Draft Knowsley Maternal Health Strategy 2010 - 2013

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Knowsley Health and Wellbeing is a partnership between Knowsley NHS Primary Care Trust and Knowsley Council's Directorate of Wellbeing Services, incorporating social care, leisure and culture services

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IMPACT ON STAFF AND POPULATION GROUPS (Including children, vulnerable adults, black and minority ethnic groups, disabled people, men, women and transsexuals):
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Dissemination of the strategy and awareness raising amongst staff groups will be undertaken by service providers.

Training/ Awareness Raising to take place on:

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Knowsley's Breastfeeding Strategy Group
Public Health Strategy Group

The Policy will be posted on the intranet & internet:

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1.0 Introduction

Within the Knowsley Maternal Health Strategy (2010 – 2013), a vision for achieving optimal maternal health is presented. The parameters of maternal health within the strategy incorporate the core maternity pathway, which spans from pre-conception until four weeks following birth.

Pregnancy and birth are common life events for most women and provide a valuable opportunity for families to reflect on lifestyle choices and aspirations for themselves and their children. Improving the health and life chances of children, particularly those identified as having additional needs, is a major theme in national policy. Achieving this aim involves a diverse range of public services including health, education, social care and the criminal justice system as well as the voluntary and independent sector. Maternity services have an important role to play in this given the positive effect that early intervention can have on families and the future of their children.

At a local level maternity services are key to achieving a number of PCT and Local Authority strategic objectives including reducing health inequalities and social exclusion, developing more accessible services, empowering individuals and communities and ensuring the provision of safe, high quality services.

The Knowsley Maternal Health Strategy will identify the main national policies driving change in maternity care, examine the available data on local needs, and appraise existing services. On the basis of this analysis the direction of travel for the provision of services in the future will be set.

2.0 Vision, Aims and Objectives

2.1 Vision:

The individual holistic needs of all women and children in Knowsley will be met and the best possible outcomes will be achieved for all through quality services and effective partnerships.

2.2 Aim:

The Knowsley Maternal Health Strategy will provide a framework for the local delivery of high quality, safe, accessible maternity services which consistently adhere to the national choice guarantee, reduce health inequalities and are both women–focussed and family–centred.

2.3 Strategy Objectives:

2.3.1 To ensure that the Maternal Health Needs Assessment informs future delivery of services

2.3.2 To ensure that public participation and feedback are central to the development and implementation of the strategy

2.3.3 To ensure that all equality dimensions are considered and consulted on fully in the development and implementation of the strategy, respecting the diversity of needs within the community and taking into account needs based on gender, transgender, race, disability, sexual orientation, age, religion and belief

2.3.4 Be underpinned by an action plan which will ensure that all maternity units provide equitable care based on agreed standards, including:

- Optimising pre pregnancy care
- Early identification, booking and access to support in an appropriate setting, recognising the needs of vulnerable families and developing appropriate care pathways with other relevant partners
- Delivery of the national choice guarantee
- Personalised care within a safe framework
- Adherence to relevant guidance, such as NICE, NSF, HCP etc.
- Continuity of care and integrated service delivery
- Addressing inequalities

2.3.5 To provide guidance for future maternal health workforce planning, ensuring that the workforce is able to fulfil the vision and aims of the strategy

2.3.6 To provide a framework for measuring improvements in outcomes for women and children living within the Borough of Knowsley

3.0 Policy Drivers – National

Maternity

3.1 Towards Safer Childbirth (RCOG, RCM 1999)
3.2 Maternity Matters: Choice, access and continuity of care in a safe service (DH 2007)
3.3 Saving Mothers' Lives 2003-2005 (CEMCH, 2007)
3.4 Healthy Child Programme. Pregnancy and the first five years of life (DH 2009)
3.5 Department of Health. First-year evaluation of the Family Nurse Partnership (2008).
3.6 Standards for Maternity Care. Report of a Working Party. (RCOG 2008)
3.7 Perinatal Mortality 2007 (CMACH 2009)
3.8 Management of Women with Obesity in Pregnancy (CMACE / RCOG 2010)
3.9 Maternity and Early Years. Making a good start to family life (HM Government 2010)

Child Health

3.10 Hidden Harm – responding to the needs of children of problem drug users (HO 2003)
3.11 Every Child Matters: Change for Children (DCFS 2004)
3.12 National Service Framework for Children, Young People and Maternity Services (DH 2004)
3.13 Childcare Act (HM Gov 2006)
3.14 Children's Centers Planning and Performance Guidance (DCFS 2007)
3.15 Children's Plan (DCFS 2007)
3.16 Delivering Health Services Through Sure Start Children's Centers (DCFS 2007)
3.17 HM Government. Healthy Weight, Healthy Lives: One Year On. (DH / DCSF 2009)

Public Health

3.18 Smoking Kills (DH 1998)
3.19 Choosing Health : making healthy choices easier (DH 2004)
3.20 Reaching Out: An Action Plan On Social Exclusion (DH 2006)
3.21 Cross Government Obesity Unit. Healthy Weight, Healthy Lives (HM Government, 2008).
3.22 Drugs: Protecting families and Communities. Action Plan 2008-2011 (HO 2008)
3.23 Safe, Sensible, Social – the next steps in the National alcohol strategy (DH, 2008)
3.24 Healthy Lives, Brighter Futures. The strategy for children and young peoples health (DH / DCSF 2009)
3.25 New Horizons, A shared Vision for Mental Health (DH 2009)
3.26 NHS Operating Framework (2010 – 11)

Policy Drivers – Regional

3.27 Healthier Horizons Birth Clinical Pathway (2008 and 2010)
3.28 Hard to Reach? Access to Maternity Services for 'Vulnerable' Women in the North west (NHS North West 2009)

Policy Drivers – Local

3.29 Adult substance misuse treatment plan (2009/10/11)
3.30 Commissioning Strategic Plan (2008 – 2013)
3.31 Children and Young Peoples Plan (2008 – 2011)
3.32 Energise Knowsley- Healthy Weight Strategy (2009 – 2012)
3.33 Knowsley Infant Feeding Strategy (2008 – 2011)
3.34 Mental Health Promotion Strategy (2006 – 2009)
3.35 Operating Plan (2010 – 11)
3.36 Transforming Community Services Strategy (2009 – 2013)
3.37 Tobacco Control Strategy (2007 – 2010)

4.0 Local Needs Assessment

A Knowsley Maternal Health Needs Assessment was completed in July 2009, which outlines details of the current status of maternal health within the Borough. Throughout this section, a summary of the main findings will be presented. The full report can be accessed at www.knowsley.nhs.uk

4.1 Population data

The resident population of Knowsley currently stands at 150,800. Since 1981, the population has fallen by 13.1% (approximately 800 people per year) and has seen a reduction in all but two years. Knowsley has a relatively young population, with an average age of 38.2 years, compared to an average age of 39.2 years in England. The proportion of the female population aged 15 to 44 (women of child bearing age) in Knowsley is roughly comparable to the national average, with 41% of women in this age group compared to 40.6% in England.

4.2 Deprivation indicators

Knowsley is ranked 8th most deprived Local Authority (LA) in England (out of 354) in terms of overall deprivation and the 2nd most deprived LA when measuring concentrated deprivation.

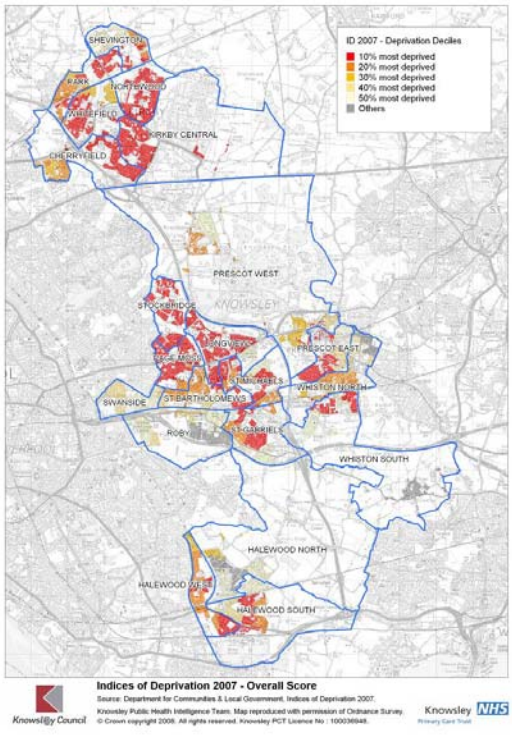
Figure 1 shows the levels of deprivation across Knowsley. Those areas shaded red fall within the 10% most deprived communities in England. Results show that large parts of the Borough fall into this category, with Kirkby and North Huyton being particularly deprived. Pockets of severe deprivation can also be seen in Prescot, Whiston and Halewood.

Income Deprivation Affecting Children Index (IDACI) is a supplementary index released alongside the Indices of Deprivation (ID) 2007. The IDACI looks specifically at children aged 0-15 living in families that are income deprived.

The index defines income deprivation as families receiving Income Support, Job Seekers Allowance/Incapacity Benefit, Pension Credit, or those not in receipt of these benefits but in receipt of Working Tax Credit or Child Tax Credit with an equivalised income below 60% if the national median.

