Hull Clinical Commissioning Group

MATERNITY SERVICES

COMMISSIONING STRATEGY

2013 - 2018

FINAL VERSION JULY 2013

CONTENTS

1. INTRODUCTION

Good maternal health and high quality maternity care throughout pregnancy and after birth can have a marked effect on the health and life chances of newborn babies, on the healthy development of children, and on their resilience to problems encountered later in life. They are also crucial to ensuring women's physical and mental health during this important time in their lives. Safe, high quality maternity services are fundamental in reducing the gap in infant mortality and in life expectancy.

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development; '*physical, intellectual and emotional'*, are laid in early childhood. What happens during these early years, starting in the womb, from the point of conception, has lifelong effects on many aspects of health and well-being.

This strategy sets out NHS Hull Clinical Commissioning Group strategic plans for the commissioning of maternity services for the period April 2013 to March 2018. It details the current position (where we are now), the aims and outcomes of the strategy (where we want to be), and the actions required to achieve those outcomes within the specified time period (how we are going to get there). This document underpins the overarching NHS Hull Clinical Commissioning Group (CCG) Commissioning Strategy (2012-15); supporting delivery of the strategic vision 'Creating a Healthier Hull'.

In order to give every child the best start in life, NHS Hull CCG aims to ensure that the maternity services commissioned provide high quality, evidence based and safe care, delivered at the right time, in the right place, by a properly planned, educated and trained workforce, and that women and their families have access to the services and support they need during pregnancy, childbirth and postnatal period.

This strategy takes account of the Joint Strategic Needs Assessment for Hull (JSNA 2013), the changing profile of the City and this particular cohort of service users. The JSNA identifies the changes in Hull's ethnic profile, Hull's Black and Ethnic Minority (BME) has risen from 8,500 (3% of residents) in 2001 to 28,700 (11%) by 2009, with the largest rises being for Eastern Europeans. It can be seen that the percentage of births to mothers aged 16 to 19 years and 20 to 24 years in Hull is much higher than in England, with a corresponding reduction for those aged 25+ years in Hull compared to England.

An Equality Impact Analysis has been undertaken for this strategy. The outcome of this analysis shows that there is an intended positive impact for women of childbearing age, and no apparent adverse effects on people who share the identified protected characteristics within the Equality Act 2010. As a result, there are no further actions for NHS Hull CCG to undertake.

This strategy has been developed within the context of the implementation of the maternity Payment by Results system (PbR) from April 2013. The aim of PbR is to create incentives for maternity services providers to deliver the best, proactive care to prevent avoidable complications and intervention and in doing so will support the overarching aim of the strategy.

2. SCOPE

This strategy follows a woman's journey from pre-conceptual care through pregnancy (antenatal care), delivery (intrapartum care) and postnatal care. The strategy does not include the commissioning of universal, targeted and specialist services outside of this scope but will make reference to them in relation to the co-commissioning arrangements and integrated service delivery requirements to achieve the strategy's aims and objectives. A list of services outside of the scope of the strategy can be found in Section 6.

The strategy covers a five-year period from 2013 to 2018. Progress on the delivery of the strategy will be monitored on an on-going basis with an annual review and progress report to NHS Hull CCG Board as part of the partnerships programme update arrangements.

3. NATIONAL AND LOCAL POLICIES AND DRIVERS

There are numerous national and local policies and strategies which guide the commissioning and provision of such services and which are designed to ensure women receive the highest quality care possible. The major drivers include:

- Maternity Matters (DH, 2007) outlines the focus on commissioning high quality, safe and accessible maternity services through the implementation of a choice guarantee for all women, ensuring that women will have choice about the type of maternity care that they receive, together with improved access to services and continuity of midwifery care and support.

