

**East Ayrshire Community Health Partnership  
Forum – 15<sup>th</sup> December**

**Subject**

**NHS Ayrshire and Arran Maternity  
Strategy 2010-2015**

**Purpose**

**To present the draft maternity services  
strategy 2010-2015**

**Recommendation**

CHP Forum members are asked to review the Maternity Strategy, in particular the priorities for the future and to provide comments to Stephen Sheach, Planning Manager, Ailsa Hospital, Dalmellington Road, Ayr KA6 6AB By the 28<sup>th</sup> January 2011.

**1. Background**

- 1.1. In response to Scottish Government expectations in its policy document “Framework for Maternity Services in Scotland”, NHS Ayrshire and Arran developed a strategy for 2002-07.
- 1.2. A number of important maternity service developments have subsequently been implemented including
  - development of pre-conception advice services;
  - development of targeted services towards mothers with specific needs;
  - development of enhanced neonatal services and
  - the development of a new inpatient maternity unit based on the Crosshouse Hospital site , allowing for immediate access to the full range of hospital services for those requiring further medical and surgical intervention.
- 1.3. Since the strategy’s publication, there have been a number of significant changes and refinements to the provision of maternity services across Scotland. There are also a number of additional challenges and opportunities that will affect the service, including changing population, lifestyle and health needs, policy changes and the longer term effects of the changing economy, with the requirement for greater efficiency and productivity within NHS Ayrshire and Arran.
- 1.4. Therefore it was agreed to review this strategy and update it based on successes, shortfalls and new priorities that have occurred since the initial strategy was published. The 2010-2015 strategy aims to fulfil that role.

2. **Current Situation**

- 2.1. The first meeting of the maternity strategy group was held in July 2009, with membership from key NHS stakeholders with additional members co-opted as required. Chairing the group has been shared between Joanne Sharp (Health Care Manager) and Wendy Smith (Royal College of Midwives representative).
- 2.2. The focus of the initial phase was to gather together evidence on the current issues and pressures on maternity services and horizon scan for those that are likely to require action planning in the next five years and beyond. This evidence was gathered together into a fact-file which now forms volume 2 of the strategy. It is not planned to publish this volume, but to advertise its existence on the NHS Ayrshire and Arran web site and to make a printed copy available to any stakeholder on request. It is also proposed to update the information contained within volume 2 throughout the 5 years of the strategy to inform the development of future strategies.
- 2.3. Volume 1 contains the background to the strategy, the vision, priorities, planned outcomes and 48 actions for the NHS maternity service and partners to implement.
- 2.4. The vision was agreed following an initial questionnaire to the public, service users, Officer Locality Groups and staff as follows:  
  
**“Delivering excellence in maternity care in Ayrshire and Arran”**
- 2.5. The priority areas agreed for development are:

▪ <b>Maternal and infant attachment</b>	▪ <b>Maternal obesity</b>
▪ <b>Addiction – Drugs, alcohol and smoking</b>	▪ <b>Mental health of pregnant women</b>
▪ <b>Natural and dynamic childbirth</b>	▪ <b>Pregnancy and Newborn screening</b>
▪ <b>Optimal length of stay</b>	▪ <b>Neonatal services</b>
▪ <b>Breastfeeding</b>	▪ <b>Patients experiences</b>
▪ <b>Domestic violence / Child protection</b>	▪ <b>Workforce development</b>

- 2.6. The high level actions in this plan aim to address these priorities as well as national policy drivers and current clinical evidence.
- 2.7. These include actions to:

- Support pregnant teenagers and prevent unplanned pregnancy;
- Reduce the effect of drugs, alcohol and smoking on pregnant women and unborn babies;
- Promote pregnancy and natural childbirth as normal life events;
- Ensure the best possible stay in hospital for new mothers and their babies;
- Increase the number of women who choose to breastfeed their babies;
- Protect pregnant women and their children from violence in the home;
- Help women manage their weight during pregnancy and beyond;
- Support the mental health and wellbeing of women during their pregnancy;
- Support new parents to bond with their babies;
- Support fathers to be more involved in preparation for parenting;
- Improve detection of serious infections in the mother and earlier detection of abnormalities in the fetus
- Improve screening services for newborn babies
- Improve how we ask pregnant women and their families about their experience of maternity services;
- Support our staff to develop their skills and knowledge.

