DATE
17 January 2012

TITLE
Maternity Services

WARDS
All wards

SYNOPSIS
This report provides an overview of local Maternity Services, updates Committee Members on current performance and highlights the potential impact of new commissioning arrangements, maternity workforce pressures and public health issues on maternal and infant health.

CONTRIBUTORS
Inner North West London PCTs

RECOMMENDATION(S):
That the Committee considers the maternity services provision for Hammersmith and Fulham and makes recommendations to the relevant Cabinet member, and/or the Health and Wellbeing Board as appropriate.

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Children’s Commissioning Manager
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NEXT STEPS
The Committee to make recommendations to the relevant Cabinet Member, as appropriate, for consideration.
1. EXECUTIVE SUMMARY

1.1 This report provides an overview of local maternity services, the cost of providing maternity care to the local population and identifies the potential, gaps or variance in provision and public health issues for maternal and infant health and some of the initiatives in place to address these. It also highlights the important safeguarding role that midwives play in identifying and addressing child protection and domestic violence. The report raises the potential risk that high quality care, choice and performance may be difficult to sustain due to significant midwifery vacancy rates and potential loss of specialist services for vulnerable women due to cost pressures facing acute trusts and the potential impact of new commissioning arrangements.

2. INTRODUCTION

2.1 Good maternal health and high quality maternity care is vital for the health and life chances of newborn babies, for their future development and resilience in later life. It also helps to provide the skills and support needed by women and their partners to become confident and caring parents.

2.2 The majority of women experience a good standard of care and give birth to healthy babies. However, poorer outcomes, such as low birth weight babies, are experienced by more vulnerable groups of women and their children. Rising maternal obesity rates are also increasing the health risks for pregnant women and their babies.

2.3 During pregnancy midwives have a unique opportunity to communicate with expectant mothers and a vital role in identifying situations of risk and vulnerability for women and their unborn or newly born child, including an increased risk of domestic violence during pregnancy.

2.4 Maternity services for women and their families in Hammersmith and Fulham are generally good and have improved significantly over the past five years. However, new public health challenges, changes to commissioning arrangements and midwifery workforce pressures may make it challenging to sustain high quality maternity care, choice and performance and to provide the additional or specialist support needed by vulnerable groups of women.

3. COMMISSIONED MATERNITY SERVICES AND LOCAL BIRTH RATE

3.1 Most mothers resident in Hammersmith and Fulham receive maternity care from Imperial and Chelsea and Westminster and survey results show that most are satisfied with their care. A small number of mothers (about 90 annually) also choose to book with other maternity providers,
mainly at Ealing Hospital, West Middlesex, University College London and Hillingdon Hospital.

3.2 In 2009-10 the number of Hammersmith and Fulham GP registered births was 2,596, a slight rise from 2008-9. This steady rise in births over the past 10 years is now thought to have peaked and is projected to reduce and level out to about 2,500 births per year (see Table 1). The total number of resident births, including those with GPs in other boroughs or not registered in 2010-11 was 2,673 births, about 10% of which were private births. This compares to Westminster with 22% resident private births and Kensington and Chelsea with 35% resident private births.

3.3 Maternity services are currently divided into three discrete elements for payment purposes: the birth episode, antenatal care and postnatal care and are paid through PbR (Payment by Results) with different episodes or care charged at different rates or tariffs. The total estimated annual cost for in-patient and out-patient maternity services for Hammersmith and Fulham is just under £3 million. A new care pathway tariff is being introduced next year for maternity services with women assigned to a core, enhanced or specialist pathway when she books into the service and costed accordingly. This is expected to simply the number of tariffs currently used, to result in clearer pricing and cost savings.

Table 1. Estimated Number of GP registered births in Inner North West London

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<td>2008/09</td>
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<tr>
<td>2009/10</td>
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3.4 For the past three years an additional quality and service improvement payment has been made to maternity providers, originally through ring fenced Maternity Matters funding. Since 2008, Hammersmith and Fulham & Westminster PCTS have each invested about £700K funding per year in Imperial’s maternity services to support improvement in quality and performance e.g. to improve early access to maternity care and to fund more support for women in labour. Kensington and Chelsea have invested a similar amount in Chelsea & Westminster’s maternity services.

