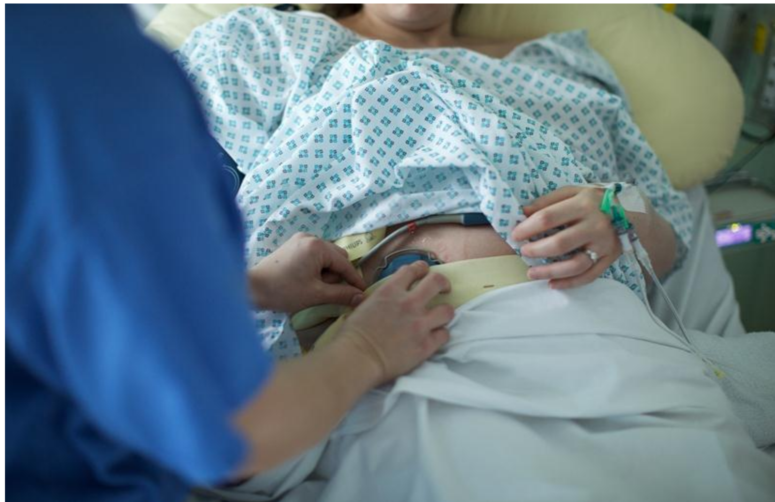
Commissioning strategy for maternity services 2014 – 2019

NEEDS ASSESSMENT / APPENDICES

WORKING DRAFT



APPENDICES CONTENTS

Appx	Title		Page
1	Maternity Services Implementation Programme	……	3
2	Synopsis of Current Maternity Services	……	4
3	Service User Involvement/ Stakeholder/ Clinical Engagement	……	7
4	Best Practice for Sure Start	……	16
5	The NHS Outcomes Framework 2013-14	……	18
6	Understanding our Population	……	19
7	Overall Birth Rate by Age	……	21
8	Ethnicity	……	22
9	Marmot Review	……	23
10	Social Deprivation	……	24
11	Maternal Obesity	……	26
12	Smoking in Pregnancy	……	27
13	NICE Smoking Recommendations	……	28
14	Infant Feeding	……	30
15	Perinatal/ Infant Mental Health	……	31
16	The Great Expectations Programme	……	32
17	Procedures Across Healthcare Resource Groups	……	33
18	Low Birth Weight	……	34

WORKING DRAFT 10.06.14

Appendix 1

MATERNITY SERVICES COMMISSIONING STRATEGY:
EXAMPLE WORK PROGRAMME (TO BE FURTHER DEVELOPED)

Outcome reference key*
1.
2.
3.
4.
5.

Key Actions 2013/14
1. Development of service specification for maternity services
2. Development of performance framework, incorporating CCG Indicators and NHS Outcomes
3
4.

Objective (Examples)	**Outcome reference**	**Action(s) required**	**Timescale**	**Responsible Lead/ Stakeholders**
Improve pre-conceptual care for women and their partners, particularly women with existing physical/medical health conditions and women with previous history of obstetric/ genetic problems	(Link to outcome reference)	Development of pre-conceptual care pathway		
Improve early access to midwifery/antenatal care from ** to **				
Improve early identification of women with high risk factors and additional needs				
Improve the quality and availability of information about maternity services given to women and their partners (the right information at the right time in the right place)				

SYNOPSIS OF CURRENT MATERNITY SERVICES

Appendix 2

WORKING DRAFT 10.06.14

ROYAL CORNWALL HOSPITALS TRUST (RCHT)

Service Provision

RCHT provides the maternity service for the majority of residents in Cornwall and the Isles of Scilly and has seen an increase in the birth rate of >20% in the last ten years. In 2013/14 the maternity service delivered 4,700 women of which 12% (n564) delivered either at home or in one of the stand alone birth centres.

Staffing

The current midwife : birth ratio is 1:33 (excludes specialist and managerial posts) nevertheless RCHT still provide 1 to 1 care in labour for >97% of all labouring women.

Services include the following specialist posts:

- Screening
- Diabetes
- Vulnerable adults
- Practice development
- Bereavement
- Risk Management

There is 45-hours dedicated consultant cover for the Delivery Suite.

Facilities

RCHT have three MLUs, and one alongside midwifery led unit is planned (anticipated opening Jan 2016).

There are 9 birthing rooms on Delivery Suite, plus 11 antenatal inpatient beds, a bereavement suite and a 25 bedded inpatient postnatal ward.

There are two dedicated obstetric theatres, one of which can be used for HDU patients or for labouring women when demand exceeds capacity.

24 hour epidural cover is provided.

Public Health

RCHT have a vulnerable adults lead midwife.

Successes

- CNST level 3
- BFI level 3
- Low caesarean section rate
- High normal delivery rate
- Green flag award for its Down's Syndrome screening service

Challenges

- Increasing complexity of women e.g. high BMI, increasing numbers of diabetic women
- Maternity unit too small for current demand
- Ageing and part time workforce

ROYAL DEVON & EXETER HOSPITAL (RD&E)

Service Provision

RD&E Maternity Services includes the pregnant and newly delivered populations of Exeter, Okehampton, Tiverton, Honiton, Exmouth and surrounding areas. In 2013/14 4,200 women were delivered with 23% giving birth at home or Midwife Led Birth Unit

Staffing

The current midwife to birth ratio is 1:32 (excludes Governance, Education and Managers). 1:1 care in labour was provided to 98% of all labouring women.

Services include the following specialist posts

- Screening
- Vulnerable adults
- Practice Development
- Risk Management
- Teenage pregnancy
- Infant feeding
- Smoking cessation

There is 60 hours dedicated Consultant cover on Labour Ward

Facilities to include

RD&E have 4 Midwifery Led Birth Units which includes one within the RD&E maternity services.

There are 10 birthing rooms (1 pool) on the Labour Ward, 2 admission rooms and a Bereavement Suite.

There is one dedicated obstetric theatre with 24 hour obstetric / anaesthetic cover including epidural cover.

There are 43 bedded ante/postnatal inpatient beds plus 4 transitional care beds.

There is Ultrasound Scanning and a Fetal / Maternal Assessment Unit .

Public Health
RD&E have dedicated specialist for substance misuse, learning disability, hearing/sight/speech disability, asylum seekers.

Successes

- Opening an along-side birth unit in November 2012 . (Over 20% of women birth outside of the labour ward)
- Maintaining Baby Friendly Accreditation Status in 2014
- Introduction of telemetry monitoring in labour to enable high risk women choice to be more mobile and labour/birth in water.
- Introduction of Midwifery Smoking Cessation Service

Challenges

- Increasing complexity of pregnant women i.e. obesity, diabetes
- Ageing and part time Midwifery workforce
- Financial constraints

SOUTH DEVON HEALTHCARE NHS FOUNDATION TRUST

Service Provision
South Devon Healthcare NHS Foundation Trust (SDHCFT) provides maternity services to women in South Devon and from surrounding areas. The area covered is 300 square miles and is a mixture of urban, coastal and rural. The total resident population is 275, 000, however this swells by 100,000 due to holiday makers. Just under 1% of these require maternity services.

Staffing *(to be rewritten)*

- Midwifery ratio 1:32 (exc specialist / Matron and managerial roles)
- 1wte + 0.6 wte Children's Safeguarding
- 7wte
- 6.6wte
- 7wte

Facilities *(to be put in different order)*

- Newton Abbot Birthing rooms x2 midwifery led for women assessed as low risk. Staffed 0800 – 2000hrs with maternity care assistants + midwives for women in labour over the 24hr period. No overnight in-patient facility
- 20 mixed ante / post natal on one ward
- 8 birthing rooms on delivery suite, includes x1 with a pool, + a bereavement suite
- X1 designated obstetric theatre. Used during core hours for obstetric surgery. No separate anaesthetic room
- Women recovered on the delivery suite unless they have had a general anaesthetic or requiring high dependency care immediately post op.
- There is 24hr on-site epidural cover

Public Health
The public health midwife supports the health agenda around obesity / alcohol and substance misuse/ domestic abuse / teenage pregnancy. She works closely with the Peri-natal mental health team and alongside the Children's Safeguarding Midwife

Successes

- Continued integrated midwifery model of care preserving and supporting flexibility within the workforce and continuity for the women and families.
- Continued higher than national average of home birth
- The peri-natal mental health service
- Attainment of CNST level 3
- Attainment of BFI Accreditation
- Proactive Supervision of Midwives

Challenges

- Increasing complexity of maternity care
- Financial climate to adequately fund choice for women in maternity care
- Children's Safeguarding
- Aging workforce

WORKING DRAFT 10.06.14

NORTH DEVON DISTRICT HOSPITAL

Service Provision
934 sq **Rural** miles

Staffing
1:30
There are also specialist midwives for :

- 1 x practice development
- 1 x clinical risk manager

Doctors:

- 7 middle grades
- 6 consultants
- SHO's– usually 6 or 7 GP trainee's usually

40 hour labour ward cover as per RCOG recommendations

Facilities to include

- No MLU
- 6 x antenatal beds
- 12 x postnatal
- No separate transitional care facility for babies
- 6 birth rooms
- Designated obstetric theatre
- Designated anaesthetic room
- Designated post-op recovery service/area
- 24 hour anaesthetic cover including epidural

Public Health
1 x senior specialist midwife responsible for operationally and strategically managing for the public health agenda including:

- Diabetes
- Teenage pregnancy
- Breast feeding/ infant feeding
- Safeguarding
- Domestic abuse
- Smoke cessation (liaison)
- Perinatal mental health (in conjunction with specialist team)

The midwife is also the Named midwife for safeguarding C & YP

Successes

- Low perinatal mortality stats
- New perinatal mental health service
- Positive National Maternity patient survey
- Increasing F&FT returns demonstrating positive feedback

Challenges

- PBr tariff deficit
- Relatively high Caesarean section rate
- (26.9% for 2013/14)

PLYMOUTH HOSPITALS NHS TRUST

Please see website
http://www.plymouthhospitals.nhs.uk/Pages/Home.aspx

WORKING DRAFT 10.06.14

Appendix 3

NEW DEVON CCG MATERNITY SERVICES STRATEGY DEVELOPMENT: STAKEHOLDER INVOLVEMENT

All three CCGs recognised the importance of having robust stakeholder involvement in the development of the Maternity Services Strategy. Each however recognised that the approach taken to ensure this would be different in each area and needed to reflect each area's arrangements.

It was recognised that for consistency of information, one communication plan would be developed and shared.

