Leeds Health and Wellbeing Board

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Report of: Leeds Maternity Programme Board

Report to: Leeds Health and Wellbeing Board

Date: 30th September 2020

Subject: Refreshing the Leeds Maternity Strategy

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

Summary of main issues

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.

As we move forward to refresh our strategy and build on this strong foundation, the long held ambition to reconfigure hospital based maternity and neonatal services has recently been supported. This provides the opportunity to drive even further improvements in safety, quality and best value of public funding.

However, the recent Maternity Health Needs Assessment (Goldsborough, 2020) starkly sets out the health inequalities in the city. Addressing this needs to be at the forefront of our minds as we refresh the strategy.

So often when we write and present strategies we default to a generic (usually white) perspective to cover priorities and their application to the population. In the group work at the Health and Wellbeing Board and resulting discussion, members will listen to representatives and advocates from specific Black and Asian communities; they will hear their experience of maternity services. This will contribute to the discussion to develop an inclusive strategy that recognises the diversity in the city and the focus on how we work together to address health inequalities.

Recommendations

The Health and Wellbeing Board is asked to:

- Actively listen and engage in the exercise within groups before the meeting where they will hear from people from different Black and Asian minority ethnic communities and how they experience the maternity service.
- Review and inform the development of the refreshed Leeds Maternity Strategy, acknowledging the strategy as critical to the delivery of the Leeds Health and Wellbeing Strategy.
- Challenge their colleagues and the strategy authors to ensure the strategy focuses on improving outcomes and reducing health inequalities and identifying actions to make this happen.

1 Purpose of this report

1.1 To engage and involve the Health and Wellbeing Board in ensuring the refresh of the maternity strategy drives improvement in outcomes and a reduction in health inequalities.

1.2 To inform the Health and Wellbeing Board of the decision to centralise maternity and neonatal hospital services and of the benefits this will bring.

1.3 To set the developments within the local, regional and national context.

2 Background information

2.1 The current maternity strategy (2015-2020) is in need of a refresh to continue the drive to improve mother and infant outcomes with a particular focus on reducing health inequalities.

2.2 In July 2020, NHS Leeds CCG and NHSE Specialist Commissioners approved the reconfiguration of hospital maternity and neonatal services to be centralised to the Leeds General Infirmary (LGI) site, and key to the 'Hospitals for the Future' developments. This transformation of the system will be integral to the refreshed strategy.

2.3 The delivery of this strategy is a core component 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.

2.4 Leeds fully participates in the West Yorkshire and Harrogate Local Maternity System (LMS), a partnership of maternity and neonatal providers, commissioners, local authorities and Maternity Voices Partnerships, working together to transform maternity services in West Yorkshire and Harrogate. The LMS has a maternity transformation plan to meet national requirements, which combines the work done at each place and supports wider system developments.

2.5 Maternity continues to have a high profile nationally, shaped by the National Transformation Board, with many key programmes and expectations for local services. All of these priorities, alongside our specific local knowledge of health needs and experience, shape this refresh of our maternity strategy.

3 Main Issues

<u>Maternity Health Needs Assessment and engagement</u>

3.1 Public Health colleagues refreshed the Leeds Maternity Health Needs Assessment (HNA) earlier this year (Goldsborough, 2020). This valuable resource underpins the refresh of the maternity strategy. The HNA establishes a clear need to prioritise a focus on reducing health inequalities.

Some of the key findings are listed below; the executive summary of the HNA is provided in Appendix 1:

- There are approximately 10,000 births per year in Leeds - *a third to women residing in deprived Leeds.*
- There has been an increase in the proportion of births to Black, Asian and Minority Ethnic women since 2009, with ethnic minority groups overrepresented in deprived Leeds and an increase in births to non-British born mothers.
- The under-18 conception rate is rising in Leeds and is higher than national and regional rates; with the majority of births being to mothers in deprived Leeds.
- There has been a rise in the infant mortality rate in Leeds since the last HNA, with a persistent gap between deprived Leeds and Leeds overall.
- Smoking in pregnancy rates in Leeds are higher than national rates and are significantly higher amongst women who are under 18 years old at time of delivery – with no improvement since 2014.
- The percentage of mothers with obesity in Leeds has been rising, with a greater percentage residing in deprived Leeds.
- Breastfeeding initiation rates in Leeds are lower than national rates, but have increased since 2014; improvements have been observed in deprived Leeds. The White population in Leeds has the lowest breastfeeding initiation and continuation rates of all ethnicities. Young mothers are also much less likely to initiate breastfeeding.
- The percentage of mothers attending their booking appointment before 10 weeks gestation has increased in Leeds overall since 2012/2013. However, the percentage of mothers from deprived Leeds attending before 10 weeks has slightly dropped and thus the inequalities gap has widened. All minority groups other than Indian show below average attendance rates before 11 weeks.
- The complexities of women and families accessing services in Leeds are increasing; in terms of both physical health and social factors. Staff report a rise in the number of women homeless and sofa surfing.
- Data collection, reporting and sharing needs to be more robust with regards to women with complex needs. This information is crucial to determine gaps in service provision, ascertain whether needs are being met, share best practice and ultimately work to reduce health inequalities.

