Report by the
Infant Mortality Task and Finish Group

December 2015 - December 2016

Contents

Chair's Commentary

This is the first major subject addressed under the new Overview and Scrutiny committee rules covering Task and Finish groups and as such has been a learning opportunity for the Members and officers involved.

As Chair, I would like to express my gratitude to all involved in this scrutiny exercise since its commencement in December 2015. There has been a very high level of co-operation from the Members of the Task and Finish Group. All the officers and Subject Matter Experts that we have interviewed have been open, honest, helpful and very supportive of our objectives.

It was recognised at the outset of this study that we were unlikely to discover the magic bullet to solve this issue at a stroke. Nevertheless, as a large number of the services in place to mitigate the problems were in the process of being recommissioned, we believed that there was value in us reviewing the delivery of the processes currently being delivered and the specifications for the new services to be procured.

Councillor Leeming
Chair of the Infant Mortality Task and Finish Group

Membership

Councillor Leeming (Chair)
Councillor Iqbal (Vice-Chair)
Councillor Mrs Brown
Councillor Mrs Cartwright
Councillor Coupland
Councillor Crowe
Councillor Davies
Councillor Desai
Councillor Ms Eaves
Councillor Mrs Edmondson
Councillor Mrs Gildert
Councillor Moss
Councillor Mrs Thomas
Councillor R Yates

- Liz Atkins was also a member of this Group until her retirement from the Council in May 2016
- Councillor Tom Davies was an active member of the Group until his passing in November 2016

2 Executive Summary

The Group received presentations from Preston City Council Environmental Health and Lancashire County Council Public Health teams on both the national and local situations concerning Infant Mortality.

The key factors were identified and discussed and formed the basis of the Group's investigations.

The first major topic of concern was smoking. It was found that nationally rates of smoking in the population were slowly but steadily declining over recent years. In Lancashire the figures are above the national average but declining at a similar rate and tracking the national fall, similarly in Preston the figures were above the Lancashire average but until recently showing a rate of decline that mimicked the national and regional figures.

However, in the last couple of years the figures for Preston show a considerable increase to the extent that at least two wards (including St Matthews) now show rates of smoking some 200% above the national average. Our investigations have attributed this rise, at least in part, to the recent increase in Eastern European immigrants who have brought with them many positive benefits for the area but do have an extremely high rate of smoking, this is coupled with the apparent ready supply of illicit tobacco that is not subject to taxation or health warnings. There is a feeling amongst the local health professionals that the anti-smoking battle is one that was won some time ago and that the anti-smoking message is already firmly embedded in the community.

Smoking was an issue that came up time after time with all the sub-groups and this report contains a significant number of observations and recommendations on this subject.

The detailed findings of the Smoking Sub Group are contained in Section 5 of this study.

The initial Public Health briefing to the Group also identified private rented housing as having a significant correlation to levels of Infant Mortality. The Group was able to draw data from a systematic street by street inspection of private rented property in the ward of St Matthews which was undertaken by PCC Environmental Health Service and partly funded by LCC. This thorough inspection, whilst finding some areas of concern particularly, matters of fire safety, found that the condition of the properties inspected was considerably better than expected. The sub-group did however find considerable evidence of fuel poverty being a significant issue within the ward.

The detailed findings of the Housing Sub-Group are contained in Section 5 and there are a number of recommendations in this report to address fuel poverty.

The Group recognised the pivotal role of the Midwifery and Health Visitor Professions in addressing the subject of Infant Mortality and the Role of The

Midwifery and Health Visitor Services Sub-Group carried out an in depth review of all aspects of the service delivery. This started with an interview with the Head of Midwifery Services at Lancashire Teaching Hospital Trust and continued with visits to midwifery sessions at the Minerva Centre, interviews with the Service Manager of the Children and Family Health Service Lancashire Care NHS Foundation Trust and concluded with meetings at UCLAN with the Head of the School of Community Health and Midwifery. The Sub-Group took every opportunity to review the working of the Lancashire Smoking in Pregnancy Pathway and also to assess the level of consistency between management expectations and on the ground delivery of the anti-smoking message. The Sub-Group were pleased to note that the CCG have provided funding to support the delivery of the Saving Babies Lives bundle designed to tackle stillbirth and early neonatal diary.

The detailed findings of this Sub-Group are contained in Section 5 and a number of recommendations have been made to address its findings.

The Communities Sub-Group considered Community Development and Support. This Sub-Group gathered information from the LCC Public Health team and conducted extensive interviews with GP Practice Managers and Partners, staff at the Children's Centres, Community Professionals at both PCC and LCC and senior staff in the local education system in an attempt to cover all the relevant community services such as primary care, Children's centres and sexual health services, as well as considering a broad selection of ward level data. The Sub-Group found a number of differences in the range of translation services available to different groups of medical professionals. The sub group found that there were a number of unfilled posts within the healthcare community, it was reported that positions within the ward of St Matthews were considered more challenging than similar posts in more affluent districts of Preston leading to a number of post holders electing to take internal transfers out of the ward.

Again the detailed findings of the Communities Sub-Group are contained in Section 5 and a number of recommendations have been made to address the findings of the Sub-Group.

The final Sub-Group looked at methods of communicating the data identified by the other sub-groups and determined that the most appropriate methods would be to use the Lancashire Encounter event to raise general awareness with the public and also to progress the offer from UCLan of a more detailed presentation to an audience of healthcare professionals.

Members of the Group were able to man a stall at Lancashire Encounter Community day along with staff from PCC, LCC and the Quit Squad were they were able to reach out to members of the public with messages covering quitting for two and promoting the safer sleeping message using promotional material supplied by the Lullaby Trust.

3. Recommendations

Consolidated Recommendations from the Infant Mortality Task and Finish Investigation

Further detail concerning the implementation of these recommendations can be found in the relevant sub- group report.

Recommendations for implementation by Preston City Council (PCC)

(i) That reducing smoking by Preston's population becomes a priority public health objective for PCC (Smoking in Pregnancy Pathway sub-group and Role of the Midwifery and Health Visitor Services sub-group);

(ii) that PCC endorses the call from the District Councils' Network that *"District Councils should be given the same freedoms as other local authorities to raise council tax for the sake of improving health and care outcomes for their citizens and communities";*

(iii) Smoking Cessation Services are not mandatory services that local authorities must provide. Therefore resources allocated to these services are under threat and vulnerable in the future. PCC write to LCC requesting that it retains the service as a priority and allocates adequate resources to maintain the service;

(iv) Ensure that all PCC events (including outdoor) are ALWAYS 'smoke-free' events and such is stated on all the events promotional literature;

(v) Ensure that all staff make use of the 'Protecting Others' non-smoking leaflet at every opportunity and always when undertaking home visits;

(vi) Amend the Pregnancy and new mother's policy to ensure line managers raise smoking with any new mothers when undertaking their risk assessment and also raise with employees who request paternity leave;

(vii) investigate the potential to control and/or prohibit the sale of tobacco and e-cigarette products from PCC owned/controlled premises, also investigate the potential to negotiate to introduce the same for LCC premises. Investigate the potential to introduce no smoking legislation in all out-door PCC controlled premises, including markets, parks, depots etc;

(viii) investigate how PCC could work more closely with service providers to provide free venues within communities for smoking cessation sessions/events;

(ix) that the Council's Communications Team be asked to work with the Environmental Health Housing Support team to investigate the use of Social Media and all other relevant methods to promote the switching message;

(x) that Cabinet be asked to ensure that resources are provided to complete the inspection of private rented properties within St Matthews and then to continue the exercise in other parts of the City;

(xi) that Cabinet be asked to recognise the vital service being delivered by **the Housing Standards and Advice teams,** and make all efforts to protect the levels of staff resource needed to deliver this service;

(xii) that the Council, in partnership with UCLan, organise a professional forum to share the conclusions of this piece of scrutiny work and to help facilitate professionals to work jointly and to develop new working practices;

(xiii) that the Council strengthen working relationships between all professionals and agencies who have contact with mothers in Preston, including the Council's own frontline services such as environmental health housing standards;

(xiv) that the council request a review of the Smokefree Homes Initiative by Tobacco Free Lancashire to ensure that the health visitor and other professionals' resource is being used as effectively as possible in this area. The Smokefree Homes team are currently working with the service to target all health visiting teams to promote the delivery of the scheme.

Recommendations for implementation by Lancashire County Council (LCC)

(i) That the operation of the Lancashire Smoking in Pregnancy Pathway be reviewed to ensure that all stages and links in the pathway are operating as effectively as possible;

(ii) that Sex and Relationships Education policies include information on preconceptual care. We recognise that within Key Stage 3 Biology there are references to how smoking and alcohol can affect the development of unborn babies. However, there could be far more emphasis on preparing for a healthy pregnancy and the lifestyle choices that are likely to affect the life chances of unborn babies;

(iii) St Matthew's, along with several of the more deprived wards within Preston, has a diverse range of emerging communities for whom English is not the first language. Children's Centre staff are often tasked with providing services to families that are enduring volatile domestic situations. To improve the safeguarding of young families, we recommend that Lancashire County Council make Language Line available to Children's Centres as it is within GPs surgeries;

(iv) that more partnership work be undertaken between health professionals and community services to reach out to emerging communities with positive health messages and information on what is available. This should include preconceptual care, smoking cessation, medical support during pregnancy, contraception, Children's Centres, bump, birth and beyond etc;

(v) NICE Guidance cg110 (nice.org.uk/guidance/cg110) contains recommendations for midwifery services, substance misuse services and social care. We recommend that Public Health works in partnership with the CCG and these services to determine how much of the guidance has already been put into practice and what gaps exist, particularly in the areas of training for healthcare, and providing information and support for women

Recommendations for implementation by Lancashire Care Foundation Trust & Lancashire Teaching Hospitals

(i) That the midwifery and health visitor professions ensure that current knowledge on the most effective techniques for one-to-one smoking cessation interventions are effectively and consistently deployed via all frontline midwifery and health visitor interventions in Preston – is there an opportunity to include or acknowledge the support of maternity HCA's

(ii) that the time available for midwife interventions on maternal health improvement issues, such as smoking cessation, are maximised through the provision of alternative support to mothers on matters of their wider need

(iii) that the service deliverers explore the potential to provide 'Point of Sale Information' on pregnancy tests that direct prospective parents to local Quit Squad Services;

(iv) that all hospital/clinical care premises and grounds become smoke free and implement such a policy as soon as practicable. All Mental Health facilities should work towards making their premises smoke-free in accordance with NICE guidelines;

(v) in the absence of conclusive proof recognised by the NHS, Councillors do believe there is much to commend the "Baby Box" scheme. As trials and pilot schemes are progressing in Scotland, Durham and London, we recommend that Lancashire Teaching Hospitals maintains a watching brief with a view to adopting the scheme should it start to yield positive results.