- The National Service Framework for Children, Young People and Maternity Services: Standard 11 (Maternity Services) states that women should have easy access to supportive, high quality maternity services, designed around their individual needs and those of their babies (DH 2004)

- The NHS Outcomes Framework 2013/14 (NHS OF) and the CCG Outcomes Indicator Set act as catalysts for driving up quality throughout the NHS by encouraging a change in culture and behaviour. 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

- A Government pledge in 2012 set out to improve maternity care. The pledge includes one named midwife overseeing antenatal and postnatal care and one-to-one midwife care during labour and delivery.

This strategy has been developed with regard to relevant policies and drivers, a full list of which is provided in Appendix A.

4. THE CURRENT POSITION (Where are we now?)

4.1 Key maternity statistics

4.1.1 Birth rate

The birth rate in Hull is steadily increasing. Figure 1 shows the number of births has increased from 2,869 in 2001 to 3,771 in 2010, an increase of 31.4%. Figures from the Office of National Statistics suggest the birth rate will continue to rise by approximately 5% by 2016.

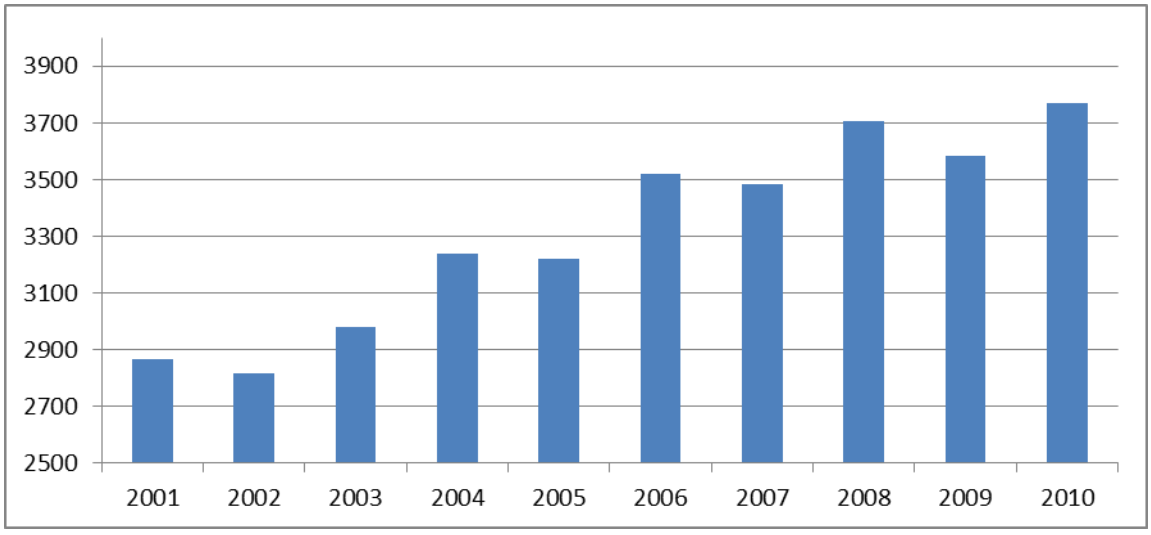

Figure 1: Annual number of births in Hull

4.1.2 Infant mortality

The infant mortality rate measures the number of deaths under 1 year of age per one thousand live births. Figure 2 shows the rate from 1999 to 2010. Hull's rate is not significantly different from the national rate at an average of 4.3.

