

## STATEMENT FROM THE DIRECTOR OF PUBLIC HEALTH

### How will the Leeds Maternity Strategy 2015-2020 address needs identified in the Maternity Health Needs Assessment 2014?

In late 2014, LCC Public Health published a Maternity Health Needs Assessment (HNA) which provided an in depth analysis of the local health needs that place demand on maternity services. The HNA had been requested by the CCGs in order to inform the development of a new maternity strategy. It provides a basis for determining priorities for service development and is a resource for commissioners, providers and partners.

The HNA identifies a range of key issues:

- A growing population and rising birth rate, with an increasing ethnic mix across the population. Hence the importance of providing culturally sensitive services with reliable interpreting services.
- A high proportion of births in deprived parts of the city (30%), with evidence of a persistent gap in outcomes, indicating the importance of co-ordinated efforts to address the underlying risk factors such as smoking, poor nutrition and maternal obesity, breastfeeding initiation and maintenance.
- Several key groups of women who experience poorer outcomes are identified in the report, and specific gaps around the recognition of these women and the provision of support are discussed. These groups include:
  - Women from certain ethnic backgrounds including: African and Asian women; women with mixed White, Black African and Black Caribbean ethnicity, and Gypsies and Travellers.
  - Women with learning disability.
  - Women with mild/moderate perinatal mental illness.
  - Women who use substances and drink alcohol.
  - Young parents.
  - Women experiencing domestic violence.

The Maternity Strategy for Leeds 2015-2020 has been developed by a partnership group which includes representatives from Leeds City Council Public Health. Its priorities have been shaped by the Health Needs Assessment, alongside best evidence of what works, a range of policy and guidance, and extensive consultation with parents and women who have used services ('co-production').

The 9 priorities of the Maternity Strategy take a cross-cutting approach which will address the key issues contained in the Maternity HNA. The first three priorities (Personalised Care, Integrated Care and Access) provide a flexible and individualised approach that will ensure that services are accessible and sensitive to women from different ethnic backgrounds and women with the full range of specific needs listed above. The issue of mental health has been highlighted specifically within the Strategy, and this recognises the importance of quick identification and

support for women with mild and moderate mental health problems in order to promote good attachment, bonding and early parenting. This aligns closely with the Leeds Best Start Plan.

Similarly, Priority 5 Preparation for Parenthood is an essential aspect to address risk factors such as smoking, nutrition and breastfeeding, as well as supporting the relationship between new parents and their baby and early parenting skills (in support of the Best Start Plan).

Priority 7 Targeted Support will bring a focus around particular population groups identified in the HNA such as women with learning disability and teenage parents.

In conclusion, from a Public Health perspective, the priorities outlined in the Maternity Strategy for Leeds 2015-2020 are well aligned with the recommendations of the Maternity Health Needs Assessment and should effectively address the key issues identified by the HNA. There is good partnership work in place across the NHS (commissioners and providers), the Council (Public Health and Children's Services) and the VCSF sector, co-ordinated through the Maternity Strategy Group, to take these priorities forward.

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