Recommendations for implementation by CCGs, UCLAN and / or other professional bodies

(i) that GP's allow non-patients from outside of their practice to access facilities/clinics run by the Quit Squad in their practices etc;

(ii) that the service provider ensures that when providers fit child car seats (Halfords/LFRS etc.) they give out 'smoking in car with children' information;

(iii) that professionals working to deliver medical health, public health and social care services to pregnant women and new mothers in Preston work more closely together to maximise their combined effectiveness at reducing infant mortality;

Following interviews with primary care providers concerning the matter of gaps in service provision in St Matthew's (such as unfilled vacancies amongst the Community Matrons), Members are concerned with the issue of inequity of service across our more deprived neighbourhoods. We recommend that Greater Preston CCG and Lancashire Care Foundation Trust work collaboratively to put policies in place that ensure long-term gaps do not occur and that priority is given to the areas of most need.

4. Background/Aims of the Study

4.1 Background

4.1.1 On 14 September 2015 a priority setting workshop was held to which all Members were invited. It was agreed that Infant Mortality would form the subject of a large work plan study. A scoping document was submitted to the Overview and Scrutiny Management Committee and approved on 30 October 2015 (Appendix A).

4.1.2 Membership of the Task and finish Group was agreed by the respective groups and the first meeting of the Task and Finish Group was held on 17 December 2015. Councillors Leeming and Iqbal were appointed Chair and Vice-Chair of the Group.

4.1.3 The Group received a presentation by Mr Matthew Stanton, Public Health Coordinator on key underlying causes and issues on infant mortality in Preston (see Appendix B).

4.1.4 The Group agreed its work programme and the establishment of the following five sub-groups:-

Sub-Group	**Lead Officer**
• Smoking in Pregnancy Pathway	Mr Jonathan Cruickshank
• St Matthew's Private Sector Housing Project	Mrs Eirian Molloy
• Role of the Midwifery and Health Visitor Services	Mr Craig Sharp
• Community Development Projects	Mr Matthew Stanton
• An Every Baby Matters Pledge for Preston	Mr Stephen Parkinson

Meeting 17 December 2015

4.2.1 Mr Matthew Stanton and Ms Karen Thompson from Lancashire County Council attended the meeting held on 12 January 2016. They gave a presentation to the Group providing background details on the population make-up of the St Matthew's

ward. This included information on mosaic groups and risk factors (see Appendix B for presentation and information on mosaic groupings).

4.2.2 Members divided into sub-groups for separate discussions and the memberships were as follows:-

Sub-Group	Members
• Smoking in Pregnancy Pathway	Davies, Desai and Moss
• St Matthew's Private Sector Housing Project	Mrs Brown, Crowe and Mrs Gildert
• Role of the Midwifery and Health Visitor Services	Mrs Atkins, Eaves and Mrs Edmondson
• Community Development Projects	Mrs Cartwright, Coupland and Iqbal
• An Every Baby Matters Pledge for Preston	Leeming, Thomas and R Yates

Meeting 12 January 2016

4.3.1 Councillor Brown, Cabinet Member for Social Justice, Inclusion and Policy and Councillor Boswell, Cabinet Member for Community and Environment were invited to attend the meeting for discussions on the work plan study relevant to their portfolios. Members raised various issues including the potential to place a ban on smoking in and on Council open spaces and ways to share information with residents on matters such as fuel poverty.

4.3.2 The Group also received updates from the five sub-groups.

Meeting 22 March 2016

4.4.1 Councillor Swindells, Deputy Leader and Cabinet Member for Planning and Regulation was invited to attend the meeting for discussions on the study relevant to his portfolio. The Group raised various issues including empty/derelict properties, fuel poverty and smoking in and on Council open spaces. Members also discussed the issue of leaflets to residents requesting that they do not smoke when members of staff undertake home visits.

Meeting 19 April 2016

4.5.1 The Group received progress reports on the five sub-groups. Mr Stephen Parkinson, Head of Policy, Communications and Performance attended the meeting. Discussions were held on the use of a stall at Lancashire Encounter in order to promote the Every Baby Matters Pledge. It was agreed that this be pursued along with the holding of an event in conjunction with the University of Central Lancashire aimed at sharing the Group's findings with professionals who had assisted with the study.

Meeting 19 July 2016

4.6.1 At the meeting held on 5 September 2016, final draft notes and recommendations of three of the sub-groups were considered. Mr Matt Stanton, Public Health Co-ordinator from Lancashire County Council updated the Group on arrangements for Lancashire Encounter in September.

Meeting 5 September 2016

4.7.1 Members of the Task and Finish Group were in attendance at Lancashire Encounter on Sunday 25 September. Councillors manned the Every Baby Matters community exhibition stall together with officers from the Council and LCC. Leaflets were handed out relating to safer sleeping, smoke free/quit smoking, breastfeeding and general health and wellbeing (photo below).

5. Reports of the Sub-Groups

(i) Community Development Projects

The sub-group's initial brief was to consider the community development projects such as the baby clothes swap-shop that was set up by Rosie Green and St Matthew's Mission. However, the group quickly decided to expand its brief to cover all the relevant community services such primary care, Children's centres and sexual health services, as well as considering a broad selection of ward level data.

1. Data

The sub-group met with Farhat Abbas, Data and Intelligence Officer for Public Health at Lancashire County Council. This discussion yielded some interesting points:-

- For around two thirds of the infant deaths, prematurity or extreme prematurity is recorded as attributable;
- Despite initial assumptions based on the population profile of St Matthew's, issues such as teenage pregnancy and consanguinity (children whose parents are cousins) did not feature as attributable factors in the cases we looked at;

- A large majority of the deaths took place in families/households that were defined as 'Transient Renters' by mosaic.

1.1 Preterm and Extreme Prematurity

The numbers of preterm birth very strongly point towards the health of the mother as one of the key factors. Preterm birth is defined as anything less than 37 weeks gestation and extreme prematurity is defined as anything less than 28 weeks gestation. 64% of infant deaths in St Matthew's between 2005 and 2014 were extremely premature babies.

There are many reasons for premature births, for example they are more common in multiple pregnancies (carrying more than one baby), and are also associated with factors such as gestation age, the development of pre-eclampsia and gestational diabetes.

Lifestyle also plays a huge role in whether or not a baby is born prematurely.

Alcohol and recreational drugs can harm the development of a baby and a mother's use of hard drugs such as **cocaine or heroin** make preterm birth far more likely.

Smoking during pregnancy increases the risk of premature birth up to two-fold and is associated with waters breaking early and intrauterine growth restriction. The more cigarettes smoked, the higher the risk.

Mothers who have become pregnant in their teens or over the age of 35 also have a higher risk of preterm birth.

The mother's weight can be a key factor, poor nutrition and a BMI of less than 19.8 before pregnancy occurs increases the risk. Obesity is also a risk, and mothers with a BMI over 30 are at increased risk of medical intervention which can also lead to premature birth. Overweight women are also at a greater risk of gestational diabetes. As all participants have been made aware, deprivation plays a big role in the infant mortality rates at a local, national and international level. Some of this relates to employment, as heavy physical work, activities that involve standing up for a long time and shift/night work are also linked to preterm birth.

It is widely recognised that people who have more opportunity in life have better health. There is evidence of inequalities across many areas of health - and that includes the statistics for premature delivery.

Lack of contact with antenatal services is also a contributing factor as healthcare professionals are unable to check for warning signs.

Women who experience physical abuse are at increased risk of premature labour, and women who are victims of domestic violence are more likely to have a premature baby. Women experiencing stress from a serious life event are at greater risk of premature birth. Premature birth is also linked to a wide range of psychiatric disorders.

Where Extreme prematurity recorded as one of the causes of death other causes of death included:

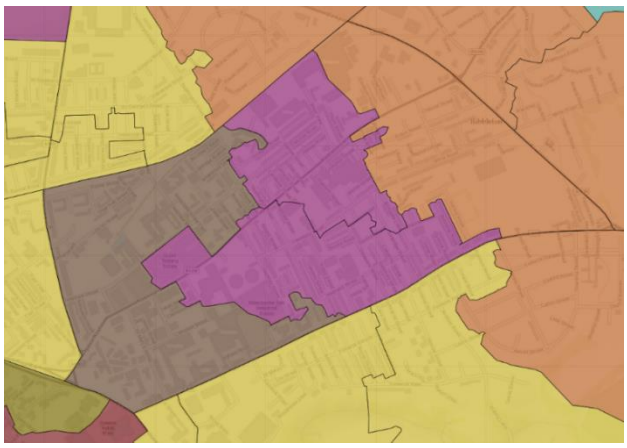
- Respiratory Distress Syndrome (RDS)
- Infection
- Intra ventricular haemorrhage
- Chronic Lung Disease of Prematurity
- Septicaemia, renal failure, pulmonary intestinal emphysema

1.2 Mosaic

Mosaic Public Sector provides a detailed and accurate understanding of populations' location, their demographics, lifestyles and behaviours. Mosaic classifies all the United Kingdom population by allocating them to one of 15 Groups and 66 Types. These paint a picture of UK citizens in terms of their socio-economic and socio-cultural behaviour.

The group that has the largest share of Preston's population is **Transient Renters,** they account for 13.6% of residents. The **Transient Renters** group has the following features:

- Private renters
- Low length of residence
- Low cost housing
- Singles and sharers
- Older terraces
- Few landline telephones



Areas with a high proportion of **Transient Renters** are mainly small, but densely populated postcodes, such as the inner urban areas of Blackpool and Morecambe.

St Matthew's ward also fits this description. **Transient Renters** account for 34.7% of St Matthew's residents. By breaking down the ward down into lower super output areas we can see where the majority of **Transient Renters** are to be found. The residences in these purple areas are predominantly Victorian terraced properties, some of which will have been divided into flats. To give us yet more detail; the **Transient Renters** group has been further divided into four subgroups: *L49 Disconnected Youth*, *L50 Renting a Room*, *L51 Make Do & Move On* and *L52 Midlife Stopgap*. By far the most dominant subgroup is *Renting a Room*. The key features of this sub-group are:

- Singles and home sharers
- Short term private renters
- Low rent accommodation
- Often Victorian terraces
  Most likely to get a lift to work
  Low wage occupations

These figures present us with an interesting anomaly, of all the infant deaths that occurred within St Matthew's, 71% have been attributed to this mosaic group. However, statistically residents within this mosaic group are unlikely to have children (86.4% nationally have no children, one of the most striking characteristics of the group).