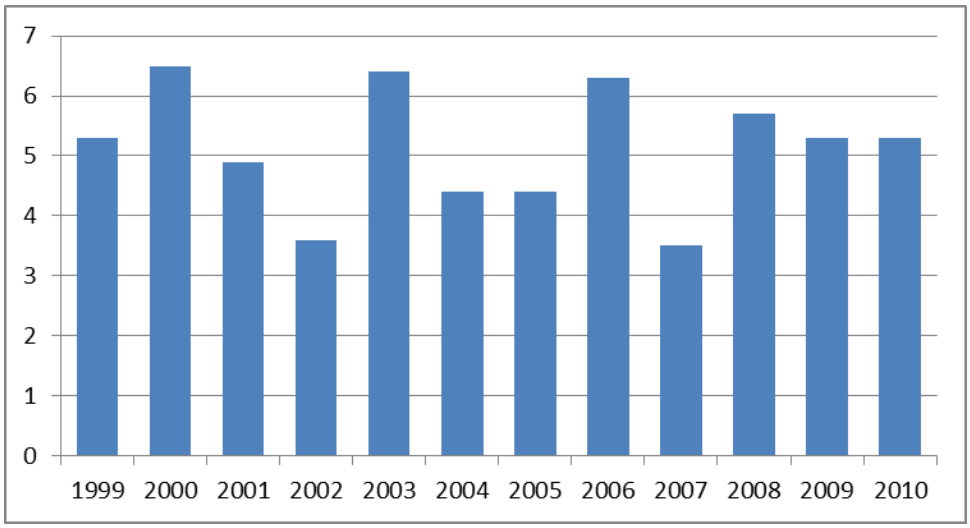

Figure 2: Infant mortality under 1 year rates in Hull 1999 – 2010

4.1.3 Perinatal mortality

The most recent data (2009) shows that the perinatal mortality rate (number of stillbirths and deaths under 7 days of age per one thousand live births) was 8.4 for Hull. This was not significantly different from the England and Wales rate of 7.5.

4.1.4 Low birth weight (>2500g)

Babies born with a low birth-weight can be a problem in itself, requiring admission to neonatal services and increasing risks for future health problems. Figure 3 shows that Hull has maintained a rate of 6.7% over the last 2 years and this is slightly lower than the national rate of 7.3% for England and Wales,

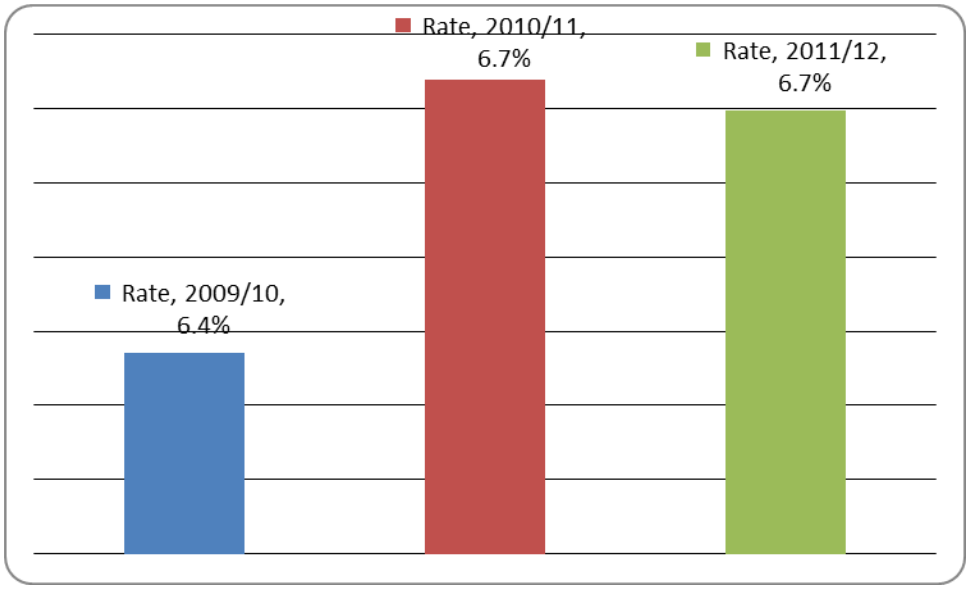

Figure 3: Low birth weight rates (% of live and stillbirths) in Hull 2009-2012

4.1.5 Early Access

Early access to maternity services is essential in order that mothers and their unborn child have access to important assessment and screening services as early in the pregnancy as possible, to enable the most appropriate care and services to be delivered. In Hull, access to maternity services at <13 weeks has been 90% or more for the last 2 years (Figure 4)

