

## **Health and Wellbeing Scrutiny Committee**

# Northern Devon Maternity Services Spotlight Review



September 2013

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## Actions

The spotlight review has not specifically identified recommendations at this stage because there are not firm proposals. Instead there are several points for information that the spotlight review recommend that the committee re-visit:

1. Further evidence from North Devon Health Care Trust about how the £1.1million reduction in budget will be accommodated.
2. Review the criteria which will determine home visits for new mothers.
3. Examine the performance indicators, once developed, for the change in service and monitor progress against them.
4. The committee to receive further information on service user's views.

## Background

This spotlight review was established following the report to the Health and Wellbeing Scrutiny Committee on the possible changes to the maternity service in Northern Devon. The Scrutiny Committee appreciated the early involvement in discussing the proposals, but it was felt that a more detailed look at the options was required. To some extent the spotlight review was also an early view on developments as no decisions have yet been taken, this is an example of pre-decision scrutiny.

The spotlight review met on the 8<sup>th</sup> August 2013. The meeting was chaired by Councillor Andy Boyd and attended by the following members of the committee: Councillors Brian Greenslade, Caroline Chugg and Claire Wright. The meeting was also attended by representatives from Northern Devon Healthcare Trust, NEW Devon CCG and Public Health; and the Members would like to thank them for their contributions.

## Findings

### Northern Devon

The spotlight review requested contextual information to understand aspects of the health of new and expectant mothers. This section of the report is based on information that has been provided by Public Health.

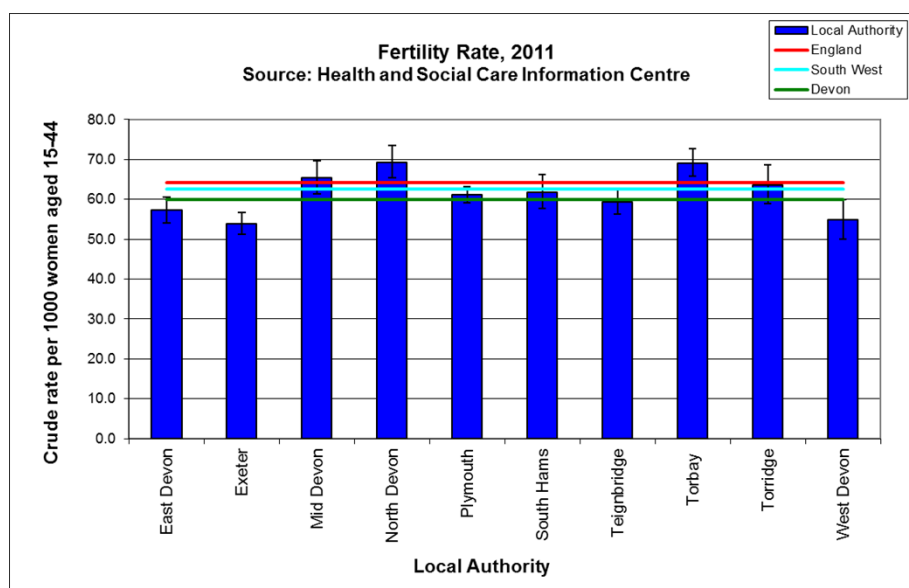
The Northern locality of North East West (NEW) Devon CCG has higher rates of both urban and rural deprivation than the other locality areas. Socio-economic status is strongly associated with health outcomes for mothers and their babies. Babies born to mothers living in the most deprived areas have around twice the rate of still birth and neonatal death than those born to mothers living in the least deprived areas. The link between smoking in pregnancy and socio-economic status varied in Devon from nearly 26% in the most deprived group to 5% in the least deprived group.

Tobacco smoking in pregnancy remains one of the few preventable risk factors associated with complications in pregnancy, low birth weight, pre-term birth and has serious long-term health implications for mothers and babies. In Devon there are significant variations in smoking rates across the Authority. North Devon and Torridge have significantly higher rates of smoking compared to other districts in the Devon County Council area.

The rate of teenage pregnancy across Devon has been steadily falling over the last 5 years, and this pattern is reflected in North Devon. The rate of teenage pregnancy in Devon is lower than the average in the South West and England.