It is also interesting to note that in Lancashire the proportion the proportion of total infant deaths is highest in the **Transient Renters** Mosaic Group.

2. Primary Care

The group met with two GP practices: the New Hall Lane Practice on Geoffrey Street, and the Issa Centre in Deepdale (which has a significant proportion of its patient list residing in St Matthew's).

2.1 The New Hall Lane Practice

At the New Hall Lane Practice we met with Dr Seema Marrott and Practice Manager Gill Fraser. They spoke of the many challenges currently facing primary care, and some of the specific issues that the Practice has faced due to high staff turnover amongst their NHS colleagues such as Health Visitors and the Community Matrons. The group was concerned about possible barriers to access but were assured that nobody is ever turned away unless they are verbally or physically abusive to staff. Language is not a barrier as all GPs have access to Language Line, which is a telephone translation service. However the use of this service can make consultations up to four times longer, many patients choose to bring in a friend of family member to translate for them. Frustrations have arisen amongst some of the Eastern European patients due to differences from what they are used to; IE being able to bypass the doctor and refer themselves to a consultant, or purchase antibiotics without a prescription.

There was some criticism of the way Health Visitor arrangements have changed, and the subsequent lack of access between the practice and Health Visitors.

Further investigation revealed that arrangements had changed with the aim of delivering the majority of community clinics within Children Centre’s, which are deemed to be more child friendly than GP Practices. Children's Centres are intended to be one of the main vehicles for ensuring that integrated and good quality family services are located in accessible places and are welcoming to all. However following the transfer of responsibilities for Health Visiting to Lancashire County Council, work has begun to review and consult on the service and how it is delivered in our communities. Similarly, as Lancashire County Council undertakes it's transformation of the Wellbeing, Prevention and Early Help Services, the School Nursing service is under review. Lancashire County Council will be moving towards further aligning the ongoing re-procurement of public health services, and will consider the integration of health visiting and school nursing services, alongside other council services.

Finally, St Matthew's is seen as difficult to work in for the professionals that Primary Care relies upon. It is an extremely challenging area and it was suggested that staff turnover is so high because a lot of post holders end up preferring to work in more affluent, 'easier' neighbourhoods.

There is a general sense that the Practice is not as well-resourced as it needs to be to meet current challenges. Team working is not as successful as it has been in the past as resources are diminished in the area, the practice sees this as a major contributory factor to deteriorating standards. The practice also stressed that the area it coverers has the highest level of morbidity at every level and in every age group within Lancashire.

2.2 The Issa Centre

The group met with Sharon Riley, the practice manager for the Issa Medical Centre. The centre does not sit within the St Matthew's electoral ward but does have a sizable number of their patient list residing within St Matthew's. As with the New Hall Lane practice, the question of access was raised and deemed not be an issue. Language Line is an available service when required but is not used often as patients tend to bring a friend of family member to translate when necessary.
The practice manager did not believe the practice to be under resourced, and was happy with current arrangements to link with the Health Visiting service via monthly multi-disciplinary team meetings.

3. New Hall Lane Sure Start Centre

The group met with Christine Nuttall, cluster manager of Children's Centre's for Preston East. The Sure Start centre on New Hall Lane offers a range of activities and drop-in sessions for local families. Staff had recently undertaken a community exercise to find out more about St Matthew's and Fishwick wards, the aim was to find out more about the local community and to identify what services were available and how they were accessed. They hoped to identify possible gaps and also prevent duplication. Some of the information they discovered overlaps with our own findings about the area:

- The national average is 14 residents per hectare. Within the St Matthews area there is on average 75 residents per hectare. This means this area is very over crowded.
- There are a number of emerging communities including Afghan, Eastern European and South East Asian Communities.
- There is an area where a number of Eastern European males meet on a daily basis and street drink.
- Many of the properties off New Hall Lane are terraced houses. The majority of these properties are either privately rented, home owners, with a few social housing properties.
- Inner East Preston has a range of facilities and groups working in the area; however, the majority of these are based on the Fishwick side of New Hall Lane.
- There are many "transient families", who are historically difficult to engage with.
- It is difficult to get people to cross New Hall lane to access services.

Discussions with Christine also covered the issue of communication: whilst Primary Care and Social Services have access to Language Line, Children's Centres do not. This was concerning from a safeguarding perspective as one of the key functions of the service is to make referrals when they come across possible cases of domestic violence.

Councillors are well aware of the necessity for Lancashire County Council to reduce the number of properties it owns or leases for public services due to impending budget reductions over the next few years. It has been noted through consultations on Lancashire County Council's property strategy for neighbourhood centres, which includes libraries and children's centres, the Sure Start Centre on New Hall Lane is one of the facilities that is recommended to stay open. Councillors welcome and echo this recommendation as accessibility to this service is crucial to promoting positive health messages within the area.

4. Sexual Health services

The group met with Jackie Routledge; Sexual Health Specialist for Lancashire County Council.

It has been acknowledged that whilst Teenage Pregnancy rates in St Matthews are high and may warrant further investigation, as far as this study is concerned they do not appear to cause any risk to the babies involved as none of the mothers of infants who died were teenagers.

Sexually Transmitted Infections (STIs) aren't an obvious causal factor either. It is true that certain infections in mothers have a negative impact on the health of their unborn baby, but the overall rates of STI's within the population are not a level for us to regard that as a concern.

Jackie Routledge has worked in the field of sexual health for 25 years, in her experience it is deprivation and chaotic lifestyles which have the biggest impact on an infant's life chances. Areas of high deprivation have many more unplanned pregnancies, and unplanned pregnancies means a complete absence of preconception care. The answer to this is education on matters relating to sex and relationships, and access to contraception.

Following this we had a conversation about how the problems we have discussed around communication (with emerging communities), and a potential lack of interaction with any kind of health care (including receiving free contraception) might actually be having a massive impact on the numbers of unplanned pregnancies. We already know that St Matthew's is top of the list in Preston for fertility, but unfortunately no figures exist to tell us how many of these pregnancies are planned or unplanned.

Nevertheless Jackie maintained that from her point of view, one of the best things we can do is encourage and promote planned pregnancy, and of course contraception. One of the main questions we should be asking is "do people know what they are entitled to, and how to get it?"

There is evidence that there is a language barrier that may be restricting access to services – this to be followed up.

Jackie stressed the need to address modifiable lifestyle factors in mothers:

- Children in poverty (63% higher risk for children born to women under 20)
- Rates of adolescents not in education, employment or training (NEET) (21% of the estimated number of female NEETs 16-18 are teenage mothers)
- Infant mortality rate (41% higher risk for babies born to women under 20)
- Incidence of low birth weight of term babies (25% higher risk for babies born to women under 20)
- Maternal smoking prevalence (including during pregnancy)
- Mothers under 20 are twice as likely to smoke before and during pregnancy
- Breastfeeding initiation and prevalence at 6-8 weeks (Mothers under 20 are half as likely to be breastfeeding at 6-8 weeks)

Jackie also raised concerns about a lack of education around sex and relationships. At present secondary schools are required to have a written policy on sex and relationships education, but beyond that there is only guidance on what should be included. Following this we undertook an exercise to obtain policy documents from Preston's secondary schools. From looking at the policies that we were directed to it is clear that whilst there is an understandable focus on contraception and issues such as peer pressure and consent, there are no obvious references within the policies to issues of lifestyle choices and their effect on a pregnancy and the life chances of babies.

5. Domestic Violence

As has been mentioned, the health of the Mother is crucial to successful pregnancy and birth. Domestic violence is an important safeguarding issue for mothers and children: nationally more than 14% of maternal deaths occur in women who have told their health professional they are in an abusive relationship. Safer Lancashire have given us some figures for instances of domestic violence that were witnessed by children – St Matthew's is right at the top of the list by some distance and the figures have a higher correlation with infant mortality than any of the other risk factors that have been looked at.

These figures cover **April 2015 to March 2016**:

Ward	Instances of domestic violence witnessed by children
St Matthew's Ward	501
Ribbleton Ward	337
Town Centre Ward	327
Fishwick Ward	296
Brookfield Ward	288
Larches Ward	286
Tulketh Ward	275
Ingol Ward	221

Riversway Ward	206
St George's Ward	178
Deepdale Ward	177
Moor Park Ward	156
Ashton Ward	99
University Ward	97
Lea Ward	70
Garrison Ward	63
Sharoe Green Ward	60
College Ward	39
Cadley Ward	35
Greyfriars Ward	33
Preston Rural North Ward	24
Preston Rural East Ward	17
Grand Total	**3785**

The group met with Community Safety Manager for Preston; Alison Hatton, and Quality and Review Officer for Wellbeing, Prevention and Early Help Services; Helen Green.

Helen Green talked the team through the service they provide to school aged victims and witnesses of domestic violence. Referrals generally come through the schools, and the service involves a 12 week 'Helping Hands' course (usually in conjunction with the child's mother). The course focuses on helping children manage their emotions and helps them to develop strategies to keep safe.

Alison Hatton underlined two issues for consideration: firstly that volatile domestic situations can often arise when the father is released home from prison. There are several theories as to why this might be, but underlying them all was the point that changes in the family dynamic can be very stressful to all involved – older children can end up spending more time out of the house to avoid confrontations, and in so doing get into trouble elsewhere. Alcohol and substance misuse can also compound the situation.

Alison's second point related to a general culture of reluctance to report incidents to the police. There is a possibility that for many families, domestic disputes, even those which involve violence, are a private matter and it is not up to neighbours and friends to intervene.

Following the meeting, Alison circulated a document from Liverpool Hope University which made a case for looking beyond physical abuse to the matter of coercive control including continual monitoring, isolation and verbal, emotional, psychological and financial abuses. The broader point being that abuse doesn't have to involve physically striking someone to have a devastating effect on their physical and mental health.

6. Baby Box Initiative

Following a meeting of all of the subgroups in late July, inquiries were made about the efficacy of Finland's 'Baby Box' scheme. Finland has run a national scheme since the 1930's that has seen new mother's discharged from hospital with a box containing various useful baby items. The box itself makes a serviceable crib. The scheme has been written about internationally in conjunction with the fact that Finland has seen a dramatic decrease in infant mortality over the years they have been running this scheme. Up to the early 80's Finland had the lowest infant mortality rate in the world, and from that point onwards it has shared that position with Sweden and Japan on a somewhat alternating basis (discounting countries like Luxembourg and Iceland, who's populations are too small for them to be considered).

Recent news reports reveal that baby box schemes are being piloted by hospitals in the UK, including Queen Charlotte and Chelsea Hospital, London. Blackpool NHS Trust had also been mentioned in reports.