### 3. **Proposals**

- 3.1. This strategy is intended for implementation by NHS Ayrshire and Arran Maternity service, although wider stakeholders have been involved in its development. Actions, therefore, relate to what staff within maternity services can achieve albeit with the support of partners.
- 3.2. Actions do however link with partners' work and priorities including linkage with other NHS strategies such as the "Your Health: We're In It Together" (Primary Care Strategy) "The Review of Community Nursing", "Infant Feeding Strategy", "Sexual Health Strategy"; Community Planning Partnerships Single Outcome Agreements, and other policies and national priorities such as Maternity Services Action Group (MSAG) report "Refreshed Quality Framework for Maternity Services in Scotland" and "Getting It Right for Every Child".

### 4. **Consultation and development of this report**

- 4.1. Key stakeholders have been either actively involved or consulted throughout the

process, including NHS partners, Community Planning Partnership through Officer Locality Groups, and staff, patients and public.

- 4.2. The Integrated Care Management Board discussed the draft strategy on the 16<sup>th</sup> September and agreed the content, subject to some minor amendments and additions, these have been incorporated into the final draft of the strategy.
- 4.3. The implementation of this strategy does not involve any major service change as defined by the Scottish Health Council. However, it is proposed that a further three month consultation of the content of the strategy be undertaken.
- 4.4. A planning and recording tool has been designed by the Scottish Community Development Centre, on behalf of the Scottish Government, to assist individuals and organisations to design and deliver effective community engagement.
- 4.5. It is proposed that NHS Ayrshire and Arran utilise this tool (named “Visioning Outcomes in Community Engagement” (VOiCE)) to plan, implement and evaluate the consultation process for this strategy. The details of the tool are outlined in Volume 2.

## 5. **Resource Implications**

- 5.1. At the outset of the strategy development it was made clear that any identified actions must be implemented within the existing financial budget for the service.
- 5.2. In addition, maternity services will also require to operate within the overall NHS Ayrshire and Arran response to the “NHS Scotland’s Efficiency and Productivity Programme Delivery Framework” May 2009, including the requirement to deliver Cash Releasing Efficiency Savings.

## 6. **Risks and Mitigation**

- 6.1. Each action plan within the strategy will have a detailed implementation plan which will include potential risks. These identified risks will be monitored and managed through the Strategy Implementation Group.

7. **Impact Assessment and consequential changes proposed to mitigate adverse impacts identified.**
- 7.1. A full Equality and Diversity Impact Assessment was undertaken on the strategy. This is available to members.
- 7.2. The following outcomes from this assessment were:
- Most of the actions outlined in the strategy will have a positive impact, particularly the focus on health inequalities, teenage pregnancy and mental health and well being.
  - Initial reference to fathers has been widened out to mother's partner / child's father to reflect that the two identities are not synonymous.
  - We will continue to ensure that Interpretation services or sign language services are provided where required; and we will continue to produce literature in other languages/formats..
8. **Conclusion**
- 8.1. The CHP Forum members are asked to review the Maternity Strategy, in particular the priorities for the future and to provide comments to Stephen Sheach, Planning Manager, Ailsa Hospital, Dalmellington Road, Ayr KA6 6AB [stephen.sheach@aapct.scot.nhs.uk](mailto:stephen.sheach@aapct.scot.nhs.uk), by the 28<sup>th</sup> January, 2011.

**Joanne Sharp,  
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Children, Women and Sexual Health Services**

**22<sup>nd</sup> October 2010  
(Updated by CHP Facilitator Nov 2010 and Dec 2010)**