



Report of: Leeds Maternity Programme Board

Report to: Leeds Health and Wellbeing Board

Date: 29 April 2021

Subject: Leeds Maternity Strategy 2021-2025

Are specific geographical areas affected? If relevant, name(s) of area(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

- This report introduces the Leeds Maternity Strategy 2021-2025 – a five year plan for the city explaining how people will work together to improve the health and care services we offer to parents-to-be and new parents, to give babies the best start in life.
- There are now around 9,500 babies born in Leeds every year. Making the most of every child’s potential is an important goal in Leeds and a priority of the Leeds Health and Wellbeing Strategy. This means giving all children the ‘Best Possible Start in Life’, focusing on the earliest period in a child’s life, from before conception to age two.
- As a result, the development of this iteration of the Leeds Maternity Strategy was supported by the Health and Wellbeing Board in Sept 2020.

Recommendations

The Health and Wellbeing Board is asked to:

- Agree the refreshed Leeds Maternity Strategy, acknowledging the strategy as critical to the delivery of the Leeds Health and Wellbeing Strategy.

1 Purpose of this report

- 1.1 The purpose of this report is to provide an overview of the refreshed Leeds Maternity Strategy (Appendix 1) following the strategic direction provided by the Health and Wellbeing Board in Sept 2020. It is a five year plan for the city explaining how people will work together to improve the health and care services we offer to parents-to-be and new parents, to give babies the best start in life.

2 Background information

- 2.1 Much has been achieved in the implementation of the first Maternity Strategy (2015-2020). For the last two years Leeds Maternity Service has been recognised as a high-performer in the UK. The national Maternity Patient Survey seeks feedback from service users of all UK maternity units and Leeds has been voted in the top 5 for staff kindness, patient experience and overall quality of care. Despite the progress made, there is a clear need to continue the drive to improve mother and infant outcomes particularly to reduce health inequalities.

- 2.2 As highlighted in *Refreshing the Leeds Maternity Strategy* report to the Health and Wellbeing Board in Sept 2020, in developing the refreshed strategy there has been a focus on:

- Maintaining close links to the delivery of the Leeds Best Start Plan (a broad preventative programme from conception to age 2 years, which aims to ensure a good start for every baby).¹
- Being place based enabling a localised approach, recognising the unique qualities of the communities and services in Leeds, however, it links to and will contribute to the delivery of the West Yorkshire and Harrogate Local Maternity System work programme.²
- Recognising the stark health inequalities in the city set out in the Maternity Health Needs Assessment (Goldsborough, 2020)³ with addressing this being at the forefront.

- 2.3 At the Health and Wellbeing Board in Sept 2020, members undertook a listening exercise with representatives and advocates from specific Black, Asian and Minority Ethnic communities, hearing their experience of maternity services. There was agreement on what the priority areas should be for an inclusive strategy that recognises the diversity in the city and how we work together to address health inequalities. This has resulted in strengthening a number of areas of the strategy including:

- Key components of *Priority 5: Preparation for Parenthood* focusing on:
 - Better access to parent education and support
 - Helping parents-to-be to stop smoking, drinking alcohol and misusing substances recognising the impact of Foetal Alcohol Syndrome in addition to work occurring through the Best Start Plan.

¹ Leeds Best Start Plan (<https://democracy.leeds.gov.uk/documents/s126845/10%202%20Best%20Start%20Plan%20long%20version%20FINAL%20VERSION%20for%20HWB%20Board%204%202%202015.pdf>)

² West Yorkshire & Harrogate Local Maternity System (https://www.wyhpартnership.co.uk/download_file/view/2489/843)

³ Leeds Maternity Health Needs Assessment (<https://observatory.leeds.gov.uk/wp-content/uploads/2020/08/Leeds-Maternity-Health-Needs-Assessment-April-2020-FINAL.pdf>)

- Reducing health inequalities as a theme across all the priority areas and a dedicated priority. Key components of *Priority 4: Health Inequalities* focus on:
 - Perinatal mortality with women from black ethnic backgrounds being 4 times more likely to die during childbirth as women from white ethnic backgrounds, which was highlighted by the Health and Wellbeing Board as an urgent issue for the city to address.
 - Ensuring a strengths-based localised offer with community maternity services identifying individual and community differences.
 - Development of targeted pathways to improve outcomes for the LGBT+ community, and women who have experienced Female Genital Mutilation.