We made contact with Shelley A. Piper; Head of Maternity and Gynaecology Services at Blackpool NHS Trust as Blackpool. We were informed that their board had eventually decided not to go ahead with the scheme, and there were quite a few reasons for this. Board members were concerned that they couldn't control the contents of the box, this was a problem as healthcare professionals are understandably particular about recommending products to new mothers - but the boxes come pre-packed by the Baby Box Co. There were also concerns about the cleanliness of the box, cardboard boxes are not deemed to be hygienic as they are not wipeable in the way a plastic box is. Some schemes in other countries like New Zealand are using plastic boxes but the ones on offer here were cardboard. And finally there were various concerns about sending these cardboard boxes home with families who smoke.

We also asked the library at Preston Hospital to run a literature search on the subject, this involves searching through the databases to find studies, reports and journal articles from reputable sources. Surprisingly there was very little in terms of studies and trials aside from the pilot running at Queen Charlotte and Chelsea Hospital, and Durham University are also doing their own study. The Scotland is also due to roll out a similar scheme as it was part of the Scottish National Party manifesto in this year's elections.

Unfortunately these inquiries cannot amount to a conclusive recommendation, most hospitals may well wish to wait and see how the studies and pilots develop before procuring boxes for new mothers. Whilst Finland, Sweden and Japan have the lowest infant mortality rates, and it may well be in part due to baby box schemes, we should also recognise other key facts – for example Finland also has the lowest income inequality in the EU. Sweden and Japan also have low levels of income inequality. Much of the writings on the subject of infant mortality in these nations don’t attribute the decline in rates as much to individual health interventions as they do to general improvements in living standards accompanied by medical and health systems advancement over the past 70 years.

7. St. Maria Goretti Church, Ribbleton

The group met with Reverend Father Pawel Szatlewski at St Maria Goretti Church as it was recognised as a hub of the East European community. The meeting was useful in as much as the Father was willing to pass on messages and information about local services.

8. Alcohol and Substance Misuse

The link between alcohol consumption and infant mortality is similar to that of smoking in that there are risks both during pregnancy and after, especially when coupled with other risks such as unsafe sleeping arrangements.

When drinking during pregnancy, alcohol passes from the blood through the placenta and to the baby. A baby's liver doesn't fully develop until the latter stages of pregnancy. Babies cannot process alcohol as well as adults, and too much exposure to alcohol can seriously affect their development. Alcohol consumption during pregnancy brings the risk of miscarriage, premature birth and low birthweight; these outcomes have a strong association with drinking during the first three months of pregnancy. Drinking heavily throughout pregnancy can also cause foetal alcohol syndrome (FAS). Children with FAS can have poor growth, facial abnormalities (such as cleft palates), learning and behavioural problems. The available data from Lancashire's CDOP (the Child Death Overview Panel) shows that of all the infant deaths that have completed a review since 2008 when CDOP was set up, 31.85% had alcohol or substance misuse recorded as a modifiable risk factor. Alcohol and substance misuse is the second most frequently occurring risk factor, smoking is the most common at 43.36%.

Lancashire Teaching Hospitals have a Specialist Midwife for women who misuse drugs and alcohol. She is responsible for co-coordinating care for these women and works as part of the Enhanced Support Midwifery Team and there is a direct contact number for her. The midwife works closely with the Drugs and Alcohol services to ensure that women are referred appropriately for support. The specialist midwife also delivers training to other members of staff as part of the annual mandatory training. Women who misuse substances are provided with information about the potential effects this may have on their unborn baby. Women are signposted to other relevant agencies as required following a needs assessment.

Recommendations

1. We recommend that Sex and Relationships Education policies include information on preconceptual care. We recognise that within Key Stage 3 Biology there are references to how smoking and alcohol can affect the development of unborn babies. However, there could be far more emphasis on preparing for a healthy pregnancy and the lifestyle choices that are likely to affect the life chances of unborn babies.

2. St Matthew's, along with several of the more deprived wards within Preston, has a diverse range of emerging communities for whom English is not the first language. Children's Centre staff are often tasked with providing services to

families that are enduring volatile domestic situations. To improve the safeguarding of young families, we recommend that Lancashire County Council make Language Line available to Children's Centres as it is within GPs surgeries.

3. More partnership work needs to be undertaken between health professionals and community services to reach out to emerging communities with positive health messages and information on what is available. This should include preconceptual care, smoking cessation, medical support during pregnancy support, contraception, Children's Centres, bump, birth and beyond etc.

4. In the absence of conclusive proof recognised by the NHS, Councillors do believe there is much to commend the "Baby Box" scheme. As trials and pilot schemes are progressing in Scotland, Durham and London, we recommend that Lancashire Teaching Hospitals maintains a watching brief with a view to adopting the scheme should it start to yield positive results.

5. Following interviews with primary care providers concerning the matter of gaps in service provision in St Matthew's (such as unfilled vacancies amongst the Community Matrons), members are concerned with the issue of inequity of service across our more deprived neighbourhoods. We recommend that Greater Preston CCG and Lancashire Care Foundation Trust work collaboratively to put policies in place that ensure long-term gaps do not occur and that priority is given to the areas of most need.

6. NICE Guidance cg110 (nice.org.uk/guidance/cg110) contains recommendations for midwifery services, substance misuse services and social care. We recommend that Public Health works in partnership with the CCG and these services to determine how much of the guidance has already been put into practice and what gaps exist, particularly in the areas of training for healthcare, and providing information and support for women.

(ii) Smoking in Pregnancy Pathway

Introduction

“Healthy Lives, Healthy People” - A Tobacco Control Plan for England, was published in March 2011. The report stated that whilst smoking rates have fallen considerably since the 1960s over 8 million people in England still smoke and the decline in smoking rates in England has lost momentum in recent years.

Smoking is the primary cause of preventable morbidity and premature death, accounting for 79,100 deaths in England by 2012. In England, deaths from smoking are more numerous than the next six most common causes of preventable death combined (i.e. drug use, road accidents, other accidents and falls, preventable diabetes, suicide and alcohol abuse).

Data from Cancer Research UK shows that in England it is estimated that 18% of people smoke and that smoking costs society approximately £13.8 billion each year.

In Preston 25.3% of people smoke and that costs an estimated £42.7 million per year. Smoking accounts for a large proportion of the gap in life expectancy between the lowest and highest income groups. Preston is ranked the 45th most deprived Local Authority in England (out of 326). The rate of deaths caused by smoking is higher in Preston at 327 per 100,000 compared to the England average of 289 per 100,000.

Smoking in pregnancy increases the risks of miscarriage, stillbirth, prematurity, low birth weight, perinatal morbidity and mortality, sudden infant death, asthma, learning difficulties, obesity and diabetes. Clearly it is a substantial public health problem. In the UK 26% of UK women smoke at some point in pregnancy but, for example in Japan and Canada the prevalence rate is around 10%. Additionally, as children of smokers are more likely to start smoking themselves, when pregnant women achieve permanent cessation, longer term benefits can occur as a consequence of lower smoking rates in their children as adults. 45% of pregnant women who smoke are under 20 years of age compared to only 9% over the age of 30. **Smoking during pregnancy increases the risk of infant mortality by an estimated 40%.**

Reducing smoking during pregnancy to 11% or less (measured at time of giving birth) was one of the three national ambitions in the Tobacco Control Plan, including an ambition to reduce smoking in the general adult population and in 15 year olds. The Health and Social Care Information Centre (HSCIC) publication Statistics on Women's Smoking Status at Time of Delivery: England, Quarter 4, 2014/15 reported that nearly 11% of women who gave birth in England reported smoking at the time of delivery in 2014/15. This figure shows a decrease from 2013-14 (12%) but should be seen in the context that smoking status is unknown for some maternities.
Cancer Research UK states that cigarette smoking has not fallen over time in lower socio-economic groups like it has in other groups. Not funding effective tobacco control could impact most on the health of the most deprived, because their smoking rates are higher. The National Institute for Health and Care Excellence (NICE) state that every £1 spent on smoking cessation saves around £10 in lifetime health care costs. However this comes against a background that around 40% of local authorities in England are cutting budgets to stop smoking services according to an Action on Smoking and Health (ASH) report published in January 2016 by Cancer Research.

In the spending review of 2015 the Government announced cuts to local council public health budgets of 3.9% a year over the next 5 years. This is in addition to the £200 million extra in year cuts announced at the budget in 2015. Stop Smoking Services are not mandatory services that Councils must provide. Whilst it is acknowledged that the Council has only limited influence over such national funding one of the sub-group's recommendations seeks to support effective change to resource opportunities and allocation.

Some statistics on Women's Smoking Status at Time of Delivery, England - Quarter 3, 2015-16

- 10.6 per cent of pregnant women were known to be smokers at the time of delivery, this compares to 10.5 per cent for the most recent quarter (quarter 2, 2015/16) although this is not a statistically significant difference. It has

however fallen from 11.4 per cent compared to the same quarter last year (quarter 3, 2014/15).

- The proportion of pregnant women known to be smokers at the time of delivery is now below the national ambition of 11 per cent.
- However, there are some geographical differences amongst all NHS England Regions; smoking prevalence at delivery varied from 16.1 per cent in Cumbria and North East to 4.8 per cent in London.
- Amongst 209 Clinical Commissioning Groups, smoking prevalence at delivery ranged from 25.0 per cent in NHS Blackpool to 1.3 per cent in NHS Central London (Westminster).

http://www.hscic.gov.uk/searchcatalogue?productid=20456&q=title%3a%22Statistics+on+Women%27s+Smoking+Status+at+Time+of+Delivery%22&sort=Most+recent&size=10&page=1#top

In 2011 a Mapping Project was commissioned by Public Health England as part the implementation of NICE guidance on reducing smoking in pregnancy. Case studies of services available for pregnant smokers and their families were identified and presented in the report alongside an overview of the evidence base which underpins the work. The report and the case studies contained within are kept up to date on the Smoke Free Action Coalition (SFAC) website so that public health professionals and commissioners can refer to the insights they contain when designing their own local programmes, and have relevant contact details for enquiry.
http://www.smokefreeaction.org.uk/SIP/files/PHEMappingProject.pdf

An update to the Smoking in Pregnancy Challenge Group report, published towards the end of 2015 notes that "*despite the growing commitment of health professionals and local authorities to tackling the smoking in pregnancy agenda, the funding challenges faced by the whole system and particularly public health create uncertainties about whether this progress can be maintained*." The report urges the Government to consider the implications of cuts to public health budgets in sustaining the important work of helping pregnant women to quit smoking.