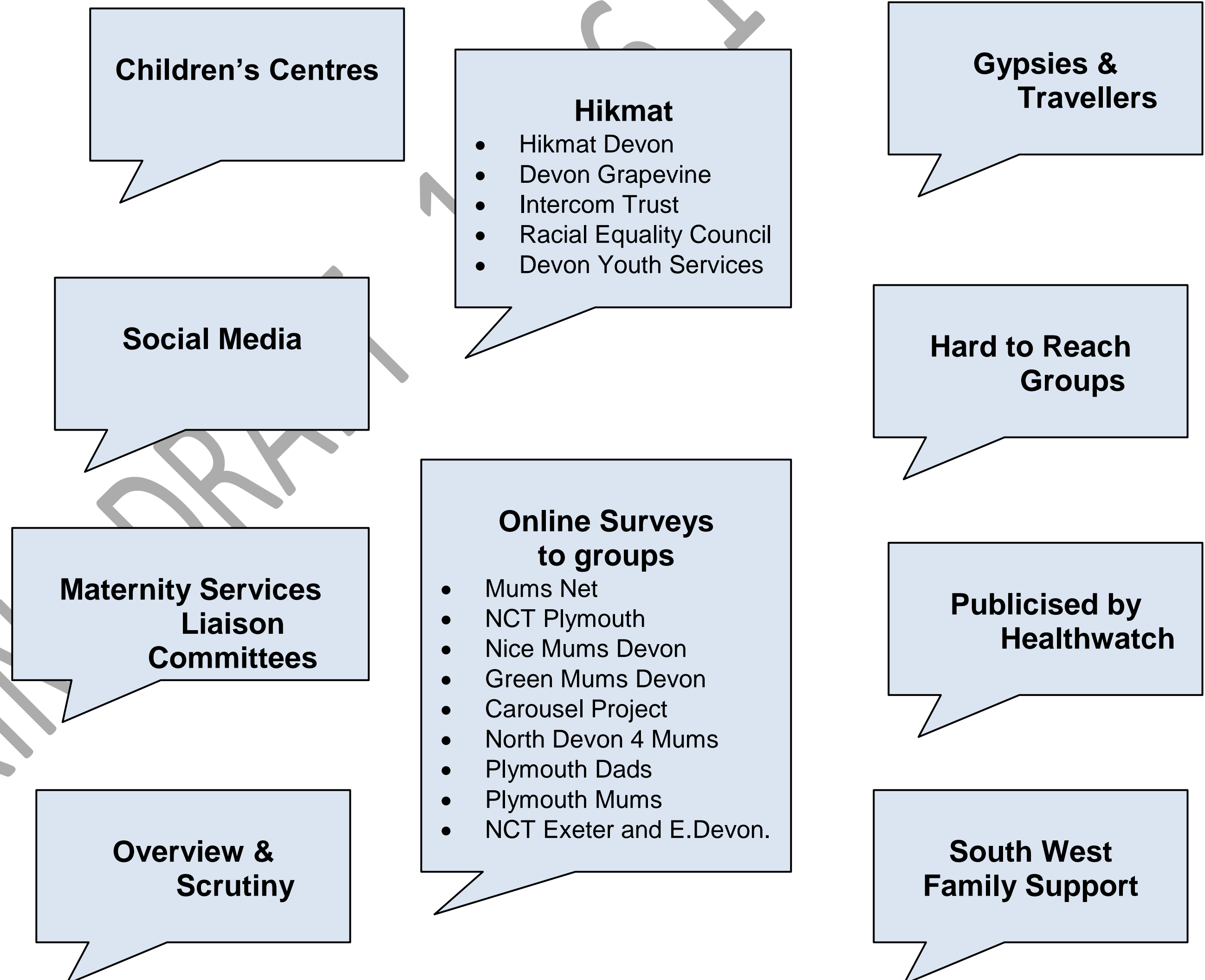
The key principles underpinning this were:-

- Patient and public have an equal voice with professionals.
- Every commissioning work plan will include patient and public engagement.
- We will engage honestly and transparently taking the time to provide context.

It was agreed that the engagement process would be held in two stages:-

<u>Stage 1 : Listening</u>
During January/ February 2014 numerous visits / contacts were made with Stakeholder groups asking:-

- What went well
- What did not work so well?
- How would you improve it?



WORKING DRAFT 19.6.14

Children's Centres

A total of 28 children's centres were visited across Northern Devon by commissioners and communication leads.

NORTHERN GROUP VISITS		Date	No of Attendees	PLYMOUTH VISITS	Date	Nos
Health Centre Managers : Torrington (x 2) and Exeter	Northern	19.4.13, 3.5.13, 20.6.13	4			
Forches Young Mums	Northern	7.6.13	10	Ham Lane C.Centre	18.6.14	10
Bideford/ Torrington Young Mums	Northern	17.6.13	11	Ham Lane C.C. Manager	18.6.14	1
Forches Breast Feeding Group	Northern	21.6.13	13			
Braunton Young Mums	Northern	27.6.13	7 (incl. 1 dad)			
Ilfracombe Father's Group	Northern	28.6.13	5 (incl. 1 grandmother)			
Ilfracombe Young Mums	Northern	12.7.13	5			
Holsworthy C.Centre Manager	Northern	18.11.13	1			
Holsworthy Breast Feeding Group	Northern	18.11.13	2			
EASTERN GROUP VISITS						
Flying Start, Countess Wear, Chestnut Parent Forums	Eastern	22.6.14	7			
Crediton C.Centre Manager	Eastern	30.10.13	1			
Crediton Baby Group C. Centre	Eastern	30.10.13	10			
Cullompton C.Centre Manager	Eastern	7.11.13	1			
Cullompton Baby Group	Eastern	7.11.13	10			
Countess Weir Breast Feeding C.Centre	Eastern	7.11.13	2			
Exmouth Little Explorers	Eastern	7.11.13	11 (9 + 2 fathers)			
Whipton CC Manager	Eastern	5.12.13	1			
Whipton C.Centre	Eastern	5.12.13	3			
Wilcombe Primary School, Tiverton	Eastern	15.1.14	20 (17 + 3 dads)			
West Exe CC, Cowick St. Baby Café St Thomas	Eastern	16.1.14	20			
Baby Oasis, Whipton	Eastern	22.1.14	6 (5 + 1 dad)			
Bumps & Babes, Silverton	Eastern	22.1.14	6 (5 + 1 dad)			
Silverton – professionals	Eastern	22.1.14	2			
Heavitree & Polsloe	Eastern	23.1.14	7			
Sidmouth Children's Centre	Eastern	31.1.14	20			
Ottery Children's Centre	Eastern	18.2.14	12			
Exeter Mothers & Fathers	Eastern	26.3.14	2 (tel.call)			

Comments were collated and key themes identified.

Eastern Locality

Key Themes – What was Good
- Continuity of midwife, seeing same one throughout process
- Linking with children's centres, postnatal care, support and groups
- Happy with choices given, not feeling pressured, able to make informed decisions.
- Link with perinatal specialist team.
- Confidence in ability of midwives, health visitors, consultants and other health professionals.
- Overwhelming majority of good birthing experience.
- Ease of access and direct contact with midwife if they had any questions. Phone, text, etc
- Overall, very positive feedback of labour experience, staff, wards at birth units.

Key Themes – Not so Good
- Postnatal ward at hospital – very busy, appeared short staffed, noisy, often left alone for long periods, lack of continuity during staff shift changes.
- Fathers not being able to stay overnight, no refreshments or accommodation. Mothers didn't want to be seen as nuisance and keep having to ring bell. Felt isolated and scared.
- Pressurised to breastfeed, not discussed other options. Then lack of support with breast-feeding until back in community.
- Young mums feeling that services aimed towards older mothers.
- Lack of information upon discharge, i.e. breastfeeding, stitch checks, information about care following c-section.
- Attitude of hospital staff, particularly during busy periods.
- Antenatal Parent Craft Teaching – not consistent, not available to all, i.e. second-time mums. Lack of support generally for second-time mums.
- No set times for postnatal home visits – often mothers were only given short notice or even no notice at all.
- Lack of understanding from midwives regarding newly introduced vaccinations, i.e. flu/ pertussis.
- Keeping records updated; midwives not having access to medical history. Parents not understanding terminology, acronyms, etc.
- Midwives refusing to organise an interpreter.
- Express and Echo photographer turning up unannounced.
- Rigid schedules for showering, toilets, etc while at labour ward

Key Themes – What could be Better
- Named Midwives and consistency
- Pre-discharge check regarding tongue tie
- Shorter waiting times for tongue tie treatment
- Providing facilities for fathers to stay overnight following birth
- Listen to mums and dads more. Acute hospitals to add more questions to Friends / Family Test
- Wider range of days/ times for antenatal/ postnatal classes.
- Better midwifery / children's centre links
- "Bosom-buddies" mentoring – support alternative to midwife (peer supporters)
- Open days at maternity units to encourage people who want to help or train as midwives.
- More need for emotional support.

Northern

Key Themes – What was Good
- Staff on Labour Ward were generally considered to be excellent, with many women experiencing a good birth experience.
- There was great support for the inclusion of children's centres and the support they provided.
- Generally women felt that midwives were accessible, especially those that had mobile 'phone access.
- Good support with breast feeding.

WORKING DRAFT 10.06.14

Key Themes - Not so Good

- Fathers themselves felt service to be inflexible, especially antenatal clinics not fitting in with working fathers. Generally a lack of support for dads who were concerned that their wives may not be listened to.
- A number of mothers mentioned feeling unprepared for both the birth of their baby and the emotional responses they would experience. Some were concerned that classes were not available for all mothers; access also seemed to vary according to where you lived; were inflexible and difficult to get to if you were a working parent.
- Staffing levels were mentioned with regard to the care received on the postnatal ward with mothers not liking to call the midwife, being frightened and left alone for long periods.
- An almost equal amount of women indicated concerns regarding the attitude of the midwives, feeling that they were not open to the mother's comments, directive and judgemental (this last comment came from a number of young parents).
- A number of mothers mentioned the need for more emotional support.

Key Themes – What could be Better

- More involvement with children's centres and earlier referral, especially antenatally.
- Parentcraft classes more available and more choice.
- Support in the evening and at weekends - ? a Helpline
- More support on the postnatal ward, but not necessarily from a midwife.
- More peer support for breastfeeding.
- Being better prepared, knowing what could go wrong, e.g. perinatal maternal/ infant mental health.
- "Bosom-buddies" mentoring – support alternative to midwife (peer support)

Western Locality

Social Media

A survey asking the three key questions was made available on line with a total of 127 responses. Extensive publicity of this on-line survey was made by social media channels such as Twitter, Facebook and the NEW Devon CCG Facebook and Twitter account. This was also targeted to specific parent groups such as:-

Mums Net
NCT Plymouth
Nice Mums Devon
Green Mums Devon
Carousel Project
North Devon 4 Mums
Plymouth Dads
Plymouth Mums
NCT Exeter and East Devon.

Key Themes – What was Good

- Confidence in ability of midwives, health visitors, consultants and other health professionals.
- Overwhelming majority of good birthing experience.
- Continuity – seeing the same midwife
- Regular contact and support during pregnancy from midwives

Key Themes – Not so Good

- Labour units often looked overwhelmed and understaffed. This meant they could be inflexible, routines were very strict, women often left unattended for long periods of time.

WORKING DRAFT 10.06.14

- There also appeared to be issues with staff shift changeovers and a lack of handover.
- Issues with medical records not being passed on in a timely manner, or even passed on at all, some reported being lost.
- Aftercare on the labour ward was not very good, patients left alone for long periods and lack of support to help with starting to breastfeed.
- Some second-time mums reported that they felt like they were getting no time or support from midwives as they should already know everything.
- Some women reported feeling that Midwives and consultants were not listening to patients concerns during pregnancy and after the baby was born.
- Lack of information following caesarean.
- Lack of ante-natal appointments

Key Themes – What could be Better

- More training for health visitors
- More appointments available for midwives during ante-natal period, and more flexible days/times in each area.
- Better staffing in labour wards and more midwives
- Better breastfeeding support in the hospital

Healthwatch

Healthwatch Devon also replicated the key questions highlighting the on-line survey on a regular basis and a good response has been received from Devon and Torbay Councils promoting the message.

Maternity Services Liaison Committees

To add as received

Key Themes – What was Good

Key Themes – Not so Good

Key Themes – What could be Better

South West Family Support

The South West Family Support kindly shared with us the results of a Young Parents Consultation undertaken in Ilfracombe and Braunton in March 2013.

