mortality in Manchester
 - (3) Support the opportunities for further action described in the JSNA
 - (4) Review and comment on the priorities outlined in the Safe and Healthy Beginnings Plan (2024-2029).
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Wards Affected: All

<p>Environmental Impact Assessment -the impact of the issues addressed in this report on achieving the zero-carbon target for the city</p>	<p>There is none.</p>
<p>Equality, Diversity and Inclusion - the impact of the issues addressed in this report in meeting our Public Sector Equality Duty and broader equality commitments</p>	<p><i>An Equality Impact Assessment has been completed for the Safe and Health Beginnings Plan.</i></p>

<p>Manchester Strategy outcomes</p>	<p>Summary of how this report aligns to the Our Manchester Strategy/Contribution to the Strategy</p>
<p>A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities</p>	<p>Manchester has the highest Infant Mortality rate across Greater Manchester and is significantly higher than the regional average in the Northwest of England. Infant Mortality is a proxy for general health across the city. The Safe and Healthy Beginnings plan would have a positive impact on all the strategy priority areas. It will work to ensure fairer and equitable outcomes for infants and families. Work to address disparities seen in the health outcomes in infant and maternal health, particularly in relation to deprivation and ethnicity will enhance strategies to unlock potential of our communities. Having services that are accessible to women and their babies in areas local to them will contribute to the low carbon objective of the city.</p>
<p>A highly skilled city: world class and home grown talent sustaining the city's economic success</p>	
<p>A progressive and equitable city: making a positive contribution by unlocking the potential of our communities</p>	
<p>A liveable and low carbon city: a destination of choice to live, visit, work</p>	
<p>A connected city: world class infrastructure and connectivity to drive growth</p>	

Full details are in the body of the report, along with any implications for:

- Equal Opportunities Policy
- Risk Management
- Legal Considerations

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Background documents (available for public inspection):

[Reducing Infant Mortality Strategy 2019-2024](#)

1. Introduction

- 1.1. Infant mortality is a sensitive measure of the overall health of a population and is a useful indicator of other factors that affect overall health outcomes.
- 1.2. The Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012) states that every local authority must produce a Joint Strategic Needs Assessment (JSNA) describing the health needs of the population(s) within its area. Local Health and Wellbeing Boards are statutorily responsible for ensuring that a JSNA is published and that local partners have regard to the JSNA when planning health and care services for the populations they are responsible for.
- 1.3. The Infant Mortality JSNA is designed to provide an overview of national, regional and locally available data and evidence on infant mortality. It aims to identify opportunities to improve outcomes and reduce infant mortality in Manchester. The JSNA highlights the existence of inequalities in the experiences and outcomes of pregnant women, women of childbearing age and babies, particularly in their first year of life, both nationally and in Manchester.
- 1.4. It describes what Manchester City Council and other organisations working in the city are doing to support pregnant women and babies and outlines opportunities for action that exist to address the health inequalities in experience and outcomes for women and their babies in Manchester, and reduce infant mortality.
- 1.5. This is a refresh of the Joint Strategic Needs Assessment (JSNA) on children and young people (infancy and early years) that was initially published in 2016. Its content supports and informs the new Safe and Healthy Beginnings Plan (2024-2029).
- 1.6. The Safe and Healthy Beginnings Plan is a five-year action plan aiming to tackle infant mortality across Manchester. The plan will operate from April 2024 to March 2029.
- 1.7. This plan is situated in the context of national and regional policies and strategies aimed at reducing infant mortality and improving health outcomes for pregnant women and people, their babies and families.

2. Background

- 2.1 The Infant Mortality Rate is defined as the number of deaths under the age of one year, per 1000 live births. The UK has some of the [highest mortality rates](#) in Europe. In 2022, the infant mortality rate for England and Wales was 3.9 deaths per 1,000 live births. The infant mortality rate in Manchester is almost double the national rate at 6.7 deaths per 1,000 live births, and this figure is also higher than the Northwest regional average of 4.4 per 1000 live births in the same period. This is concerning in and of itself but also because infant mortality is a proxy for general health across the city.