Methodology

The sub-group identified three areas of investigation in order to influence the project;

1. **Preston City Council** – Policies, procedures, existing practice, ability to influence public health outcomes
2. **Lancashire County Council** - Commissioners of the 'Stop Smoking' service for Preston
3. **Quit Squad/Lancashire Care NHS Foundation Trust** - Service Delivery

Preston City Council

One of the aims contained within the Council's Health & Safety Policy Document – HSPD 14 – 'Smoke-Free Policy' is; '*to act as a good example in promoting the wider public health agenda of the Preston Strategic Partnership'*. The sub-group wanted, prior to any further interviews or research outside of the Authority, to be satisfied

that the current policy is robust and adequate for the needs of employees, members and those with whom we come in to contact. This generally prove to be the case. However the Policy's practical application may require re-emphasis, re-launch and further work. This is subject of a number of recommendations.

On the evidence identified, the Council is taking a positive lead on the issue and the sub-group were pleased to note that the Council (in July 2014) is one of approximately 80 local authorities that is a signatory to the Local Government Declaration on Tobacco Control; http://www.smokefreeaction.org.uk/declaration/ The Council's 'Protecting Others' smoking leaflet is another example of good evidence but is an under used resource. It is important that Council staff re-inforce the no smoking message and '*make every contact count'*.

The Council not only affects public health through our direct roles and functions but also in our power to influence other bodies such as the county council, the local NHS and health and wellbeing boards. Every opportunity to exert such influence must be taken. Amongst our functions, leisure and green spaces, environmental health, economic development and planning are key areas that affect public health.

The District Councils Network suggest that innovative reduced-cost schemes and/or free access to leisure services can give a return of up to £23 in value for every £1 invested. More broadly access to green spaces is increasingly recognised to be as important to mental health as physical health, and has been shown to reduce the impact of income inequalities on mental health and wellbeing. http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/district-council-contribution-to-public-health-nov15.pdf

Additionally the sub-group undertook brief research into the potential for PCC to make it unlawful to smoke under the Market canopies, in parks and on Council owned land generally. As a minimum the Council should carry out an awareness campaign with a voluntary code in order that 'making the association' and ensuring a constant 'reinforcement' of the no smoking message is carried out.

A number of councils across the country have considered Public Space Protection Orders (PSPOs) and Byelaws or voluntary bans on smoking (including using electronic cigarettes) in children's playgrounds and parks owned by the council. As explained in a recent circular from the Department for Communities and Local Government on the coming into force of the Byelaws (Alternative Procedure) (England) Regulations 2016:

1. To introduce a new byelaw the Council will need to undertake a deregulatory assessment of the impact that the byelaws might have on all those potentially affected by it and submit that assessment, together with certain supporting material, to the Secretary of State. The Secretary of State must then respond within 30 days giving leave for the council to proceed to make the byelaw, refusing leave, or responding with a holding reply to be followed by a final decision on whether or not to grant leave.

2. Where leave to proceed is given it is for the council to complete the byelaw making process without any further involvement by the Secretary of State. This process will involve the council advertising and consulting on the byelaw and then, having regard to any representations the authority receives, deciding whether to make the byelaw concerned.

The Public Space Protection Order route is potentially a simpler way to introduce a prohibition to smoke in parks and children's play areas. However, to do so, the Council will need to be satisfied on reasonable grounds that the two conditions in Section 59 of the Anti-social Behaviour, Crime and Policing Act 2014 are satisfied. In particular, the activities must have a detrimental effect on the quality of life of those in the locality. Thus, the nuisance element rather than the health aspect of the conduct is to be considered.

A report from the House of Commons Library on 'Smoking in Public Places' (published 27th March 2015) considers the future of smoking in public spaces; http://researchbriefings.files.parliament.uk/documents/SN04414/SN04414.pdf
During the sub-groups research it was reported that Pembrokeshire county council in south-west Wales is launching a smoke-free scheme on one of their beaches; http://www.theguardian.com/society/2016/mar/09/smoking-vaping-ban-little-haven-beach-pembrokeshire-wales-stop-children-lighting-up

Lancashire County Council
The sub-group were satisfied that in the commissioning of service/criteria used Lancashire County Council are following both Government and NICE guidance; https://www.nice.org.uk/guidance/ph26 in relation to both tobacco control generally and more specifically smoking in pregnancy and within constraints, are achieving national targets.

The PHE Smoking in Pregnancy Mapping Project Lancashire entitled '*Reducing Smoking in Pregnancy' - A Comprehensive Plan for Lancashire County* indicates the general direction of travel and criteria that LCC use locally to achieve their goals; http://www.smokefreeaction.org.uk/SIP/casestudies/05ReducingSIPLancs.pdf

Quit Squad/Lancashire Care NHS Foundation Trust
The '*quitfortwo*' campaign aims to support women aged 16-25 to quit smoking when they become pregnant. This is a way to encourage use of stop smoking services by reassuring women that it is a friendly service that offers help in a way that is best for them - whether as part of a group session or a one-to-one chat. The campaign supports a new pathway that refers all pregnant women identified as smokers to their local Stop Smoking Service, unless they opt-out. It aims to give all professionals who work with young mums the resources they need to support the conversation about quitting and somewhere to signpost to for friendly and engaging information.

The main focus of the campaign is the website quitfortwo.co.uk which looks at the risks and myths surrounding smoking whilst pregnant. A range of videos on the website feature real young mums who successfully quit smoking when pregnant with the help of their local stop smoking service. A campaign leaflet is now included in information packs given to all pregnant women attending their first booking appointment.

http://www.lancashire.gov.uk/public-health-campaigns/campaigns/quit-for-you-quit-for-two.aspx

The New Hall Lane Practice, the GP surgery within St Matthew's Ward also offers such a service:
http://www.thenewhalllanepractice.co.uk/website/P81071/files/Quit_for_two_generic_article_branded.pdf

The sub-group did identify that in methods to encourage stopping smoking there is an unhelpful contradiction between Public Health England and the World Health Organisation regarding e-cigs/vaping. The WHO treat e-cigs/vaping as tobacco but PHE suggest that such devices are 95% safe. In encouraging smoking cessation PHE advice is to use Nicotine Replacement Therapy (NRT) and not e-cigs/vaping. New smoking in pregnancy research has also been recently published; opt out referral, CO screening & training. An evaluation by academics at Nottingham University has found extremely positive results. The systematic implementation of carbon monoxide screening, opt out referral pathways and training for all health professionals resulted in:

1. A two-fold increase in referral rates to stop smoking services.
2. A significant increase in quit rates among those referred.
3. Babies born to women who quit were weighed 6% more (on average 200g) than those who continued to smoke.

The full journal article: Opt-out' referrals after identifying pregnant smokers using exhaled air carbon monoxide: impact on engagement with smoking cessation support

In order to support pregnant smokers to stop the National Institute for Clinical Excellence (NICE) has produced national guidance on how best to support women to stop smoking in pregnancy and following childbirth;
http://guidance.nice.org.uk/PH26

This guidance provides advice on the use of Carbon Monoxide monitoring to systematically identify all pregnant women who smoke at booking, and on making onward referrals to local stop smoking services. It also provides guidance on opportunistic advice giving and referral throughout pregnancy. The provision of intensive support, including use of pharmacotherapy and supporting others who smoke in the household to stop is also recommended.

Further statistics on Women's Smoking Status at Time of Delivery: England April 2015 to March 2016
http://www.hscic.gov.uk/catalogue/PUB20899/stat-wome-smok-time-deli-eng-q4-15-16-rep.pdf

The Lancashire Health & Wellbeing Outcomes – Greater Preston CCG & District also includes relevant data in the 'Starting Well' section on SATOD.
http://council.lancashire.gov.uk/documents/s49215/Appendix%202.2.pdf

Recommendations

This group was primarily tasked with reviewing the affects of smoking on infant mortality, it became apparent that mothers come to smoking and continue to smoke during pregnancy for a vast number of reasons. The smoking cessation work with new and expectant mothers remains crucial however the best way to secure the health of unborn children and infants is to prevent (prospective) mothers & those around them from taking up smoking in the first instance.

Therefore the primary recommendation of this report is that

1. **'The Council must do everything in its power to erode the community acceptance and tolerance for smoking'.**

In order to help the Council to achieve this aim this group recommends that smoking issues must be considered in every aspect of Council work and business, including when dealing with partners and other stakeholders within the City.

Below are a number of specific recommendations that aim to impact on infant mortality in the City, split into direct (e.g. interventions with pregnant women) and indirect impacts (e.g. changing attitudes so women never take up smoking):

Recommendations for direct impacts on infant mortality:

Lancashire County Council

2. Smoking Cessation Services are not mandatory services that LAs must provide. Therefore resources allocated to the service are under threat and vulnerable in the future. It is recommended that PCC writes to LCC in order to ensure that LCC retains the service as a priority and allocates adequate resources to maintain the service.

3. Recommend that LCC investigate the potential to use a 'financial incentive' or 'voucher' scheme to reduce the number of pregnant women smoking.

Lancashire Care Foundation Trust & Lancashire Teaching Hospitals

4. Recommend that GP's allow non-patients from outside of their practice to access facilities/clinics run by the Quit Squad in their practices etc.

5. Recommend that the service delivers explore the potential to provide 'Point of Sale Information' on pregnancy tests that direct prospective parents to local Quit Squad Services. As a minimum we would request the 'Quit Squad' to design specific information and roll out in Preston on a voluntary basis.

6. Request the service provider to ensure that when providers fit child car seats (Halfords/LFRS etc.) they give out 'smoking in car with children' information.

Recommendations for indirect impacts on infant mortality:

Preston City Council

7. The Council must reinforce that all staff make use of the 'Protecting Others' non-smoking leaflet at every opportunity and always when undertaking home visits. PCC staff must to have confidence not to visit the home especially if the person is trying to access our services (maybe different if on an enforcement visit, asking persons not to smoke may cause a "flash point").

8. Consider banning PCC employees smoking whilst in PCC uniform (e.g. issue of employee congregating outside of Argyll Road: poor image of PCC etc.).

9. Consider writing into contracts with Council partners smoke free related clauses; e.g. contractors who smoke on site could lose the contract and/or face financial penalties etc.

10. Ensure that the PCC policy on e-cigarettes is upheld.

11. Amend new and expectant mother's policy to ensure line managers raise smoking with any new mothers when undertaking their risk assessment and also raise with employees who request paternity leave.