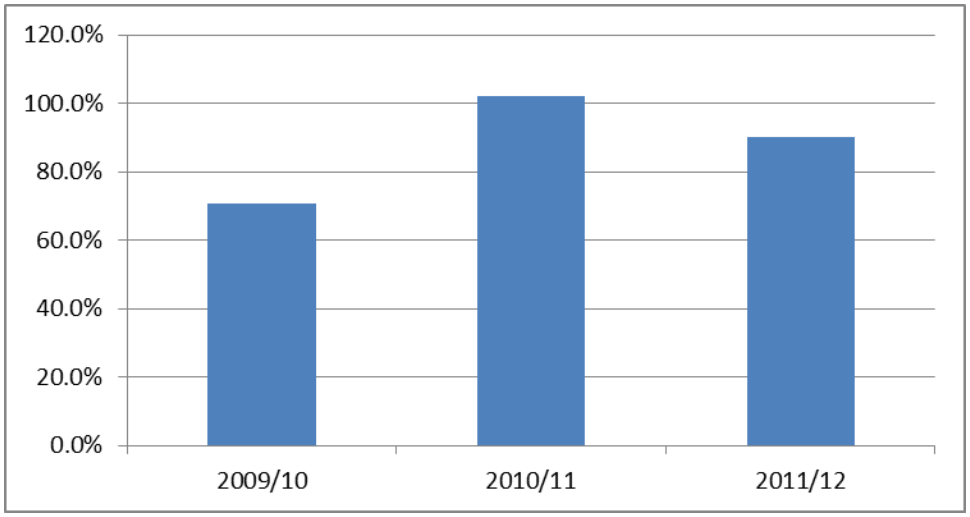

Figure 4: Early access rates at 12 weeks and 6 days.

4.1.6 Breastfeeding

Breast feeding rates in Hull at 6 – 8 weeks have declined over the last 2 year period.

Figure 5: Breast feeding rates at 6 – 8 weeks

4.1.7 Smoking

Unsurprisingly, given the higher than national prevalence of smoking in young women in Hull, the prevalence of smoking in pregnancy is higher than in England overall. Current rates for Hull are among the highest of its comparators. Smoking at time of delivery is shown in Figure 6 and has reduced by 0.2% within the last year of 2011/12

Figure 6: Smoking at the time of delivery

4.1.8 Maternal Obesity

BMI status is established at the booking in appointment and the result recorded. Women with a BMI of 30 or over are referred to the Health Lifestyles Midwife for advice and support in relation to weight management during and post pregnancy. Data for this measure has only been collated for period 2011/12 and shows that 22.7% of pregnant women have a BMI over 30 (Figure 7)