3.2 During the development of the initial Leeds Maternity Strategy (2015-2020), and throughout its implementation many women and families have been consulted with and engaged in the work. In addition the Maternity Voices Partnership (MVP) is a forum that brings service users, commissioners and providers together to discuss maternity service provision; this forum is integral to the refresh of this strategy. The various consultation mechanisms adopted over this time indicate a high level of satisfaction with maternity care and also provide valuable intelligence for service development and improvement.

3.3 In addition to continuous engagement, formal public consultation to reconfigure maternity and neonatal services took place between 13 January and 5 April 2020. The consultation provided several different ways that people could share their views about the plan to centralise maternity and neonatal services at the LGI and the options for hospital-based antenatal services in Leeds. Particular efforts were made to hear the views of people who might be more affected by discontinuing antenatal appointments at St James's. The independent analysis and report (link

to be inserted) of the consultation (Brainbox, 2020), alongside the Scrutiny response helped shape the commissioners' decision making in July 2020.

National Policy

3.4 In addition to local data and the voice and experience of our local population, national policy also shapes our local strategy.

3.5 There is a significant national focus on the improvement of maternity services. Better Births (2016) highlighted various priorities and aims, which have been taken forward via the national maternity transformation programme. In summary these require:

- Personalised care centred on the woman her baby and her family based around their needs and their decisions where they have genuine choice informed by unbiased information.
- Continuity of carer, to ensure safe care based on a relationship of mutual trust and respect in line with the woman's decisions.
- Safer care, with professionals working together across boundaries to ensure rapid referral, and access to the right care in the right place; leadership for a safety culture within and across organisations; and investigation, honesty and learning when things go wrong.
- Better postnatal and perinatal mental health care, to address the historic underfunding and provision in these two vital areas, which can have a significant impact on the life chances and wellbeing of the woman, baby and family.
- Multi-professional working, breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies.
- Working across boundaries to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed.
- A payment system that fairly and adequately compensates providers for delivering high quality care to all women, whilst supporting commissioners to commission for personalisation, safety and choice.

3.6 In addition there are specific programmes providers need to deliver, such as the 'Saving Babies Lives Care Bundle' 2 (2019), which sets out the requirements for reducing stillbirths.

3.7 More recently, Implementing Phase 3 of the NHS Response to Covid-19 (2020) revises the key trajectories expected in line with the current context. Of particular relevance are:

- Develop digitally enabled care pathways in ways which increase inclusion.
- Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes; including more accessible flu vaccinations
- Increase the continuity of maternity carers to 35% of women by March 2021. As part of this, by March, systems should ensure that the proportion of Black

and Asian women and those from the most deprived neighbourhoods on continuity of carer pathways meets and preferably exceeds the proportion in the population as a whole.

- Plans should set out how insight into different types of risk and wider vulnerability within their communities will be improved.

Refresh of the Leeds Maternity Strategy

3.8 The Maternity Strategy programme board has worked to identify key priorities for the maternity refresh, which have been informed by the HNA, the comprehensive feedback from women and their families, the reconfiguration plans and the wider policy context.

3.9 Five priorities have been identified as set out the table below: preparation for parenthood (led by the public health team), personalised care, perinatal mental health, the maternity reconfiguration, and reducing health inequalities. In addition several key underlying principles are proposed: ensuring co-production, delivering integrated care, driving quality and safety, support and development of staff and embracing innovation and digital technology.

