

EAST AYRSHIRE COUNCIL

POLICY AND RESOURCES COMMITTEE - 13 JUNE 2002

Ayrshire and Arran NHS Board Draft Maternity Services Strategy Consultation.

Report by the Chief Executive

1. PURPOSE OF REPORT

- 1.1 To advise members of the content and proposals outlined in the Ayrshire and Arran NHS Board Draft Maternity Services Strategy.
- 1.2 To seek authority to submit a response to the NHS Board in the terms set out in this report.

2 BACKGROUND

- 2.1. The Framework for Maternity Services in Scotland sets out a philosophy of care and the role of key professionals in the provision of care. The guiding principles of the Framework have been adopted as the basis for the Ayrshire and Arran Draft Maternity Services Strategy.
- 2.2. The in-patient element of maternity services is currently based at Ayrshire Central Hospital, Irvine. An option appraisal has recommended that this service be relocated at Crosshouse Hospital. This recommendation was subject to a previous consultation process and a report by the Chief Executive was presented to the Policy and Resources Committee on the 29 November 2001 recommending that the proposed development be welcomed but taking account of specific concerns that would require to be addressed.
- 2.3. In-patient services are complemented by a number of community bases that provide ante-natal care. In East Ayrshire these are in Stewarton, Hurlford, Kilmarnock, Cumnock and Auchinleck.
- 2.4. Birth-rates in East Ayrshire have fallen over the last 10 years by 15% to a current level of around 53 per 1,000 of the female population aged 15-44. This decline is in line with the rest of Scotland.
- 2.5. The draft strategy was therefore developed, taking into account:
 - the falling birth-rate;
 - increasing complexity of births as evidenced by the increases in the number of caesarean births, the proportion of births to older women and use of the neo-natal unit;
 - the impact of rurality on service provision.

3 AIM OF STRATEGY

- 3.1 The aim of the Draft Maternity Services Strategy is to create a modern, responsive maternity service that is centred on women and their families. It is based on local evidence of clinical effectiveness as well as reflecting the views of service users and providers. The key objective is to ensure that women are encouraged and supported to improve their health before, during and after pregnancy.

4 GENERAL ISSUES IDENTIFIED AS REQUIRING ACTION

- 4.2 The following are identified within the strategy as being the key areas for development:
- To enable equitable access to maternity services throughout Ayrshire and Arran by extending support to rural and island communities through midwife leadership with GP support;
 - To improve oral and written communication between professionals and women and their families;
 - To establish specialist pre-conception services;
 - To re-locate in-patient maternity services alongside the general facilities within Crosshouse hospital;
 - To give women with normal confinement the option of an early return home with comprehensive support mechanisms in place;
 - To establish multi-agency and integrated care pathways for women at risk or suffering from post-natal depression;
 - To develop comprehensive health promotion and parent education opportunities from pre-conception through to the post-natal period;
 - To address the concerns of alcohol and drug misuse among pregnant women and during early childhood years, within maternity and addiction services;
 - To review current practice in neo-natal examination and screening in Ayrshire Central Hospital in the light of new national guidance.

4.3 It is intended that an implementation group will be established, which will develop an action plan to implement the recommendations and monitor progress.

5 DETAILED PROPOSALS DIRECTLY AFFECTING EAST AYRSHIRE COUNCIL AND THE PEOPLE OF EAST AYRSHIRE

5.1 There are a number of issues that will require further dialogue with NHS Ayrshire and Arran and Community Planning partners with regard to implementation. These are detailed in the appendix to this report.

6 POLICY/FINANCIAL /PERSONNEL/ LEGAL IMPLICATIONS

6.1 The direction of the draft strategy concurs with the general approach of the Council in relation to joint working, partnership and providing a flexible, service user focused service at the point of need.