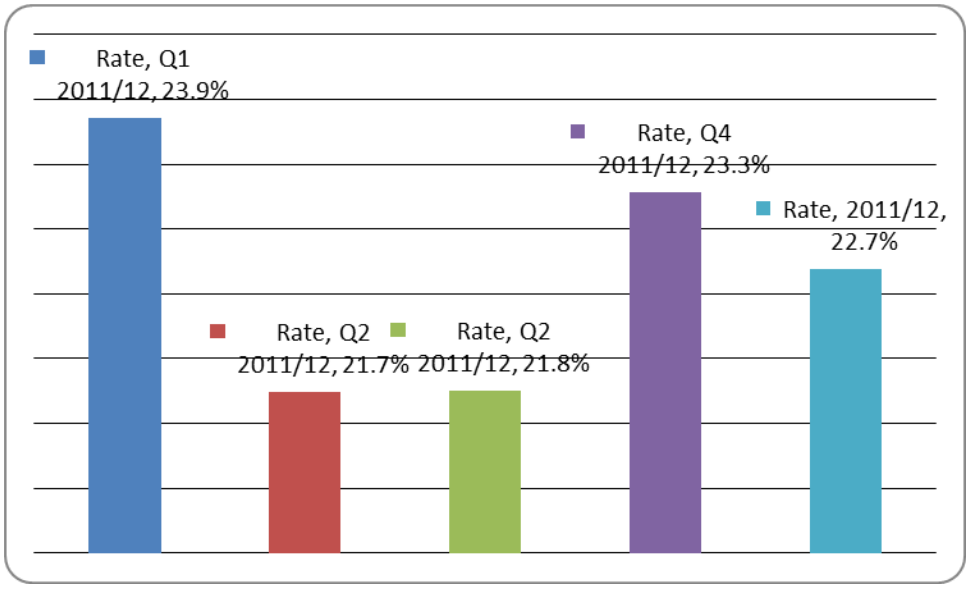

Figure 7: Maternal obesity (BMI >30)

4.2 Current service provision

The current provider of maternity services is Hull and East Yorkshire Hospitals NHS Trust (HEYHT). Maternity services operate from the Women and Childrens Hospital at the Hull Royal Infirmary site (inpatients and outpatients) and from Castle Hill Hospital site (outpatients) in Cottingham. Women can give birth at home or at the Women and Childrens Hospital supported by a midwife (midwife-led care). Women can also give birth supported by a maternity team at the Women and Childrens Hospital led by obstetric consultants, and supported by midwives, anaesthetists, neonatal and special care and other associated specialist staff.

4.3 Service user experience

In July 2010, the Hull Local Involvement Network (LINk) conducted a survey of women in Hull. The aim of the survey was to obtain their views and experiences of maternity services during their pregnancy, labour and birth, whilst in hospital and on return home. The survey found that more than eight in ten women (81%) described their experiences during pregnancy (which included support and advice from staff) as 'good' or 'excellent'. During labour and birth, this figure rose to 83%. During their time in hospital this fell to 64%.

4.4 Maternity services public consultation

Between July and September 2012, NHS Hull undertook a joint public consultation with NHS East Riding of Yorkshire into choice of place of birth, which sought the views and suggestions on the proposed model for Hull and East Riding. Respondents also gave their views and ideas of issues that they felt commissioners needed to take into consideration in the development and delivery of maternity services. The key findings of the consultation identified that 92% of respondents agreed with the vision and proposed model. Respondents raised issues related to the quality and safety of facilities, availability and attitude of staff and the availability of and access to information about maternity services. This strategy and its associated commissioned services take into account the findings of the consultation.

5. AIM AND OUTCOMES (Where do we want to be?)

5.1 Aim of the strategy

The overarching aim of this strategy is that the maternity services commissioned by NHS Hull CCG will provide '*high quality, evidence based and safe care, delivered at the right time, in the right place, by a properly planned, educated and trained workforce. Services will be integrated and care will be coordinated around the woman and her family, with service users reporting positive experience of the maternity care they have received'.*

This aim is supported by the following four key principles:-

a) Pregnancy and birth are essentially normal physiological processes

A focus on normalising birth results in better quality, safer care for mothers and their babies with an improved experience. Evidence-based research informs us that when women can give birth naturally (where this is clinically assessed as safe) it benefits both women and their babies and facilitates a quicker recovery (National Institute for Clinical Excellence (NICE) 2007).

Increasing normal births (either within the home environment or in a midwife-led unit) and reducing the number of assisted deliveries (including forceps, ventouse extraction and caesarean section) is associated with reduced length of hospital stay, fewer admissions to neonatal and specialist baby care units and better health outcomes for mothers. It is also associated with higher rates of successful breastfeeding and a more positive birth experience.

These changes benefit not only women and their families but also maternity staff. Midwives are able to spend less time on non-clinical tasks and more on caring for women and their babies.

b) Choice

There are four national choice guarantees for women and their partners. By having these guarantees, women and their partners are given the opportunity to make informed choices throughout pregnancy, birth and during the postnatal period.
These choices relate to:

- Choice of how to access maternity care
- Choice of type of antenatal care
- Choice of place of birth
- Choice of postnatal care

To facilitate choice, comprehensive information in a variety of formats must be accessible and available to help support informed decision making and partnership working between the woman and her partner with their midwife and where appropriate, their obstetrician and the maternity team.

c) Continuity of care

All women experience continuity of care throughout the maternity care pathway.

