

Leeds Health & Wellbeing Board

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Report of: Matt Ward, Chief Operating Officer, Leeds South and East CCG

Report to: Leeds Health and Wellbeing Board

Date: 30th September 2015

Subject: Maternity Strategy for Leeds (2015 – 2020)

2 Sentence Strap Line: Maternity services play a key role in the ambition that children will get the best start in life. The new Maternity Strategy sets priorities to help in the delivery of this ambition.

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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Access to Information Procedure Rule number:		
Appendix number:		

Summary of main issues

Significant and exciting work is underway in the city to support children to get the best possible start in life. The Maternity Strategy recognises the key role maternity services have in delivering this ambition. This paper sets out key points for the Health and Wellbeing Board to note, in terms of the strong ethos of co-production in its development (with clinicians, partners and women and families); how it utilises key forms of commissioning intelligence, such as the Leeds Maternity Health Needs Assessment, and how it aligns with local and national policy and plans. This paper should be read as a brief overview before reading the Maternity Strategy. The link to the full strategy is embedded below (hard copies will be available at the meeting). It is worth noting that the strategy is written to be public facing with minimal professional jargon, following discussions at the June launch event a 'Promise' will be developed to further promote the strategy and engage the public in its implementation.

<http://www.leedssouthandeastccg.nhs.uk/Downloads/Maternity%20strategy%20for%20Leeds%202015-2020.pdf>

Recommendations

The Health and Wellbeing Board is asked to:

- Receive and endorse the Maternity Strategy (2015 - 2020) as critical to the delivery of the Joint Health and Well-being Strategy priority 2 *'to ensure everyone will have the best start in life'*
- Hold each other and local partners to account to deliver the ambitions of this maternity programme

1 Purpose of this report

1.1 This report is intended to enable Board members to:

- Have a brief overview before reading the full Maternity Strategy.
- Be assured by the robust methodology of its co-production
- Be assured by its contribution to key outcomes and priorities of the Leeds Joint Health and Wellbeing Strategy (2013-2015)

2 Background information

2.1 The Maternity Health Needs Assessment (HNA) was undertaken by Public Health in 2014. This provided a valuable resource to the development of the maternity strategy

2.2 From the beginning (September 2014) a large number of women and families have been engaged in the development of the maternity strategy. More than 800 responded to the maternity survey and every event and workshop has involved women alongside commissioners and clinicians in discussing what great care looks like. The Maternity Service Liaison Committee (MSLC) is a forum for bringing service users, commissioner and providers together to discuss maternity service provision; this forum has been integral to the development of the strategy. The various consultation mechanisms indicate a high level of satisfaction with maternity care but also provide valuable ideas for improvement.

2.3 There are robust mechanisms in place to assure of the clinical quality and safety of maternity services in the city. A maternity clinical dashboard is shared with commissioners on a monthly basis. This dashboard reports on the performance of all the key maternity clinical outcomes and public health indicators. Quarterly meetings are held between clinicians and commissioners to review this. Benchmarking reports commissioned by the CCGs consistently indicate LTHT performs well in comparison with similar core cities.

3 Strategy Development: Sources of Intelligence:

3.1 The Maternity Health Needs Assessment

The Leeds Maternity Health Needs Assessment identified a number of key areas for consideration:

- It is predicted that by 2021 there will be 10,500 births per year in the city (there are currently just over 10,000)
- The difference in the rate of Low Birth Weight (LBW) in deprived and non-deprived Leeds is widening
- There is a significant gap in perinatal mortality rates between deprived and non-deprived Leeds
- Despite a downward trend, the Leeds teenage maternity rate remains above the England and Wales average
- More women aged over 30 and 40 are giving birth. Age can increase the risk of complications in pregnancy and birth
- Women from some BME communities have poorer birth outcomes than the rest of the population

- There are significant concerns regarding the health and wellbeing of pregnant women and infants from the Gypsy and Traveller community both resident and visiting Leeds
- A high proportion of women who have their babies removed under age one have a learning disability or difficulty. There is a need to improve identification and support for these women
- There are currently limited support services for pregnant women and new mothers with perinatal mental illness that are mild/moderate
- Based on national prevalence rates there may be up to 400 – 500 women a year in Leeds requiring support to manage drug/alcohol use in pregnancy
- Twenty per cent of women experience domestic violence during their pregnancy. This is significantly higher than those currently identified and receiving support
- There is a variation in breastfeeding rates between ethnic groups and across the geography of the city

3.2 Alignment to National Plans

- The NHS Mandate 2015/16 makes a particular reference to the need to improve standards of care and experience for women and families during pregnancy and children's early years
- The 1001 Critical Days - The Importance of the Conception to Age Two Period (2013) is a cross party manifesto that highlights the importance of focusing on prevention and early intervention; pregnant women with mental health problems and joined up working
- The WAVE Report, Conception to age 2 the age of opportunity (2013) includes specific recommendations to guide both national and local decision-makers and commissioners about appropriate identification and support for vulnerable families, with particular focus on the antenatal and postnatal periods of care. The WAVE report informs our Leeds Best Start Plan; the key areas identified for maternity services have strongly informed our local Maternity Strategy

3.3 Key Local Strategic Plans

- The delivery of this strategy is integral to the delivery of the Leeds Best Start Plan (BSP), a broad preventative programme from conception to age 2 years which aims to ensure a good start for every baby.

