



North East London

# Best start in life: shaping future maternity and neonatal services

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July 2024

# Introduction

- We want to make sure that all babies born in north east London have the best possible start in life and their parents experience the best possible pregnancy and birth.
- An important part of this is making sure our services are able to support this, and the needs of the growing number of people who live in our area.
- To do this the NHS in north east London are working on a programme, Best Start in Life, to look at maternity and neonatal care (the care of newborn babies) to make sure pregnant women and people, babies and their families receive the best care.

# The programme so far

- The work is being led by clinicians and we are working together across health and care organisations in an open and collaborative way
- Since the beginning of this year we have undertaken a demand and capacity review, working together to understand:
  - what type of care and support pregnant women and people, and babies need
  - how many people may need the services in the future
  - what the best ways are of delivering care.
- To do this, we have:
  - talked to and considered feedback and information from staff and families, community representatives and clinicians
  - reviewed service data
  - looked at areas such as population growth, inequalities and health needs.

# How the review was carried out

## Engagement

- Conducted interviews with over 50 stakeholders from across the system including: service user representatives, clinicians, Trusts, NHS NEL, Local Maternity and Neonatal System (LMNS), operational delivery network, London Ambulance Service and Local authority colleagues
- Gathered views on current strengths of services, challenges and opportunities for the future.

## Desktop review

- Reviewed local NEL strategy, planning and work completed to date around maternity and neonatal services
- Reviewed service user feedback including from Healthwatch and Care Quality Commission
- Reviewed national guidance and best practice documentation.

## Analysis and report

- Developed demand and capacity modelling to understand the projected future position in a 'do nothing' scenario
- Conducted further analysis including workforce, activity in and outflows and activity profiles by site.

We have written a report, called the Case for Change, explaining what we have found.

# What the review found – the Case for Change

## Maternity and neonatal care

- The birth rate is growing - the number of babies born in north east London will continue to increase as the number of people living in north east London grows.
- People are having more complicated pregnancies and births, so more people need the right hospital-based care. This will continue to grow.
- Our neonatal beds are often full making delivering care to babies at the right place and at the right time challenging. It also means some babies have to be cared for in hospitals outside our area.
- If we continue with the same type of care we have at the moment, the number of beds we have in the places where care needs to be delivered, won't match the number of people needing them in the future.
- This doesn't just mean having more beds or space for maternity and neonatal care in our hospitals, there are opportunities to provide care differently to support this need.

# Maternity and neonatal care continued

We need to make sure maternity and neonatal demand and capacity are matched across NEL. Care needs to be delivered in the most appropriate setting, which will improve quality and safety.

Matching demand and capacity across the system



- **Population growth** in NEL will outweigh a declining birth rate, which means that the NHS will need to support **more births** over the next 10 years
- Pregnancies and births are also **increasingly complex**, meaning **more resources are required for each birth**
- There is a need to **ensure capacity is matched to the needs of pregnant women and people** in NEL

Strengthening antenatal and postnatal care pathways



- A high proportion of pregnant women and people in NEL have **other health conditions and may experience complex social factors**, which mean their pregnancies are not low risk
- There are opportunities to **improve early booking onto our services** and improving **pre-conception healthcare and prevention** is key
- **Postnatal care pathways** are a key element to contribute to improving health and care outcomes for families

Delivering neonatal care in the appropriate setting



- Providing neonatal care in the most appropriate setting ensures the highest possible quality of care
- Currently, **NEL neonatal units have high occupancy levels which** increases quality and safety risks for babies; repatriating babies to **local neonatal units** from neonatal intensive care units can free up vital capacity to care for the sickest babies
- There are opportunities for babies to be born in the appropriate care setting for their needs, as well as to ensure **repatriation of babies to their local unit** when they are well enough

Enhancing transitional care and care at home for neonatal services



- There is an **opportunity to improve transitional care across all neonatal units in NEL** to support improved discharge processes
- Developing the **neonatal outreach service** in NEL provides an opportunity to readily discharge babies and their families that require support which could be provided at home
- **Strong transitional care and outreach teams provide a better experience** for babies and their families whilst contributing to freeing up capacity on the neonatal unit at NEL hospitals

# What the review found - the Case for Change

## Addressing health inequalities

- Challenges to things like workforce mean some people have different options and experiences of birth depending on where they choose to have their baby.
- There are inequalities that can affect the health of the pregnancy and baby for people from different population groups.
- Some pregnant women and people could have less complicated or lower risk pregnancies or births if they receive advice and support earlier
- Doing some things differently before and during pregnancy could help make important improvements in these areas and reduce inequalities.