A guiding principle for the modern maternity services is that “all women will need a midwife and some need doctors too”. All women and their partners, however complex the pregnancy, will want to know and trust the midwife who is responsible for providing information, support and on-going care.

Midwives are the experts in normal pregnancy and birth and have the skills to refer to and coordinate between any specialist services that may be required.

d) Safety

Maternity care can range from looking after women going through a natural process with no or limited medical intervention, through to emergency care more akin to the services provided by an accident and emergency department or intensive care unit, when complications arise.

Safe care in maternity services means the reliable reduction of risk of harm to both mother and baby during pregnancy, childbirth and the postpartum period. (‘Safer Births’, King’s

Fund, 2011). Risk assessment and management is a continuous process throughout the maternity pathway from the point of conception to post-natal discharge.

Services that are commissioned by the CCG will need to be delivered in accordance with relevant clinical and regulatory standards, including adherence to minimum staffing ratios at the very least.

5.2. Strategy Outcomes

This strategy has five key measurable outcomes that will be delivered through the Maternity Services Work Programme, an example of which can be found in Appendix B.

- An improvement in maternal health – this includes improvements in rates of early access to midwifery care, reduction in maternal obesity and rates of smoking.
- A reduction in maternal mortality
- A reduction in infant mortality
- A reduction in infant morbidity
- An improvement in women and their families' experience of maternity services

6. KEY OBJECTIVES (How we are going to get there)

6.1 Partnership working and integrated services

This strategy cannot be successfully delivered without effective relationships and collaborative working arrangements between partner organisations, services and associated professionals.

The scope of this strategy is one element of a pathway that spans from sexual health and pre-conceptual care through pregnancy and birth to early years and includes universal, targeted and specialist services. Whilst the CCG is responsible for commissioning the majority of maternity services, the local authority (Hull City Council) is responsible for the commissioning of public health services including those related to school nursing, teenage pregnancy, breastfeeding, obesity, physical activity and smoking cessation.

In addition, NHS England has responsibility for the commissioning of public health nursing (health visiting and Family Nurse Partnership Programme) until 2015, screening and immunisation services and specialist services relating to neonatal care.

All of this commissioning activity is overseen by the Health and Wellbeing Board for Hull.

Details of how the aim and outcomes of the strategy will be achieved will be established through the development, delivery, monitoring and evaluation of the Maternity Services Work Programme (Appendix B).This work programme identifies the objectives and related actions required to support the delivery of this strategy. This includes the development of the service specification for maternity services.

6.2. Interdependent services

The following is a list of the inter-dependent universal, targeted and specialist services which will support the delivery of this strategy, with the responsible commissioner(s) in brackets.

- General Practitioners (NHS England)
- Pre-conceptual care services (NHS Hull CCG)
- Public Health Nursing: Health Visiting, Family Nurse Partnership Programme (NCB to 2015) School Nursing (Hull City Council (PH))
- Obstetric services (NHS Hull CCG)
- Teenage Pregnancy Support Service (Hull City Council)
- Perinatal and adult mental health services (NHS Hull CCG)
- Genetic services (NHS England)
- Sub-fertility services (NHS Hull CCG)
- Human Milk Bank (Hull City Council (PH))
- Healthy Lifestyles (Hull City Council (PH))
- Early Pregnancy Assessment Unit (NHS Hull CCG)
- Neonatal Intensive Care and Specialist Baby Care Units (NCB)
- Breastfeeding Peer Supporters (Hull City Council (PH))
- Doula service (Hull City Council (PH))
- Birth Preparation and Parent Education Service (NHS Hull CCG)
- Screening and Immunisations (NHS England and Public Health England)
- Education services including Primary, Secondary and Special Schools, Pupil Referral Units (Schoolgirl Mums Unit), Academies, Further and Higher Education establishments

6.3 Stakeholder engagement and user involvement

The vehicle to support integrated service delivery and the development of care pathways is stakeholder engagement and user involvement.