Figure 2 shows that Kirkby and North Huyton experience high levels of income deprivation affecting children, with further pockets of deprivation in Prescot and Halewood. South Huyton experiences comparatively low income deprivation affecting children, with the exception of St Gabriels ward.

Benefit claimant data for August 2008 shows that 4.3% of the working age population in Knowsley claim lone parent benefits, equating to just under 4,000 people. This compares to 2.2% in the North West and 2.0% nationally.



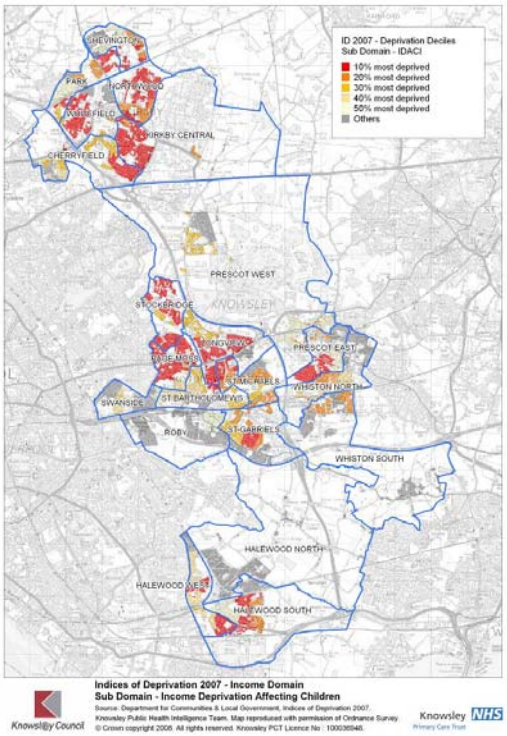


Figure 1: Indices of Deprivation, 2007	Figure 2: Income Deprivation Affecting Children
Source: Department for Communities & Local Government, ID 2007	Source: Department for Communities & Local Government, ID 2007

Knowsley has one of the lowest rankings for child well-being in England, coming 339th out of 354 Local Authorities. Table 1 shows how Knowsley compares to its statistical neighbours for each of the seven domains within the child well-being index:

Material well-being: measures the proportion of 0-15 year old children living in low income households.
Health: comprised of hospital admissions (emergency and outpatient) and disability benefit claimants.
Education: comprised of educational attainment, school, further education and higher education attendance.
Crime: measures personal and material crime, weighted for the child population.
Housing: measures both the quality and access to housing.
Environment: measures both the quality and availability of space which can enhance development.
Children in need: reflects the expected level of children in various kinds of need.
Further information is available from: www.communities.gov.uk

Local Authority	Knowsley	St. Helens	Middlesbrough	Halton	Kingston upon Hull
CWI average score	260.6	190.2	277.7	200.9	292.0
CWI rank of average scores	**339**	**285**	**345**	**298**	**349**
CWI average rank	25,027	20,738	25,409	21,228	26,674
CWI rank of average ranks	**336**	**288**	**339**	**300**	**346**
Material well-being score	0.37	0.25	0.36	0.30	0.35
Material well-being rank	333	282	332	310	331
Health and disability score	0.50	0.51	1.07	0.61	0.33
Health and disability rank	303	306	349	320	273
Education score	37.65	26.02	42.34	31.56	56.09
Education rank	328	248	347	292	354
Crime score	0.77	0.51	1.13	0.38	1.24
Crime rank	335	306	350	284	352
Housing score	36.84	23.23	20.79	21.76	32.52
Housing rank	326	257	231	244	302
Environment score	23.91	22.29	24.07	17.22	28.90
Environment rank	267	236	272	91	330
Children in need score	0.05	0.04	0.05	0.04	0.05
Children in need rank	341	295	336	323	344

Table 1: Index of Child Well-Being
Source: Department for Communities & Local Government

4.3 Behavioural indicators

The Health Needs Assessment (2009) indicates that the female population of Knowsley exhibit poor lifestyle behaviours, including high levels of smoking (28.5% for women aged 15 – 44) and binge drinking (31% for women aged 15 – 44). Levels of obesity are high (20.5% for women aged 15 – 44) and over half of the female population have a sedentary lifestyle.

Obesity
Obesity in pregnancy contributes to increased morbidity and mortality for mother and baby. The 'Saving Mother's Lives' report, 2003-2005, identified that more than half the women who died were either overweight or obese. More than 15% of all women who died had a body mass index (BMI) of 35kg/m^2 or greater. Deaths from thrombo-embolism, sepsis and cardiac disease particularly had high percentages of women who were obese. Maternal obesity is a risk factor for adverse pregnancy outcomes significantly increasing the risk of miscarriage, the need for caesarean sections, increased risk of pre-eclampsia & thromboembolism and fetal defects. Nationally obese women spend more days in hospital (average of 4.83 extra days) and overall represent a five times increase in cost of antenatal care. Unfortunately a breakdown of the statistics on the increase in hospital stays and effects on mortality and morbidity are not currently available for comparison within Knowsley.

Given the health and economic costs of obesity throughout the Maternity Pathway, maintenance of healthy weight in pregnancy is identified as a public health priority in Knowsley.

Smoking:
Smoking during pregnancy is estimated to increase infant mortality by about 40% (DH, 2007). According to the 'Infant Feeding Survey', 2005, 32% of mothers in England smoked before pregnancy and of these, 49% quit before birth. Although most of those that quit before birth were still not smoking after birth, 30% of them started again before their child reached its first year. Smoking before and after birth, puts babies at three to four times greater risk of Sudden Infant Death Syndrome (Kenneth et al, 1992). The Royal College of Physicians report (1992) stated that with each cigarette a pregnant woman smokes, the blood flow through the placenta is reduced for about 15 minutes, causing the baby's heart rate to increase. The carbon monoxide contained in inhaled cigarette smoke reduces the oxygen carrying capacity of a fetus by about 40%. This affects the growth rate of the baby and babies of smoking mothers are on average 200g lighter at birth.

Substance and Alcohol Misuse:
Most drug-using women are of child-bearing age. Substance misuse is often associated with poverty and other social problems, therefore pregnant drug using women may be in poor general health as well as having health problems related to drug use. Use of alcohol is also potentially harmful to the baby.

Substance and alcohol misuse during pregnancy increases the risk of:
- having a premature or low weight baby
- the baby suffering symptoms of withdrawal from drugs used by mother during pregnancy
- perinatal mortality
- Sudden Infant Death Syndrome
- physical and neurological damage to the baby before birth, particularly if violence accompanies parental use of drugs or alcohol
- Foetal Alcohol Syndrome.

Some pregnant women who misuse substances do not seek ante-natal services until late in pregnancy or when in labour. They may not realise they are pregnant or fear that their drug use or drinking will be detected through routine urine or blood tests. Women may be concerned that staff will make judgments and alert child protection agencies automatically.

Mental Wellbeing:
One in six adults will have a mental health problem at any one time. Mental disorders during pregnancy and the postnatal period can have serious consequences for the health and wellbeing of a mother and her baby, as well as for her partner and other family members. The detection of women at risk of developing a mental disorder and the identification of those with a current mental disorder, followed by prompt intervention at all levels of healthcare provision, can help to minimise maternal morbidity and limit adverse effects on the baby and other family members.

4.4 Health inequalities

Birth weight is measured to identify children who are most at risk of dying young or suffering health related problems in childhood. Those babies born weighing less than 2,500 grams (5lb 8oz) are considered to be underweight. There is a strong correlation between social deprivation and low birth weight i.e. as deprivation increases, the

greater the likelihood that a baby will be born with a low birth weight. Figure 3 shows that babies born in the most deprived areas of the Borough are significantly more likely to have a low birth weight (10.2%) than those born in the least deprived areas of the Borough (6.2%).