12. Ensure that the positive aspects of the present policy are promoted further; e.g. 5 hours entitlement of employees to undertake smoking cessation courses, ensure line managers promote smoke free.
13. Investigate the potential to control and/or prohibit the sale of tobacco and e-cigarette products from PCC owned/controlled premises. This may also include rented shop premises which may become an off-licence. Investigate the potential to negotiate to introduce the same for LCC premises.

14. Investigate the potential to introduce no smoking legislation in all out-door PCC controlled premises, including markets, parks, depots etc. If no-smoking legislation is not practicable consider only introducing for children's play areas, or only parks that include play areas. If not practicable to introduce legislation, consider voluntary bans, especially for large events on parks (concerts, fairs etc. that will attract children).

15. Ensure all PCC events (including outdoor) are ALWAYS 'smoke-free' events and such is stated on all our events promotional literature, this should take place as soon as practicable, and would be good as a precursor to the introduction of any potential legislation.

16. Concerns were highlighted regarding a perception that not all GPs were fully supportive of cessation activities and of a lack of capacity in anti-natal classes. Such concerns may have been of a practical nature relating to the physical size of surgeries and available rooms. Therefore it is recommended that PCC conduct an investigation as to how PCC could work more closely with service providers to provide free venues within communities for smoking cessation sessions/events.

17. Explore the issue of who pays for 'no smoking' signs in parks etc. Is there potential for partnership working/funding here?

18. Preston City Council should endorse the call from the District Councils' Network that *"District Councils should be given the same freedoms as other local authorities to raise council tax for the sake of improving health and care outcomes for their citizens and communities"*. The Council should write to the Government and the County Council expressing our support for the DCN position and requesting action on the recommendations based in the report: http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/district-council-contribution-to-public-health-nov15.pdf

Lancashire Care Foundation Trust & Lancashire Teaching Hospitals

19. The sub-group explored the potential that both staff and patients could be banned from smoking on all hospital and clinic grounds. Indeed such an approach is in line with the 2013 NICE https://www.nice.org.uk/guidance/ph48 - 'Guidance on Smoking in secondary care'. Currently implementation of this guidance is left to the individual responsibility of local commissioners and/or providers. An example of the potential way forward is the 'Smoke-free Policy' from South London and Maudsley NHS Trust. The policy states: "*Smoking is strictly prohibited in any part of the Trust's premises, including at entrances or anywhere on its grounds. This includes areas that are outside but that form part of the Trust's premises. Employees will not be permitted to smoke during normal working hours and 'smoke breaks' will not be allowed".* http://www.slam.nhs.uk/media/347567/Smoke%20Free%20Policy%20v5%20-%20%20March%202015.pdf

20. The sub-group recommends that all hospital/clinical care premises and grounds become smoke free and implement such a policy as soon as practicable. All Mental Health facilities should work towards making their premises smoke-free in accordance with NICE guidelines.

Lancashire County Council

21. PCC to write to LCC and ask them to adopt the points of good practice developed by PCC.

(iii) Role of the Midwifery and Health Visitor Services

Aims of the Sub Group

To understand how the work of midwives and health visitors contributes to reducing infant mortality in Preston, with specific reference to St Matthews Ward.

To consider how effectively the Lancashire Smoking in Pregnancy Pathway is being applied by midwives and health visitors.

To consider the priority given within the training of midwives around some of the wider determinants of health that impact upon infant mortality.

To make comment and recommendations in those areas that might support and encourage the professionals working in midwifery and health visiting to further reduce infant mortality.

Approach Taken by the Sub Group

The Sub Group gave a lay perspective to the broad public health factors that impact upon infant mortality and sought to understand how the professional midwifes and health visitors intervened around these factors to reduce infant mortality.

The Sub Group did not consider issues of clinical intervention and care, considering this an area beyond their lay capabilities and better addressed by the mechanisms that already exist to review clinical practice standards.

Scrutiny Actions of the Sub Group

The following scrutiny actions were undertaken:

- Interview with the Head of Midwifery Services and the Specialist Public Health Midwife at Lancashire Teaching Hospitals NHS Trust in order to understand the policy and service standards that were set and monitored in relation to public health based midwifery interventions to reduce infant mortality.

- Investigatory visit to a community midwifery clinic in order to investigate how policy and services were being implemented in practice. Interview with a community midwife delivering the clinic session. The Sub Group also attempted to get a view from expectant mothers attending the clinic via informal discussion, but unfortunately none were willing to have such a discussion.

- Interview with the Service Integration Manager for Children and Family Health Services (including health visitors) provided in Lancashire by Lancashire Care NHS Trust and the Team Leader for the integrated Children and Family Health Services in the Central Preston area in order to understand the policy and service standards that were set and monitored in relation to public health based health visitor interventions to reduce infant mortality.

- Interview with academic leaders and lecturers at the University of Central Lancashire in order to understand how much education around the wider determinants of health contributes to the overall training of new midwives.

List of people interviewed:
Emma Ashton – Specialist Midwife - Public Health, Lancashire Teaching Hospital NHS Trust
Cathy Atherton – Head of Midwifery, Lancashire Teaching Hospitals NHS Trust
Cheryl Forest – Service Integration Manager for the Children and Family Health Service, Lancashire Care NHS Foundation Trust

Jacqui Gibson – Senior Lecturer Midwifery, University of Central Lancashire (UCLAN)
Maria Iddon – Community Midwife, Lancashire Teaching Hospitals NHS Trust
Deborah Kenny – Head of School of Community Health and Midwifery, University of Central Lancashire (UCLAN)
Debbie Wisby – Principal Lecturer Midwifery, Neonatal and Sexual Health, University of Central Lancashire (UCLAN)

Kathryn Wright – Team Leader for the Preston Central Integrated Children and Family Health Team, Lancashire Care NHS Foundation Trust

Key Findings from the Scrutiny Interviews and Visits

For the Midwifery Service:

Through the interviews with midwives from Lancashire Teaching Hospitals and UCLAN, the Sub Group recognised the positive work that midwifery services do and the dedication that individual midwives have in delivering services to mothers.

The various processes through which women accessed the midwifery service were explained to the Sub Group, together with the timeline for various public health interventions, such as smoking cessation. Pressures on the system working effectively were discussed. These pressures included mothers who were transitory residents in the City and so did not have a consistent relationship throughout their pregnancy with the service (although they may have accessed services elsewhere in the UK); mothers who had not accessed any maternity services before presenting at birth; mothers who failed to keep appointments with the service. Individual midwifes had considerable dedication to finding such women and to visiting them at their home to deliver service, but this was time consuming work.

The service's managers collected various performance statistics and used those to identify areas where there were opportunities for service improvement or questions on service effectiveness that needed detailed investigation. The statistics reviewed by the Sub group included public health statistics relating to smoking, substance misuse, malnutrition and obesity, safeguarding issues, teenage pregnancy, breastfeeding and preterm birth. Smoking is the single biggest modifiable risk factor for poor birth outcomes.

Details on the effectiveness of smoking cessation interventions showed that in Preston as a whole 19% of pregnant women smoked at the time they first booked with midwifery services. At the time of delivery this figure had fallen to 16.8%. For St Matthews ward the figures were 28.4% at time of first booking and 28.3% at time of delivery, showing that the Lancashire Smoking in Pregnancy Pathway appeared to have no impact upon smoking rates in this ward. (Note: figures are for 214/15 and compare very unfavourably with an average national figure for that year of 11.4% at time of delivery).

On visiting a community midwife clinic the Sub Group observed that there was some disconnect between what managers had explained happened at clinics and what happened in practice. Pressures on the amount of time that the midwives had available to spend with each woman meant that important public health interventions

such as smoking cessation and safer sleeping education messages were often given inadequate focus. Language barriers to swift communication and the need to intervene with a woman's urgent social care and/or benefit issues all added to the time pressures. The Sub Group noted how hard the individual midwives worked during these clinic sessions, frequently working through their own scheduled breaks in order to ensure that all appointments were seen.

Due to time pressures in clinics, the Lancashire Smoking in Pregnancy Pathway did not appear to be being effectively implemented and there was some interruptions in data sharing between the midwifery service and the smoking cessation service, or at least such data was not reaching the community midwives. A midwife referring a woman to the smoking cessation service did not get timely feedback as to whether that individual had attended the service and how effective the stop smoking intervention had been to date. A powerful opportunity was therefore being missed for the midwives to deliver a personalised further intervention with pregnant women based on their individual health needs.

For the Health Visitor Service:

The Health Visitor Service is commissioned by Lancashire County Council and delivered as an integrated children and family health model by Lancashire Care NHS Foundation Trust. The Service operated through a serious of home visits and clinic sessions as well as via integration with other services such as school nurses. Service managers used a number of key performance indicators, including referrals to the smoking cessation service. Smoking cessation was one of the matters discussed at every intervention with families.

Although the Service had strong relationships across a range of professionals, there was an opportunity for closer working between health visitors and the Council to ensure that areas of possible joint intervention were maximised. The Chief Environmental Health Officer volunteered to support some shared professional development training. Subsequently one of the Council's Environmental Health Managers delivered a training session to health visitors working in Preston on the environmental health services provided by the Council and how health visitors could access those services if they came across mothers and babies suffering from environmental health problems, such as poor housing conditions.

For the education and development of future midwives:

The Sub Group were impressed by the innovative approach taken by UCLAN within their undergraduate midwifery course with the inclusion of education on the wider determinants of health. The thread that ran through all years of the course to encourage students to develop their understanding of the importance of wider social, economic and environmental factors on maternal and child health through the use of realistic case studies was considered an excellent approach.

There was an opportunity to develop this approach further through some liaison between student midwifes and wider public health professionals practicing in Preston. The Chief Environmental Health Officer volunteered to support exploratory discussions between the Council and UCLAN in respect of relevant Council services.

UCLAN was a source of considerable expertise on midwifery practice and on effective public health interventions to bring about health positive individual lifestyle change. The Sub group wondered whether there were opportunities to ensure that this expertise, located in the City, was used to help make Preston a beacon of best practice in tackling the lifestyle behaviours of parents that result in poor infant health and in infant mortality.

For all support services to pregnant women and mothers:

Through their investigatory interviews the Sub Group understood that midwives and health visitors are only two important interventions with mothers and that these interventions occur at a time in a woman's life when there are lots of competing priorities. It was unrealistic to expect that these services alone could bring about some of the changes in mothers' and fathers' lifestyles and behaviour that are necessary if maternal health and hence infant health is to be improved. There was therefore a need for support services to mothers to be as integrated as possible and for public health messages, such as those on smoking cessation, to be consistent and delivered from before pregnancy occurs. The fact that many pregnancies are unplanned means that opportunities for public health interventions that could be effectively delivered through sexual health services are being missed as prospective parents are not accessing these services.