2.2 Manchester has had a five year Reducing Infant Mortality Strategy 2019- 2024, which focused on 5 themes:

- Quality, safety and access to services
- Maternal and infant wellbeing
- Addressing the wider determinants of health
- Safeguarding and keeping children safe from harm
- Providing support for those bereaved and affected by baby loss

2.3 The Strategy facilitated the development of smoking in pregnancy services, safe sleeping campaigns and genetic literacy work amongst others. It aimed to address some of the modifiable factors which contribute to infant deaths such as maternal obesity, poor housing and alcohol/substance misuse.

2.4 When the Strategy was coming to an end at the beginning of 2024, system partners were keen to refresh the approach.

2.5 To support this ambition, a Joint Strategic Needs Assessment (JSNA) was initiated to provide a summary of the evidence and data regarding the current and anticipated future health needs and wider determinants of health for infants in Manchester.

2.6 The data from the JSNA and its recommendations, alongside comprehensive engagement with professionals and communities were used to produce a new plan to tackle infant mortality in the City: *Safe and Healthy Beginnings* .

2.7 To agree the actions and priorities for the plan, a series of workshops were conducted with Manchester clinicians and wider partners, including the Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) partners and parents. This engagement was supplemented with a review of the Start Well Consultation (2021).

2.8 As the plan progresses, engagement and consultation will be a continual process, alongside monitoring of the data and trends in infant mortality.

3. Infant Mortality JSNA

3.1. This JSNA addresses the experiences and outcomes related to pregnant women, babies in their first year of life, and women of childbearing age living in Manchester. It builds on the evidence and learning from the Reducing Infant Mortality Strategy 2019-2024.

3.2. National [data](#) shows there is a higher risk of infant mortality among infants born with a low birth weight, in families with high levels of deprivation, to mothers of Black ethnicity and mothers aged under 20 years old. The Office for National Statistics recently published an analysis of [neonatal and child mortality by mothers' ethnic group and socio-economic status](#). The data showed that babies born to mothers in the Pakistani ethnic group were at least **twice as likely to die** in the neonatal period (0-28 days) than those born to White British mothers. Similarly, babies born to mothers from a Black African ethnic group were about

1.75 times more likely to die compared with babies born to White British mothers. For children aged between 28 days to 10 years (including those between 28 days and 1 year old), a similar estimated risk of death seen in the model used. With respect to socio-economic status, the highest risk of child death was in households with long term unemployment, associated with deprivation.

3.3. Whilst there is no local data available for infant mortality by ethnicity in Manchester, a proxy measure is the Child Death Overview Panel (CDOP) reports. All deaths of children aged 0-17 years are reviewed by panels in their local area and where possible, record the ethnicity of infants presented to the panels. In terms of ethnicity, between April 2019 and March 2024, the highest number of deaths were among babies from Pakistani, White British and Black African ethnic groups. All infant deaths over this period were recorded as being among babies living in the most deprived areas of the city.

3.4. Appendix 1 contains a copy of the current version of the Infant Mortality JSNA. Key points highlighted in the JSNA are as follows:

- Although the infant mortality rate in England has been in decline over the last few decades, the rate is still higher than comparable rates in Europe. The infant mortality rate in Manchester is almost double the national rate.
- Manchester's infant mortality rate is associated with similar trends seen at the national level and measures to reduce it must recognise the role of health inequalities and seek to address them.
- Evidence suggests that higher rates of infant mortality are associated with deprivation and ethnicity. Gestational age (how far into the pregnancy a woman is, measured from the first day of the last menstrual period) and age of the mother at time of birth are also associated with higher rates of infant deaths.
- Modifiable factors that lead to poorer outcomes include unsafe sleeping practices, smoking, substance and alcohol abuse, obesity and late access to antenatal care.

3.5. The JSNA goes on to describe what Manchester City Council and other organisations working in the city already have in place to improve outcomes.