Following the consultation with pregnant women and young parents in Ilfracombe the following recommendations are proposed for the development of services in the area:

- Explore the possibility of providing one named midwife or support worker to support young parents throughout their pregnancy
- Create an information pack to be distributed by midwives during 12 week appointment containing information about local agencies that offer support to pregnant women and young parents
- Develop a 12 week ante-natal programme targeted at younger parents, working alongside local partners listed in the services section below that can equip pregnant women and young parents with knowledge on the following topics: Preparing for birth and beyond, changes in emotional and physical health, relationship advice, money management, housing and benefit advice and communicating with your baby.
- Consider further research to explore ways to engage those harder to reach pregnant women that do not attend ante-natal classes or young parents groups.
- Explore the development of an online social network for pregnant women/young parents to access to local support.
- Consider ways to improve access to sex education and contraception advice.
- Continue to consult with young parents throughout the development of future services.

For full report contact :
Hayley.margieson@actionforchildren.org.uk

Hard to Reach Vulnerable Groups

Engagement was carried out with hard to reach groups. It was agreed with Healthwatch Devon that we would look at doing some focus work with hard to reach and vulnerable groups, to ensure that their feedback was collected through this process.

WORKING DRAFT 10.06.14

Details of the online survey and information about how to be involved in the engagement process were shared with the following groups:

- Hikmat Devon – for black, minority and ethnic communities
- Devon Grapevine - for black, minority and ethnic communities
- Intercom Trust – for lesbian, gay, bisexual and transgender communities
- Racial Equality Council – for gypsies and travellers
- Devon Youth Services – for young people

As most of these organisations did not have regular face-to-face parenting groups, we looked at ways in which we could be engaged in the process. For some groups, it did involve sharing the details of the online survey for them to cascade through their distribution lists, while for others, it will involve attending groups or meetings as and when they come up.

Hikmat Devon have already completed a number of focus groups with their members around maternity services and will be sharing their findings with us very shortly.

Gypsies and Travellers

Feedback for gypsy and traveller groups was reported through the Racial Equality Council at Devon County Council. The feedback from this group suggested that there was a difficulty for gypsies and travellers to access current appointment systems for midwives. This was because all routine appointments had to be booked with a midwife too far into future and traveller families were not always sure when they would still be around.

"Could a same-day bookable appointment be introduced?"

Feedback from this group also suggested that several patients had received inappropriate comments from midwives around individual circumstances, relating to their status as being a gypsy/traveller.

"Could Diversity training be an action? It was suggested that there should be some information about Gypsies and Travellers easily accessible to people working in maternity services, particularly midwives going out on visits. In that way they can inform themselves a bit about the background of these communities".

Some patients found that they had midwives who didn't want to come to travellers sites for postnatal visits.

Same Sex Parents

When the CCG produced the online survey for maternity services, there was a big push through the Intercom (South West LGBT Advocacy Service), Rainbow Families (same-sex parents group) and Proud2Be (LGBT support service) Twitter pages.

We asked same-sex parents to provide their feedback using our online survey and tell us about their experience of maternity services.

We are unable to tell how many same-sex parents completed the survey at this time as it is anonymous and didn't ask for any personal information. However, we would still like to do some more targeted work in this group.

Intercom and Proud2Be don't have specific parent groups at this time, but we would like to do some group work with Rainbow Families soon.

Key Themes – What was Good

- Generally involvement with the midwives good with families reporting feeling supported.
- Most respondents agreed they were offered enough information.
- Enormously impressed by rapid response in an emergency.

Key Themes – Not so Good

- Nobody was offered an interpreter.
- Negative experiences in giving birth included trying to get you to bath/ shower too quickly.
- Being left alone.
- Too fixed schedules
- Attitude of midwife towards travellers.

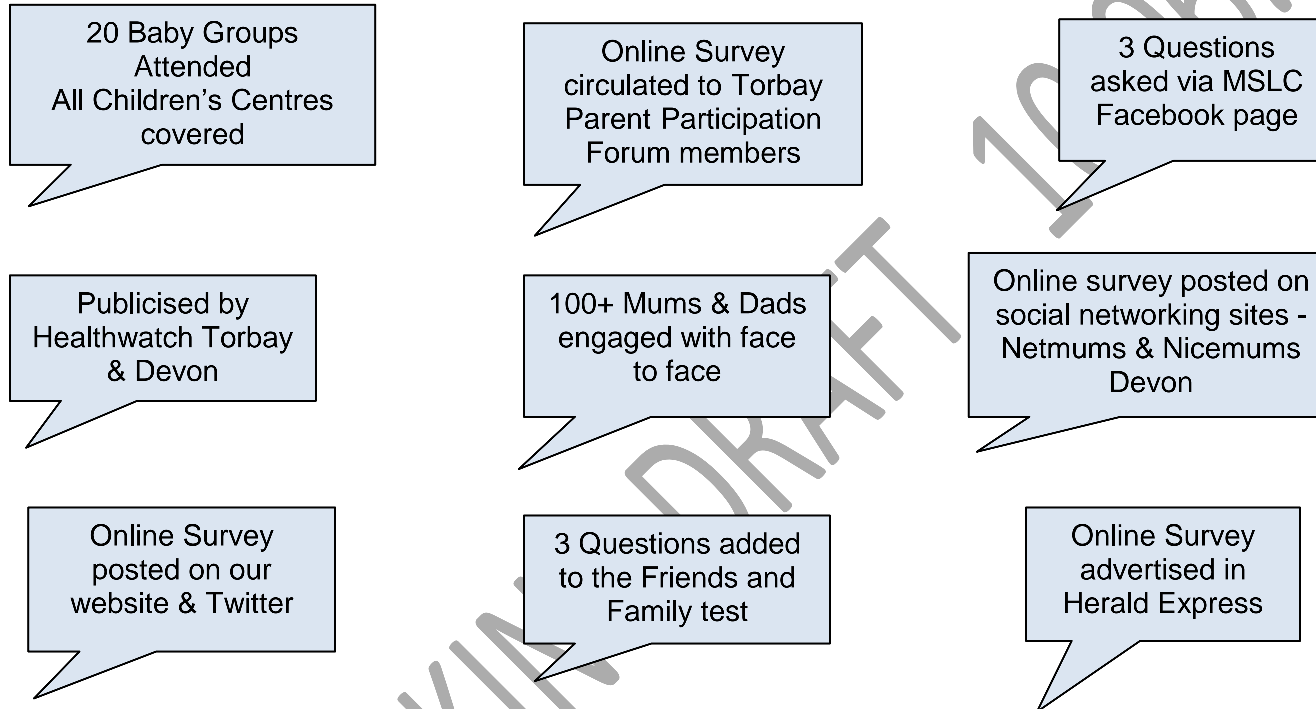
Key Themes – What could be Better

- Same day bookable appointments.
- Diversity training.
- Information pack about gypsies and travellers for midwifery services.
- Greater access to an interpretation service.
- There was a common thread giving no choice for showers, toilets, etc.to complaints about routine times,

WORKING DRAFT 10.06.14

Maternity Care Engagement Report,
South Devon and Torbay Clinical Commissioning Group,
by Scarlett Curtis

Summary of Engagement

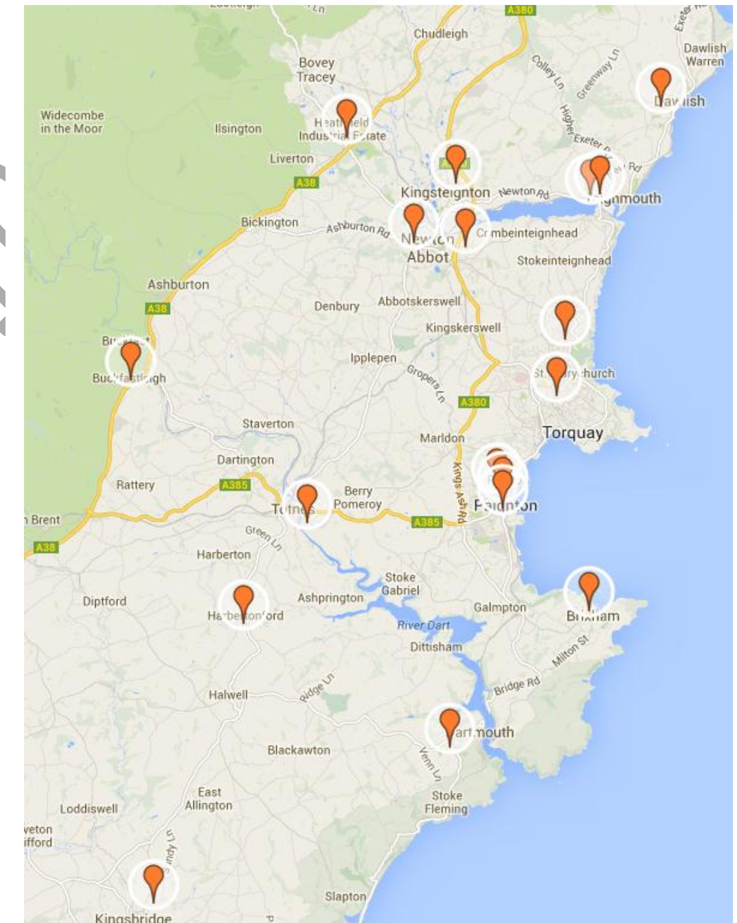


Gypsy & Traveller Families
Penny Dane, Community Development Worker for Health Promotion Devon spoke to three mums who had given birth locally in the last 2 years. Two mums delivered their babies at Torbay Hospital and one delivered at Royal Devon & Exeter Hospital. All three received community midwifery care from South Devon & Torbay midwives.

WORKING DRAFT 12.06.14

Engagement Timetable

Children Centre	Group Attended	Who attended	Date
Teign Valley	Baby Club	Scarlett Curtis	14.1.14
Dartmouth	Child Health Clinic	Scarlett Curtis	15.1.14
Kingsbridge	Bosom Buddies	Scarlett Curtis	15.1.14
Paignton	Special Needs Support Group	Scarlett Curtis	16.1.14
ABC	Early Days & Breastfeeding Support	Jo Curtis	20.1.14
Teignmouth	Early Days	Scarlett Curtis	21.1.14
Teignmouth	Young Parents Drop in	Scarlett Curtis	21.1.14
Moors Edge	Twins & Triplets Drop in	Scarlett Curtis	22.1.14
Sunshine	Under 5's Health Clinic	Scarlett Curtis	23.1.14
Paignton	Dads Club at Parkside	Scarlett Curtis	25.1.14
Treehouse	Stay & Play	Scarlett Curtis	28.1.14
Dawlish	Early Days	Scarlett Curtis	28.1.14
Moors Edge	Baby Group	Jo Curtis	28.1.14
Torquay	Baby Weighing at Watcombe	Scarlett Curtis	29.1.14
Totnes	Bumps & Babes	Shona Charlton	31.1.14
Totnes	Stay & Play at Harbertonford	Jo Curtis	31.1.14
Brixham	Bambi group at Furzeham	Jo Curtis	31.1.14
Paignton	Bambi group at Paignton Library	Jo Curtis	17.2.14
Torquay	Bambi 6+ mths at Echo Centre	Scarlett Curtis	18.2.14
Torquay	Bambi 0-6 mths at Echo Centre	Scarlett Curtis	18.2.14



Online Survey

The online survey was created by NEW Devon CCG and used jointly to circulate the maternity questions to each CCG's respective areas.

All together there have been 131 responses to the online survey, 37 of which relate to South Devon & Torbay CCG (SDTCCG)

SDTCCG posted the survey on their website and tweeted links to the survey. The survey was re-tweeted by Nice Mums Devon, Mumsnet, Menstalk, Torbay Family Information Service, Dr Sam Barrell and Keri Ross.