3.5 Other services commissioned by the PCT contribute to the health and well being of pregnant women and new mothers. These include the Family Nurse Partnership for first time teenage mothers, genetic screening and pre-conceptual care, neonatal special care, provision of vitamins, community dentistry, health visiting, sexual health and contraceptive services. The Council commissions children’s centres to deliver a wide range of activities to support mothers and children and directly delivers child protection and targeted family support and some parenting programmes, working closely with maternity services where relevant. It has commissioned the third sector, (Urban Partnership Group, UPG) to co-ordinate parenting training and groups, and as a result of a successful Big Lottery bid, will from April 2012, (for three years) continue significant parenting activity across the borough.

3.6 It is important that high quality services are maintained and a holistic care pathway approach is used when commissioning arrangements change, so that specialist or targeted but vital services do not fall through the gaps or lose funding during this period. Integration has been developed through community midwives working from Children’s Centres. Although PCT commissioners sought to strengthen the link between health visiting and midwifery in the ante-natal period, this has proved to be difficult on a practical level, and the normal handover is at 10 days post natally. This works well.

3.7 Currently, Primary Care Trusts (PCTs) commission maternity services through acute hospital contracts. NHS North West London commissions the two main local maternity providers, Imperial College NHS Trust and Chelsea and Westminster Hospital NHS Foundation Trust. Hammersmith and Fulham PCT commission quality improvement and targeted community based programmes. Locally, the children’s, maternity and sexual health commissioning team is responsible for the three PCTs commissioning of maternity services. This team is partly funded by the Council and this is set to continue in the three borough arrangements.

4. SERVICE QUALITY AND PERFORMANCE

4.1 Since 1952 the CEMD (confidential enquiry into maternal deaths) has published a national triennial report into maternal deaths commonly titled ‘Why mothers die’. Although maternal and infant mortality are
thankfully low in England these reports have highlighted where specific improvements are needed in maternity services. The sixth CEMD report for 2002-2004 identified that pregnancy outcomes were worse for more vulnerable and poorer women and their babies, particularly for teen mothers, those from black and minority ethnic populations and for single mothers. This prompted the Maternity Matters quality framework and standards launched in 2007 with aim of addressing health inequalities and improving women’s choice of high quality safe maternity services.

4.2 In 2008 a maternity services review by the Healthcare Commission found that London had the highest number of poorly performing maternity services, with Imperial and Chelsea and Westminster both ranked in the least well performing trusts nationally.

4.3 Of particular concern in 2008 was the high percentage of women booking late, inadequate ante natal services, insufficient midwives to provide 1:1 care especially in labour, and reports of poor birth or post natal experiences. Maternity Commissioners worked closely with providers and service users to lead and performance manage this improvement programme with good results. The recent CQC (Care Quality Commission) maternity survey now ranks Chelsea and Westminster as better than the national average, and Imperial to have improved significantly to meet expected results in most areas.

4.4 The two main maternity related targets that PCTs are accountable for are the percentage of women who access maternity care by 13 weeks pregnancy and breast feeding rates at 6-8 weeks, which is closely related to the breast feeding initiation rates soon after birth. From poorly performing, Hammersmith and Fulham PCT are now meeting and exceeding both targets.

5. NOTABLE IMPROVEMENTS

As a result of much commissioning and provider activity, there has been a big improvement in a number of key target areas. These include:-

- Breast feeding initiation is around 90% at both Imperial and Chelsea and Westminster and breast feeding rates of 82% at 6-8 weeks remain amongst the highest in the country.
- In 2010-11 95% of women saw a midwife by 13 weeks, an improvement from 72% in 2009-10, exceeding the overall London performance of 81.4% and national performance of 88%
- Smoking cessation midwifery service resulting in less than 4% of women smoking in pregnancy
- 1:1 caseholding midwives funded for vulnerable women resulting in better outcomes for babies and mothers
- The Family Nurse Partnership for first time teen mothers resulting in only one low birth weight baby from 86 births and above
average breast feeding rates; significant success with pregnant teenagers stopping smoking

- Maternity helpline established at Imperial and women can now self refer to maternity services at both local trusts, making access easier and faster
- Midwife led birthing units at both trusts provide a highly regarded and safe birth experience for women having a normal delivery.

