Health and Wellbeing Board

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Local Maternity System Prevention Priorities

Report of Amanda Healy, Director of Public Health, Durham County Council

Purpose of the report

1 To provide an update to the Health and Wellbeing Board on the local maternity system (LMS) plans for prevention and how the ambitions will be achieved.

Background context

2 The five year forward view for maternity care, Better Births, has been published with the ambition to improve outcomes for maternity services in England. The vision for maternity services across England is:

- *For them to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care and where she and her baby can access support that is centred around their individual needs and circumstances.*

- *And for all staff to be supported to deliver care which is woman centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries. The scope of the prevention and early help pathway incorporates the universal and early help more targeted components of a larger mental health offer across County Durham. Out of scope for this paper is the expansion and improvement of mental health treatment and recovery services.*

3 The key North East regional work streams to achieve this vision include:

- Personalised care
- Continuity of carer
- Safer care
- Better postnatal and perinatal mental health
- Multi professional working (those who work together should train together)
- Working across boundaries (community hubs)
- A payment system (fair and adequate funding to enable high quality care to be provided)

What are Local Maternity Systems (LMS)?

4 On a more local level, providers and commissioners should operate as local maternity systems (LMS), with the aim of ensuring that women, babies and families are able to access the services they need and choose, in the community, as close to home as possible. It is envisaged that a LMS would be a population size of approximately 500,000 to 1.5 million, being coterminous with existing local neonatal networks where it makes sense to do so. In the North East there are two LMS boards established; North (Northumberland, Tyne and Wear and North Durham) and South (Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby), reflective of the sustainable transformation plan (STP) footprints. There is a third LMS board to cover North Cumbria and the plans for this LMS are closely aligned to the North East plans with the same recognition of the importance of the prevention workstreams. The LMS must deliver a shift in focus from individual organisations delivering components of maternity care to a whole system approach, embedded in the local community, with robust regional pathways to ensure the best possible care is available at the right time at the right place.

5 The three LMS boards were required to submit LMS plans to NHS England in October 2017 which articulated the vision of how Better Births will be implemented locally by 2020/21. The work of the LMS is running concurrently with the STP work on acute service provision.

Prevention

6 There is a clear mandate from NHS England to reduce England stillbirths by 50% by 2030. The North East and Cumbria is currently in line with England for stillbirth rates which is 4.5 per 1000 births (2013 – 2015). When reviewing the data there is a clear socio economic gradient with stillbirth rates with babies born into the most deprived deciles statistically significantly higher than stillbirth rates within the least deprived deciles. The priorities for prevention must ensure they are working to address this reduction in stillbirths as well as reducing neonatal deaths (death within 28 days of birth). In addition to this there is an underlying commitment to minimise avoidable harm, unwarranted variation in health care and tackle persistent inequalities between women of different socio demographic backgrounds.

7 Better Births makes explicit reference to the importance of improving prevention and reducing health inequalities. Most babies and children in England are healthy and well but there are significant variations and inequalities in health, education and social outcomes with children from poorer backgrounds more likely to have poorer outcomes. Too many children do not have the best start in life that they need to thrive. Maternity services, and the LMS more broadly, must recognise the leadership role they play in supporting parents of all backgrounds to maximise their own mental and physical health whilst also equipping parents with the skills, information and confidence to maximise their child's emotional, physical and cognitive development. The maternity systems are in a position to identify need through

robust assessment procedures and either deliver an intervention themselves or refer on to relevant agencies.

8 There is full acknowledgment that maternity services cannot improve prevention indicators in a vacuum and the implementation of successful community hubs, working through multi professional partnerships (including professionals such as health visitors, mental health nurses, housing teams and wider support from voluntary and community organisations), is integral to implementation of the prevention agenda.

9 Improving prevention is everybody's business and for that reason it is recommended that a standalone prevention work stream is avoided and instead opt to identify the priority areas of work and ensure they are embedded into the existing 7 work streams designed to achieve Better Births. It is hoped that this approach will raise the profile of prevention and ensure measurable indicators are tracked by designated work streams. Governance will come through the LMS boards and the maternity clinical advisory group.

10 Whilst the two North East LMS boards have agreed the same prevention must do priorities as North Cumbria the implementation will be locally specific.

Priorities for prevention

11 The data/intelligence available, combined with a review of NICE guidance and the Chief Medical Officer's (CMO) recommendations has enabled a short list of priorities to be pursued which can be measured and structured into challenging but achievable ambitions.

Seven Prevention Must Do's

12 Table one in appendix two documents the prevention ambitions and interim ambitions:

I. Reducing smoking in pregnancy;

II. Increase vaccination uptake in pregnancy;

III. Improve perinatal mental health;

IV. Reduce alcohol consumption in pregnancy;

V. Increase breastfeeding initiation rates and rates of ongoing breastfeeding at 6-8 weeks;

VI. Promoting healthy weight and supporting women who are obese pre-conceptually, antenatally and postnatally. This would include promoting a healthy pre-pregnant weight as well as ensuring full implementation of national guidance for women with a BMI of 30 or more at booking and a postnatal referral for structured weight management support referral in those women who have a BMI 30 or above at the 6 – 8 week check;

VII. Increase making every contact count.

13 The prevention must do areas will have measurable indicators and will be part of the regional maternity dash board.

Progress to date

14 The first part of implementation is to ensure there is a robust baseline understanding of where all maternity care pathways are at in relation to the seven prevention must do's. An audit is currently being completed which will provide baseline by March 2018.