These include:

- Health Visiting and Infant Feeding Service
- Vulnerable Baby Prevent and Protect Service
- Room 2 Breathe Project (a programme encouraging smoking cessation and reducing the risk of exposure to second-hand smoking around pregnant women, babies and children, especially indoors)
- Doula Programme/UMEED (a volunteer peer support programme for Pakistani women to improve maternal health outcomes)
- Manchester Start Well Strategy (including the Family Hubs Programme)
- Greater Manchester and East Cheshire Local Maternity and Neonatal Systems Equity and Equality Action Plan 2022-2027(an action plan

describing the steps that will be taken over the next five years to improve maternity and perinatal services in the region)

- 3.6. The final part of the JSNA outlines some of the opportunities for action, including continued support for existing programmes and in some cases, expansions of the programme. There are also new recommendations of interventions, including those with a life course approach to improve the health of women of childbearing age in Manchester, prior to, during and after pregnancy and childbirth. There are recommendations to increase partnership working between professionals working with women and children across Manchester. Examples include working with VCFSE organisations to improve community awareness, understanding and ultimately, health outcomes related to infant mortality. Additionally, it suggests closer working across sectors such as housing, health care and public health to identify and highlight issues such as poor living conditions and overcrowding.
- 3.7. The JSNA acknowledges the refreshed Safe and Healthy Beginnings Plan. This is a plan for working in partnership to reduce infant mortality in Manchester providing an opportunity to tackle the inequalities and modifiable risk factors associated with infant mortality and help reduce the infant mortality rate as part of a drive to improve the overall health of Manchester residents.

4. Safe and Healthy Beginnings Plan

- 4.1. Due to the wider contextual factors, including the Covid-19 Pandemic, a refresh of the current approach to reducing infant mortality in Manchester was needed. The end of the previous strategy provided an opportunity to engage with professionals and communities to look at the next steps.
- 4.2. Public Health carried out workshops with Community Health Equity Manchester Sounding Boards, Maternity Clinicians, Reducing Infant Mortality Steering and Implementation Groups, MCC's Early Years Teams, Voluntary Groups and Parents. We asked what people thought the priorities were, what were the challenges and what actions we needed to address these.
- 4.3. While the partners recognized the strengths of the previous strategy, some gaps were also identified. There was an agreement that the partnership needed a stronger focus on equity, specifically around the poorer outcomes impacting racialised groups and those on lower incomes, which is in line with the data identified via the JSNA, alongside more input and engagement with families with younger children and the Voluntary and Community Sector.
- 4.4. As a result of the engagement, the plan also seeks to surface, explore and address challenges in areas where the apparent needs and views of communities have not been aligned to policies and approaches required of professionals. For example the practice of co-sleeping where the evidence tells us it is a risk factor for infant mortality, but it is also an embedded cultural practice for many communities.

- 4.5. During the engagement exercise it was apparent that partners focused on how we need to work together to achieve better outcomes for families.
- 4.6. The plan begins with setting the context for the work, including the policy context and the data identified via the Infant Mortality JSNA. It moves on to describe how the plan was developed, and then sets out the proposed approach for the next five years.
- 4.7. The plan itself has six priority areas, focusing on how services and communities can work together to improve outcomes for parents and babies:
- Create and support multi-systemic partnerships
 - Develop local best practice
 - Produce and share accurate, timely data
 - Partner more with community groups and support place-based communities of practice
 - Support culturally appropriate, person-centered, relational practice
 - Harness digital technology
- 4.8. In the next section, the plan lists good practice case studies of organisations working to address the actions within the plan and enact positive change, including Bump2Baby courses, Home Start Manchester and Maternity Action.
- 4.9. The plan then goes to clarify an agreed governance and implementation route which was agreed by the partners. To avoid duplication and link this work better to other relevant groups and strategies, the Start Well Board will provide an oversight of the plan. This is because many themes of the plan are closely linked to Family Hubs and Start Well work with the same workforce being involved with those. A separate Safe and Healthy Beginnings implementation group will ensure delivery of the actions is on track.
- 4.10. The plan also lists references and further reading, and will include the Infant Mortality JSNA, and full description of the findings from the engagement exercises in the appendices.

5. Recommendations

5.1. The Board is asked to:

- (1) Note the contents of the JSNA and Safe and Healthy Beginnings Plan
- (2) Approve the JSNA of infant mortality in Manchester
- (3) Support the opportunities for further action described in the JSNA
- (4) Review and comment on the priorities outlined in the Safe and Healthy Beginnings Plan (2024-2029).

6. Appendices

- (i) Infant Mortality JSNA
- (ii) Safe and Healthy Beginnings Plan