Nice Mums Devon also posted the survey on their Facebook page which spurred a number of responses to the survey.

SDTCCG posted a link to the survey on the website Netmums.

Healthwatch Torbay distributed the online survey via their usual methods and advertised it on their website.

Bob Jope from Torbay Community Development Trust included information and a link to the survey in his column for the Herald Express which was published on the 13th February 2014.

Torbay Parent Participation Forum also published it on their website and circulated it to their members.

Key Themes - What was good?

- Excellent midwives who are friendly, informative, supportive and approachable.
- Seeing the same midwife

Key Themes – Not so good?

- No continuity of care
- Lack of breastfeeding support
- Lack of midwife appointments, they need to be more flexible

Key Themes – What could be Better

- More flexibility around visiting hours for fathers.
- Improve access to midwife appointments, perhaps some appointments available in the evenings.

Face to Face

Key Themes - What was good?

- Excellent community midwives and labour ward– supportive, helpful, down to earth, very nice, fantastic, brilliant, excellent,_caring, in my zone, lovely, amazing, they listen.
- The Peri-Natal Mental Health Service is brilliant and offer very good support.
- Mums with pregnancy related conditions such as gestational diabetes felt they were monitored well and received good care.

Key Themes – Not so good?

- Dads not being allowed to stay after the birth if outside of visiting hours.
- Mums feeling pressurised to breastfeed, which in some cases has led to them feeling depressed. More reassurance when mums are doing things right rather than concentrating on the negatives and criticising.
- Staff on labour ward were very stretched and busy, some mums felt like they were rushed and simply on a conveyor belt. Some felt ante-natal appointments were quite restrictive too.

Key Themes - What could be better?

- More flexibility around visiting hours, especially for Dads straight after the birth. Also talk Dads through procedures so they feel involved.
- More positive help and less pressure around breastfeeding. There isn't enough support around bottle feeding. Antenatal classes need to consider those who cannot breastfeed.
- Continuity of care - Having the same midwife or at least a midwife from your allocated team to deliver your baby.

WORKING DRAFT 10.06.14

Appendix 4

BEST PRACTICE FOR A SURE START

1. A holistic approach is required to 'the age of opportunity' and should be a priority for future delivery. Children's Centres should continue to provide advice, support and services to all families with children under 5 but with a renewed focus on conception to age two.

2. Local Authorities, Health and Wellbeing Boards and their local partners must make greater use of pooled budgets to allow for more innovative commissioning of perinatal and Children's Centre services, taking a more holistic and preventative approach to working with families, particularly in these straitened times.

3. Registration of Births should take place in Children's Centres – no legislation is required but cross-Government political commitments will be needed to make it happen.

4. The systematic sharing of live birth data and other appropriate information between health and Children's Centres must be put in place.

5. All perinatal services should be delivered under one roof with midwifery, health visiting and Children's Centre services all being accessed from the Children's Centre.

6. Government must put early intervention at the heart of the 2016-18 Comprehensive Spending Review, with a commitment to shifting 2-3% of spending from late interventions to earlier interventions each year.

7. Jobcentre Plus must become a full delivery partner for Sure Start Children's Centres with JCP advisers delivering sessions in key Centres.

8. Retention of open access play sessions that are a vital component of the Children's Centre offer, providing as they do stimulating and safe play environments for babies and children.

9. Children's Centres must continue to play a key role in childcare – either providing it themselves or working with local providers, actively supporting childminders to achieve high quality provision and being hubs of local childcare information for parents. In the future, Children's Centres may want to consider becoming Childminder Agencies, in light of recent proposals in the Children and Families Bill.

10. Children's Centres will be crucial to ensuring that eligible parents take full advantage of the new offer of 15 hours of free childcare for two year olds.

11. All Centres should develop a volunteer force.

12. The Department for Education / Cabinet Office should evaluate how Children's Centres can develop more comprehensive volunteer programme, based on Best Practice around the country.

13. Centres (or clusters of Centres) should appoint a senior member of staff, preferably an ex-volunteer, as a volunteer coordinator, who can develop an accredited training programme for volunteers; and recruit and support volunteers.

14. Centres should harness the potential of volunteers to undertake outreach to harder to engage communities – making best use of their knowledge and credibility within their own community.

15. During 'stay and play' and other appropriate sessions Centre staff should support and facilitate parents to play with their babies and children in ways that encourage their development – emphasising the benefits of talking to children and affectionate praise.

16. Centres should either provide or promote local singing and story sessions which encourage parents to sing with their babies and children and promote the benefits of reading even to very young children.

WORKING DRAFT 10.06.14

17. Ante and post-natal groups in Centres should encourage parents to speak to their baby, particularly in affectionate tones, despite the fact that they are not yet able to reply. They should help parents overcome any sense of shyness or embarrassment about doing so, particularly in public.

18. Dads should be encouraged to take up an active role in their baby or child's life, particularly in communicating with them. Centres should approach Dad as an equal partner in parenting who has a key role to play in supporting their child's development.

19. The Department for Education should provide advice materials for Children's Centres to give to families explaining the benefits of engaging with their babies.

20. All interventions from Children's Centres should be evaluated.

21. Children's Centres should undertake an annual review of which interventions work to inform service planning.

22. Children's Centres should "base-line" families' needs when they first start working with them, in order to enable them to evaluate their impact more effectively.

23. Children's Centres should measure and compare outcomes for the children and families they work with over the longer-term, at least until the point that the child starts school.

24. Local authorities should monitor relative performance of Children's Centres in their area, and share information on best practice.

25. Local commissioners and Children's Centre providers should monitor emerging evidence from the Big Lottery Better Start programme to inform and develop their practices.

WORKING DRAFT 10.06.14

Appendix 5

THE NHS OUTCOMES FRAMEWORK (2013-14)

The indicators in the NHS Outcomes Framework are grouped around five domains, which set out the high-level national outcomes that the NHS should be aiming to improve. For each domain, there are a small number of overarching indicators followed by a number of improvement areas for the NHS and additional specific measures for CCG's, all focused on improving health and reducing health inequalities. Those related to this strategy are:-

- *Reducing deaths in babies and young children* (infant mortality, neonatal mortality and stillbirths). Domain 1.6: Preventing people from dying prematurely

- Additional CCG indicators: Antenatal assessment <13 weeks, maternal smoking at delivery, breastfeeding prevalence at 6-8 weeks

- *Improving women and their families' experience of maternity services*. Domain 4.5: ensuring people have a positive experience of care.

- *Improving the safety of maternity services* (admission of full-babies to neonatal care). Domain 5.6: Treating and caring for people in a safe environment and protecting them from avoidable harm. No CCG measure at present

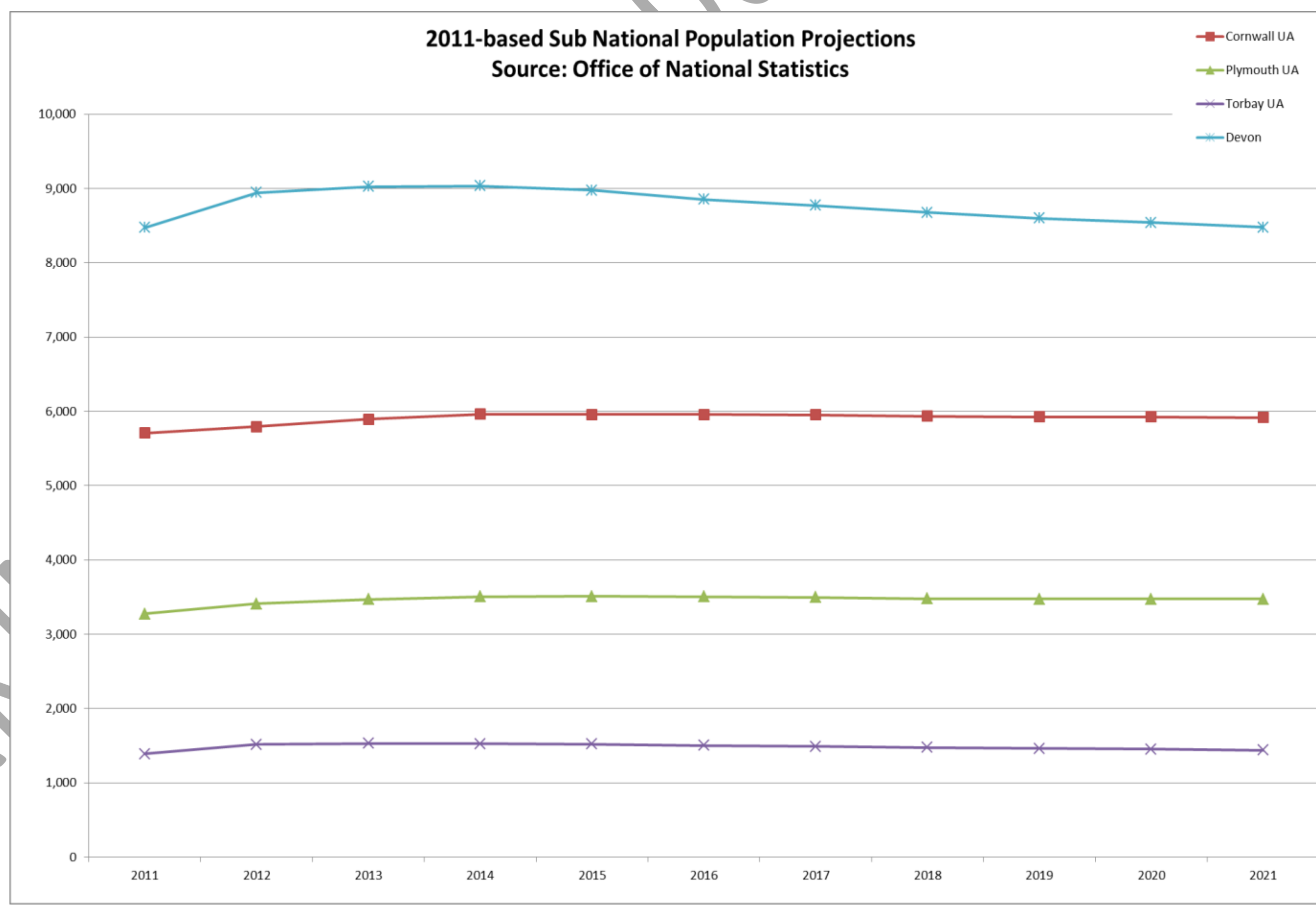
WORKING DRAFT 10.06.14

Appendix 6

Numbers of births and projected births

Birth rates in Cornwall, Plymouth and Torbay are expected to remain static over the next 7 years, with Devon seeing a gradual decline in numbers towards 2021, see Figure 1.