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North Devon has a statistically significantly higher fertility rate than Devon, the South West and England; this is demonstrated on the chart below.



### Current Service

In the year 2012/13 North Devon Healthcare Trust (NDHT) has provided antenatal care to 1885 women, and has a birth rate of 1641<sup>2</sup>. All pregnant women have a named midwife and the current midwifery ratio of 1:30 meets the minimum safe standards as defined by Birth Rate Plus. All women have a 1:1 ratio of care when in labour. The task group has heard from the provider and the commissioner that the most important thing is that women and their families are empowered to make informed choices.

Midwives are currently attached to GP surgeries and whilst there is some liaison with children's centres this is not consistent or monitored.

### Why is the service planned to change?

The National introduction of the Maternity Tariff in April 2013 changes the funding structure and means that the maternity service provided by NDHT will cost £2.2 million more than the anticipated income. The spotlight review understands that as a result of the Payment by Result Guidance and the outcome of arbitration the provider and commissioner will share this financial gap in 2013/14. This means that NDHT will need to find £1.1 million savings on its current provision.

The spotlight review understands that not all of this sum has to be found from maternity services, but that as a result of other funding settlements the trust will need to make £12 million savings overall. The trust proposes to do this through reviewing efficiencies, improving the use of IT and improving performance.

Whilst finances are driving the need for change at this time, the commissioner and provider see this as an opportunity to update working practices and ensure that the best possible service is available for the women of Northern Devon and their babies.

### How might the service change?

The spotlight review has heard that no decisions have been taken at this stage. There are three options that have and are being considered.

✧ Option 1      No change to the current Midwifery Model

<sup>1</sup> Chart and data provided by DCC Public Health

<sup>2</sup> Figures provided by Northern Devon Healthcare Trust & NEW Devon CCG

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The spotlight review has heard that this is not possible in the budget settlement.

✧ Option 2                      Midwifery Led Service

This would mean that any high risk deliveries would have to go to the Royal Devon and Exeter hospital in Exeter. The definition of high risk includes a long list of scenarios and might mean that up to half of all pregnant mothers would have to travel to the RD&E.

✧ Option 1 +                      A Team approach and Children's Centres. (The current model but with more of a team approach and moving some services into children's centres).

To consider the options there has been a task group set up to include Clinicians, Commissioners and Providers for the Clinical Commissioning Group and Northern Devon Healthcare Trust. This review group agreed Option 2 was neither safe nor practical and that Option 1+ was the model of choice.

The spotlight review heard that there are nine children's centres across the region. The provision in accommodation naturally varies so the trust is in the process of conducting an audit to assess suitability of locations and ensure coverage. The trust proposes to take a stepped approach to increase maternity services in Barnstaple and possibly Ilfracombe in the first instance.

This is planned to have the effect of:

- ✧ Increasing Choice to women and their families.
- ✧ Rationalising midwifery time by reducing travelling time and allowing more women to be seen.
- ✧ Looking to develop innovative methods of provision, i.e. Drop In and One Stop Shops.
- ✧ Maintaining GP links.
- ✧ Supporting National Policy.
- ✧ Increasing the use of Children's Centres.

All Party Parliamentary Report 'Best Practice for a Sure Start' has two key recommendations for maternity. These are:-

"All perinatal services should be delivered under one roof in the children's centres".

"Local Authorities and Health should consider greater use of pooled budgets to allow for innovative commissioning of both of these services".

## What happens now?

- ✧ The NDHT will need to consider the further details of the service.
- ✧ Working with the CCG there will be further service specification design, including the development of Key Performance Indicators.
- ✧ On-going flexible consultation will be taking place to support the development of the service.

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## Conclusion

The spotlight review enabled Members to give greater consideration to the future of the maternity service provided by NDHT than was possible at the Committee meeting. Due to the stepped approach and the transitional nature of the proposals the committee will be expecting more information on specific developments. The spotlight review also notes that the NEW Devon CCG is undertaking a wider strategic review of maternity provision, and that the Health and Wellbeing Scrutiny Committee looks forward to receiving further information on outcomes from this review.