

Sheffield Maternal Health Strategy 2004 to 2010

Purpose of paper

This paper aims to provide an update on Sheffield Maternal Health Strategy, and its implementation. The following documents are attached to support this:

- Revised and updated Maternal Health Strategy 2004 to 2010
- Outline Action Plan against the Maternity NSF - the plan is currently work in progress and a more comprehensive plan with target dates will be tabled at the meeting
- Appendix prepared by Sheffield Midwifery Service relating to incidence of low birth weight which will be considered by next meeting of Health Strategy group
- Draft revised terms of reference for the Maternal Health Strategy Group

Context

One of the six critical initiatives identified in Sheffield First for Health's "Inequalities Action Plan" for Sheffield is "developing a sure foundation through healthy pregnancy and childhood: Maternity Services". "Sheffield Maternal Health Strategy 2004 to 2010" addresses this challenge and was approved in principle by SFFH and Sheffield 0-19+ Partnership Board in 2004.

The Strategy lays the foundation for an integrated, co-ordinated approach to health improvement and service delivery. It sets out the basis on which we should commission maternity services across the city. Embedded in this approach is the commitment to reduce inequalities in health, improve access to services and improve service provision in line with the NSF for Children and Young People and Maternity Services.

The strategy and implementation work is led by Sheffield Maternal Health Strategy Group, chaired by Helen Fentimen, Chief Executive of SE Sheffield PCT.

Update

A range of stakeholders have been actively involved in the progression of the work to implementation stage. A third stakeholder event was held in February where the direction of travel was agreed and key agreements were reached on implementation issues.

The basis of all the implementation work is to reduce inequalities within Sheffield and between Sheffield and the rest of the country. Work has taken place to identify those neighbourhoods and groups where the levels of deprivation, low rates of breast feeding, teenage pregnancies, smoking in pregnancy and low birth weight are highest, and work will be targeted to those areas.

The integrated Care Pathway group has developed a universal care pathway and is nearing completion on specific care pathways which will target support to women from those groups or communities who are most in need. These include services for teenage parents, mothers

who have physical, sensory or learning disabilities, parents from ethnic minorities, mothers with mental health problems and mothers with alcohol or drug problems or problems of domestic violence.

Work has also begun on preparing options for a service delivery model which will meet the requirements of the strategy and the NSF.

The development of the workforce action plan has been dependent on the development of the model of care. Support is now being provided from the workforce section within the Strategic Health Authority and a plan will be developed taking into account the configuration of services, and the training requirements identified to implement the NSF.

Work has been undertaken within the Neonatology Managed Clinical Network for North Trent regarding reconfiguration of services and the shape of future maternity services for Sheffield will need to take account of these potential changes.

The range of actions identified in the action plans has been mapped against the standards within the NSF, and this work will now be updated to ensure that there are links between the activities to achieve the wider health outcomes. This is work in progress and will be updated with more detailed actions, leads and timescales.

Choice is an important part of the NSF and work will be undertaken to increase the choice available for women of a home birth or birth in hospital. The plan also identified the need to investigate the potential benefits and costs of birthing centres within Sheffield.

The implementation plan will be supported by staff within public health in SEPCT, by the LSA midwifery officer for South Yorkshire and, in order to involve staff in the process, a health visitor in SEPCT is working one a day a week investigating views and the process for change within primary and community care and links with secondary care.

Establishment of Managed Network

The NSF states that there should be Managed Care Networks which should:

Provide a context for the commissioning of maternity services

With neonatal networks should provide effective arrangements for managing the prompt transfer of their babies experiencing problems or complications

'They should be linked groups of health professionals and organisations from primary, secondary and tertiary care working together in a co-ordinated manner, to ensure an equitable provision of high quality, clinically effective care'

Together with care pathways networks 'should be achieved through a multi disciplinary and multi-agency approach requiring agreement with all those likely to be involved in providing care, including service manager and all relevant health and social care professionals and service user representatives.'

Currently discussions are taking place about the option of a South Yorkshire wide managed network.

Advantages of a South Yorkshire network are:

Ease of joint work with the North Trent neonatology network
Since Sheffield provides tertiary care, opportunity for a whole system view of services across South Yorkshire

Advantages of a Sheffield network are:

Relationships and structures already known
Capacity to concentrate on and address inequalities within Sheffield
Ease of joint working across agencies within Sheffield

The Maternal Health Strategy group is reviewing its membership, its terms of reference, and its subgroup structure in the light of the change from the strategy phase to the implementation phase. Draft revised terms of reference are attached.

Recommendations

SFFH are asked to:

1. Note the revised and updated strategy
2. Note the progress with implementation
3. Express a preference regarding the configuration of a Maternity Services Managed Network.

Helen Fentimen, May 2005