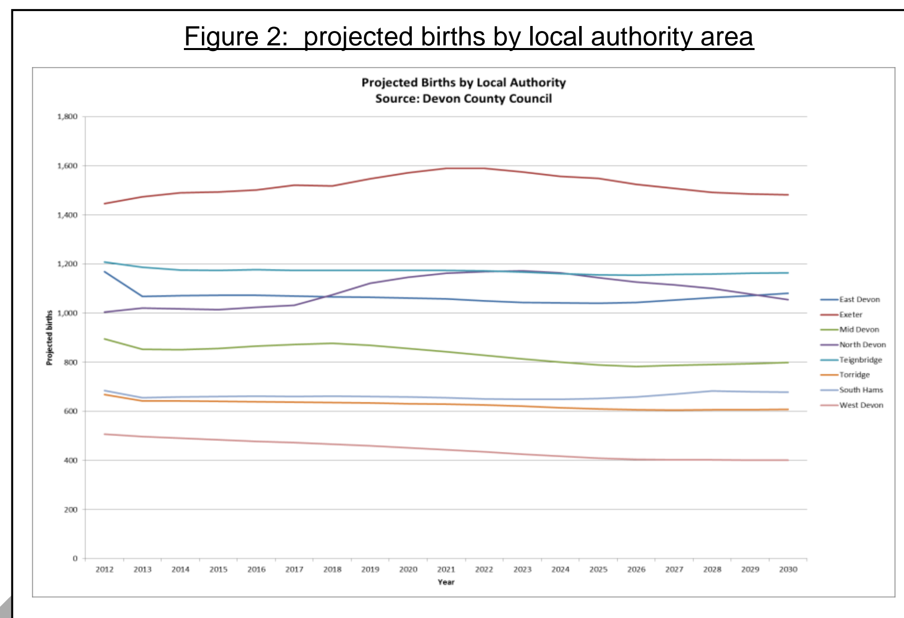
Figure 1: Projected number of births in the Peninsula



WORKING DOC 14

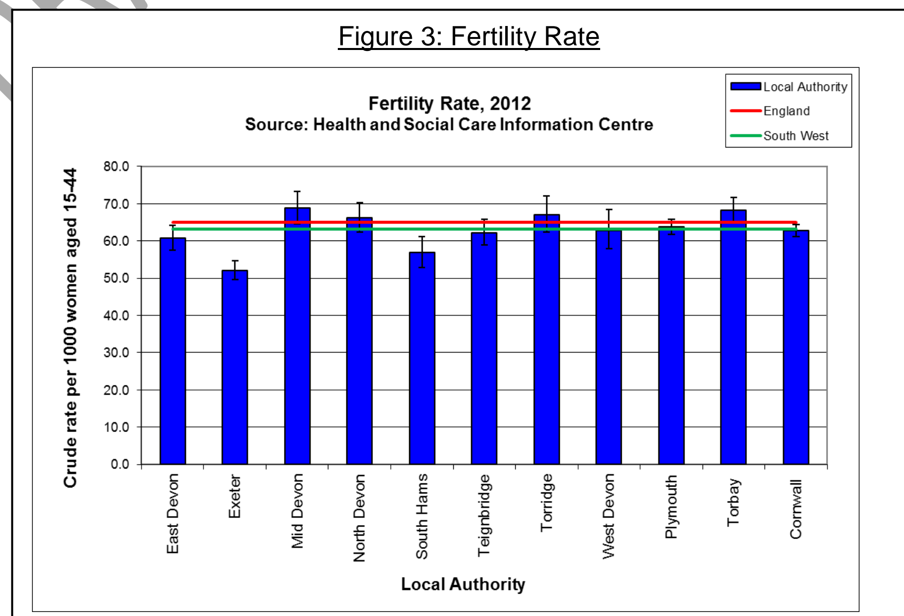
Figure 2 is based on Devon County Council's intelligence about the numbers of births expected in the county until 2030. Exeter City Council and North Devon District Council are both expected to see a rise in the number of births over the next 10 years before a gradual decline towards 2030, with other district areas static or showing a gradual decline in numbers of expected births.

Figure 2: projected births by local authority area



Fertility rates: (Figure 3)
The demand for maternity services is affected by the number of babies being born to women aged 15-44. Figure 3 shows the substantial variation in fertility rates across the peninsula. Rates in Exeter and South Hams are statistically significantly lower than National and South West rates. Rates in Torbay and Mid Devon are above the South West average.

Figure 3: Fertility Rate



WORKING DRAFT

OVERALL BIRTH RATE BY AGE

The number of babies born to women age 40 or above rose by 85% between 2001 and 2012 (RCM State of Maternity Service, 2013); this pattern is mirrored locally. For instance in Devon County Council areas there was a doubling in the numbers of babies born to women aged 40 and over between 2001 and 2012 (see figure 4).

Across the SW Peninsula there is substantial variation in teenage conception rates although all areas have seen a steady decrease in rates over the last five years. Rates of teenage conceptions in 2012 in Cornwall and Devon were above the SW average but below the England average. Torbay and Plymouth both have rates that are higher than the SW and England average (see Figure 5).

Teenage Pregnancy / Older Parents

Older mothers place greater demands on maternity services with a greater likelihood of complications from medical conditions such as diabetes, high blood pressure and other chronic diseases and have a greater likelihood of the need for medical intervention. On the other hand women who give birth in their teens when compared to women in their twenties are more likely to give birth prematurely, and premature births are associated with increased new born health problems including mortality and long term disability.

Young and older parents told us access to services that recognise their specific needs can be difficult. It is in the interest of commissioners therefore to work with partner organisations to consider development of non-stigmatising, age appropriate services.

Appendix 7

Figure 4 : Live birth rate by age to women in Devon

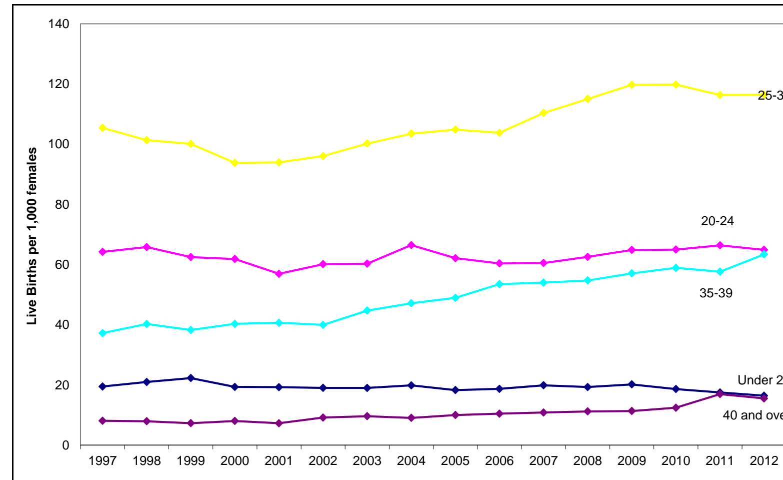
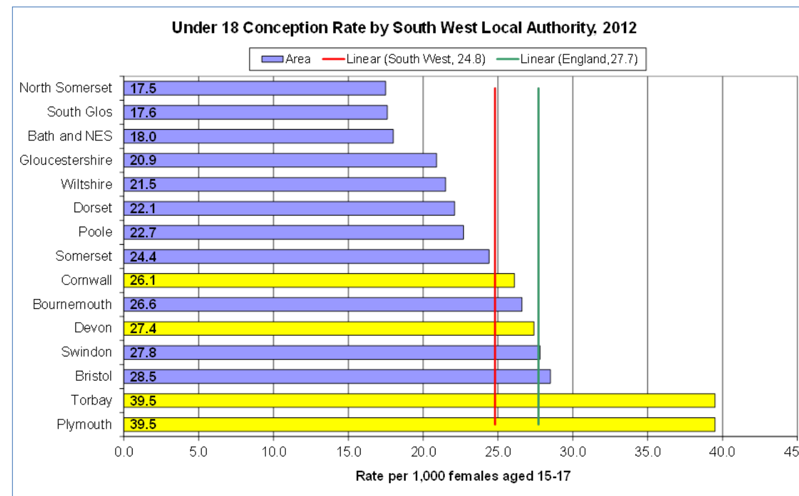


Figure 5: Teenage pregnancy rates in the South West



WORKING DRAFT

ETHNICITY

Appendix 8

WORKING ... 14

Percentage of deliveries by ethnicity of mother in
Devon, Plymouth, Torbay and Cornwall (PCT boundaries).

Ethnicity (2010-2011)	Devon PCT area	Plymouth	Torbay	Cornwall
White	90.7	93.1	90.5	94.0
Asian and Asian British	1.3	1.1	2.1	0.8
Black and Black British	0.0	0.8	-	0.2
Chinese or other	0.6	2.9	0.8	0.5
Mixed	0.5	0.4	0.9	0.6
Not known	1.2	-	4.8	1.0
Not stated	5.7	1.6	1.0	3.0

Source : ChiMat (Hospital Episode Statistics (HES), The NHS ICHSC

Appendix 9

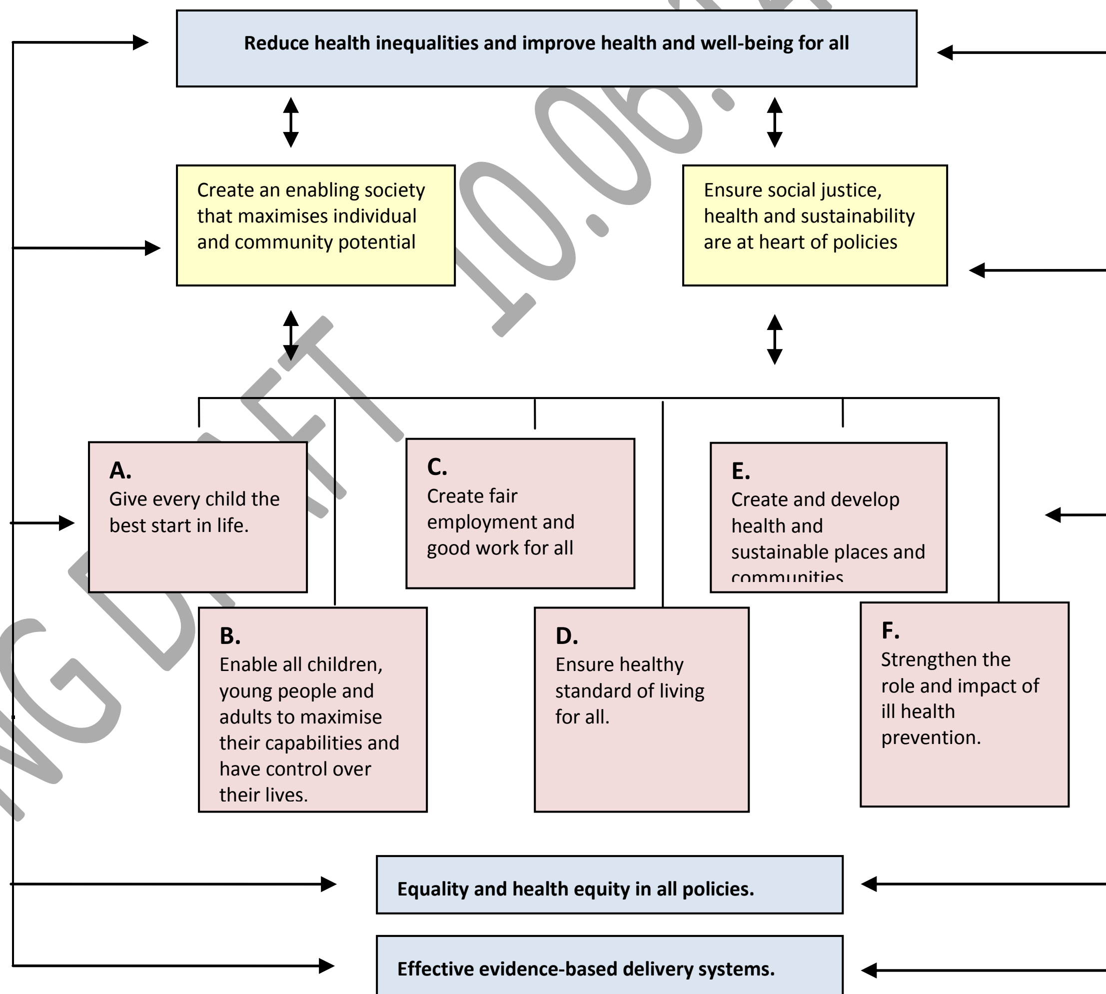
THE MARMOTT REVIEW : FAIR SOCIETY, HEALTHY LIVES

In November 2008 Professor Sir Michael Marmot was asked by the Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010.