The NHS Hull CCG Children, Young People and Maternity Programme Board will oversee the delivery of this strategy. One of the Programme Board's key functions is to oversee and support the integration of child and maternal health services by planning service provision and delivery in partnership with members of the local health economy and children and young people's services within the local authority. Board membership consists of key strategic leads from representative organisations.

NHS Hull CCG and NHS East Riding of Yorkshire have established a joint Children, Young People and Maternity Clinical Network, whose purpose is to lead local improvements in the quality of care and outcomes for children, young people and their families. The Network is made up of clinical experts from the fields of maternity, children and young people's care, from across primary, community and secondary care, as well as clinicians from public health and social care.

The focus is to bring improvements to clinical pathways or areas where many professional groups and organisations are involved in the development and delivery of care and where a whole-system, integrated approach is needed to achieve positive changes in quality and outcomes. The Network will support a reduction in unwarranted variation in healthcare and encourage innovation. There is a focus on ensuring that the quality of care in maternity, children and young people's services is consistently high.

NHS Hull CCG is committed to involving patients and carers in the planning and decision-making process around the services commissioned. Working together with partners encourages innovation, continuous improvement in service redesign and improves the health and well-being of the local population.

The Hull and East Riding Maternity Services Forum is the main vehicle for ensuring that service users views and comments are listened to and are incorporated into commissioning decisions. Membership of this forum is drawn from commissioners, provider organisations and service users. The forum has a particular role to play in assuring the work undertaken to improve women and their families' experience of care.

6.4 Governance and Accountability

This strategy and its associated work programme will be led and monitored through the Children, Young People and Maternity Programme Board. This will include risk management of the strategy.

The Hull and East Riding Maternity Services Forum will drive the delivery and monitoring of the work programme alongside other associated groups such as the Infant Feeding Group and the Smoking in Pregnancy Group, in turn reporting to the Children, Young People and Maternity Programme Board.

The Children, Young People and Maternity Clinical Network will be responsible for leading the development and review of the care pathways and is accountable to the Children, Young People and Maternity Programme Board.

Appendix A

NATIONAL AND LOCAL POLICIES AND STRATEGIES

NHS Outcomes Framework 2013-14, Department of Health

Everyone Counts: Planning for Patients 2013/14. NHS Commissioning Board 2012

National Service Framework (NSF) for Children, Young People and Maternity, Standard 2: Supporting Parents or Carers (2004)

NSF Standard 11: Maternity Services, Department of Health, 2007

Maternity Matters: choice, access and continuity of care in a safe service, Department of Health, 2007

Midwifery 2020: Delivering Expectations, Department of Health, 2010

Healthy Child Programme: pregnancy and the first 5 years of life, Department of Health, 2009

Fair Society, Healthy Lives: The Marmot Review', 2010

One-to-one midwifery care in labour: A briefing paper, Royal College of Midwives (2010

Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour, RCOG, RCM, RCA, RCPCH 2007

Commissioning Maternity Services – A resource pack to support clinical commissioning groups, NHS Commissioning Board, 2012

The Birthplace in England: National Prospective Cohort Study, 2012

Families in the Foundation Years – Evidence Pack, Department of Education/Department of Health, 2011

Maternity and early years: making a good start to family life, Department of Health, 2010

Saving Mothers' Lives: Eighth report of the Confidential Enquiries into Maternal Deaths in the United Kingdom, CMACE, 2011

Improving Safety in Maternity Services Staffing Toolkit. King's Fund, 2012

Our health, our care, our say: making it happen. Department of Health, 2007

NICE Guidelines for Maternity Care

Hull Children's Trust, Early Support and Intervention Strategy (2012 – 2013)