Proposed Priorities

	Personalised Care	**Perinatal Mental Health**	**Reconfiguration**	**Reducing health inequalities**	**Preparation for Parenthood** (led by public health)
Key Areas of Focus	Continuity of carer Early access Midwifery-led births	Improving access to specialist teams Developing trauma offer Anti-stigma Peer support	Community hubs Building the Leeds Way Co-creating positive environments	Targeted pathways System integration Perinatal mortality Strengths-based localised offer	Better Parent Education More Breastfeeding Stopping Smoking Healthy weight and alcohol intake
Cross-cutting Themes	**Co-production** (we will work with families throughout development and implementation) **Integrated Care** (seamless pathways of care; joined up services; shared information) **Quality and Safety** (clinically-led, we will make evidence-based decisions and won't be afraid to try new ways **Staffing** (we will look after the people who work with families) **Innovation and Digital Technology** (We won't be afraid to try new ways of working, maximising the use of digital technology whilst reducing the impact on digitally excluded people)				

3.9.1 Preparation for parenthood

Led by public health, this priority incorporates the local response to requirements around prevention and public health in maternity services and pre-conceptually, including reducing smoking in pregnancy, maternal healthy weight and improving access to parental education.

3.9.2 Personalised Care

This priority will encompass meeting the national requirement to increase the continuity of carer, with more women receiving maternity care from the same team

of midwives who they know throughout antenatal care, birth, and postnatally. This priority will also deliver an increased amount of midwifery-led births, and earlier access to maternity services, focusing on targeting the most vulnerable groups.

3.9.3 Perinatal mental health

This priority will focus on enabling a significantly expanded number of women to access specialist community perinatal mental health services, reaching 1021 women by 2023/24, as well as delivering an improved pathway of mental health and peer support. This priority will also focus on ensuring fathers/partners are supported in their mental wellbeing.

3.9.4 Maternity Reconfiguration

Leeds Teaching Hospitals NHS Trust is planning to build two new hospitals at the Leeds General Infirmary (LGI) in Leeds city centre. The plans - called Hospitals for the Future - centre on developing modern, responsive health facilities for adults at the LGI, and for children and young people at Leeds Children's Hospital. The maternity and neonatal clinical models and the case for change have been through the NHS England service change assurance process.

Formal public consultation to reconfigure maternity and neonatal services took place between 13 January and 5 April 2020. All options included the centralisation of the maternity (deliveries) and neonatal services on one site, as part of the new hospital buildings. The public consultation focused on the options for where the obstetric outpatient clinics are to be provided from, either only the LGI site, or both LGI and SJUH sites.

A key priority for the CCG and NHS England specialised commissioners is to get the best possible outcomes for the resources we have available. The clinical case is clearly set on how centralising maternity and neonatal services will maximise the expertise in the Leeds workforce and join up critical services. There is strong recognition of this in the public consultation feedback with the majority (58%) preferring option 1 and prioritising safety and quality over choice and parking.

However, we also recognise our commitment to the principles in our Health and Inequalities Framework, where we set out that *'we will focus on deprived Leeds as well as vulnerable and marginalised groups.'* And that *'in using our resource we will apply the principle of 'proportionate universalism' to make greater impact.'*

There are areas identified in the public consultation that reflect concerns in relation to this. Predominantly two issues are flagged; firstly that the access needs of disadvantaged groups are considered, particularly those living near the St James's site and secondly that the needs of Black and Asian ethnic women and families are met in the new unit. Public consultation also identified more general access concerns that need addressing. These were all taken into account

In order for the CCG and NHS England specialised commissioners to be assured that they are achieving best outcomes for their population in the given resource and applying the principles of the health inequalities framework, and in line with national and local policy driving increased antenatal delivery in the community via

community hubs and increased telemedicine, the centralisation to one site was supported with an alongside implementation plan, which will continue to evidence delivery of the government's tests of service change and will comprehensively addresses the following issues:

- 70% of antenatal contacts are currently delivered in the community and this will increase. Better Births national maternity policy is clear on the need to increase community maternity support via the creation of community hubs. In Leeds a priority will be to develop a community hub near the St James's site.
- Maximizing the use of digital telemedicine to increase access and deliver more appointments in the community and to ensure digital inclusion is addressed within this work stream. Significant acceleration of digital delivery has occurred in response to Covid-19.
- LTHT has an award winning service that supports the BAME population (Haamla); this expertise will be maximized to engage with BAME communities (particularly those near the St James's site) to ensure equity of access, positive experience and culturally sensitive services.
- The clinical and architectural design of the new maternity and neonatal units will work with families to ensure a positive personalised care experience.
- Increased capacity of parking at the LGI site for mums and their partners is planned through a new dedicated MSCP.
- NHS colleagues will work with council colleagues with an aim to influence bus providers to have routes stopping near the LGI site.
- Colleagues across NHS commissioners and providers, LA, will work together to continually review maternity outcomes and infant mortality, to ensure progress is made faster in more deprived and vulnerable communities in line with the ambitions set out in the Left Shift Blueprint.