These strategies will include policies to:-

1) Give every child the best start in life
2) Enable all children, young people and adults to maximise their capabilities and have control over their lives.
3) Create fair employment and good work for all
4) Ensure a healthy standard of living for all
5) Create and develop healthy and sustainable places and communities
6) Strengthen the role and impact of ill-health prevention

THE CONCEPTUAL FRAMEWORK



WORKING DRAFT 10.06.14

SOCIAL DEPRIVATION

Socio-economic status is strongly associated with health outcomes for mothers and their babies. Nationally infant mortality rates are highest for mothers in socio-economic classification groups describing routine and manual occupations (5.7 deaths per 1000 live births) and lowest for women in higher managerial, administrative and professional occupations (2.2 deaths per 1,000 live births).

Similar patterns can be found for perinatal mortality rates with 9.0 deaths per 1,000 total births in socio-economic groups describing routine and manual occupations compared with a perinatal mortality rate of 5.2 deaths per 1,000 total births to those in higher managerial, administrative and professional occupations *(ONS - Office for National Statistics 2012).*

Deprivation varies across local authority areas in the SW peninsula. Torbay and Plymouth have above the national average levels of urban deprivation. All rural areas of the peninsula with the exception of East Devon and Teignbridge have above the national average score for rural deprivation, which is associated with issues of social isolation, a low wage economy, high housing and living costs and greater distance to travel to services.

Figure 7: Index of Multiple Deprivation (IMD) scores in Devon by District and level of rurality

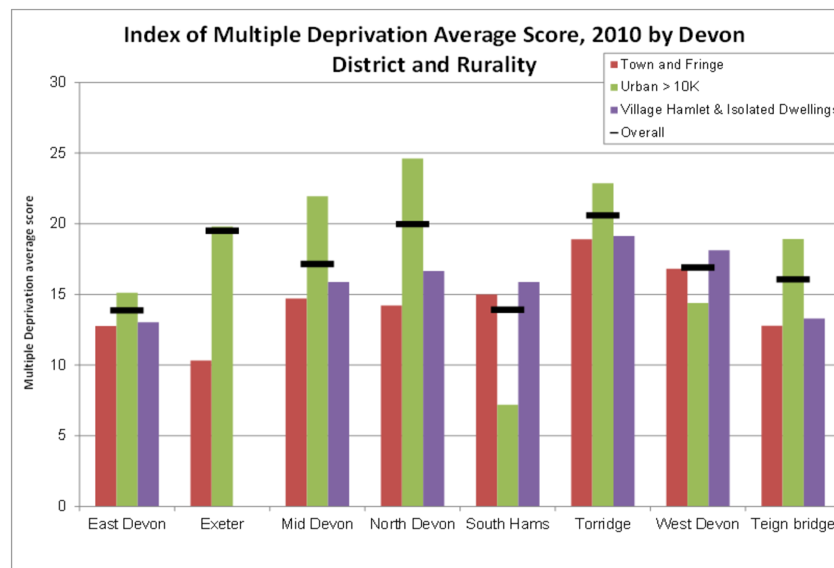
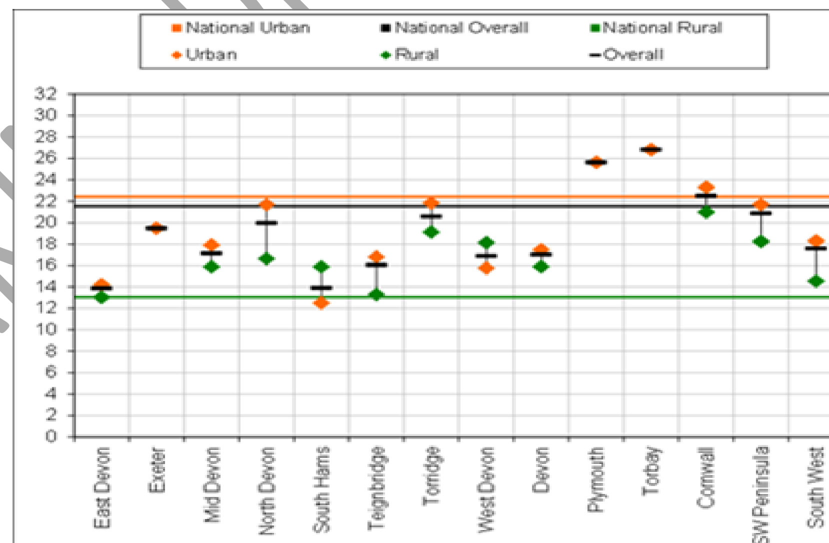


Figure 8 : Multiple Deprivation



WORKING DRAFT

The tables below identify the top 10 most deprived wards in the NEW Devon CCG and the top 5 most deprived wards in each of the localities (and provide the average IMD score for each ward identified).

St. Peter and the Waterfront is the most deprived ward in the NEW Devon CCG. This ward is ranked 267 out of 7,589 wards nationally for deprivation. All five most deprived wards in the CCG are included in the most deprived decile for wards nationally. In rank order, they are:-

- St. Peter and the Waterfront
- Illfracombe Central
- Devonport
- Ham
- Honicknowle

Within the NEW Devon CCG, more than half (six) of the top 10 most deprived wards are found in the Western locality.

Top 10 most deprived wards in NEW Devon CCG

Name	Locality	Score
Priory	East	34.45
St Davids	East	31.76
Ilfracombe Central	North	45.01
Central Town	North	36.54
St Peter and the Waterfront	West	45.12
Devonport	West	42.66
Ham	West	39.21
Honicknowle	West	37.53
St Bdeaux	West	35.97
Sutton and Mount Gould	West	32.09

Top 5 most deprived wards in Northern locality

Name	Locality	Score
Ilfracombe Central	North	45.01
Central Town	North	36.54
Forches and Whiddon Valley	North	28.69
Bideford East	North	26.37
Yeo Valley	North	26.15

Top 5 deprived wards in the Eastern locality

Name	Locality	Score
Priory	East	34.45
St David's	East	31.76
Newtown	East	27.31
Whipton & Barton	East	27.24
Mincinglake	East	26.56

Top 5 deprived wards in the Western locality

Name	Locality	Score
St Peter and the Waterfront	West	45.12
Devonport	West	42.66
Ham	West	39.21
Honicknowle	West	37.53

Insert torbay info

WORKING DRAFT 10.06.14

MATERNAL OBESITY

NICE Guideline 27 (2010) 'Weight management before, during and after pregnancy' makes six recommendations to minimise the risks to women and their babies associated with overweight and obesity. These relate to:-

- preparing for pregnancy in women with a Body Mass Index (BMI) of 30 or more;
- supporting women during pregnancy;
- supporting women after childbirth;
- women with a BMI of 30 or more after childbirth;
- community-based services;
- professional skills.

We propose to audit local compliance with these recommendations.

Table 1 shows us that the completeness of this data is poor and not sufficient for drawing correlations.

Collecting data on the BMI of women at booking is very important in order to establish what proportion of women may need further support during pregnancy. It will also support commissioners in understanding the scale of the work that needs to be done to reduce the number of women who begin their pregnancy overweight and to track the effectiveness of interventions to address this issue.

Table 1: Body Mass Index of pregnant women at booking by local authority area 2012/13 births.

Local Authority	Under	18.5-25	26-30	31-35	Over 35	Unknov
East Devon	2.6%	55.0%	16.8%	6.1%	7.7%	11.7%
Exeter	3.2%	51.3%	18.2%	6.8%	6.9%	13.6%
Mid Devon	3.4%	49.7%	19.9%	8.7%	7.9%	10.3%
North Devon	1.8%	49.5%	18.6%	8.8%	5.5%	15.7%
Plymouth	2.8%	51.7%	22.9%	11.2%	7.0%	4.4%
South Hams	1.3%	34.9%	11.3%	4.7%	3.3%	44.5%
Teignbridge	0.8%	14.4%	4.5%	1.4%	2.0%	76.9%
Torbay	0.0%	0.2%	0.1%	0.0%	0.1%	99.6%
Torridge	3.0%	50.0%	20.0%	11.1%	6.5%	9.4%
West Devon	2.5%	53.6%	19.5%	7.5%	7.5%	9.4%

Add Torbay info

SMOKING IN PREGNANCY

Smoking in pregnancy causes an increased risk of still birth (RCP 1992) table one shows that in Plymouth, Torbay and Devon those women who were smoking at delivery were more than twice as likely to have a still birth than women who were not smoking. Birth weight of babies is also affected by smoking during pregnancy. Table two shows that 12 per cent of women who were smoking at delivery had a low birth rate baby (under 2500grams) compared to only 6.2 per cent of women who were not smoking at delivery.

Table one, figure 9: Smoking status and birth outcome, combined data from Plymouth, Torbay and Devon, 2010-2013.

	Live birth	Still birth	Total
Smokers at delivery	99.2%	0.8%	100%
Non smokers at delivery	99.7%	0.3%	100%
Unknown smoking status at delivery	99.1%	0.9%	100%

Table two, Figure 10: Birth weight by smoking status at delivery, combined data from Plymouth, Torbay and Devon 2012/13

Smoking status	Birthweight grouping			
	Under 1500	Between 1500 - 2500	Over 2500	Unknown
No	1.0%	5.2%	93.8%	0.1%
Not Known	2.9%	6.8%	89.7%	0.6%
Yes	1.9%	10.1%	87.9%	0.1%
Grand Total	1.1%	5.8%	92.9%	0.1%