Hull Health and Wellbeing Board Strategy and Action Plan 2012-2013 (including updated versions beyond 2013)

Hull Joint Strategic Needs Assessment 2013, Public Health Sciences, Hull City Council

Appendix B

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

Outcome reference key *

1. Improving maternal health
2. Reducing maternal morbidity
3. Reducing infant mortality
4. Reducing infant morbidity
5. Improving women and families' experience of care

Key Actions 2013/14

1. Development of service specification for maternity services
2. Implementation and monitoring of maternity tariff
3. Development of performance framework, incorporating CCG Indicators and NHS Outcomes Framework Indicators
4. Development of assurance and reporting framework

Objective	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	1,2,3,4	Development of pre-conceptual care pathway	TBC	All providers
Commissioning of sub-fertility services	1,5	Transfer of data from SCG	TBC	CCG
	TBC	Review of policies and contracts in relation to NICE guidance	TBC	CCG
Improve early access to midwifery/antenatal care from ** to **	1, 2, 3, 4,5	Clear Service specification, maternity care pathways and KPI's	Oct 2013	Hull CCG HEYHT
	TBC	'Care close to home' Choice of booking in clinics to be provided within community and maternity facilities	TBC	HEYHT
Improve early identification of women with high risk factors and additional needs	1, 2, 3, 4,5	Improve early access	TBC	HEYHT
	1, 2, 3, 4,	Ensure access to targeted and specialist services through early referral and support (care pathways)	TBC	TBC
	1,2,3,4	Improve uptake of screening and immunisations from pre-conceptual care to newborn screening	TBC	PH England

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)	1, 2, 3, 4,5	Clear service specification, maternity care pathways and KPI's	TBC	HEYHT
Improve access to Birth Preparation and Parent Education Services to all women and their partners	1, 2, 3, 4,5	Procurement of Birth Preparation and Parent Education Service	1st October 2013	KP
	1, 2, 3, 4,5	Ensure that Birth Preparation and Parent Education is available to all first-time mums and their partners and to those women (and partners) with subsequent pregnancies	TBC	CCG/New Provider
	1, 2, 3, 4,5	Ensure women with complex needs have access to 1:1 antenatal education through core midwifery services. To be established within the maternity care pathway	TBC	HEYHT
	1,5	Ensure all women and their partners have an opportunity to experience a 'virtual visit' of the maternity services during the antenatal period	TBC	HEYHT
Increase the number of normal births from ** to ** in 2013/14 (home births and midwife-led births)	1, 2, 3, 4,5	Development of the alongside Midwifery Led Unit at HEYHT	TBC	HEYHT
		Improve information to all women in relation to 'choice of place of birth' at the point of booking (care pathways)	TBC	HEYHT
Improve breast feeding rates at initiation from * to * and at 6-8 weeks from ** to ** in 2013/14	1,2,3,4	Review progress and outcomes of the Baby Friendly Initiative	TBC	PH (Hull CC/NHS England/PH England)
	TBC	Continuation of the Human Milk Bank	TBC	TBC
	TBC	Bump to Breastfeeding resource	TBC	TBC
Reduce smoking in pregnancy rates from ** to ** in 2013/14	1,2,3,4		TBC	PH – Hull CC
Improve mental health services for women	1,2,3,4,5	Review of mental health services including perinatal mental health and counselling services for women including those who are undergoing IVF, have suffered miscarriage/stillbirth	TBC	CCG
Reduce maternal obesity from ** to **	1,2,3,4,5,	Review of current pathway and KPI's for maternal obesity	TBC	PH/CCG
	1,2,3,4,5,	Ensure all women of BMI >35 are seen by the specialist healthy lifestyles midwife	TBC	PH – Hull CC
Ensure access to specialist neonatal services are close to home	1, 2, 3, 4,5	TBC	TBC	NHS CB: SCG
Improve the quality of maternity services facilities	2,3,4,5	TBC	TBC	HEYHT