3.9.5 Reducing health inequalities

As clearly evidenced in the HNA there are significant maternity health inequalities in access, experience and outcomes. These inequalities strongly relate to deprivation and specific communities, particularly those from Black and Asian Minority groups. This is a key area to improve, in collaboration with the communities and wider system partners.

3.10 Governance

The established Maternity Programme Board will oversee the refresh and 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.

A new steering group has been established to focus specifically on the changes required as part of the reconfiguration of maternity and neonatal services.

3.11 Impact

In order to know that we are making a difference and to ensure we are improving women's experience, we will review our local maternity dashboard to ensure that we are tracking appropriate outcome and experience measures for each priority

area. These will be used to establish the baseline and to track and report progress.

4 Health and Wellbeing Board governance

4.1 Consultation, engagement and hearing citizen voice

4.1.1 As detailed above there has been significant engagement of both women and families and key clinicians and partners in the city in planning reconfiguration of maternity services and in developing maternity services, which is shaping this strategy. The MVP is a core member of the strategy development group.

4.1.2 The Maternity Strategy Programme Board will continue to ensure this continues throughout the delivery of the strategy.

4.2 Equality and diversity / cohesion and integration

4.2.1 Several key groups of women and families have been identified as being at risk of experiencing poorer outcomes than the rest of the population. Whilst personalised care, perinatal mental health, reconfiguration and preparation for parenthood will take a cross-cutting approach to recognise and address these issues, the identification of reducing health inequalities as a distinct priority area within the strategy will drive the particular focus on this.

4.3 Resources and value for money

4.3.1 Circa £42 million is spent on maternity services in the city for women of Leeds. The majority of this is spent on LTHT.

4.3.2 National funding has been made available to support the development of specialist community perinatal mental health services. In Leeds we have invested this to fund a significant expansion in the services available to support women who are pregnant or post-natal, who have moderate to severe mental health issues. We expect a further increase to this funding in 2021/22 to enable us to continue to expand this service.

4.3.3 In September 2019, the government confirmed the capital funding for Building the Leeds Way; for Leeds Teaching Hospitals NHS Trust to develop two new state-of-the-art hospitals on the site of Leeds General Infirmary. This funding will include the funding necessary to centralise maternity and neonatal services at the LGI.

4.3.4 This reconfiguration will support efficiencies in terms of maximising the expertise of the maternity workforce and join up of critical services.

4.4 Legal Implications, access to information and call In

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

4.4.2 Public consultation was required and has been fulfilled on the proposed options for reconfiguration, in order to fulfil the statutory public involvement and consultation duties of commissioners as set out in s.13Q NHS Act 2006 (as amended by the Health and Social Care Act 2012).

4.5 Risk management

4.5.1 The Leeds Maternity Programme Board are responsible for owning any risks identified through the programme planning process, and to work collaboratively to develop proposals for mitigation and resolution.

5 Conclusions

5.1 The refresh of the maternity strategy is a great opportunity to consolidate ambitions to ensure we maximise our contribution to the Leeds Health and Wellbeing Strategy, particular around Priority 1 – A Child Friendly City and the Best Start in Life. This includes amalgamating the significant reconfiguration of hospital service delivery and the ambition to strengthen the preventative and community offer.

5.2 The draft priorities are informed by local data and what our local women and families are telling us is important to them and recognises the need for a particular focus on reducing health inequalities.

6 Recommendations

The Health and Wellbeing Board is asked to:

- Actively listen and engage in the exercise within groups before the meeting where they will hear from people from different Black and Asian minority ethnic communities and how they experience the maternity service.
- Review and inform the development of the refreshed Leeds Maternity Strategy, acknowledging the strategy as critical to the delivery of the Leeds Health and Wellbeing Strategy.
- Challenge their colleagues and the strategy authors to ensure the strategy focuses on improving outcomes and reducing health inequalities and identifying actions to make this happen.

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.wyhpartnership.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 community hub near the St James's site is likely to highlight estate challenges (in identification and funding).

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	✓