WORKING DR

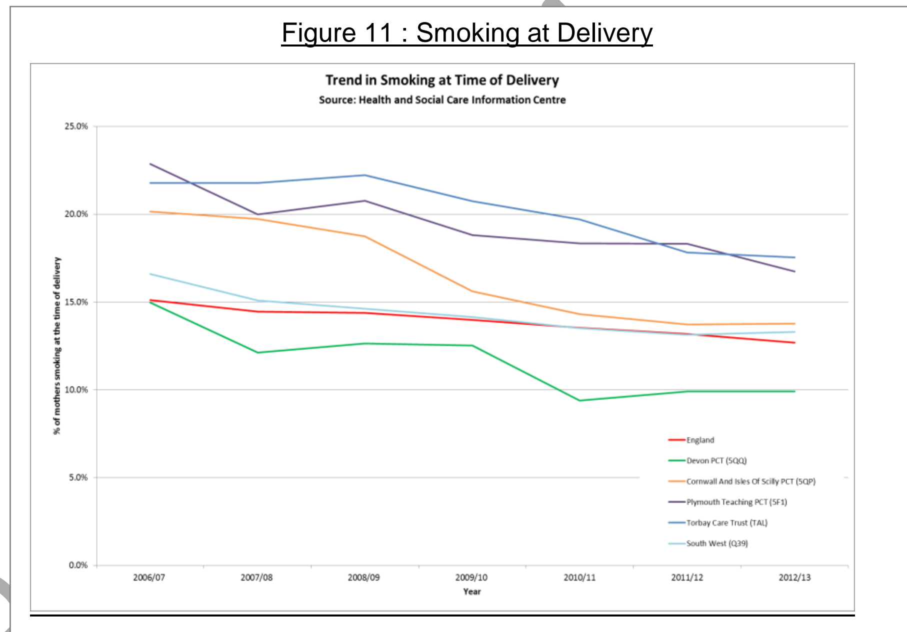


Figure 11 : Smoking at Delivery

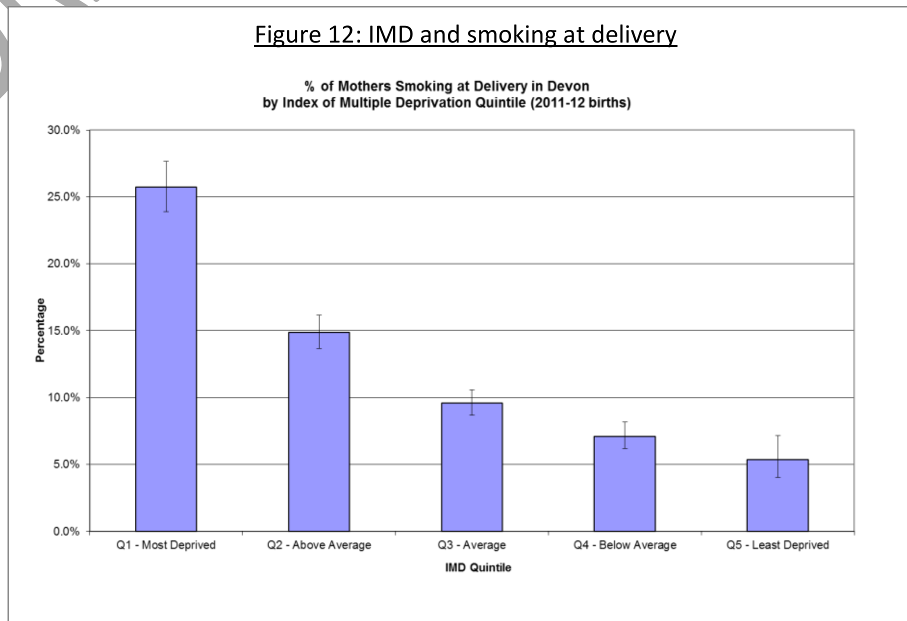


Figure 12: IMD and smoking at delivery

Appendix 13

NICE SMOKING RECOMMENDATIONS

WORKING DRAFT 10.06.14

Background

Helping pregnant women who smoke to quit involves communicating in a sensitive, client-centred manner, particularly as some pregnant women find it difficult to say that they smoke. Such an approach is important to reduce the likelihood that some of them may miss out on the opportunity to get help.

The NICE recommendations refer to NHS Stop Smoking Services and also apply to other, non-NHS services that offer help to quit and operate to the same standard.

NHS Stop Smoking Services are local services funded by the Department of Health to provide accessible, evidence-based and cost-effective support to people who want to stop smoking. The professionals involved may include midwives who have been specially trained to help pregnant women who smoke to quit.

Effective interventions

The recommendations mainly cover interventions to help pregnant women who smoke to quit. These are listed at the beginning of recommendations 4 and 5. Interventions for partners are covered in recommendation 7.

No specific recommendations have been made for those planning a pregnancy or who have recently given birth. This is due to the lack of evidence available on stop-smoking interventions for these groups. It does not constitute a judgement on whether or not such interventions are effective or cost effective.

Whose health will benefit?

These recommendations should benefit women who smoke and who:

- are planning a pregnancy
- are already pregnant
- have an infant aged under 12 months.

They should also benefit the unborn child of a woman who smokes, any infants and children she may have, her partner and others in her household who smoke.

RECOMMENDATION 1
Identifying pregnant women who smoke and referring them to NHS Stop Smoking Services – action for midwives

RECOMMENDATION 2
Identifying pregnant women who smoke and referring them to NHS Stop Smoking Services – action for others in the public, community and voluntary sectors

RECOMMENDATION 3
NHS Stop Smoking Services – contacting referrals

RECOMMENDATION 4
NHS Stop Smoking Services – initial and ongoing support

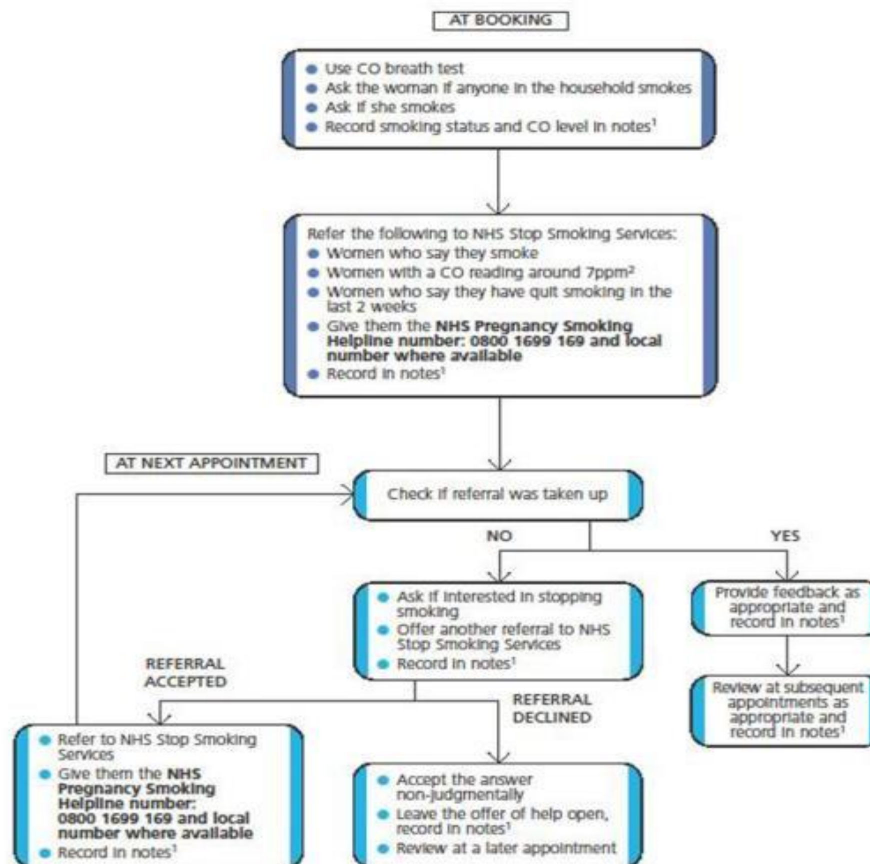
RECOMMENDATION 5
Use of NRT and other pharmacological support

RECOMMENDATION 6:
NHS Stop Smoking Services – meeting the needs of disadvantaged pregnant women who smoke

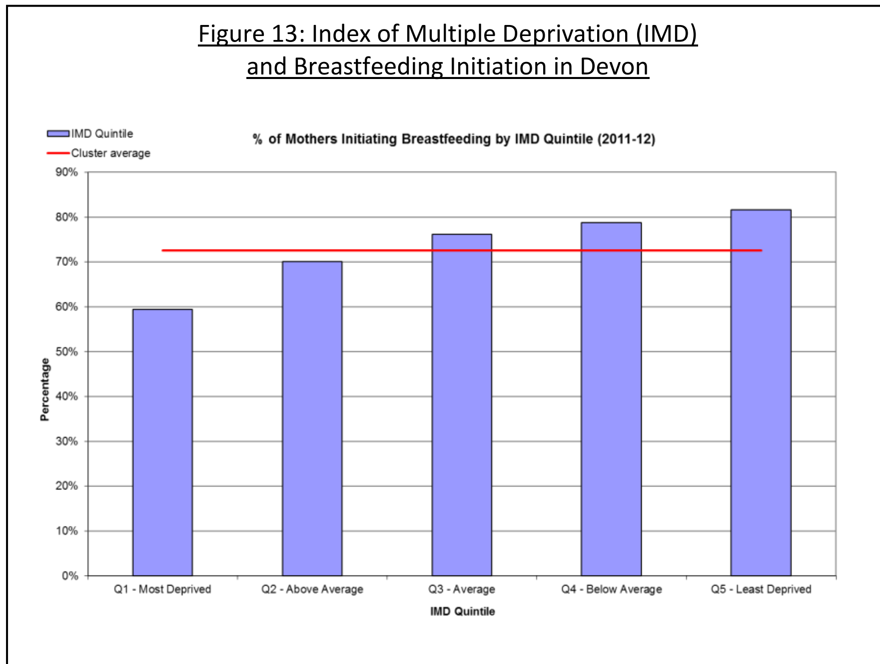
RECOMMENDATION 7
Partners and others in the household who smoke

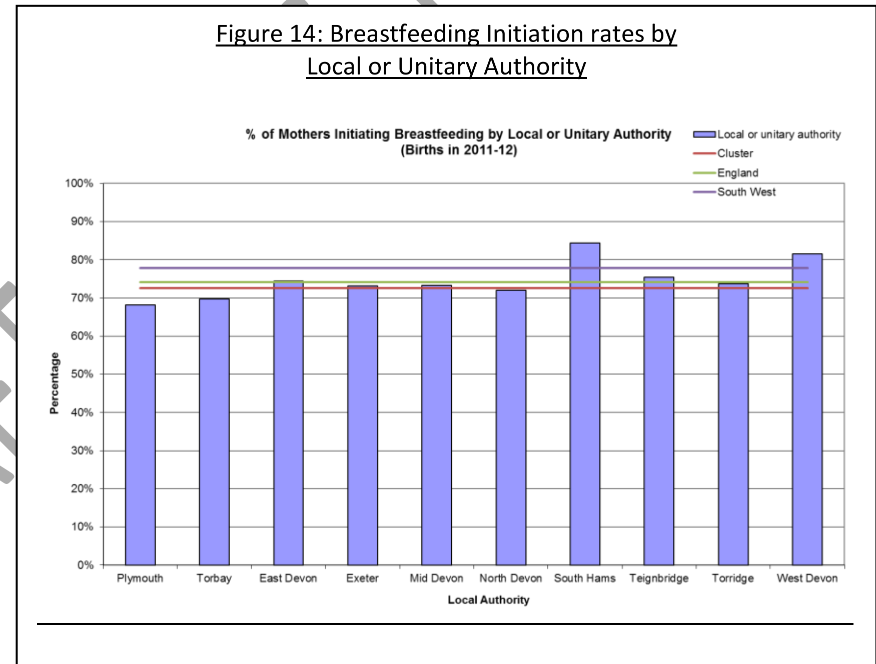
RECOMMENDATION 8
Training to deliver interventions

WORKING



INFANT FEEDING





WORKING DRAFT 14

Appendix 15

PERINATAL AND INFANT MORTALITY

Maternal Mortality

The death of a mother from pregnancy related causes is a very rare event in the UK. Maternal mortality is defined as the death of a woman aged 15-44 while pregnant or within 42 days of the end of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

In the peninsula there were fewer than five maternal deaths between 2008 and 2012 (HSCIC based on ONS mortality data).

Perinatal and Infant Mortality

Between 2010 and 2012 North Devon and Plymouth had statistically significantly higher rates of perinatal mortality (babies that are still born or die with seven days of birth) when compared with national and South West rates (see figure 15).

Rates of infant mortality vary between districts and other than Cornwall which has a higher rate than the South West average, all other areas show no statistically significant difference to rates in England and the South West (see figure 16).

Higher rates of perinatal and infant mortality are associated with deprivation and this pattern is borne out locally. High rates of deprivation are associated with higher rates of smoking, alcohol and drug use which all contribute to preterm birth and low birth weight which in turn are the leading causes of death in children.

