

Report To:	Governing Body Meetings in Common
Report Title:	Public Health Report: Better Health, Better Care, Better Value Partnership: Coventry & Warwickshire Local Maternity System (LMS) Partnership: Progress Report Health and Wellbeing Workstream
Report From:	Helen King, Interim Director Public Health, Warwickshire County Council Liz Gaulton, Director of Public Health and Wellbeing, Coventry City Council
Date:	17 th July 2019
Previously Considered by:	N/A

Action Required (*delete as appropriate*)

Decision:		Assurance:		Information:	✓	Confidential	
------------------	--	-------------------	--	---------------------	---	---------------------	--

Purpose of the Report:

The purpose of this paper is to provide a brief update to the Governing Body on progress with Coventry & Warwickshire's Local Maternity System (LMS) Health and Wellbeing Workstream.

Key Points:

LMS Vision

The LMS was established to specifically focus on transforming maternity and neonatal services to deliver improved outcomes for mothers and babies through a healthy pregnancy and safe birth in the preferred place, supported by a known midwife. This is to be achieved through delivery of:

- The recommendations of Better Births;
- The recommendations of 'Saving Babies' Lives';
- The recommendations of the West Midlands Neonatal Review for which the LMS is responsible.

Delivery of the LMS vision is underpinned by a set of commitments being taken forward through three work-streams as follows:

- Quality and Safety
- Choice and personalisation
- Health and well-being

Aligned to the LMS work programme the Maternity, Children and Young Peoples (MCYP) Strategic Programme that has a much broader scope that extends from the antenatal period to adulthood (from 0-25); mental and physical health; prevention and early intervention, recognising the impact of the wider determinants of health.

Whilst there has been collaborative working across the two programmes there is now a recognised need to improve alignment and consequently a joint governance structure is being introduced to allow the activities of both programmes to be co-ordinated and dependencies managed.

Recommendation:
Governing Body Members are requested to COMMENT and NOTE the update on the LMS Health and Wellbeing Workstream and CONSIDER how opportunities to enable the work of the LMS is progressed to the benefit of women and families across Coventry and Warwickshire.

Implications						
Objective(s) / Plans supported by this report:	Better Health, Better Care, Better Value Partnership strategic priority					
Conflicts of Interest:	N/A					
Financial:	Non-Recurrent Expenditure:	N/A				
	Recurrent Expenditure:	N/A				
	Is this expenditure included within the CCG's Financial Plan? (Delete as appropriate)	Yes		No		N/A ✓
Performance:	N/A					
Quality and Safety:	LMS promoting the recommendations of 'Saving Babies Lives' and the recommendations of the West Midlands Neonatal Review					
Equality and Diversity:	General Statement: The CCG is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the CCG are non-discriminatory on the grounds of any protected characteristics. Policies/decisions may need to be adjusted in line with any equality analysis or due regard. Any decision that is finalised without being influenced by appropriate due regard could be deemed unlawful.					
	Has an equality impact assessment been undertaken? (Delete as appropriate)	Yes (attached)		No		N/A ✓
Patient and Public Engagement:	Each maternity service has a voluntary Maternity Engagement Group consisting of service users and professional. These local groups feed into the strategic LMS Maternity Voices Partnership (MVP).					
Clinical Engagement:	Via LMS Board and Regional Maternity Network					
Risk and Assurance:	N/A					

Health and Wellbeing Work-stream:

The core aim is to optimise the health and wellbeing of mothers to be, mothers and infants through effective practice and integrated working across the system.

Anticipated Outcomes:

- Reduction in Maternal and Neonatal Mortality and Morbidity
- Reduction in smoking in pregnancy
- Reduction in maternal obesity and gestational diabetes
- Increased Breastfeeding rates – at birth and at 6 weeks
- Reduction in perinatal mental health issues, such as depression in the antenatal and postnatal
 Periods considering outcomes for both the mother and the father.
- Reduction in Neonatal care admissions and lengths of stay.