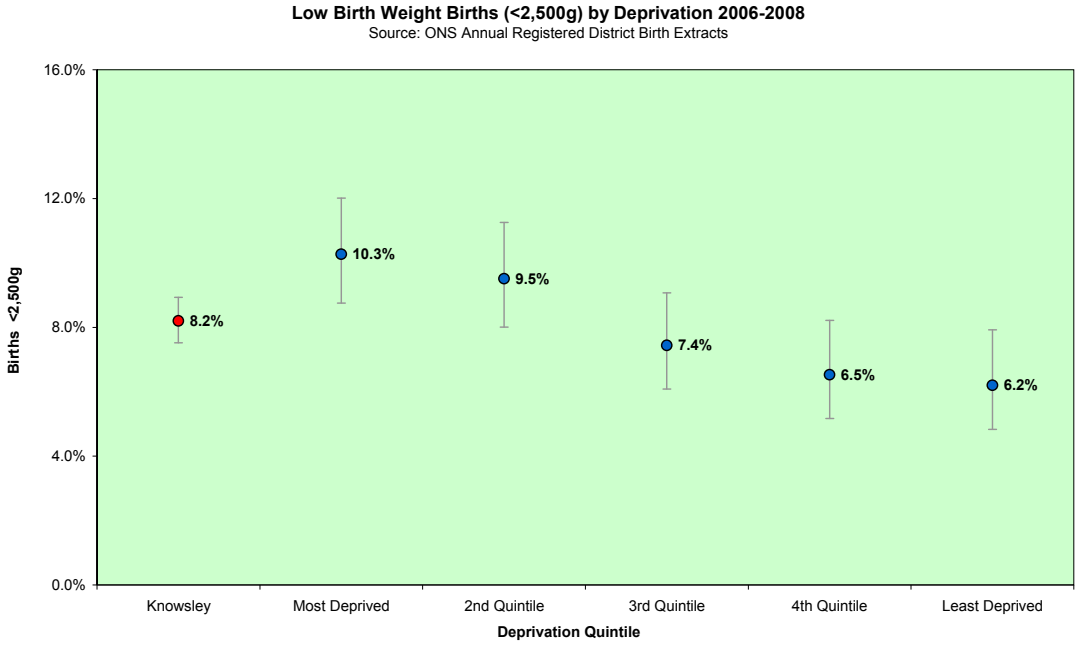


Figure 3: Low birth weight births, 2006-08

Source: ONS Annual Registered Birth Extracts

A study by the Office of National Statistics suggests that low birth weight is the single most important risk factor for infant mortality (ONS, 2001). The study highlights that socio-economic factors contribute to poor foetal growth and preterm delivery, resulting in low birth weight. Socio-economic factors (educational attainment, job opportunities etc) are also thought to influence the age at which women give birth. Infant mortality has been shown to be higher among mothers under 20 years old, and also rises for those aged over 35.

This is reflected in Figure 4 which represents infant mortality rates in Knowsley from 2002 – 2008 and clearly illustrates the disparity across the Borough with the most deprived quintile displaying a higher rate of infant mortality than the rest of the Borough.

However, caution must be paid to this data due to the small numbers of infants included and the overlapping confidence intervals between each quintile.

Figure 5 represents the rate of under 18 conceptions by area partnership board and Figure 6 illustrates breastfeeding continuation rates by the same categorisation. Both reflect each other and mirror the profile of much recorded public health data in relation to inequalities in health outcomes, North Huyton and North Kirkby experiencing the poorest.

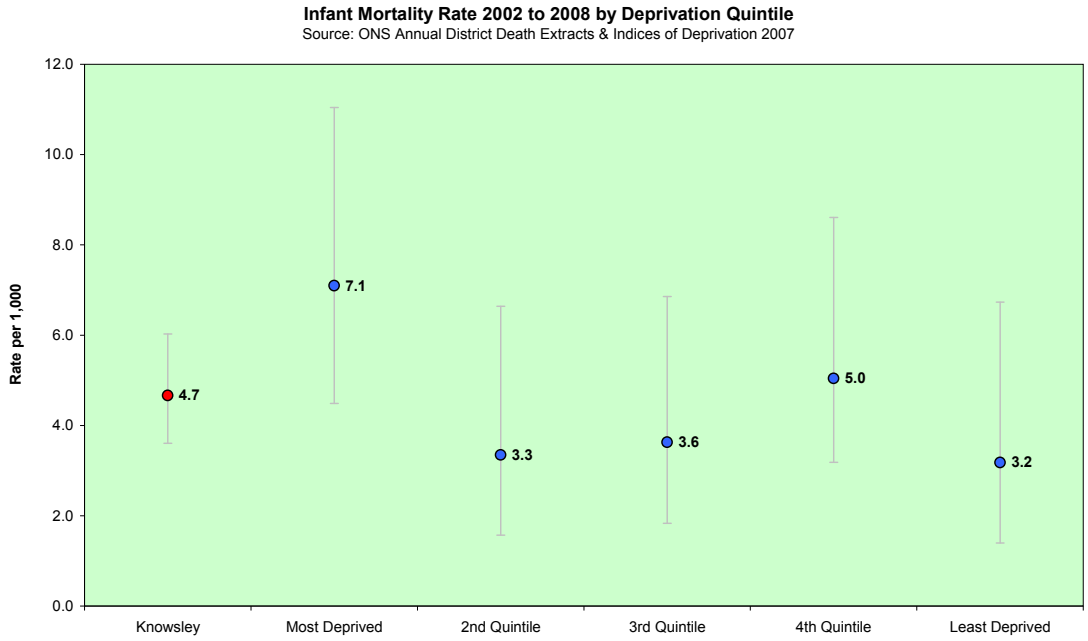


Figure 4: Infant mortality rate by quintile, 2002-08

Source: Knowsley Public Health Intelligence Team

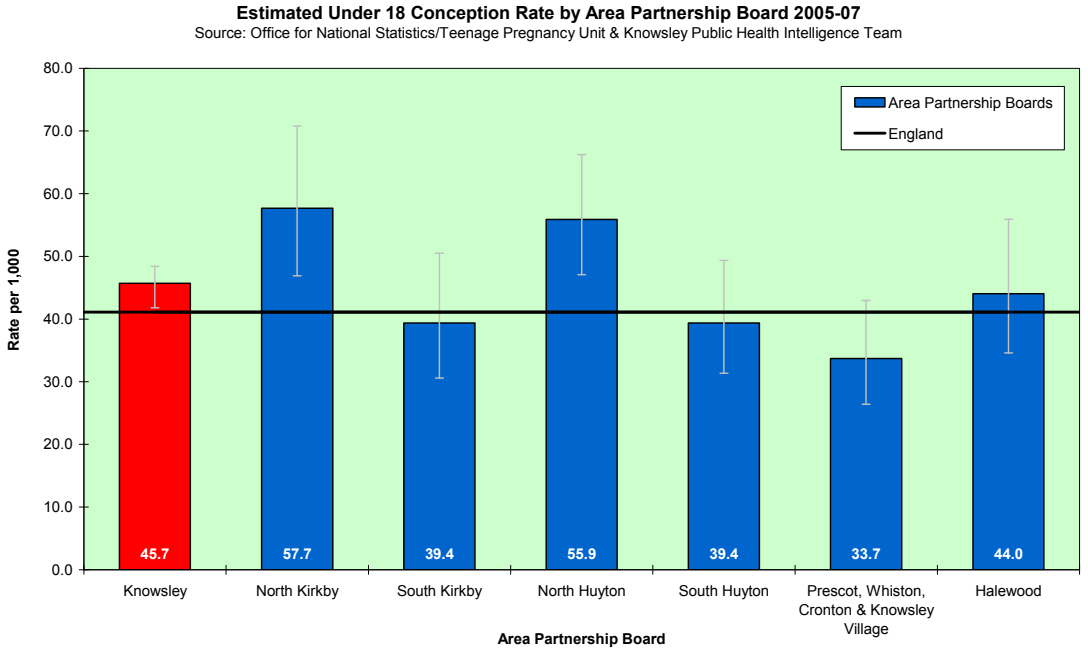


Figure 5: Under 18 conception rate by APB 2005-07

Source: Knowsley Public Health Intelligence Team

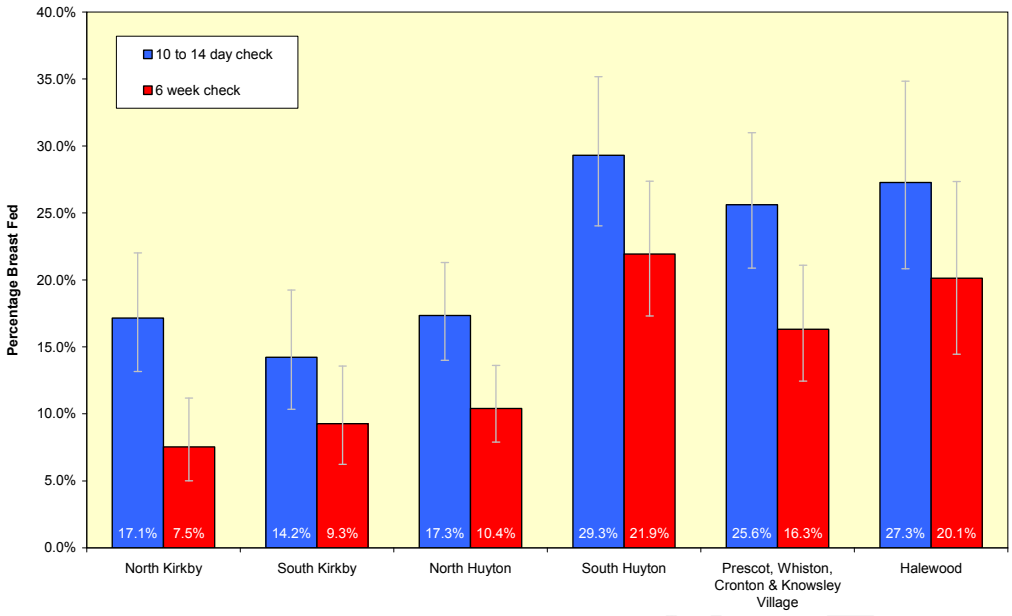


Figure 6: Breastfeeding continuation rates by APB, 2008-09

Source: Knowsley Public Health Intelligence Team

In 2009, the Infant Mortality National Support Team produced a list of outcomes which would significantly reduce inequalities in relation to infant mortality. Appendix 2 outlines the recommended interventions and Knowsley's progress in achieving their implementation.