The Sub-Group recognised the importance of the safer sleeping message and how health visitors and midwives were key deliverers of this message. However, to reinforce the message and avoid conflicting advice, parents also needed to be hearing this message from family and friends and therefore it was important that public health education in this area was also aimed at the wider community. The Council committed to spreading this message through participation in the Community Expo at the Lancashire Encounter Festival.

<u>Recommendations of the Sub Group</u>

That reducing smoking by Preston's population becomes a priority public health objective for the Council

This recommendation might be achieved by:

- A sustained corporate commitment to prioritise year-on-year smoking reduction in Preston over the next 10 years;
- A review of all the Council's policies and practices to reduce smoking and protect its staff and the public from second hand smoke in order to ensure that they are all working as effectively as possible and are given an appropriate priority;
- A commitment that the Council's officers and members will advocate for reductions in smoking in Preston at every appropriate opportunity.

That the operation of the Lancashire Smoking in Pregnancy Pathway is reviewed to ensure that all stages and links in the pathway are operating as effectively as possible

This recommendation might be achieved by:

- A review of the operation of the Lancashire Smoking in Pregnancy Pathway being included as an action on the current work plan of Tobacco Free Lancashire.

That the midwifery and health visitor professions ensure that current knowledge on the most effective techniques for one-to-one smoking cessation interventions are effectively and consistently deployed via all frontline midwifery and health visitor interventions in Preston

This recommendation might in part be achieved by:

- The academic expertise of UCLAN being used to identify the most effective smoking cessation intervention approaches and techniques with individual mothers during pregnancy and educating midwifes and health visitors on the application of those via a processes of continuing professional development;
- The public health expertise and commissioning power of Lancashire County Council being used to identify the most effective smoking cessation intervention approaches and techniques for individual mothers, both during and after pregnancy, and working to ensure that all midwives, health visitors and other relevant professionals working in Preston are trained in deploying those techniques.

That the time available for midwife interventions on maternal health improvement issues, such as smoking cessation, are maximised through the provision of alternative support to mothers on matters of their wider need

This recommendation might in part be achieved by:

- Delivering advise services on matters such as finance and welfare benefit to mothers attending community midwife clinics;
- The use of new and emerging digital technologies to deliver advice and information to mothers attending community midwife clinics.

That professionals working to deliver medical health, public health and social care services to pregnant women and new mothers in Preston work more closely together to maximise their combined effectiveness at reducing infant mortality

This recommendation might in part be achieved by:

- The Council, in partnership with UCLAN, organising a professional forum to share the conclusions of this piece of scrutiny work and to help facilitate professionals to work jointly and to develop new working practices;
- Strengthening working relationships between all professionals and agencies who work with mothers in Preston, including the Council's own frontline services such as environmental health housing standards;

- A review of the Smokefree Homes Initiative by Tobacco Free Lancashire to ensure that the health visitor and other professionals' resource is being used as effectively as possible in this area.

(iv) St Matthew's Private Sector Housing Project

Background

The initial Public Health briefing to the full Task and Finish Group identified poor private rented housing as having a significant correlation to levels of Infant Mortality. It was agreed to form a sub group to investigate this issue and to consider any recommendations that could be progressed.

At the outset it was recognised that LCC had provided some launch funding to allow the Housing Standards team to carry out a detailed proactive review of the private rented accommodation in St Matthews ward and it was intended that evidence from this survey would be the main external input to the sub groups review.

The choice of St Matthews was based upon both historical and anecdotal evidence that problems existed in the ward, and also recognised the recent substantial increase in the number of properties being rented. **Private renting is the second most popular form of tenure in St Matthews; at around 30% of the housing stock in the area this is above national and Preston averages, and the sector is likely to continue growing.**
It was noted that there is a wealth of evidence that poor housing increases the risk of cardiovascular disease (heart attack and strokes) Respiratory disease (pneumonia, COPD, asthma) and Depression and Anxiety all of which are significant causation of Infant Mortality.

Inspection of private rented properties in St Matthews ward
The subgroup met at regular intervals to receive and review progress reports from Les Crosbie (PCC Housing Standards Team Leader and Eirian Molloy (PCC Environmental Health Manager). **To date 662 properties have been inspected, resulting in just one case were enforcement action was** considered necessary. A very small number of tenants have refused access to their properties (7 in total).**The Housing Standards team will be progressing this to ensure that an inspection takes place, although none of the 7 refusals show signs of immediate or serious concern with regard to housing conditions.**

The sub group were pleasantly surprised that the standards found in the inspections undertaken so far were considerably higher than expected, a number of landlords have been offered membership of the Preston Accredited Landlords scheme and 61 properties have been added to the PCC register of approved properties. The main item of concern from the survey is the lack of fire safety measures in properties were changes to internal layouts have been found to compromise safe egress.

In its review of the data from the inspections the sub group had expected to find evidence of cold damp properties in which inefficient heating systems would be a factor, in fact this proved not to be the case, in instances of cold damp dwellings it

was much more likely that the tenants could not afford to make use of perfectly adequate heating systems. As a result the sub group deciding to extend their remit to also include Fuel Poverty and related issues.

The sub-group considered the wider implications of the inspection processand believed that the exercise provided excellent value for money and PCC should be commended for carrying this out, it is a statutory duty for the Authority to monitor the condition of property witin its boundaries but this systematic street by street approach had additional demonstable benefits. The team working in St Matthews have received considerable positive feedback both from the constituents who valued the reassurance from the inspection but also from the individual landlords who after some initial reluctance proved equally supportive.

It was noted that the initial funding provided by LCC has now been spent and the inspections are continuing albeit at a much slower pace, the sub group believes that notwithstanding the severe financial difficulties facing the Authoritythese inspections should be continued and eventually extended into other areas of the City.

Recommendation

That Cabinet be asked to continue to ensure that resources are provided to complete this inspection of properties within St Matthews and then to continue the exercise in other parts of the City

Further Areas investigated by the sub Group

The sub group held the majority of its meetings at the Emmaus home on Ribbleton Avenue. This was to allow easier access to the area under investigation but also to be able to interview and speak to the Companions and Staff of Emmaus a leading homeless charity.

The Sub Group interviewed Karen Wallis Deputy Support Manager at Emmaus, who was able to provide valuable insight into the problems facing the homeless in the North West and a particular insight into the problems facing young homeless women Following this briefing the sub group arranged to interview Bev Lyon from the PCC Housing advice Team to discuss the authorities responsibilities for the housing of pregnant homeless women and other young vulnerable persons. Bev was able to satisfy the group that a robust process was in place to manage emergency arisings that could include providing emergency accommodation for up to 28 days for elegible applicants. Elegible applicants would always include the vulnerable, pregnant women and those with severe mental health issues. PCC would provide mediation support to help the vulnerable young to remain in the family home and will also **always work to help prevent evictions and maintain tenancies where possible.**

PCC has access to limitted funding through the Discretionary Housing Payment to assist with problems caused through issues such as the Bedroom Tax.
Concern was raised about the impending changes to welfare payments, the introduction of the benefits cap, the removal of housing benefit from the under 35s and the changes to Universal Credit are all likely to severly increase the calls for help to our Housing Team, this coupled with the budget cuts faced by LCC and the likely

reduction in provision of supported housing could all lead to extra calls on limitted resources. These issues are already under review by the Housing Advice team and the sub group also took the opportunity to raise these issues with Cllr Matthew Brown Cabinet Member for Social Justice, Cllr Robert Boswell Cabinet Member for the Environment and Cllr John Swindells Cabinet Member for Planning and Enforcement when the Cabinet members were interviewed by the full committee.
The final major subject of investigation for the sub group was the issue of Fuel Poverty which continues to be an issue affecting a significant number of Preston households. Figures released by the Government recently show that 12.4% of the City's households still experience fuel poverty, figures which are above both the Lancashire and North West average. In real terms, that percentage equates to 7276 households.

Fuel poverty is the result of three factors: houses which are inherently energy inefficient, below average household incomes and high utility bills.
Eirian provided considerable information and background into the issue, the property survey and the sub groups own investigation had identified that a considerable number of the properties in St Matthews were of single skin construction with only minimum roof insulation added to this it was found that a very high proportion of residents were either on one of the Big 6 energy providers standard (expensive) tariffs or had pre payment meters fitted

The sub group questioned the Cabinet Members on steps that could be taken to reinforce the benefits of switching Energy Suppliers or even just switching tarifffs, with the shrinking of the Community Engagement team it was not considered possible to meet the sub groups request to use the Community Engagement Bus and Team to flood the area with a switching message but it was considered feasible that an effort could be made through social media to promote this message.
PCC does not directly provide capital funding for home improvement schemes but the Housing Team have been able to bid for funding from LCC and has also successfully leveraged over £25 million in funding from the Big 6 Energy Providers for energy efficiency initiatives.

All councillors have recently been advised and encouraged to disseminate information of the schemes supported by the Housing Support Team which currently include

- A free Boiler and Gas Fire service for the aged, the disabled or families with young children.
- Disabled Facilities grants for items such as level access showers
- Grants for First Time Central Heating Systems ansd Insulation measures

The Council's Environmental Health Housing Support Team has an excellent track record of levering in money from mainly utility companies, but also some Government bid funding in order to improve houses across the private sector. Campaigns have also been promoted whereby consumers have been encouraged to switch utility companies, thereby getting lower tariffs and cheaper bills. . To try and reach those households most affected, support is targeted at those on the lowest incomes, classed as vulnerable, or with long term health conditions and disabilities.

· At all times, support can be given on an individual household basis for those needing advice or guidance around switching suppliers. The team regularly participate in community events in the City to promote switching as an excellent way to save money, and explain to people how simple the process can now be. Training has also been provided by the Housing Support Team to colleagues elsewhere in the Council, e.g. Community Engagement, Welfare Benefits Advice, on how to ensure residents are informed on what to do and the potential benefits. **Good links also exist with the advice team at the Energy Trust, a charity who support people who have built up large fuel debts, mainly on pre- payment meters. They enable people to manage their finances and clear their debts, switch suppliers and often get rid of pre-payment meters. However, much more lobbying by Members and local authorities needs to be considered if significant reductions in pre payments, and the higher tariffs they attract, are to be effective.**

This aspect is time consuming and staff needs to be kept up to date on the latest information. Proactive work, in the form of ward specific campaigns for example is prohibitive. Keeping up levels of staff resource in the Housing Support team is vital to maintain the momentum of existing work.

Recommendations

The Councils Communications Team be asked to work with the Environmental Health Housing Support team to investigate the use of Social Media and related tools to promote the switching message.