3.4 Co-Production with women and families

From the very beginning there has been recognition that women's voice and experience of maternity services needed to be integral to the development of the strategy. In order to achieve a broad representation from our local populations a community asset based approach was used. At the first event we had women sharing their experiences in table top conversations with professionals responsible for commissioning and providing maternity services. This included:

- Teenage mums
- Women with learning disabilities, or difficulties
- Women who were asylum seekers
- Black and minority ethnic women

- Women with mental health needs
- Women who had experienced and wanted to promote home birth

And although women who were gypsy and travellers felt unable to attend a video was played to share their experience of maternity services.

Subsequently workshops were held to progress conversations on what personalised maternity care should look like in Leeds and how to support perinatal mental health. Again there was good representation of women, and professionals from a range of commissioning, provider and partner organisations present.

3.5 Strategy Overview

There are nine key priorities within the strategy. The priorities within the strategy highlight the complexity and the breadth of work:

1. *Personalised Care – All women will receive care that is personal to their needs, where professionals work with them to plan and deliver care throughout pregnancy, birth and after the baby is born.*
 2. *Integrated Care – We will ensure that every woman feels that each stage of her care is coordinated, consistent and delivered in an integrated way.*
- *This priority includes a commitment to continuity of care
3. *Access – Services will be easy to access to help women have their first midwife appointment early in pregnancy and to continue to receive all the care and support that they need throughout their pregnancy.*
 4. *Emotional Health – We will support the emotional and mental wellbeing of women who are pregnant and ensure that those who experience any emotional problems during and after their pregnancy are well supported and offered the best care.*

*Perinatal mental health is a priority for 2015/16

5. *Preparation for Parenthood – We will support all parents to have a healthy pregnancy and to feel well prepared and confident for the birth and subsequent care of their baby.*
6. *Choice – Women and their partners will have all the information that they need to make informed choices about their pregnancy and care.*

*Digital technologies will be explored to support this

7. *Targeted Support – We will ensure that those families, who need it, receive targeted support during their pregnancy and after the baby is born.*

*Priority for 2015/16 is women with learning disabilities/difficulties

8. *Quality & Safety – We will strive to ensure that all women receive high quality, safe and responsive maternity care throughout their pregnancy, birth and post-natal care*

9. Staffing – *We will work in partnership to provide well-prepared, trained and confident staff in all our services to meet the needs of women and families.*

3.6 Delivery and Next Steps

A Maternity Programme Board has been established to oversee the implementation of the strategy. Membership includes Leeds City Council, Public Health, Leeds Teaching Hospital Trust, Leeds Community Healthcare, Leeds CCGs, Leeds University, Voluntary Sector and service user representation.

Key task groups are established to take the priorities forward, these are:

- The perinatal mental health task group, co-chaired by the lead commissioner for children and maternity services and the strategic commissioning lead for mental health
- A pathway group for women with learning disabilities/difficulties to include cross partnership membership and, chaired by the 3rd sector (Women's Health Matters/ chair of the Maternity Services Liaison Committee)
- A personalised care / models of care task group
- A group to ensure the local offer and choice available for women and families is clearly set out and communicated

3.7 Impact

In order to know that we are making a difference and to ensure we are improving women's experience each priority includes a number of outcome and experience measures (details are within the strategy). These will be used to establish the baseline and to track and report progress.

There are exciting developments in digital technology that will enhance maternity care; Leeds is one of the four Northern demonstration sites to test out the impact of embedding the Department of Health endorsed "Baby Buddy" app. The app developed by Best Beginnings (a national charity) is a freely available app for parents and parents to be. The embedding process, due to start January 2016 facilitates local information to be incorporated. The app has a personalised and interactive ability and pushes key health and social messages/ prompts to the user.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

As detailed above there has been significant engagement of both women and families and key clinicians and partners in the city in developing this strategy.

The Maternity Strategy Programme Board is developing an engagement and communication plan to ensure this continues throughout the life of the strategy.

4.2 Equality and Diversity / Cohesion and Integration

Several key groups of women have been identified in the Maternity HNA as at risk of experiencing poorer outcomes than the rest of the population. The 9 priorities of the Maternity Strategy take a cross-cutting approach to address the key issues contained in the Maternity HNA. The first three priorities (Personalised Care, Integrated Care and Access) will lead to a flexible and individualised approach that will ensure that services are accessible and sensitive to women from different ethnic backgrounds and women identified in the HNA as requiring a specific focus.

In addition, priority 7, which identifies the need for Targeted Support for particular population groups; the HNA intelligence will be used to identify priorities. In 2015-16 women with learning disabilities/ difficulties has been identified.

4.3 Resources and value for money

£36 million is spent on maternity services in the city for women of Leeds. The majority of this is spent on LTHT.

National funding available for perinatal mental health was announced in the autumn statement. At the moment the detail and focus of this is unknown; the guidance is due to be issued later in the year.

A long-term ambition for Leeds to have a Midwifery Led Unit has been identified within the strategy, which was a strong message from commissioners, women and clinicians in the city. This will need a comprehensive review to define the best model / configuration and ensure best quality and best value.

4.4 Legal Implications, Access to Information and Call In

There are no legal implications from this report. There is no access to information and call-in implications arising from this report.

4.5 Risk Management

The maternity programme board are responsible for owning any risks identified through the programme planning process, and to work collaboratively to develop proposals for mitigation / resolution.

5 Conclusions

Significant and exciting work is underway in the city to support children to get the best possible start in life. The Maternity Strategy recognises the key role maternity services have in delivering this ambition. This paper sets out key points for the Health and Wellbeing Board to note, in terms of the strong ethos of co-production in its development (with clinicians, partners and women and families); how it utilises key forms of commissioning intelligence, such as the Leeds Maternity Health Needs Assessment, and how it aligns with local and national policy and plans. This paper should be read as a brief overview before reading the Maternity Strategy.

6. Recommendations

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