5.0 Local provision – Maternity Services in Knowsley

5.1 Maternity providers

Maternity care is provided to women living in Knowsley by three Maternity providers; St. Helens and Knowsley Teaching Hospitals NHS Trust, Liverpool Women's NHS Foundation Trust and Southport and Ormskirk Hospital NHS Trust. Figure 7 illustrates live births by provider. In 2007, these three hospitals accounted for 38.4%, 45.2% and 14.7% of all live births to Knowsley women respectively.

The vast majority of births to Knowsley women occur in a hospital setting. Indeed, during 2007 almost 99% of births were in hospital. The Survey of Maternity Services 2007, undertaken by the Healthcare Commission, provides a useful insight into the standards of care within each maternity unit in England and Table 2 summarises the annual health check rating for 2007-08. The survey has been repeated in February 2010 and results are expected to be published in November 2010.

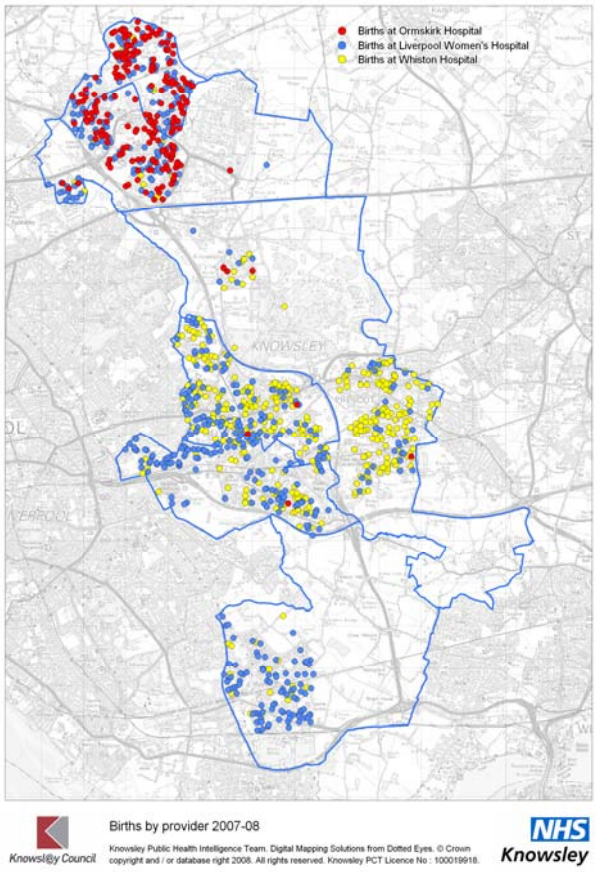


Figure 7: Live births by provider, 2007-08

Source: Knowsley Public Health Intelligence Team

Knowsley is an associate commissioner for all three hospital provider maternity units and strong partnership working across PCT boundaries is required to ensure consistency of care pathways.

Knowsley's Maternal Health Board provides the governance structure for performance monitoring locally and the commissioning process is informed by three local Maternity Services Liaison Commitees (MSLC); Knowsley, Halton and St Helen's Liverpool and Sefton. Knowsley will be represented on all three committees.

Annual Health Check Rating 2007-08		LWH	S&O	St H & K
Trust Rating	Quality of Services	**Good**	**Excellent**	**Excellent**
	Use of Resources	**Excellent**	**Fair**	**Excellent**
Maternity Services Rating	Overall rating of maternity services	**Better Performing**	**Better Performing**	**Better Performing**
	Are practices in place to ensure a high quality and effective maternity service?	3.38	3.38	3.88
	Are women informed, counselled and supported to ensure they have a positive maternity experience?	3.13	2.38	3.00
	Are there adequate staffing and facilities and are these used effectively?	3.22	3.33	2.67

Table 2: Annual Health Check Rating 2007-08

Source: Healthcare Commission

5.2 Core Maternity Pathway

There is acknowledgement amongst providers that limited activity currently occurs in relation to pre-conception care, an area of great concern when considering the potential impact certain long term physical and mental health conditions may have on a positive pregnancy outcome.

Early access to maternity services is a national priority and is recognised as such in the national vital signs data set. Currently Knowsley is falling short of the national target of 80% of women attending for a full health and social care assessment by 12 weeks and 6 days gestation. Current performance is 69.3% (Q2 2009/10).

In Knowsley's Operating plan (2010/11) stretching targets have been set for 85% early access in Q1 and Q2, rising to 90% in Q3 and Q4. Achieving these targets will require a clear focus on developing a pathway from the beginning of the year and a committed partnership approach to improving ease of access to a locally delivered service.

Antenatal care is provided within the hospital environment by all three maternity providers and in the community by St H & K and LWH. Variations exist in relation to choice and access of services and recommendations relating to antenatal screening for Down's syndrome have not yet been implemented. In addition, integrated processes are not fully embedded to ensure early identification of additional need and integrated service delivery according to need.

Table 3 summarises methods of delivery compared to the national average. However, caution must be paid to this data as it was sourced through the Health care Commission Survey of Maternity Services in 2007 and reflects service user's perceptions rather than provider data. Table 4 represents a more timely illustration of national and regional rates of caesarean section. The information included is derived from National Centre for Health Outcomes Development (NCHOD) data and is mapped against Royal College of Obstetricians and Gynaecologists (RCOG) recommendations. The table compares local provider's current performance (Q3 2009/10) with national and regional averages and has enabled Knowsley to set realistic targets for improved caesarean section rates for 2010/11 which are featured consistently in the quality schedule incorporated into all maternity services contracts.

Delivery - Methods	LWH	Ormskirk	Whiston	England Average
Women having a vaginal birth	69.8%	79.8%	67.7%	75.7%
Women having a vaginal birth without instruments	56.4%	65.7%	55.7%	63.5%
Women having a caesarean	30.2%	20.2%	32.3%	24.3%
Proportion of caesareans which are non-elective	58.0%	suppressed	47.4%	55.9%
Women giving birth off bed or in water	6.5%	1.8%	1.6%	8.9%
Proportion of women induced	37.2%	30.3%	33.2%	25.8%
Women given a choice of how their labour was induced	67.8%	suppressed	55.2%	56.8%

Table 3: Delivery methods
Source: Survey of Maternity Services 2007

RCOG category of unit	Number of births	Number of units in England (from NCHOD)	Range of CS rates	Av England rate by category	Lowest rate by unit in NW, by category	Current Local provider CS rates (Q3 2009/10)
A	<2500	23	20-30.5%	22.5%	20%	
B	2500-4000	61	15.8-30.8%	25%	18.7%	
C	4000-5000	27	16.8-30.9%	25%	20.7%	Sth&K – 23% S&O – 25%
C1+C2+C3	Over 4000/5000/6000	37	20.5-34.4%	24%	23.3%	LWH -19%

Table 4: Caesarean Section Rates by Maternity Unit compared to National and Regional Averages by Categories of Unit
Source: NHS North West Analysis of National and Regional Rates and local provider HES Data

There exists a variation in post delivery complications, with a higher than average rate of episiotomy reported across all units (see Table 5).

Post Delivery - Problems		LWH	Ormskirk	Whiston	England Average
Women who delivered vaginally who were given an episiotomy		29.0%	26.1%	30.0%	23.8%
Women who delivered vaginally who had a tear		47.6%	54.5%	50.6%	53.3%
Women with an episiotomy or tear who received stitches in:	Within 20 minutes	66.3%	71.3%	74.2%	58.6%
	20 minutes to 1 hour	27.5%	23.8%	17.9%	29.2%
	More than 1 hour	6.1%	4.8%	7.9%	12.2%
Women from survey with a serious (third or fourth degree) perineal tear		13.3%	4.1%	8.4%	16.7%

Table 5: Post delivery problems

Source: Survey of Maternity Services 2007

However, overall patient satisfaction is high (see Table 6) although there appears to be a reduction in satisfaction expressed through the postnatal period.

Patient Satisfaction		LWH	Ormskirk	Whiston	England Average
Rating of care received during pregnancy	Excellent	41.7%	38.0%	52.3%	36.7%
	Very good	29.4%	35.3%	32.2%	32.3%
	Good	21.4%	17.6%	11.0%	19.6%
	Fair	5.8%	4.5%	3.0%	8.4%
	Poor	1.7%	4.5%	1.4%	3.0%
Rating of care received during labour and birth	Excellent	50.3%	49.3%	54.3%	49.5%
	Very good	22.5%	27.4%	26.5%	25.5%
	Good	12.6%	11.4%	10.2%	13.5%
	Fair	8.7%	7.8%	4.8%	6.7%
	Poor	5.9%	4.2%	4.2%	4.7%
Rating of care received during care after the birth	Excellent	34.1%	29.8%	43.0%	30.0%
	Very good	28.8%	34.0%	24.5%	28.6%
	Good	16.9%	19.6%	21.6%	20.9%
	Fair	10.0%	10.4%	6.2%	12.5%
	Poor	10.2%	6.1%	4.7%	8.0%
Proportion of women always treated with respect and dignity during antenatal care		81.1%	77.0%	80.1%	80.7%
Proportion of women always treated with respect and dignity during labour and birth		77.4%	82.0%	84.7%	78.6%
Proportion of women always treated with respect and dignity during postnatal care		62.4%	64.9%	66.9%	66.0%

Table 6: Patient satisfaction

Source: Survey of Maternity Services 2007

5.3 Specialised care for marginalised groups

NHS North West published a comprehensive review of specialised care provided to promote access to maternity services by marginalised groups in July 2009. This report identifies fourteen groups which are considered to be marginalised in the North West region and find it difficult to access maternity services as a result, for example ethnic minorities, lone parents, women with physical or learning or mental health disability, travellers etc (for full breakdown see appendix 1).