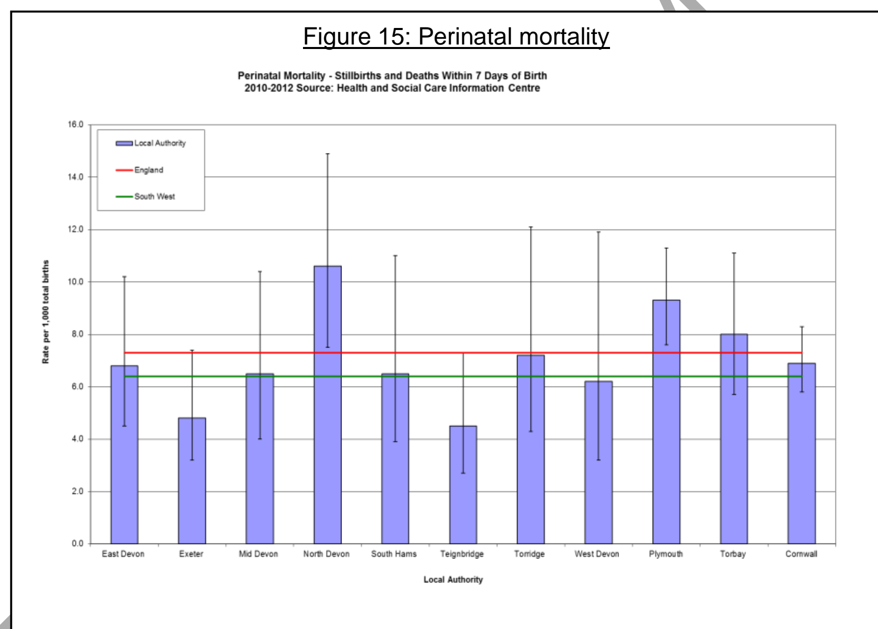


Figure 15: Perinatal mortality

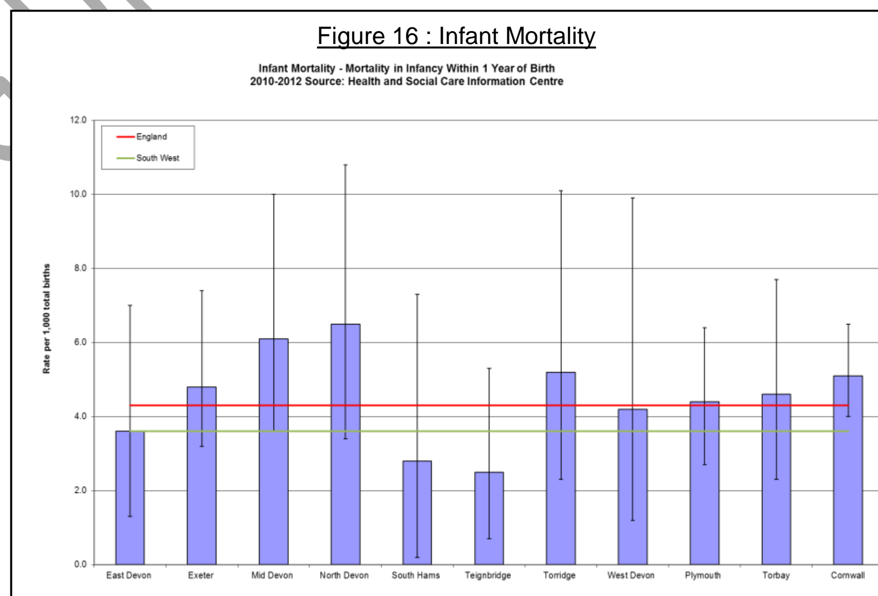


Figure 16 : Infant Mortality

WORKING

Appendix 16

THE GREAT EXPECTATIONS PROGRAMME

This is a parenthood course available in Plymouth.

The core syllabus provides information on the key learning outcomes for the parent education programme ensuring consistent messages are delivered to parents and a consistently high standard is promoted.

Participants can expect to learn more about:-

- Positive lifestyle choices
- How to connect and communicate with their baby before and after birth.
- Developing a closing and loving relationship with their baby.
- Understanding and responding to their baby's needs.
- Overcoming challenges.
- Strategies for managing time.
- Changes in relationships.
- Making new friends and finding support when needed.

For further information contact ……………..

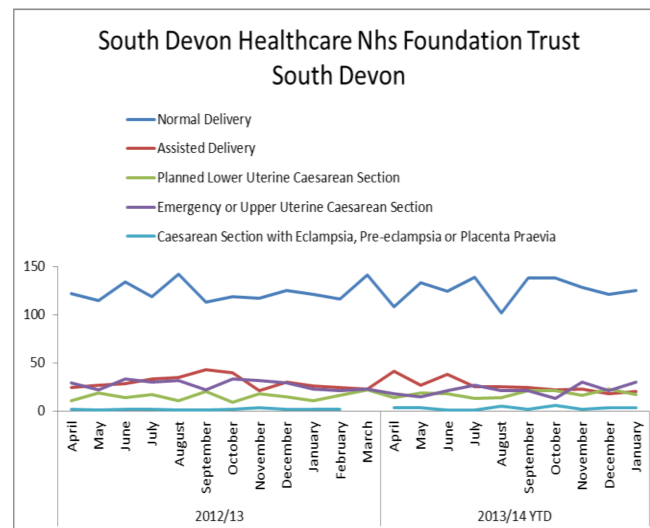
WORKING DRAFT 10.06.14

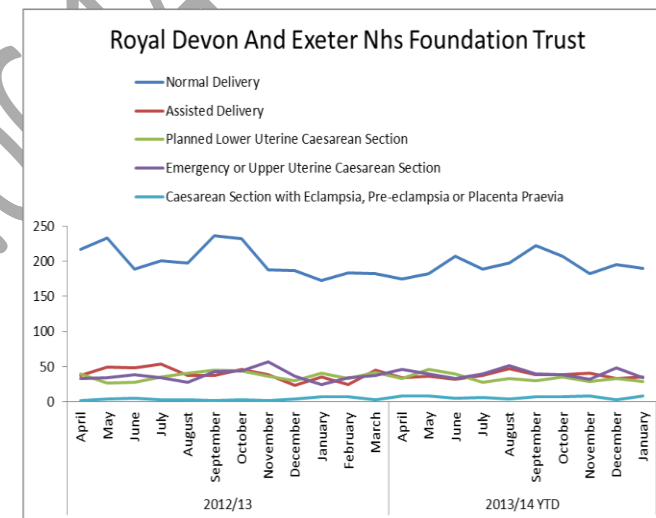
PROCEDURES ACROSS HRG GROUPS

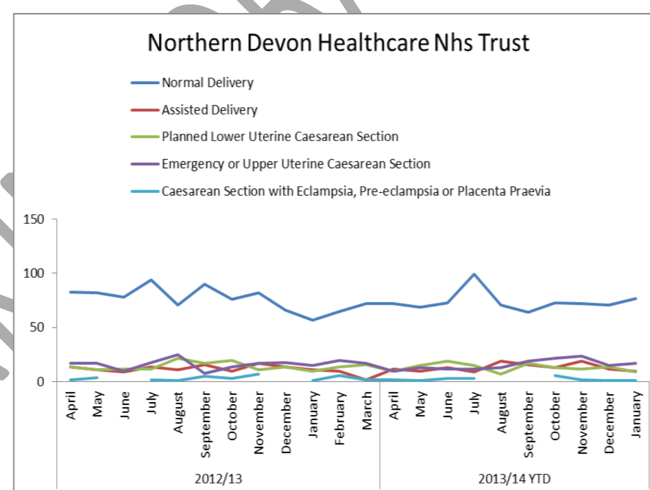
What is an HRG?

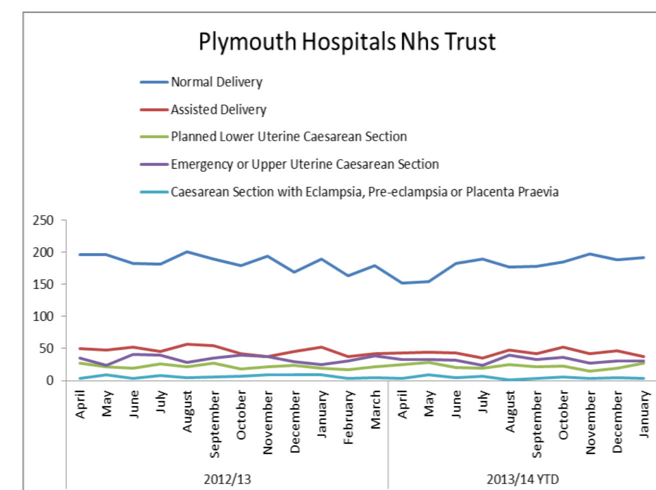
Healthcare Resource Groups (HRGs) are a unit of measurement and a unit of payment for inpatient care. The commissioner pays for each patient spell using HRGs, where a spell is the period from admission to discharge at a provider hospital.

Patients are allocated into HRGs based on similar diagnoses and/or undergoing similar procedures using similar amounts of resource. When a hospital treats a patient, their diagnosis and treatments are recorded and put onto the system, known as clinical coding. This information determines to which HRG the patient is assigned.









WORKING DRAFT

LOW BIRTH WEIGHT BABIES

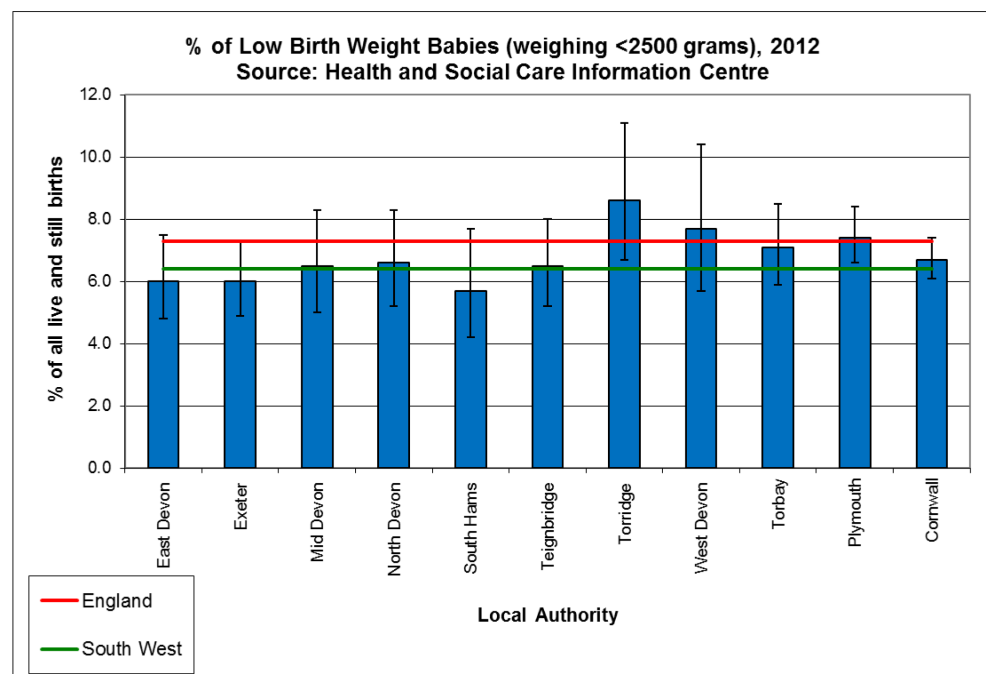
Nationally the proportion of babies that are born with a low birth weight (<2500grams) is strongly correlated with deprivation; the higher the level of deprivation in an area, the higher the proportion of babies with a low birth weight.

Low birth weight is also associated nationally with higher levels of perinatal and infant mortality.

There are statistically significantly higher rates of low birth weight babies in Plymouth and Torridge compared with the South West, although nowhere in the Peninsula has statistically significant rates to the England average, see figure 17.

.

Figure 17: Percentage of low birth weight babies



WORKING