3 Main issues

- 3.1 The Leeds Maternity Strategy 2021-2025 is a five year plan for the city explaining how people will work together to improve the health and care services we offer to parents-to-be and new parents, to give babies the best start in life.
- 3.2 There are now around 9,500 babies born in Leeds every year. Making the most of every child’s potential is an important goal in Leeds and a priority of the Leeds Health and Wellbeing Strategy. This means giving all children the ‘Best Possible Start in Life’, focusing on the earliest period in a child’s life, from before conception to age two.
- 3.3 We know that a healthy Mum and Dad / partner is the first step in giving any baby a healthy and ‘good’ start in life. We also know that the coronavirus pandemic has made it more difficult for some babies to have the best start in life. We want to balance these inequalities out as we re-set and transform services. Developing this strategy is an important part of reaching these goals.
- 3.4 Led through the Leeds Maternity Programme Board, a broad partnership developed the strategy with people’s voices and experiences at the centre. Through this approach five clear priorities have been developed:

1. Personalised Care	All families will receive care which is personal to their needs. There will be strong relationships between the family and professionals involved in their care, and joint decision-making based on the needs and values of the family.
2. Emotional Wellbeing	We will ensure that families get the support they need to improve or maintain their emotional wellbeing. We will also think “family” so partners’ and dads’ mental health and wellbeing is recognised too.
3. Reconfiguration	Maternity and neonatal services will all be centralised at the LGI buildings by 2025 as part of the “Building the Leeds Way” new development.
4. Reducing Health Inequalities	We are committed to reducing health inequalities by working closely with partner organisations and local communities around targeted pathways, system integration, perinatal mortality and a strength based localised offer.
5. Preparation for Parenthood	Babies born to Mums, Dads and families who are prepared for parenthood before pregnancy and during pregnancy are likely to have the best outcomes. To enable this we will have key components focusing on preconception, responsive parenting, better access to parent education and support, more support for parents to start, then continue breastfeeding, helping parents-to-be to stop smoking, drinking alcohol and misusing substances and supporting parents-to-be to have a healthy weight and alcohol intake.

3.5 Following agreement of the strategy, the first year will focus on developing a detailed work plan created with families and people working at all level of our partnership. It will be monitored through the Leeds Maternity Programme Board with updates provided to the Health and Wellbeing Board as appropriate. The work plan will be refreshed annually and reflect the strategic direction provided by the Health and Wellbeing Board.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 There has been significant engagement and consultation which has informed the priorities and work plans within the strategy, including the formal consultation on centralising maternity services (2020).⁴ An insight report has demonstrated no populations where there are significant gaps in engagement, although there will be an increased focus on listening to people from seldom heard groups throughout the implementation of the strategy.

4.2 Equality and diversity / cohesion and integration

4.2.1 The strategy addresses diverse needs due to health inequalities. In the group work at the Health and Wellbeing Board in September 2020, members listened to representatives and advocates from specific Black and Asian communities, hearing their experience of maternity services. Members noted the importance of recognising the risk of poorer outcomes for black and minority ethnic groups. Members also noted the importance of targeted work to improve outcomes for other populations, including the LGBT+ community, and women who have experienced FGM. There was agreement on what the priority areas should be for an inclusive strategy that recognises the diversity in the city and the focus on how we work together to address health inequalities. Although reducing health inequalities is a theme across all the priority areas, health inequalities has been picked out as a priority in itself. Key components of this priority are the development of targeted pathways (including LGBT+ and for survivors of FGM), system integration, reducing inequalities in perinatal mortality, and the development of strengths-based localised offers.