There currently exists a range of specialist staff across the three maternity providers who coordinate and quality assure enhanced services to marginalised groups. These specialists include; teenage pregnancy midwives, substance misuse midwives, perinatal mental health midwives. In addition, all three Trusts have access to specialist safeguarding teams which provide support and advice regarding the safeguarding of children and vulnerable adults.

Although there is some provision for specialised care, this is variable across units and many of the groups identified in the above report are not adequately supported by current maternity service provision, further widening the health inequalities divide.

5.4 Risk Management

The Clinical Negligence Scheme for Trusts (CNST) has been established since 1994 and is a means by which National Health Service (NHS) Trusts fund the cost of clinical negligence litigation. Maternity services in England account for a significant proportion of the numbers and cost of claims reported to the NHS Litigation Authority (NHSLA). About 60–70% of sums paid out are due to litigation arising from maternity services. This translates to 60–70% of the hospital insurance premium being paid for maternity services. In order to reduce the number of claims against maternity services, the CNST introduced eight standards for maternity services in April 2003, following a recent review, five standards remain. Discounts to premiums can be obtained according to the compliance met by the individual Trust in accomplishing these standards. Accomplishing these standards is set at three levels. Achieving level 1 standard would bring a 10% rebate, level 2 a 20% rebate and level 3 a 30% rebate. For some trusts, these rebates may amount to half a million pounds. These discounts are valid for the following two financial years. The financial incentive looks attractive but achieving these standards would result in better maternity care and fewer litigations.

Table 7 outlines current performance against the CNST for maternity providers in Knowsley.

Hospital Trust	CNST – Level1	CNST – Level 2	CNST – Level 3
St H & K		√	
LWH			√
S & O			√

Table 7: Current performance against CNST according to maternity provider

Source: Maternity Providers

6.0 Local Consultation

Throughout the development of Knowsley's Maternal Health Strategy, a local consultation of current service users was undertaken. Families were engaged with through local Children's Centre venues and were asked to rate their experience of local maternity services.

Of the parents interviewed, 75% gave an overall rating of good or excellent to the maternity services they had accessed, 20% rated the service received as adequate or poor. 78% considered that maternity services were always easy to access, with 17% stating that access had not always been easy. 75% of parents felt they had been given choice in how and where to access maternity services, with 19% stating that limited choices were offered.

A significant outcome of the consultation process was that 50% of parents interviewed expressed a wish to contribute to a group which was led by service users and aimed to improve maternity service provision. As a result of the interest expressed, plans are underway to re-launch the Knowsley, Halton and St Helen's Maternity Services Liaison Committee (MSLC). The function of the MSLC is to provide a robust mechanism for service user experience to inform the commissioning process.

7.0 Areas for Improvement

Throughout this section, consideration is given to a number of areas requiring development and improvement. The action plan listed in section 9 of the strategy outlines the agreed implementation and performance monitoring arrangements for achievement of these improvements.

7.1 Key Priorities

7.1.1 Choice

In order to comply fully with Maternity Matters (DH 2007), NHS Knowsley will ensure that the national choice guarantees relating to Maternity Services are adhered to by all provider units. This guarantee includes choice in:

- How to access maternity care – direct access to maternity services being a key priority
- Type of antenatal care
- Place of birth
- Place of postnatal care

In relation to place of birth and depending on individual circumstances, women will be offered three options;

- A home birth
- Birth in a local facility, including a hospital, under the care of a midwife

- Birth in a hospital supported by a local maternity team including midwives, anaesthetists and consultant obstetricians. For some women this will be the safest option.

7.1.2 Integrated Services

Integrated service delivery is a theme which runs through all policy guidance and is a crucial area for improvement within maternity services.

Maternity services within Knowsley will, therefore, become better integrated with other partners, using Children's Centres as a hub of delivery and maintaining strong links with primary care services.

Specialist areas of practice will be supported by the development of multi-disciplinary care pathways which incorporate the Common Assessment Framework as a shared assessment tool. A range of additional services are available for support before, during and after pregnancy such as:

Weight Management
As highlighted within section 4.3, overweight and obesity has detrimental health effects on both mother and baby, it is important that maternity services encourage women to seek weight management support during and after their pregnancy. Knowsley CHANGES Weight Management Service has a comprehensive care pathway to support women who have a body mass index greater than 30 BMI, whilst planning, during and post pregnancy. Specific aims and needs of the service users are variable depending upon stage of pregnancy, but, this service aims to provide women with comprehensive advice and support to promote healthy lifestyles, support them for appropriate weight maintenance or loss, encourage breast feeding, physical activity and provides additional emotional support throughout the pregnancy process.

Smoking Cessation
Providing support to help women stop smoking before or during pregnancy will bring about great benefits to the mother as well as the unborn child. Pregnant women are more likely to change their smoking habits during the early stages of pregnancy so it is essential that maternity services identify women who are smoking at the time of booking in and offer brief intervention advice as well as referral into the local smoking in pregnancy specialist service. Specific pathways for smoking in pregnancy are being developed in partnership with Knowsley's three maternity care providers. This pathway will improve the identification of women, who are smoking during pregnancy, support them to quit, and prevent them from relapsing post partum.

Substance and Alcohol Misuse
Ensuring that information and support is available to help women using drugs and/or alcohol, before or during pregnancy, will facilitate the achievement of many benefits to the mother and the family as well as the unborn child. It is essential that health and social care staff in addition to maternity services are able to effectively identify women who are using substances as early as possible and offer brief intervention advice as well as referral into local services. The provision of Identification and brief advice training (IBA) is planned in order to support earlier intervention and brief advice approaches. Specific pathways for drug/alcohol use in pregnancy will need to be reviewed and where necessary developed in partnership with Knowsley's three maternity care providers. The pathways will aim to improve the identification of women,

who are using drugs and/or alcohol during pregnancy, support them to reduce harms – to mother and baby, and prevent them from relapsing post partum.

Mental Wellbeing
Support for mental wellbeing is critical throughout the maternity pathway due to the impact that poor mental wellbeing can have on mother, infant and family. In line with NICE guidance Knowsley's perinatal mental health pathway and service provision will be reviewed as part of the Maternal Health Strategy Action Plan to ensure early identification of poor mental health and timely implementation of appropriate support plans.

7.1.3 Personalised Care

All care plans will be individualised and agreed in partnership with service users and their families.

7.1.4 Reducing Health Inequalities

Significant disparities exist in relation to pregnancy outcomes for the most disadvantaged groups within the community. More intensive support will, therefore, be provided to families identified as being disadvantaged and a 'progressive universalism' approach will be adopted throughout the period of care.

Public health interventions, including those that support smoking cessation, maintenance of healthy weight, tackling drug and alcohol related harm, improving mental wellbeing and promoting breastfeeding will be accessible to the most vulnerable groups and working patterns will reflect the needs of individual families.

All providers will ensure that an appropriate infant feeding team is in place in order to develop an action plan throughout 2010 to achieve full UNICEF BFI accreditation in line with DH and NICE guidance.

NHS Knowsley will commission an enhanced Community Midwifery Service, comprising of three Public Health Development Midwives and one Maternity Support Assistant. The Public Health Development Midwives will lead the development of multi-disciplinary care pathways and will provide a valuable link between the provision of maternity services within provider units and the community.

7.1.5 Workforce

Safer Childbirth recommends that the minimum acceptable ratio of midwives to service users is 28:1 and the Clinical Negligence Scheme for Trusts considers it to be 25:1. In addition, it strongly recommends a consultant midwifery staffing ratio of one WTE to 900 women, based on 60% of women remaining as low risk throughout their pregnancy. All provider units will, therefore, work towards these parameters to ensure safe provision of maternity services.

In addition, skill mix will be consistently introduced, with the maternity assistant role more clearly defined by provider units.

Both Maternity Matters and Safer Childbirth draw attention to the need to ensure adequate consultant obstetrician cover on delivery units. A minimum of 40 – 60 hours consultant obstetrician presence in maternity units each week is recommended,

according to the number of deliveries per annum. All units will, therefore, work towards this parameter in order to ensure safe service provision.

All maternity units will be expected to develop a plan to achieve workforce targets throughout 2010/11.

7.1.6 Equality and Diversity

All maternity providers will consider equality dimensions and ensure that services are accessible and acceptable to every woman and their family. Services will take into account needs based on gender, transgender, race, disability, sexual orientation, age, religion and belief.

Information regarding service provision will made available in alternative formats to meet the needs of the local population, including adults with learning disabilities and families whose first language is not English. Interpretation services will be made available for families whose first language is not English and all venues where services are provided will be accessible for adults with a disability.