6. NEW AND EXISTING CHALLENGES

Commissioning and performance

6.1 NHS NWL leads on acute contract performance monitoring and receives a monthly maternity dashboard from Imperial and Chelsea & Westminster. Imperial reports quarterly to INWL PCT commissioners on the performance and quality improvement, including the additional investment. However, a separate quality improvement agreement has not yet been put in place for Chelsea and Westminster, providing insufficient reporting on quality improvements at the trust. Commissioners are addressing this.

6.2 From 2013 Clinical Commissioning Groups (CCGs) will be statutory organisations which commission maternity services but will be accountable to the national NHS Commissioning Board, which will also have a particular focus on promoting quality improvement and extending choice for pregnant women. Public Health will commission preventive, pregnancy and infant health promotion initiatives such as smoking cessation and breastfeeding support. More specialist provision, such as perinatal mental health services, will require a joint commissioning approach between adult and children’s, maternity and mental health, CCGs and specialist clinical networks and may need to be commissioned on a sector or London wide basis. It is important that high quality services are maintained when commissioning arrangements change. Plans to develop INWL PCTs into the Commissioning Support Organisation which CCGs rely on in 2013-2014 are being progressed, in concert with CCGs. The joint teams, funded in part by the Council, are part of this arrangement and the intention is to strengthen this in the three borough arrangement.

6.3 Until recently targets were in place to reduce the higher than average Caesarean section (C-section) rate at Imperial and Chelsea and Westminster, particularly C-sections carried out for ‘non-medical’ reasons i.e. maternal choice. At both trusts the C-section rate has now been reduced, however, new NICE (National Institute for Clinical Excellence) guidance advises that women may now request an elective caesarean for ‘non-medical’ reasons. Clinicians support choice and this is welcomed by women with a fear of childbirth but it is creating concerns that this could lead to higher costs, and other increased risks e.g. post-operative infection.
Socio-economic and public health issues

6.4 A considerable rise in maternal obesity and the increasing age of first time mothers is thought to be responsible for an increase in complex pregnancies and an upward trend in maternal deaths and health problems nationally, such as maternal diabetes. This is resulting in rising costs to provide more specialist maternity care e.g. £30,000 for a reinforced delivery bed for obese mothers, more consultant led care and higher demand on neonatal intensive care. A child and maternal obesity prevention programme is being delivered through children’s centres and Public Health is leading on care pathways that include adult and maternal obesity prevention as maternal obesity is also a causative factor in child obesity.

6.5 Inequalities – although there has been improvement in women from Black and Minority Ethnic (BME) groups and more vulnerable women accessing maternity care early, they continue to experience poorer maternal and birth/neonatal outcomes. For example, the percentage of babies born with low birth weight is significantly higher in the 20% most deprived areas of Hammersmith and Fulham compared with the 40% least deprived.

6.6 Women considered to be at particularly high risk from poor maternal health are those from Black African populations. The BME Health Forum (a Westminster and Kensington and Chelsea voluntary and statutory partnership) is delivering maternity projects to improve access to services and to provide mental well being support for BME women, including those living in Hammersmith and Fulham.

6.7 Domestic violence against women is a known risk during pregnancy and evidence from local police and social care reports suggest that the incidence of domestic violence (DV) is increasing. Midwives and other maternity staff receive domestic violence training but research identifies that it maybe difficult for midwives to speak to mothers on their own, they can find it challenging to ask about domestic violence and may experience role conflict regarding parental versus child’s welfare. The Hammersmith & Fulham organisation Standing Together have received Big Lottery funding to provide training and to work with Imperial for a five year period to support and offer early intervention for pregnant woman that may be in danger or at risk of domestic violence.

6.8 Child protection risks are also increased during pregnancy and the postnatal period, especially when there are known vulnerability factors within a family such as serious mental illness, substance misuse and domestic violence, and there are occasions when a child needs to be supported by a child protection plan or removed at birth due to significant safeguarding concerns. All midwives receive safeguarding training and contribute to child protection processes, but additional targeted antenatal and specialist midwifery initiatives are
commissioned that employ preventive and early intervention approaches that reduce risk of child protection concerns such as 1:1 case holding for vulnerable women, teen parent midwives, the Family Nurse Partnership and the European Interview programme (in Kensington & Chelsea). As midwifery services come under increased pressure it is important that these specialist roles and programmes are sustained.