6.2 There are no financial or legal implications for the Council arising from the draft strategy at this time.

7. RECOMMENDATIONS

7.1. It is recommended that Committee:

- (i) Endorses the general aims and principles of the NHS Ayrshire and Arran Draft Maternity Services Strategy;
- (ii) Authorises officers of the Council to submit a response to the NHS Board in the terms set out in this report and the supporting appendix;
- (iii) Instructs officers to work with NHS Ayrshire and Arran to clarify the implementation issues arising from the draft strategy for East Ayrshire Council services, particularly in relation to Social Work and Education services;
- (iii) Otherwise, notes the content of the report.

David Montgomery
Chief Executive
4 June 2002

Background papers

1. NHS Ayrshire and Arran Draft Maternity Services Strategy, March 2002
2. Framework for Maternity Services in Scotland, Scottish Executive, February 2001.

For further information on this report please contact John Alexander, Principal Officer (Quality and Planning) on 01563 576978

Appendix - List of recommendations identified as requiring further discussion regarding implementation between East Ayrshire Council, NHS Ayrshire and Arran and Community Planning Partners

1. **Preconception and Very Early Pregnancy** – East Ayrshire Council, (particularly within Education and Social Work), has a contribution to make to the health promotion role recommended in relation to early age pregnancy. The Children’s Service Plan, includes in its action plan a commitment to expanding the virtual baby project and enhancing the support to teenage mothers with no family support. The Draft Maternity Strategy recommends that maternity issues be placed on the agenda of SIP boards to promote further activity.
2. During **Pregnancy**, the strategy recommends a holistic approach in relation to education, health promotion and service delivery for pregnant women. Issues that impact upon Council services include joint working with women who misuse alcohol or drugs, or have other special needs and/or where there are child protection issues. One specific recommendation, is that training should be developed and implemented for professionals to identify risks factors
3. **Postnatal and Parenthood** – The proposals to develop a multi agency integrated care pathway for women who are at risk of developing postnatal depression and other mental illnesses and provide early transfer home with a comprehensive support service, may have some effect on services provided by the Council. Further details are required on the implications for non-health services of these proposals. For example, the legislation covering local authority responsibility for providing domiciliary services, states: -

“Domiciliary services for households where such services are required owing to the presence, or proposed presence, of a person who is an expectant mother or living-in”. (Social Work (Scotland) Act 1968 Section 14 as amended by the NHS and Community Care Act 1990 Section 14 (1),
4. **Service Organisation and Provision** – Proposals include;
 - the establishment of a forum to review and develop communication links with multi-disciplinary multi–agency and users of the service to ensure wide ranging involvement in changes in planning of maternity services; and
 - further develop systems for women with special needs such as physical and learning disabilities and mental health problems and have appropriate active links to social work and education services”.
5. **Neonatal** – recommendations include strengthening liaison with community based services to ensure a smooth transition.

6. **Drug and Alcohol issues in Pregnancy** - There are a number of recommendations that would require involvement and commitment from local authority services including
 - agreeing joint protocols between social work, addiction services and maternity services
 - developing a care management process to ensure integrated care is provided
 - establish a network of link workers including those from specialist counselling and support agencies and local authority staff
 - developing information resources for preconception care aimed at school age young people
 - ensuring seamless multi agency joint working practices; and
 - Information sharing agreements between local authority and health services
7. **Remote and Rural Areas** – A recommendation in this section re-iterates the intention to develop an integrated care pathway for women with specific needs, including those living in rural and island communities.
8. **Health Promotion** – This section builds on the recognition that health promotion requires to consider issues on a systems wide basis and is necessarily multi agency in approach. Recommendations that impact on local authority services include:
 - Identifying further support opportunities for women and their partners, including outwith the NHS
 - Developing a targeted approach to the social issues of pregnancy linking to the broader social inclusion agenda
 - Linking to existing community based services that support lifestyle change, create health promoting environments and seek to promote social inclusion
 - Systematically review health promotion activity to ensure for example that the health promotion service and addiction services work together.

AGENDA