All maternity providers will consult with service users from a variety of diverse groups and will provide the commissioner with a user satisfaction report on an annual basis. Evidence of service development based on service user feedback will also be presented on an annual basis.

7.2 Pre-conception

Maternity services will work collaboratively with education, social care, independent and third sector partners to contribute to the Knowsley Children and Young Peoples Plan in promoting healthy lifestyles choices for children and young people within the Borough, including the importance of folic acid, promotion of breastfeeding and Chlamydia screening.

Information about childbirth choices and facilities will be made available in a range of media, language and locations. All providers will ensure that information and accessibility of service environments are suitable for people with learning or physical disabilities.

Maternity providers will make available an offer of counseling with women who have known medical problems, e.g. diabetes, mental health problems and will work towards providing walk-in “pre-conception Advice Centre’s” for all women to access. These could be run in venues such as supermarkets, leisure centre’s, Childrens Centre’s or local community centre’s to ensure optimum pre-pregnancy health.

7.3 Ante-natal care

Women and their partners will have a choice between self referral to the local midwifery service or will access the service through their GP. A local early access pathway will be developed and implemented and will include rapid referral process between the GP and maternity provider if women choose to make the GP their first contact. In addition, all providers will develop a visible, accessible mechanism by which women can refer themselves directly to the midwifery service if they choose to

do so. This will be achieved in partnership with service users and other key partners, such as Children's Centres, GP's and Pharmacists.

Early contact with all women will be achieved, wherever possible, in order to ensure that a mutually agreed appointment is undertaken between 8 – 12 weeks of pregnancy. This appointment will incorporate a comprehensive health and social assessment and the development of an individualised pregnancy plan in partnership with the family and will enable the implementation of the recommended first trimester Down's syndrome screening. Knowsley has set challenging targets of 85% during Q1 and Q2 2010/11, rising to 90% by the end of 2010/11 for early access to maternity services.

7.3.1 Antenatal Screening

There will be robust commissioning of antenatal screening in line with NSC recommendations. During the antenatal period this will include;

- NHS Fetal Anomaly Screening Programme
- NHS Infectious Diseases in Pregnancy Screening Programme
- NHS Sickle Cell and Thalassaemia Screening Programme

Screening programmes for newborn's which are also covered within this strategy include;

- NHS Newborn and Physical Examination Screening Programme
- NHS Newborn Bloodspot Screening Programme
- NHS Newborn hearing Screening Programme.

Implementation of the first trimester Down's syndrome screening programme is identified as a priority and work is underway across all provider units to ensure full implementation by December 2010.

7.3.2 Provision of routine ante-natal care

Antenatal care plans will be developed in partnership between women, their partners and maternity providers to reflect individual needs and choices. Appropriate services will be made available to support choice fully, including sufficient staff providing different models of care and using a range of skills.

Antenatal care services, including antenatal education, will be made available in easily accessible community venues, such as Childrens Centres, and will:

- Be consistent with NICE guidelines on ante-natal care including the recommended number of appointments, availability of screening, and ante-natal mental health care.

- Promote good public health practice which routinely supports breastfeeding, smoking cessation, the prevention of drug and alcohol related harm, mental wellbeing, healthy weight and sexual health.

- Be integrated and aligned with services offered locally through GPs, Health Visitors, Family Nurse Partnership, Children's Centre's and Early Years' settings.

- Ensure that the choices outlined in Maternity matters are fully embedded in local practice, including informed choice of screening.

- Reflect a woman centred approach to joint care planning, and ensure that the woman's voice is heard.

- Include outreach care, flexible options at convenient locations and times.

- Ensure services are personalised for teenage parents, and where appropriate antenatal classes should be co-located with services already valued and trusted by young people.

- Deliver care that engages with young fathers as well as mothers – focusing initially on the immediate concerns of young parents and establishing a trusting relationship to help ensure continued contact.

- Ensure all staff, including reception staff, are trained in You're Welcome – a quality standard which addresses the specific needs of young people, including teenage parents and stresses the importance of not deterring their attendance at services through perceived judgemental or stigmatised attitudes and behaviour.

- Adhere to agreed care pathways including a multi-disciplinary teenage pregnancy pathway.

7.3.3 Provision of ante-natal care to women with additional needs

All women identified as having additional needs will be assessed using the Common Assessment Framework (CAF) and will be offered an individualised package of care agreed in partnership with the woman and family.

To support this process well understood, functioning protocols will be developed for when, how and where to refer women to support services and / or specialist services when appropriate. This includes women with socially complex needs.

Any referred services should also be made available in accessible locations within the community.

7.3.4 Ante-natal care when things go wrong

As far as possible women who have concerns should be able to access telephone advice from their midwife or local midwifery team or, failing that through a central helpline. Where issues arise which do not require emergency assessment or action then these should be diverted through booked appointments with the provider service.

7.4 Care In Labour

All women and their partners will have a choice of type of care and place of birth, including pain relief methods appropriate to the type of care chosen. Appropriate information sharing mechanisms, services and capacity within teams are crucial to achieving this goal.

Care will be delivered which:

- Meets NICE guidelines on caesarean section, induction of labour and intrapartum care.

- Promotes normality, home birth, and homely environments in other settings.

- Offers midwife-led care, and ensures one-to-one midwifery care for women once in established labour.

- Provides cover by a senior obstetrician, conforming to the recommendations of Safer Childbirth (RCOG) and new Standards of Maternity Care (RCOG / RCM).

- Specifies clear criteria for obstetric intervention and clear procedures for dealing with medical emergencies and transfers.

- Provides full, immediate postnatal support for breastfeeding, in line with UNICEF BFI standards.

- Include paediatric support for newborns (including arrangements for transfer to neonatal special care and intensive care when needed).

7.5 Post-natal care

Examination of the newborn will be carried out by a trained practitioner within 72 hours of birth, only midwives who have undertaken the neonatal examination training module should carry out the examination. Newborn screening will be carried out in accordance with recommendations from the national Screening Committee. The provider must ensure that babies who are transferred to other units are screened within the appropriate timeframe.

The provider must ensure services are fully integrated with relevant community services. Services should be consistent with NICE clinical guidelines for postnatal care, the Healthy Child Programme, local safeguarding policies and local infant feeding policies.

Postnatal care should include:

- A comprehensive assessment of the health and social care needs of mother and baby, using the Common Assessment Framework as a standard tool if required.

- Routine assessment of mental health needs as per NICE guidance

- Neo-natal blood spot screening

- A choice of post-natal care settings

- Commitment to the achievement of UNICEF Baby Friendly in both hospital and community settings

- Continuing information and support with breastfeeding, parenting and healthy lifestyle choices as required

- Integrated post-natal care package for women with additional needs, ensuring easy and direct access to multidisciplinary teams.

- Comprehensive transfer of care to health-visitors and breastfeeding support staff, as part of an integrated care plan.

- Advice and support in choosing contraception with particular emphasis on **L**ong **A**cting **R**eversible **C**ontraception (LARC) where appropriate.

- Extra care should be taken to ensure appropriate contraception advice is provided to avoid second teenage pregnancy

7.6 Specialised care

Specialist care will be extended to include the availability of specialist skills within the workforce, paying particular attention to the marginalised groups identified in NHS North West recent review of access to maternity services.

8.0 Monitoring and Evaluation

Monitoring and evaluation of the Maternal Health Strategy Action Plan will be managed by Knowsley's Maternal Health Board. A rag rated progress report will be presented to the board on a quarterly basis and an annual progress report will be compiled for the attention of the Children's trust board.

9.0 Conclusion

This strategy aims to deliver high quality maternity care to all women living in Knowsley. It promotes a model of prevention and early intervention, maximizing on individual potential and promoting self efficacy. The strategy proposes to strengthen delivery of the national choice guarantee set down in Maternity Matters and promises to provide additional support to women and families from marginalized groups within our communities.

Many complex lifestyle choices affect maternal health and it is recognised within the strategy that strong partnerships must be forged if we are to see improvements in health outcomes and reduce local inequalities. The achievement of this will require that all sectors work together to create a local environment that is supportive and empowering, enabling individuals to make healthy choices for themselves and their children.