Maternity workforce

6.9 The recommended midwife to birth ratio is not being met. This is partly due to an overall rise in the birth rate but also due to midwifery vacancies, the number of midwives nearing retirement, and the impact of cost efficiencies being made by acute trusts. Hospital birth standards recommend one midwife should have a workload of 28 births a year to ensure one to one care in labour. From 2008-09, the average midwife to birth ratio for England dropped from 34.3 births to 33.2 per midwife. During this period all regions recorded a fall, except for London where the ratio rose from 34 to 34.2 births per midwife. In 2009-10 Imperial had a ratio of 35.9 and Chelsea and Westminster 34.5 births per midwife.

6.10 Employment of maternity support workers and skill mix is helping to address workforce shortages. However, maternity providers need to prioritise midwifery care during labour and for complex hospital based care and this can impact on the time midwives have available for more routine care. Particularly, to give the level of support mothers are requesting in the post natal period. More community midwifery services delivered through children’s centres is helping to address this. It also hoped that the Family Action Perinatal Support Project will be successful in receiving funding from the DoH this year to provide a volunteer peer befriending service to isolated or vulnerable new mothers in Hammersmith and Fulham.

Women’s and families’ experiences

6.11 Women may not always be able to get their first choice maternity provider due to the popularity of Queen Charlotte’s and this has led to some complaints and late booking. Hammersmith and Fulham mothers have priority, as long as they book within reasonable time.

6.12 Some women continue to report dissatisfaction with long waits in ante natal clinics, lack of ante natal classes and preparation and varying experiences/ lack of support post-natally until health visitor handover at 10 days/2 weeks. Women and their families who have experienced maternity care from Imperial can make comments and complete a short online, 4 question survey, which identifies both good practice and issues that need addressing. See on line [http://www.imperialmslc.org/Imperial_MSLC/Welcome.html](http://www.imperialmslc.org/Imperial_MSLC/Welcome.html)
6.13 Imperial Maternity Services Liaison Committee (MSLC) and Chelsea and Westminster MSLC both involve users in helping identify and improve women's experiences of local maternity services. Midwives and parent members of Imperial MSLC produced an award winning DVD that told women’s stories of giving birth at Imperial, which is used in training midwives and other maternity staff.

Service gaps

6.14 There is inequitable provision locally of adult led perinatal mental health (PMH) services across providers and this is also a cost pressure. The PMH pathway is being redesigned to provide better primary care support for women with and equitable access to specialist services for those with more serious mental health problems. A needs assessment is being commissioned to estimate the prevalence of post natal depression and anxiety which health visitors report appears to be increasing.

6.15 Neonatal BCG immunisation against TB is offered at Imperial soon after birth but currently not at Chelsea and Westminster. Parents find this confusing and the local health visiting provides a limited catch up service, although there is currently a long waiting list for BCG. A quality scheme and payment schedule is being proposed for all maternity providers in NW London to offer neonatal BCG so that it becomes a universal offer.

7. CONCLUSION

7.1 Maternity services have been and will continue to be under pressure from a high birth rate and difficulties in recruiting and retaining midwives. This may have particular implications for specialist posts and programmes. There have been some significant quality improvements with best use of resources and attention to the detail of how best to deliver services and good integration between acute, community and council services. The commissioning arrangements have strengthened the level of integrated work and the plans are to ensure continuity through the work of the joint team during a period of rapid change in health commissioning.

8. COMMENTS OF THE EXECUTIVE DIRECTOR OF FINANCE AND CORPORATE GOVERNANCE

8.1 Finances are tight for the three PCTs in 2011-12, and they are working with the Clinical Commissioning Groups to deliver savings through the QIPP programme, (Quality, Innovation, Prevention, and Performance). However, maternity services are a priority for improvement for the three
PCTs so not only is the additional investment being maintained, but the service will not be subject to any savings targets.

**LOCAL GOVERNMENT ACT 2000**
**LIST OF BACKGROUND PAPERS**

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<td>1.</td>
<td>Maternity Matters</td>
<td>Julia Mason 0203 350 4320</td>
<td>INWL PCT</td>
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