4.3 Resources and value for money

4.3.1 There are no specific costs described in the strategy. The reconfiguration makes best use of the resources (workforce, expertise and equipment) in the city. The strategy outlines the approach of proportional universalism e.g. targeting resource to where it is needed first, which will improve outcomes and therefore reduce long-term costs.

4.4 Legal Implications, access to information and call In

4.4.1 There are no legal implications, access to information or call in implications to this report.

⁴ Leeds Maternity and Neonatal Services: Consultation Report (https://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2020/01/2020_05_Maternity_and_Neonatal_Consultation_report.pdf)

4.5 Risk management

- 4.5.1 The Leeds Maternity Strategy sets out the ambition of Leeds to provide the best possible maternity services, whilst being practical about opportunities and challenges. Financial and reputational risks will be managed by the joint governance of the Maternity Programme Board, which includes Leeds City Council, NHS Leeds Clinical Commissioning Group, Leeds Teaching Hospitals NHS Trust, Leeds Community Healthcare NHS Trust, Leeds and York Partnership Foundation Trust, Voluntary Sector representatives, the Maternity Voices Partnership and the University of Leeds.

5 Conclusions

- 5.1 The Leeds Maternity Strategy recognises and describes the shared aims and values across all partners; successful implementation of the strategy is best achieved through a strong partnership approach to ensure that babies in Leeds have the best start to life.

6 Recommendations

- 6.1 The Health and Wellbeing Board is asked to:
- Agree the refreshed Leeds Maternity Strategy, acknowledging the strategy as critical to the delivery of the Leeds Health and Wellbeing Strategy.

7 Background Documents

- 7.1 Leeds Maternity Health Needs Assessment: <https://observatory.leeds.gov.uk/wp-content/uploads/2020/08/Leeds-Maternity-Health-Needs-Assessment-April-2020-FINAL.pdf>
- 7.2 Maternity and Neonatal Public Consultation Report: https://71633548c5390f9d8a76-11ea5efadf29c8f7bdcc6a216b02560a.ssl.cf3.rackcdn.com/content/uploads/2020/01/2020_05_Maternity_and_Neonatal_Consultation_report.pdf
- 7.3 Leeds Best Start Plan: <https://democracy.leeds.gov.uk/documents/s126845/10%202%20Best%20Start%20Plan%20long%20version%20FINAL%20VERSION%20for%20HWB%20Board%204%202%202015.pdf>
- 7.4 West Yorkshire and Harrogate Local Maternity System Plan: https://www.wyhpnership.co.uk/download_file/view/2489/843

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How does this help reduce health inequalities in Leeds?

As describes a key priority in this refresh of the maternity strategy is to reduce health inequalities – this is proposed to be a priority in itself as well as integral to each of the other priorities. This will take into account a need for proportional universalism – targeting resource to the communities that need it most.

How does this help create a high quality health and care system?

The strategy also includes the recently agreed maternity reconfiguration of hospital maternity services, which has a clear case of benefitting quality and safety.

How does this help to have a financially sustainable health and care system?

The reconfiguration makes best use of the resource (workforce expertise and equipment) in the city. Also proportional universalism e.g. targeting resource to where it is needed first will improve outcomes and long-term costs.

Future challenges or opportunities

There is a clear opportunity to work together across the partnership, with local communities, particularly those with high need. To build on existing partnerships with health visiting and children centre colleagues, to strengthen Best Start zones and to establish maternity community hubs.

The commitment to develop the first maternity community hub near the St James’s site is likely to highlight estate challenges (in identification, funding and staffing).

Priorities of the Leeds Health and Wellbeing Strategy 2016-21	
A Child Friendly City and the best start in life	✓
An Age Friendly City where people age well	
Strong, engaged and well-connected communities	✓
Housing and the environment enable all people of Leeds to be healthy	
A strong economy with quality, local jobs	
Get more people, more physically active, more often	
Maximise the benefits of information and technology	✓
A stronger focus on prevention	✓
Support self-care, with more people managing their own conditions	
Promote mental and physical health equally	✓
A valued, well trained and supported workforce	✓
The best care, in the right place, at the right time	✓