10.0 Knowsley Maternal Health Strategy Action Plan – 2010 / 2013

Objective 1: Improve performance in relation to the National Choice Guarantees; Choice of how to access maternity care Choice in antenatal care Choice of place of birth and Choice of postnatal care						
Identified Action	Measurable Outcomes and Timescales	Lead agency and Partners	Summary of Activity Evidence Collected	Resources Identified	Shared Priority With	Review Date
Improve direct access to maternity services	1. Develop and implement a standardised direct access pathway by September 2010	Maternal Health Board MSLC MW's	Annual direct access audit	Marketing Materials Budget to be identified	Maternity Matters (MM)	September 2010
	2. Meet targets set for VSB06; 2010/11 (Q1/Q2) – 85% 2010/11 (Q3/Q4) – 90% 2011/12 – 90%	Key partners: MW's, GP's, HV's CC leads, Early Years Providers (EYP) Pharmacists	Quarterly monitoring	As Above	Operating Plan Children and Young Peoples Plan	Quarterly

Increase availability of community based antenatal care and postnatal care	3. All areas within the Borough will have access to antenatal and postnatal care provided through children centre's by March 2011.	Heads of Midwifery /Consultant Midwife (CM) Key Partners: MW's, CC leads	Annual audit	Public Health Development Midwifery (PHDM) Budget	MM	March 2011
	4. Choice of maternity care will be extended to include access during the evening and at weekends by March 2011.	As Above	As Above	Maternity Contracts	MM	March 2011
Increase the rate of home births	5. The rate of home birth will increase in line with targets agreed in maternity contracts	Heads of Midwifery / CM Key Partners: MW's, GP's	Quarterly Monitoring	Maternity Contracts	Operating plan	March 2011
Increase the provision of maternity led care	6. Maternity led care will be available from all maternity providers by April 2011	Heads of Midwifery / CM Key Partners: MW's, Obstetricians	Annual audit	Maternity Contracts	MM	March 2011

Objective 2: Reduce health inequalities throughout the maternity pathway						
Identified Action	Measurable Outcomes and Timescales	Lead agency and Partners	Summary of Activity Evidence Collected	Resources Identified	Shared Priority With	Review Date
Ensure equality and diversity is central to the maternity pathway	1. Maternity care will be provided in line with the Single Equality Scheme	Commissioners Heads of Midwifery Key partners: MW's, HV's, GP's CC's	Annual service user feedback report	Maternity Contracts	Single Equality Scheme	March 2011
Develop a systematic process of early identification of additional and complex health and social needs throughout the maternity pathway	2. Development of a referral pathway to the PHDM team by July 2010	PHD MW team Key partners: HOM, MW's, HV's, GP's	Quarterly service reviews	PHDM budget	Healthy Child Programme (HCP) Every Child Matters (ECM)	September 2010
Provision of individualised care appropriate to need	3. All women will develop an individualised care plan in partnership with their named midwife	MW's Key partners: HOM, HV's, GP's,	Annual service user feedback report	Maternity Contracts	MM HCP	March 2011
Develop robust multi-disciplinary care pathways and packages of support for women	4. A range of multi-disciplinary care pathways will be	PHDM team Key partners: HOM, CM, HV's, GP's,	Quarterly service reviews	PHDM budget	HCP	December 2010

and families with additional and complex needs need (to include alcohol and drug misuse, identification of obesity, screening and treatment / referral pathways)	developed and implemented by March 2011	CC's, EYP, CAF team Public Health Programme Managers for Healthy Weight and Substance Misuse				
Systematically embed CAF within the maternity pathway	5. The number of CAF's completed will increase	PHDM team, CAF team, MW's Key partners: HOM, HV's, GP's, CC's, EYP, CAF team,	Quarterly reports	PHDM budget	Working together to safeguard children	December 2010
	6. Targets for CAF completion will be set by December 2010	As Above	Quarterly reports	PHDM budget	As Above	December 2010
Proactive engagement of marginalised groups throughout the maternity pathway	7. Availability of bespoke services designed to meet the needs of marginalised groups within Knowsley will be scoped out by July 2010	PHDM team, Key partners: HOM, HV's, GP's, CC's, EYP, Specialist Childminders, CAF team Drug / Alcohol / Healthy Weight	Bi-annual feedback to the Maternal Health Board	PHDM budget	Access to Maternity Services for 'Vulnerable' Women in the North West SES	July 2010

		Programme Managers				
	8. An action plan to provide appropriate services for marginalised groups will be developed by September 2010	As Above	Bi-annual feedback to the Maternal Health Board	PHDM budget	Access to Maternity Services for 'Vulnerable' Women in the North West SES	December 2010
Implement the Family nurse Partnership pilot and Teenage Pregnancy pathway	9. Meet timescale for implementation of FNP as defined in Knowsley's FNP project plan	KIPS Key partners: HOM, MW, HV, Commissioner	FNP Project Board	FNP Team budget	HCP	December 2010
Implement the Healthy Weight in pregnancy pathway	10. Incorporate performance metrics into maternity contracts to monitor referrals for	KIPS Heads of Midwifery Midwives CHANGES weight management	No. of women with a BMI >30 No. of referrals to CHANGES weight management	Maternity Contracts Maternity Dashboard Changes weight	Healthy Weight, Health Lives Strategy	September 2010

	weight management support	service Public Health-Healthy Weight commissioner PHDM team FNP	service	management budget		
Implement the smoking in pregnancy pathway	11. Incorporate performance metrics into maternity contracts 2010/11 to monitor the opt out scheme	Heads of Midwifery Midwives Smoking in pregnancy specialist advisors Smoking in pregnancy co-ordinator PHDM team FNP Health visitors G.Ps Pharmacists	No. of women with a CO reading recorded at time of booking No. of women identified as smokers or with a CO reading >7ppm No. of referrals to stop smoking services No. of 4 week quits Percentage of women smoking at time of delivery No. of staff trained in brief intervention	Maternity Contracts Maternity Dashboard	HCP	September 2010

Further enhance the public health role of midwives throughout the maternity pathway	12. Attainment of UNICEF BFI Accreditation across all maternity units by the end of 2013	HOM Key partners: Infant Feeding Team, MW's, PHDM team	Annual feedback to Maternal Health Board	PHDM team budget	HCP	March 2011
Implement the drugs/alcohol in pregnancy pathway	13. Incorporate performance metrics into maternity contracts to monitor referrals for drug/alcohol support	PHDM team, alcohol / substance misuse services	No. of women with affected by drug / alcohol No. of referrals to Substance misuse services / alcohol services	PHDM team budget		March 2011

Objective 3: Increase access to gold standard screening throughout the maternity pathway						
Identified Action	Measurable Outcomes and Timescales	Lead agency and Partners	Summary of Activity Evidence Collected	Resources Identified	Shared Priority With	Review Date
Ensure the robust commissioning of screening programmes throughout the maternity pathway in line with NSC recommendations	1. Adherence to national guidance and screening programme implementation timescales	Universal and Preventative Children's Health Commissioning Manager HOM	Annual performance report against national standard	Maternity Contracts	WCC	March 2011
Systematically offer choice in relation to sexual health screening during the maternity pathway	1. Review current provision by December 2010	Senior Public Health Commissioning Manager Sexual health service providers	Quarterly Service Reviews	Sexual health services contracts	Sexual Health Strategy	September 2010
	2. Develop an action plan to ensure sexual health screening is available to all women throughout he maternity pathway by December 2010	Senior Public Health Commissioning Manager Sexual health service providers	Quarterly Service Reviews	Sexual health services contracts	Sexual Health Strategy	September 2010

	3. All people presenting between the ages of 15 and 24 will be screened for in line with the requirements of the National Chlamydia Screening Programme	Senior Public Health Commissioning Manager HOM, CM, Sexual health service providers	Quarterly Service Reviews	Maternity Contracts	Sexual Health Strategy	September 2010

Objective 4: Improve perinatal mental health						
Identified Action	Measurable Outcomes and Timescales	Lead agency and Partners	Summary of Activity Evidence Collected	Resources Identified	Shared Priority With	Review Date
Review pathways and service provision relating to perinatal mental health	1. Scope out current provision by December 2010	Commissioning Manager Key partners: KIPS, HOM, MW's, HV's, GP's CC's, EYP, adult mental health services	Quarterly report from Child Health data base	Maternity contract Health visiting service budget Adult mental health services budget	HCP	December 2010
	2. Develop an action plan to improve perinatal mental health by February 2011	As Above	Quarterly report from Child Health data base	As above	HCP	March 2011
Develop a robust referral pathway and protocol relating to perinatal mental health	3. Develop referral pathway and protocol by May2011	PHDM team Key partners: KIPS, HOM, MW's, HV's, GP's CC's, EYP, adult mental health services	Quarterly report from Child Health data base	PHDM team budget	HCP	June 2011

Objective 5: Improve access to sexual health services throughout the maternity pathway						
Identified Action	Measurable Outcomes and Timescales	Lead agency and Partners	Summary of Activity Evidence Collected	Resources Identified	Shared Priority With	Review Date
Ensure that sexual health services are accessible to all groups	1. Increased uptake of sexual health services by marginalised groups	Sexual health service providers	Quarterly monitoring	Sexual health service provider contracts	Teenage pregnancy strategy	December 2011
Provide LARC in accessible locations within hospital and community, targeting young people under 25	2. Increased uptake of LARC	Sexual health service providers	Quarterly	Sexual health service provider contracts	Teenage pregnancy strategy	March 2011
	3. Reduced rates of repeated termination of pregnancy	As above	As above	As above	As above	December 2011