## Addressing health inequalities continued

We need to strengthen pathways and models of care to remove unwarranted variation

Addressing  
variation in quality,  
access and  
experience



- **Service offer, pathways and processes are not consistent**, meaning pregnant women and people with similar needs have a different experience depending on where they choose to give birth
- There are opportunities to **ensure best practice is followed** (e.g. around induction of labour)
- Service users report opportunities to improve access and their experience of care.

Reducing health  
inequalities



- There are **stark and persistent inequalities in outcomes** for people from different population groups, for example, babies born to Black and Asian women and people are more likely to have a **low birth weight** and these women and people are **more likely to have a stillbirth** than White women and people
- Women and people in NEL are **more likely to book pregnancies later, particularly pregnant women and people from global majority communities**, which has implications for antenatal care and outcomes.



# What the review found – the Case for Change

## Our staff and workforce

- Our staff are hard-working, resilient and work together to provide safe care, but they are under a lot of pressure.
- With more people needing more intensive clinical care, and opportunities to provide care differently we need a workforce and model of care that fits this.

## Our staff and workforce continued

Stakeholders have described significant opportunities to ensure workforce models optimise the use of resources and prioritise staff wellbeing

Making the most effective use of staff resource



- There are **significant pressures on staff** across the system in both maternity and neonatal services with high **vacancy rates** and staff shortages being the cause of most escalations
- Alongside vacancies, **increasingly** women and people are having more complicated pregnancies and births which **puts additional pressure on staff**, but the workforce model and model of care have not changed
- There is an opportunity to **optimise the future workforce model** to make best use of staff resources, ensuring **resourcing is aligned with case mix** and enabling staff to operate at the top of their skills and competencies
- There is also a need for **innovative approaches** to support recruitment in these areas.

Improving staff wellbeing



- Stakeholders praise staff working in maternity and neonatal services as **hard-working, resilient and working together to provide safe care** in a challenging environment
- However, staff are feeling the pressure of the situation, increasing the **risk of burnout**
- NHS staff surveys show **reductions in staff morale and sense of wellbeing** in staff, particularly for midwives in NEL trusts
- Focusing on staff wellbeing is important for **their experience**, the ability to **retain and recruit** staff, as well as improving the **quality of care and experience for their patients.**

# Case for change summary

- We looked at how services work now, what we the future needs are expected to be.
- In north east London we have a growing population, more complicated pregnancies and births, more babies needing medical care when they are born, and health inequalities that impact pregnancies, birth and babies.
- This tells us we need to make some changes to maternity and neonatal services and there are opportunities to make sure our services remain safe, high quality and accessible for all.
- We are not proposing any solutions at this stage and no decisions about services have been made.
- We want to hear your view on what we have found in the Case for Change. Your feedback will help inform future plans and services.

# We want to hear from you - help shape these services

We want to know what you think of the findings in the Case for Change

- If they reflect people's experiences, and if we are focusing on what matters most?
- What you think of the opportunities we have identified to do things differently for babies and, pregnant women and people?
- If you have any ideas or suggestions of what we could do?

Your feedback will help inform future plans and services.

## How we're seeking feedback:

### Focus groups

- Dedicated outreach engagement with communities facing health inequalities

### Presentations

- Attending a range of system and community meetings to present the Case for Change and hear people's feedback

### Information and survey

- An online survey for people to have their say
- Printed and translated information and surveys are available

Deadline for public feedback on this stage of the programme is 8 September 2024

## Next steps

- The feedback, views, ideas and suggestions that we hear from the public, families, staff and stakeholders on our Case for Change will be used to develop potential future care models for maternity and neonatal services.
- They will be based on all this information and insight as well as best practice examples and national guidance including Better Births, Ockenden Report, and the Neonatal Critical care review
- Again this is being done in together with experts, clinicians and community representatives.
- No decisions have been made and when we have some options for how future maternity and neonatal care could look in the future we will share these with you and the public for your views so you can continue to help shape them.