This work stream includes seven strands of work as follows:

<p>Parent-Infant Mental Health & Well-being (PIMHW)</p>	<p>During pregnancy, and in the year after birth, at least 10% of women are affected by a range of perinatal mental illnesses. If left untreated, this can have a devastating impact on mothers and their families. Through early identification and expert management, it is possible to prevent the onset and escalation of perinatal mental illness and much can be done to support women preventing negative impacts on the family.</p> <p>A specialist team, comprising perinatal psychiatrists, psychologists and community psychiatric nurses has been commissioned but further work is being taken forward through an LMS Perinatal Infant Mental Health and Wellbeing (PIMHW) Steering Group. A 5 year strategic plan has been developed and progress includes:</p> <ul style="list-style-type: none"> • Work is underway to develop and strengthen PIMHW Pathways across the LMS and to plan a multi-agency workforce development programme. • Implementation of a training programme for evidence-based video interactive guidance (VIG) provision (seven health visitors to become accredited VIG Guiders by end 2019-20). • A Business Case for a cadre of specialist mental health midwives and health visitors developed. Work underway within the LMS, Coventry & Warwickshire Mental Health Commissioning and WCC to try and identify funding. • A local 3rd sector organisation is working with Parent <i>Infant</i> Partnership (UK) to look at the potential of establishing a Parent <i>Infant</i> Partnership (PIP) across the LMS (with support from a local benefactor).
<p>Stop Smoking in Pregnancy (SSiP)</p>	<p>Smoking in pregnancy is a key risk to both the health of the mother and the unborn child. Women who smoke in pregnancy are more likely to experience intra-uterine growth restriction, pre-term birth and/or stillbirth. It poses the single largest risk to a healthy pregnancy and as such all women are encouraged to quit at booking and if necessary at subsequent points along the antenatal pathway.</p> <p>Substantial work has been undertaken in improving pathways to SSiP services and</p>

	<p>midwives and other staff have been trained to offer women brief advice. There is however variability in smoking rates at delivery across the County and Coventry, further work is required to address this. Current work includes:</p> <ul style="list-style-type: none"> • A Task & Finish Group which is close to finalising SSiP guidelines for implementation across the LMS. • A 2019/20 LMS funding bid has been submitted to support a strategic and operational review of smoking in pregnancy, with an audit to benchmark provision against guidelines and to help identify gaps and priorities/next steps. There is also a need for place-based Lower Super Output Area (LSOA) data capture and analysis to consider the need for targeted interventions.
--	--

<p>Universal perinatal parenting education</p>	<p>There is good evidence that well designed perinatal parenting education programmes help parents understand and shape positive relationships with their infants. This in turn helps their infants to develop emotional and behavioural self-regulation skills - increasing their long-term resilience and mental wellbeing.</p> <p>In Warwickshire, Smart Start research (involving 1,135 Warwickshire parents) found a paucity of free or low cost perinatal parenting education opportunities and inequity in access. These findings are echoed in Coventry. In developing the Coventry Parenting Strategy (2018-23), a consultation with 364 parents found 75% said they needed support before the baby was born in terms of preparing for the birth.</p> <p>In response, the LMS has prioritised the need to develop and implement place-based Universal perinatal parenting education offers. Current activities include:</p> <ul style="list-style-type: none"> • Work underway at South Warwickshire to begin to pilot a delivery of universal antenatal parenting education as part of SWFT's Continuity of Care model. • Development of this model will include the creation of social connections and 'peer to peer' educators who will work alongside professionals. • Additional capacity/resource required by GEH and UHCW midwifery to work with public health to drive forward place-based universal antenatal parenting education offer in North, Rugby and Coventry. A bid has been submitted for 2019-20 LMS transformational funding. • Recognition that to succeed in offering a universal antenatal parenting education in the north of Warwickshire and Rugby there will be a need to take an asset-based approach to delivery with third sector and peer to peer provision.
---	--

<p>Obesity in Pregnancy</p>	<p>Around 1 in 5 women attending antenatal care in the UK are obese. In some areas of the LMS this reaches 1 in 4. Having a higher body mass index at the start of a pregnancy, and excessive gestational weight gain, increases the health risks to both the mother and infant.</p> <p>A LMS 'partnership approach to physical activity and reducing obesity' workshop in November 2018 recognised that there are inconsistencies in the LMS 'obesity in pregnancy' pathways, and there is a need to review and strengthen these pathways.</p> <ul style="list-style-type: none"> • Before the pathways can be reviewed and benchmarked there is a need to develop up to date guidelines for the identification and management of obesity during and after pregnancy. The timeline for guidelines development is not yet confirmed but is anticipated to be in the next 3 or 4 months.
------------------------------------	--