The Councils Communication team be asked to investigate all other means of spreading the switching method

The Cabinet be asked to recognise the vital service being delivered by **the Housing Standards and Advice teams,** and make all efforts to protect the levels of staff resource needed to deliver this service

v) An Every Baby Matters Pledge for Preston

Aim of the sub-group

To raise awareness of the issues surrounding infant mortality and to share good practice in reducing infant mortality in Preston.

Objectives

- To feedback on the findings of the review into infant mortality in Preston – including sharing good practice
- To encourage people and organisations to sign the Lullaby Trust's "Every Baby Matters" pledge
- To raise the profile of the issue of infant mortality in Preston
- To gain media coverage about infant mortality and how parents, guardians, carers, health professionals etc. can help to reduce infant mortality

- To run a corresponding social media campaign that secures wider engagement and awareness of infant mortality and how to reduce it

Approach taken by the sub-group

The sub-group looked at ways that the Council can promote good practices to prevent infant mortality. It was decided to engage with the public at Lancashire Encounter which was held 23-25 September. Members of the Task and Finish Group helped to man the Every Baby Matters community exhibition stall on Sunday 25 September.

The event took place between 12 Noon and 5.00 pm on Preston Flag Market. Lancashire County Council provided a pop up display board together with balloons and leaflets and handouts covering: *Safer sleeping; Smoke fee – quit smoking; Breastfeeding; General health and wellbeing.*

Event in conjunction with UCLan

The Task and Finish Group expressed an interest in holding an event to promote the work plan study when completed and to build on relationships developed with outside organisations during the study.

During discussions with representatives from midwifery services at UCLan the holding of a joint event to be hosted by UCLan was discussed. The Task and Finish Group identified those with which they wished to further liaise:-

- Health professionals
- Midwives
- Health visitors
- GP (practice managers)
- Social workers
- Nurseries
- Playgroups/play schemes
- Pre-schools
- Community and voluntary sector representatives
- Translation services

6 Corporate Management Team Commentary

(i) Public Health is a County Council function and as such the Council's role is to be an effective partner. We do this in two ways:-

- Within our own buildings and at events etc (within the legal framework)

- As a multi-agency partner in a variety of groups

(ii) This is a matter for Cabinet;

(iii) This is a matter for Cabinet. There will be an opportunity to respond to the County Council budget proposals;

(iv) Events held in City Council premises are smoke free. This extends to most temporary structures. The Council could give consideration to non-smoking outdoor events but in reality the effectiveness of such a policy would depend upon the venue, size and the resources available. An invitation to people not to smoke may be more effective;

(v) Employees can offer the 'Protecting Others' non-smoking leaflet via the Contact Centre. Where employees visit third party premises including homes, staff will be supplied with 'Protecting Others' leaflets. Employees will be supported by the Council if they do not wish to enter or remain in premises where smoking is taking place;

(vi) We have a pregnancy and new mother's policy. All pregnant employees have a discussion with an HR advisor who will offer public health information. The relevant line manager will offer public health information to fathers taking paternity. The public information will be sourced from the public health team at Lancashire;

(vii) The Council could introduce such policy in relation to legal activities (non-lawful activities are already regulated and enforced). If such policy was agreed the Council could request LCC adopt it;

(viii) The Council already provides some premises (albeit limited) as we no longer own or control many community venues;

(ix) Agreed;

(x) This would need to come forward as a costed or unfunded budget increase proposal as external funding is no longer available from the Public Health Budget;

(xi) This is an issue for the Budget Working Group;

(xii) We have agreed funding, UCLan are providing a venue, PCC have agreed to organise;

(xiii) We make efforts to work well in partnership with colleagues in health and social care. The lead professionals in this area are health based – health visitors; midwives and other primary and hospital services. Councillor Swindells attends the Central Lancashire Health and Well Being Partnership and this issue could be raised in that forum;

(xiv) ditto

Appendix A

SUGGESTED SCOPING SCRUTINY REVIEW – INFANT MORTALITY

1. **Background Information**

Reducing infant mortality is one of the Starting Well priorities for the Lancashire Health and Wellbeing Board.

The infant mortality rate, as well as being an issue of concern in itself, is a useful marker for the state of an area's public health. Mortality arises from a number of factors, many of which correspond with wider child ill health and impact upon an individual's ability to remain healthy throughout their adult life.

Infant mortality rates in Preston are broadly in line with the England average, however some neighbourhoods have rates that are significantly above average. The wards of St Matthew's, Town Centre and Ribbleton are areas of particular concern.

There is no one specific general cause of infant mortality, however there are a number of identified causal factors. How those causal factors combine increases the overall risk for an individual and a population.

2. **Overall approaches of this review**

- To examine in detail the issue of infant mortality in one or more of Preston's wards with elevated infant mortality rates.
- To consider the factors that might be causing those elevated infant mortality rates.
- To scrutinise the effectiveness of current public health and other interventions at reducing infant mortality in Preston.
- To scrutinise how the policies, practices and services of the City Council and others serve to reduce rates of infant mortality.

3. **Possible outputs/outcomes from this review**

- Recommendations to reduce rates of infant mortality in Preston.
- Initiation of an "Every Baby Matters" pledge for Preston.

- Increased Member understanding of the role that the Council and its partners play in improving public health within Preston.

4. **Size of the scrutiny panel**

16 members (Ratio 9:5:1:1)

5. **Duration of the Review**

6 months.

6. **Lead support officer**

The Council's lead officer for health, Craig Sharp, Chief Environmental Health Officer / Deputy Director.

7. **Potential support officers / witnesses**

- Lancashire County Council - public health professionals
- Preston City Council - Environmental Health Manager (private sector housing)
- Tobacco Free Lancashire Alliance – senior public health professional from Lancashire Teaching Hospitals Trust
- Lancashire Teaching Hospitals Trust – Community Midwives
- The Lullaby Trust – a charity campaigning and supporting on sudden infant death syndrome
- Preston City Council – Head of Communications

8. **Suggested scrutiny approach**

This is a large work area. It is therefore strongly recommended that in order to maximise the work that can be covered the panel meet as a whole for two Town Hall based sessions, then split into five task and finish sub group (each of three members), then reform for two (or possibly three) final Town Hall based sessions to pull together the work of the sub groups and make the final recommendations.

The final piece of work might be the launch of a Preston Every Baby Matters Pledge in which all elected members could participate.

Session 1 – General overview of infant
mortality Session 2 – Infant mortality in St
Matthew's ward Session 3* – Sub groups
operate
Session 4 – Feedback the recommendations of the sub
groups [Session 5 – Infant mortality in Town Centre ward] – If
time allows Session 6 – Final recommendations
Final session - Launch of Every Baby Matters
Pledge

* Sub groups to work on the following aspects via meetings with support officers, community visits, interviews within the community; as appropriate:
Sub group A – Smoking in pregnancy pathway
Sub group B – St Matthew's private sector housing project Sub group C – The community midwife
Sub group D – Community development projects
Sub group E – An Every baby Matters Pledge for Preston

Appendix B

Presentation by Matthew Stanton, Public Health Coordinator, Lancashire County Council.

http://moderngovapp/documents/s35267/St%20Matthews%20IM%20Reformat%203.pdf

http://moderngovapp/documents/s36192/St%20Matthews%20IM%20Reformat%203.pdf

Appendix C

List of Interviewees

Smoking in Pregnancy Pathway Sub

Ms Lesley Routh –Corporate Health and Safety Manager, Preston City Council

Ms Marie Dermaine, Senior Public Health Co-ordinator and Mr Chris Lee, Public Health Specialist – Lancashire County Council

Ms Julie Trezise and Ms Helen Hatcher- Quit Squad, Lancashire Care Trust

St Matthew's Private Sector Housing Project Sub

Ms Karen Wallis- Deputy Support Manager, Emmaus

Ms Bev Lyon- Accommodation and Administration Manager, Preston City Council

Ms Liz Mossop- Head of Community Service, Preston City Council

Mr Leslie Crosbie- Housing Standards Team Leader, Preston City Council

Role of the Midwifery and Health Visitor Services Sub

Emma Ashton – Specialist Midwife, Public Health, Lancashire Teaching Hospital NHS Trust

Cathy Atherton – Head of Midwifery, Lancashire Teaching Hospitals NHS Trust

Cheryl Forest – Service Integration Manager for the Children and Family Health Service, Lancashire Care NHS Foundation Trust

Jacqui Gibson – Senior Lecturer Midwifery, University of Central Lancashire (UCLAN)

Maria Iddon – Community Midwife, Lancashire Teaching Hospitals NHS Trust

Deborah Kenny – Head of School of Community Health and Midwifery, University of Central Lancashire (UCLAN)

Debbie Wisby – Principal Lecturer Midwifery, Neonatal and Sexual Health, University of Central Lancashire (UCLAN)

Kathryn Wright – Team Leader for the Preston Central Integrated Children and Family Health Team, Lancashire Care NHS Foundation Trust

Community Development Projects Sub

Ms Farhat Abbas-Data and Intelligence Officer for Public Health, Lancashire County Council

Dr Seema Marrot and Ms Gill Fraser- New Hall Lane Practice

Ms Sharon Riley- Practice Manager, Issa Medical Centre

Ms Christine Nuttall- Cluster Manager, Children's Centres for Preston East

Mr Stephen McBride- Localities Manager, LCC Children's Centres

Ms Jackie Routledge-Sexual Health Specialist, Lancashire County Council

Ms Alison Hatton- Community Safety Manager, Preston City Council

Ms Helen Green- Quality and Reviewing Officer, Lancashire County Council

Reverend Father Pawel Szatlewski- St Maria Goretti Church

Ms Rosie Green- Preston City Council

An Every Baby Matters Pledge Sub

This sub-group did not meet with anyone for interviews.

Task and Finish Group

Councillors Brown, Boswell and Swindells- Members of Cabinet

Appendix D

Cabinet response. Report considered at a Cabinet meeting held on 25 January 2017. Minute number CA93 refers:-

Summary

Cabinet received a report from the Infant Mortality Task and Finish Group. The Task and Finish submitted their report on their Work Plan Study on Infant Mortality along with their recommendations for consideration by Cabinet. Cabinet welcomed the report and acknowledged the hard work put in by the Task and Finish Group and the officers involved.

Decision Taken

That Cabinet

i) endorsed the report and the recommendation of the Task and Finish Group;
ii) agreed to review the recommendations and explore them further; and
iii) that Cabinet thanked the Task and Finish Group Members and the Officers for all their hard work and support.

Reasons for Decision

Cabinet has a duty to consider recommendations made by Task and Finish Groups.

Alternative Options Considered and Rejected

None considered.