15 Funding has been secured from the two LMS boards to support the prevention work. This funding will be spent on workforce development with a focus on perinatal mental health. There is also the need to raise awareness of the LMS prevention must do's beyond NHS partners so there is to be a north east symposium in June 2018 inviting local authority children's services, primary care and Voluntary Community Sector (VCS) partners to understand their roles and responsibilities within the maternity pathway.

16 2018/19 funding will support robust implementation across all eight maternity units as the interim prevention ambitions are being realised.

Recommendations

17 The Health and Wellbeing Board (HWB) is recommended to:

(a) Ask all HWB partner organisations to actively support the successful implementation of the seven prevention must do areas of work at a County Durham level.

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Appendix 1: Implications

Finance - LMS: non recurrent funding available from LMS boards to progress prevention work and awaiting confirmation on non-recurrent funding from Public Health England.

Staffing - Existing staff working collaboratively at regional and local level.

Risk - Risk will be assessed as part of individual plans and groups.

Equality and Diversity/Public Sector Equality Duty – LMS boards are working to reduce inequalities in outcomes.

Accommodation - NA

Crime and Disorder - N/A

Human Rights - N/A

Consultation - LMS boards have a robust parent voices group

Procurement – N/A

Disability Issues – N/A

Legal Implications - Legal advice will be sought as relevant

Appendix Two: LMS prevention must do ambitions

Must do	Level of ambition	Action required	Implications
Reduce smoking in pregnancy (SiP)	• 5% SATOD by 2025 in line with regional ambition • Interim ambition: 10% by 2020	• Implement NICE guidance systematically in every maternity unit • Audit baseline of pre/post SiP • Share good practice across region • Support STP work to encourage the NHS trusts to be smoke free	• Organisational commitment to prevention • Professional standards – Co monitor essential equipment to carry out role • Workforce development / training (skill mix) • Interdependencies and pathways
Increase vaccination in pregnancy	• 95% uptake by 2025 • Interim ambition: 90% by 2020	• Effective and clear commissioning of all maternity units in the LMS • Explicit remuneration to maternity services to deliver vaccinations in pregnancy	• A change of commissioning directly with maternity • Organisational commitment and culture • Workforce development / training (skill mix) • Ordering of vaccines
Improve perinatal mental health	• 100% of women assessed during pregnancy by 2025 • 100% of women requiring specialist support being seen by 2025 • Interim ambition: 90% of women	• Standardised implementation of perinatal MH pathway implemented across LMS • Local pathways are aligned to wider offer of support in communities	• Clarity of commissioning intentions • Workforce development and training (skill mix) • Understand baseline data and benchmarking • Interdependencies and pathways

Reduce alcohol in pregnancy (AiP)	• Less than 5% of women drink alcohol in pregnancy by 2025 • Interim ambition: Less than 10% by 2020	• Determine standardised assessment for alcohol consumption in pregnancy • Baseline data / intelligence using standardised assessment tool • Design, implement and evaluate brief interventions for maternity units / community	• Support from FUSE to co-design and evaluate AiP brief intervention and pathway • Workforce development / training (skill mix) • Interdependencies and pathways
Increase breastfeeding (BF) initiation and 6 – 8 weeks	• 100% maternity units / community settings at level 3 Unicef UK Baby friendly accreditation by 2025 • Interim ambition: 100% units at level 2 2020 • BF rates for LMS at initiation and 6 – 8 weeks equivalent to or greater than rates for England by 2025	• Implement Unicef accreditation requirements as an LMS • Share good practice and learning • Contribute towards changing the social norm in society	• Organisational commitment • Workforce development / training (skill mix) • Interdependencies and pathways
Promoting healthy weight and supporting women who are obese pre-conceptually, antenatally and postnatally.	• Pre conception: 100% women are given healthy weight / nutrition advice at contraception clinics and family planning in primary care by 2025 • Pregnancy: 100% women with BMI > 30 are supported using NICE guidance recommendations by 2025 • Postnatal (6–8 week check): 100% women with BMI >30	• Baseline data / intelligence using standardised assessment process • Implement NICE guidance systematically in every LMS (maternal and child nutrition and weight management before, during and after pregnancy) • Promote CMO guidelines for physical activity in pregnancy	• Organisational commitment • Interdependencies and pathways • Workforce development / training (skill mix) • Three elements of intervention: pre-conception, during pregnancy and postnatal all requiring differing stakeholder engagement

	signposted to structured weight management programme by 2025 • Interim ambition: 80% women by 2020	• Share good practice and learning to understand baseline activity • Contribute towards the wider STP work on obesity	
Increase making every contact count (MECC)	• 100% staff trained in MECC by 2025 • Interim ambition: 80% staff trained by 2020	• MECC and prevention training mandatory in all maternity units and community settings • HENE develop prevention accredited units	• Organisational commitment and culture • Workforce development / training (skill mix)