<p>Parental conflict and domestic violence</p>	<p>There is a large body of evidence that shows that conflict between parents can have a negative impact on children’s long-term mental health and future life chances. Parental conflict can then in turn act as a precursor to poor parenting practices.</p> <p>In most recent estimates (2013/14), the proportion of children living in couple-parent families whose parents had ‘distressed relationships’ was 11.4%, and 28% of children living in workless families live with parents in a distressed relationship. This is almost three times higher than for children where both parents are working (10%).</p> <p>Parental conflict is a potent pre-cursor to domestic violence and as such is an issue that needs to be addressed through LMS pathways. With this in mind:</p> <ul style="list-style-type: none"> • A LMS scoping meeting was held on 23 May to decide on next steps for this strand of work. • The meeting explored: key data for domestic abuse and what is collected by maternity staff; pathways which need to be explored further around maternity staff recording domestic abuse and signposting for support; staff confidence, competence and training needs; and limited capacity within maternity services to drive the LMS priorities. • Coventry has received national funding to complete workforce development with early help and protection services to reduce parental conflict. In order to secure the training, a multiagency review of current practice within Coventry of work across organisations regarding reducing parental conflict has been completed using a scoping tool. • Within Warwickshire a strategic review is underway of domestic abuse including consultations with partners/services which will provide further information re need. • A follow up meeting will be held in September when the strategic plan for Warwickshire will be in place.
<p>Infant Feeding</p>	<p>There is a vast body of evidence to support the importance of breastfeeding for short and longer term health of the mother and the infant.</p> <p>Since 2015, we have seen a downward trend in breastfeeding rates in Warwickshire. In 2018-19, the average rate of breastfeeding at 6-8 weeks was 47.9% (England 46%). This is lower than many of our statistical neighbours. In Coventry, 2017/18 data showed 78.3% of mothers initiate breastfeeding. By 6 to 8 weeks after birth, 48.3% of mothers are breastfeeding (England 42.7%).</p> <p>Coventry parents reported the need for support with breastfeeding. Warwickshire parents report insufficient support in the early days of breastfeeding, and midwives express concerns about a lack of capacity to offer quality support.</p> <ul style="list-style-type: none"> • There is an acknowledged need to improve infant feeding support for parents. This will include an LMS review of infant feeding support pathways to identify good practice and geographical variance. • Recognition that – given midwifery services capacity - to succeed in strengthening breastfeeding support and outcomes there will be a need for an asset-based approach to delivery with third sector and peer to peer provision.
<p>Community Hubs/Family Hubs</p>	<p>Better Births identified that maternity services should be organised around the woman and her family and that Community Hubs should be identified to enable access to services needed. It was recognised that the LMS will need to identify a range of services to be brought together through the community hub based on the needs of the local community, infrastructure available and the pathways/services commissioned</p>

Provisional work was undertaken across Warwickshire with a view to identifying potential Community Hubs for LMS services and whilst venues have been agreed in the South of the county there was a view that the model of care (to be agreed through the Choice and Personalisation work programme) would need to be clearer before hubs in Rugby and in the North of the county can be identified. Alongside this NHSE (Maternal and Perinatal Clinical Networks) has undertaken a mapping exercise of hubs across the country with a view to identifying hub locations across geographical boundaries. The findings of this work will help inform the future identification of hubs elsewhere in Warwickshire. . In Coventry, there are 8 family hubs which operate in the most deprived areas of the city which includes delivery of community based antenatal care.

Conclusion

As this report demonstrates, there are multiple work programmes, supported by a wide range of multi-disciplinary / multi-agency groups. Each group requires leadership and participation from CCGs, Local Authorities, Third Sector, clinicians from all Trusts. Sustaining the contribution of staff, who are also responsible for the delivery of clinical services, is challenging. In this context, the recommendations of this report are that the Committee:

- Notes the objectives and current work programme of the LMS
- Recognises that aspects of the work programme are yet to be addressed
- Identifies any opportunities to enable the work of the LMS to progress to the benefit of women and families across Coventry and Warwickshire