

<b>Committee(s):</b> Health & Wellbeing Board	<b>Dated:</b> 07 Feb 2025
<b>Subject:</b> NEL Maternity & Neonatal Demand & Capacity Case for Change	<b>Public</b>
<b>Which outcomes in the City Corporation's Corporate Plan does this proposal aim to impact directly?</b>	1,2,3,4
<b>Does this proposal require extra revenue and/or capital spending?</b>	<b>N</b>
<b>If so, how much?</b>	<b>£ N/A</b>
<b>What is the source of Funding? N/A</b>	<b>External</b>
<b>Has this Funding Source been agreed with the Chamberlain's Department?</b>	<b>N/A</b>
<b>Report of:</b> Joanna Kabel <i>Associate Director of Midwifery Newham University Hospital</i> Sarah Latham <i>Director of Midwifery &amp; Lead for Neonatal Nursing, Homerton Healthcare NHS Foundation Trust</i>	<b>For Information</b>
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## 1. Summary

- 1.1. NEL ICB has been working with stakeholders to gain a greater in-depth understanding of how maternity and neonatal services in North East London can meet the changing needs of women (pregnant people) and their babies in developing future services.
- 1.2. The programme of work includes meeting the needs of local people providing maternity and neonatal care that is safe, high quality and accessible.
- 1.3. This work is being supported and led by clinicians and system leadership, working together across health and care organisations in an open transparent and collaborative way to develop this programme
- 1.4. NEL ICB (working with key stakeholders) have considered information from families, NHS staff and community representatives, reviewed service data, and looked at areas such as population growth, inequalities and health needs.

- 1.5. We have written a Case for Change which sets out the findings of this review and engaged with the public for their views, suggestions and feedback on the findings of the review.
- 1.6. The Case for Change found that 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, births and babies.

## **2. Recommendation(s)**

- 2.1. It is recommended that the Board review the case for change and the approach NEL ICB has taken to engage with the public and stakeholders. This includes an extensive public engagement, titled: Best Start in Life Shaping Future Maternity and Neonatal Services in North East London which concluded on 8 September 2024.
- 2.2. How we engaged with the public:
  - We ran public engagement from 16 July – 8 September 2024
  - The case for change and how to have our say on it was promoted widely to the public, stakeholders and staff over this time using a range of communications channels
  - Engaged with seldom heard groups, representatives of our communities, and families.
  - We heard from almost 500 people, through a mix of discussions, meetings, presentations, written feedback and survey responses.
- 2.3. We are currently doing a detailed analysis of the feedback which includes key areas of priority based on the response from the public

## **3. Main Report**

### **Background**

- 3.1. This piece of work is the starting point for exploring how maternity and neonatal services in North East London can meet the changing needs of women and babies and will inform how services in NEL in the future will meet the needs of local people through provision that is safe, high quality and accessible.
- 3.2. The first stage of this work has involved understanding the current state. This is through collating and analysing data to understand current activity and look at future demand projections, as well as synthesis of existing work done to date in NEL and national guidance, and stakeholder engagement. These findings have been brought together into a case for change which identifies opportunities for the future.
- 3.3. The second stage of the work was to co-design best practice care models for maternity and neonatal services, considering the opportunities identified in the case for change, national guidance and best practice examples. These care models were developed with clinicians and wider stakeholders and are intended as a starting point for future work

- 3.4. The high-level care models set out areas for further data-driven exploration to develop more detailed care models that are deliverable, sustainable, make the best use of system assets and deliver on the opportunities identified in the case for change.

## **4. Current Position**

### **Key findings in the Case for Change**

- 4.1. 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.
- 4.2. People are having more complicated pregnancies and births, so more people need the right hospital-based care. This will continue to grow.
- 4.3. 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.
- 4.4. 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.
- 4.5. 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.
- 4.6. Our staff are hard-working, resilient and working together to provide safe care, but they are under a lot of pressure.
- 4.7. 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.
- 4.8. Challenges to things like the workforce mean some people have different options and experiences of birth depending on where they choose to have their baby.
- 4.9. There are inequalities that can affect the health of the pregnancy and baby for people from different population groups.
- 4.10. Some women or pregnant people could have less complicated or lower risk pregnancies or births if they receive advice and support earlier
- 4.11. Doing some things differently before and during pregnancy could help make important improvements in these areas and reduce inequalities.

### **5. Options**

N/A

### **6. Proposals**

[Please see information above]

### **7. Key Data**

[NONE]

### **8. Corporate & Strategic Implications**

None

**9. Strategic implications**

None

**10. Financial implications**

None

**11. Resource implications**

None

**12. Legal implications**

None

**13. Risk implications**

None

**14. Equalities implications**

None

**15. Climate implications**

None

**16. Security implications**

None

**17. Conclusion**

- 17.1. The feedback, views, ideas and suggestions on our Case for Change are being used to inform 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
- 17.2. This is being done in together with experts, clinicians and community representatives and is underway, We are anticipating having these potential future models of care in the next few months.
- 17.3. No decisions have been made yet and when we have some options for how future maternity and neonatal care could look in the future we will share these with the public for your views so you can continue to help shape them. ]

**18. Appendices**

- 18.1. [NEL Maternity & Neonatal Case for Change](#)

**19. Background Papers**

- 19.1. None