Objective 6: Systematically embed service user feedback into the commissioning of maternity services						
Identified Action	Measurable Outcomes and Timescales	Lead agency and Partners	Summary of Activity Evidence Collected	Resources Identified	Shared Priority With	Review Date
Develop a service user engagement action plan	1. Develop an engagement action plan by September 2010	Commissioning Team Key partners: HOM, CC leads, EYP, HV managers	Maternity Services Liaison Committee service user representation	MSLC budget	WCC	September 2010
Systematically evaluate service user experience when they exit the maternity pathway	2. Develop a standard questionnaire for women as they exit the maternity pathway as part of the engagement strategy	Commissioning Team Key partners: HOM, CC leads, EYP, CM, HV managers	Annual service user feedback report	Maternity contracts	WCC	March 2011
Embed the collection of data relating to equality and diversity dimensions into all service user evaluation	3. Evaluate user experience in relation to equality and diversity within the maternity pathway	Commissioning Team Key partners: HOM, CC leads, HV managers	Annual service user feedback report	Maternity contracts	WCC	March 2011

Objective 7: Develop robust performance management systems						
Identified Action	Measurable Outcomes and Timescales	Lead agency and Partners	Summary of Activity Evidence Collected	Resources Identified	Shared Priority With	Review Date
Develop an overarching Maternity Service Specification	1. Develop an overarching Maternity Service Specification by December 2010	Commissioning Team	Quarterly service reviews	Maternity contracts	WCC	December 2010
Measure performance against a maternity health outcomes dashboard	2. Develop a Knowsley Maternity Health outcomes dashboard	Commissioner	Monthly	Maternity Contracts PHDM team budget	WCC	December 2010

Objective 8: Ensure workforce requirements for implementation of the strategy are addressed						
Identified Action	Measurable Outcomes and Timescales	Lead agency and Partners	Summary of Activity Evidence Collected	Resources Identified	Shared Priority With	Review Date
Evaluate the current workforce across maternity services	1. Birth Rate Plus assessments to be completed by maternity providers by December 2010	HOM	Annual	Maternity Contracts	Safer Childbirth	December 2010
Develop a workforce plan across maternity services in line with Safer Childbirth and CNST	2. Workforce plan to be developed by March 2011	HOM and Commissioner	Annual	Maternity Contracts	Safer Childbirth	March 2011

Appendix 1

Groups of vulnerable women identified in published government reports, policy guidance and research

	Teenagers	Asylum seekers or refugees	Women subject to or survivors of domestic abuse/ violence	Women who misuse drugs and/or alcohol	Women with mental health problems	Women who are socially excluded/ living in poverty	Women who do not speak English as their first language	Women from specific ethnic minorities	Travellers	Homeless women and those living in temporary accommodation	Lone parents	Women with physical disabilities	Women with learning disabilities	Women known to child protection services
Commissioning Brief	■	■	■	■	■			■	■			■		
Healthier Horizons (2008)	■	■	■	■	■	■	■				■			■
Nice Antenatal Care Guidelines (2008)	■		■											
CEMACH 2003-5 (Lewis, 2007)	■	■	■	■	■	■	■				■			■
SureStart Evaluation (2005 a b c)	■	■	■	■	■	■	■	■	■	■	■	■	■	
Dartnell et al (2005)	■	■		■				■	■	■			■	
Health Committee (2003)		■	■		■	■	■	■	■	■		■		

Source: Hard to reach? Access to Maternity Services for 'Vulnerable' Women in the North West (NHS North West 2009)

Appendix 2

Interventions and Contributions to reducing Health Inequalities in Infant Mortality
Source: Infant Mortality National Support Team 2009

WHAT WOULD WORK	IMPACT ON INEQUALITIES GAP	ACTIONS/INTERVENTIONS	KNOWSLEY
Reducing conceptions among under 18s to meet the 2010 target	1.0%	Carry out targeted work with at-risk teenagers and offer targeted support to pregnant teenagers and teenage parents	Good support for teenage mothers. Family Nurse partnership. Teenage pregnancy rates fluctuating.
Reducing overcrowding in the Routine and Manual group, through its effects on sudden unexpected deaths in infancy	1.4%	Increase the supply of new social housing, pilot innovative approaches to making temporary stock permanent and encourage better use of housing stock	Supply of new social housing increased. Overcrowding not a big issue in Knowsley, but housing still needs improvements.
Targeting interventions to prevent SUDI by 10% in the R&M group	1.4%	Maintain the current information given to mothers and target the back to Sleep campaign and key messages to the target group	SUDI account for less than 10% of infant deaths in Knowsley, but are the leading cause for those occurring in the post neonatal period.
Reducing the rate of smoking in pregnancy by 2% by 2010	2.0%	Ensure that smoking cessation is an integral part of service delivery for the whole family during and after pregnancy	Smoking prevalence reducing, as is smoking in pregnancy, but rates still high.
Reducing the prevalence of obesity in the R&M group to 23%	2.8%	Develop plans to implement NICE obesity guidance with a focus on disadvantaged groups Develop plans to help women with a BMI >30 to lose weight by providing a structured programme of support	There is a revised Energise Knowsley Healthy Weight Strategy, with robust support for disadvantaged groups and for people with a BMI >30. Adult obesity levels are increasing.
Meeting the child poverty strategy	3.0%	Help lone parents into work Ensure that people stay in work and progress in their jobs	Many good schemes for helping people into work and returning to work. Impact of the recession is already being seen in

		Develop a focus in DWP's work with all parents Introduce tax credit measures	Knowsley. High priority and investment being given to reducing child poverty.
Increasing the rate of breastfeeding initiation	4.0%	Increase uptake of breastfeeding. Implement the Baby Friendly standards	Breast feeding rates remain low, but are increasing. Knowsley saw the greatest increase in breastfeeding initiation across the North West during 2008/9. A comprehensive strategy is currently being implemented and significant investment has been agreed through the CSP to fund the following initiatives: ▪ Peer support service for breastfeeding ▪ Enhanced community midwifery service with a focus on reducing inequalities in breastfeeding across the Borough In addition, Knowsley are pursuing UNICEF BFI accreditation
Optimising pre-conception care		Provide comprehensive pre-conception services	The provision of comprehensive pre-conception services is identified as a key priority in the Maternal Health strategy
Offering early booking		Increase direct access to community midwives	A direct access pathway has been developed and is being implemented
Providing access to culturally sensitive healthcare		Provide advice/support for at-risk groups including black and minority ethnic groups	An enhanced midwifery service has been commissioned to provide additional support for at-risk groups
Reducing infant and maternal infections		Improve uptake of immunisation	Immunisation uptake increasing.
Improve maternal educational attainment		Provide educational support for teenage pregnant women	Good opportunities for pregnant teenage mothers to continue their education.

Appendix 3

Summary of NICE Guidance Relevant to Knowsley's Maternal Health Strategy

Category of Guidance	Title of Guidance	Year Published
Clinical Guidance	**CG13:** **Caesarean Section**	**2004**
Clinical Guidance	**CG37:** **Postnatal Care**	**2006**
Clinical Guidance	**CG45:** **Antenatal and postnatal mental health Clinical Management and Service Guidance**	**2007**
Clinical Guidance	**CG55:** **Intrapartum Care**	**2007**
Clinical Guidance	**CG62:** **Antenatal care**	**2008**
Clinical Guidance	**CG63:** **Diabetes in Pregnancy**	**2008**
Clinical Guidance	**CG70:** **Induction of Labour**	**2008**
Public Health	**PH11**: **Maternal and child nutrition**	**2008**
Technical Appraisal	**TA156:** **Pregnancy (rhesus negative women) – routine Anti-D (review)**	**2008**
Draft Public Health	**Quitting Smoking in Pregnancy and following Childbirth**	**Expected date of Publication – June 2010**
Draft Clinical Guidance	**Pregnancy and Complex Social Factors**	**Publication date TBC**

Appendix 4
QIPP Summary

Quality	Innovation
▪ Adherence to National Guidance (see appendix 3) ▪ Achievement of VSB06 / VSB11 targets ▪ Implementation of Maternity Matters ▪ Development of Maternity Dashboard ▪ Pathway approach to Maternity Care provision ▪ Seamless care transition to the Healthy Child Team ▪ Equality and diversity central consideration ▪ Commitment to providing care appropriate to individual need ▪ Compliance with Clinical Negligence Scheme for Trusts	▪ Public Health Midwifery Team – leaders and change agents ▪ Promotion of Children Centre's as hub of service delivery ▪ Early access to maternity services pathway ▪ Direct to Midwife Telephone Line ▪ Peer Support Service ▪ North Mersey Social Marketing campaign to promote breastfeeding across PCT boundaries ▪ Partnership with third sector ▪ Incentive scheme with Whiston Maternity Unit ▪ Improved access through closer partnerships across agencies and services
Productivity	**Prevention**
▪ Multi-disciplinary care pathways ▪ Community empowerment through Peer Support Service ▪ Use of volunteer workforce ▪ Intelligent targeting of resources – needs led commissioning ▪ Potential for cost savings, i.e. by reducing rates of caesarian section and improving breastfeeding rates ▪ Support appropriate skill mix through individual provider workforce review ▪ Strengthened function of Maternity Services Liaison Committee (MSLC) to ensure service improvements are user led	▪ Promotion of breastfeeding ▪ Early identification of additional needs ▪ Promotion of systematic use of CAF in context of Knowsley's Model of Need ▪ Team around the family approach ▪ Emphasis on preparation for sensitive parenting ▪ Promotion of normal birth through locally set home birth targets ▪ Further reductions projected in relation to health inequalities in infant mortality through implementation of strategy (see appendix 2)