Southwark Maternity Commission

MINUTES of the OPEN section of the Southwark Maternity Commission held on Tuesday 23 January 2024 at 10.00 am at Southwark Council offices, 160 Tooley Street, London SE1 2QH

PRESENT:

Councillor Evelyn Akoto (Chair)
Professor Dame Donna Kinnair
Dr Benedicta Agbagwara-Osuji
Omar Campbell
Sandra Igwe
Jacqui Kempen
Cheryl Rhodes

OTHER MEMBERS PRESENT:

OFFICER SUPPORT:

1. HOUSEKEEPING

The clerk opened the meeting at 10.06am and advised of the housekeeping procedures.

There were no apologies for absence.

There were no urgent items of business.

There were no declarations of interest.

1. INTRODUCTION TO THE SOUTHWARK MATERNITY COMMISSION

The chair and the co-chair made their introductory statements. They emphasised the need for improved partnership working in order to bring equality to maternity services for all women. They advised that the aim of the maternity commission was to work together in order to develop recommendations to achieve this.

3. PANEL INTRODUCTIONS

Everyone on the panel introduced themselves.

4. LOCAL MATERNITY AND NEONATAL SYSTEM SUBMISSION SUMMARY

The representative, Jacqui Kempen Head of Maternity for the Local Maternity and Neonatal System (LMNS), presented their report.

The chair pointed out that black women were 3.7 times more likely to die giving birth than white women and Asian women were 2 times more likely to die giving birth than white women. She also advised that of those women from Southwark who were questioned about their experiences, 41% of black women said that they experienced racism when accessing services.

The panel had questions for the LMNS representative.

There was a question on how maternity services are commissioned in Southwark and how it can be ensured that these meet the local needs.

It was advised that maternity services are not commissioned. There are contracts with various maternity providers. These contracts need to be looked at each year.

The maternity specifications were currently being updated and the results of a large piece of engagement work would inform this. It was also noted that services as well as mortality rates will vary from trust to trust due to the distinct nature of the types of services each trust provides.

There was then a question on how the LMNS incorporated raw data and how they measured the effectiveness of services and any changes to the services.

The LNMS representative advised that the data is crude. Provider trusts provide data every six weeks and that the LNMS then review that data. This data might include things such as trust score cards.

They informed the panel that data can fluctuate from month to month but it was important not to have knee jerk reactions to data. If there were concerns, the LNMS might carry out more research. The LMNS focussed on MBRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) data. If any trusts were considered to be outliers, then the LMNS would ask them to carry out a deep dive and report back. Data from the community outreach group will feed into any changes that will be made to the maternity specifications.

There was a question relating to how the LNMS is identifying opportunities to work with Southwark to tackle the issues identified.

The LMNS representative advised that in order to make women feel supported and

valued the LNMS and the council need to do a lot more to work with women before they are pregnant in order that they know what services are available to them. Furthermore, the LMNS needed better links in with the local authority.

The LMNS representative was asked for examples of issues that support from Southwark Council would help to address

The LMNS representative informed the panel that more focus on community services to prepare women for pregnancy was important. Additionally, closer working partnerships with grass roots organisations that women really trust was something to focus on.

5. GUY'S AND ST THOMAS' SUBMISSION SUMMARY

The representatives from Guy's and St Thomas', Professor Eugene Oteng-Ntim Clinical Director for Women's Health Services and Consultant Obstetrician, and Gina Brockwell, Chief Midwife, presented their report.

The panel had questions for the representatives from Guy's and St Thomas'.

There was a question relating to the things that the representatives from Guy's and St Thomas' would like their organisation, the council and third sector partners to work on and what they would prioritise.

The representatives advised that they would prioritise pre-pregnancy advice and early years intervention. They also informed the panel that making information accessible and easy to understand across the various partnerships would be very useful.

There was then a question on the use of data to tackle health inequalities and if the representatives could give an example of where analysis has led to a change in the way they work.

Professor Eugene advised that when he worked in Peckham he did a debriefing every week on mortality in the area. The analysis showed that if the numbers for the Aylesbury estate were removed from the data, the mortality rate was significantly reduced. As a result caseload midwifery was introduced in that area.

The representatives from Guy's and St Thomas' were asked about the factors that affect the outcomes of women in Southwark and what they would change.

The representatives informed the panel that housing was a key factor. If women do not have suitable housing, they end up in hospital for longer.

They also advised that knowing the community was a key factor. They stated that continuity of care is very important as midwives know the community. For example, they can give advice on practical aspects also such as where to go to markets for cheaper and healthier food, which is beneficial to the women in the community.

There was also a question on how continuity of care could be improved.

The representatives advised that it was difficult to provide the number of midwives for continuity of care in all cases. However, continuity of care could be targeted at areas where women have higher health inequalities and there would be greater benefits.

Practical issues such as midwives having to drive and as a result having to pay for the Congestion Charge and for parking were also mentioned as factors which could assist with continuity of care.

6. KING'S COLLEGE HOSPITAL SUBMISSION SUMMARY

The representative, Dr Lisa Long, Clinical Director and Women's Health and Obstetric Consultant at King’s College Hospital, presented their report.

Members of the panel had questions for the representative from King’s College Hospital.

Dr Long was asked about what she felt was a priority issue that they could work with the council on to improve.

Dr Long advised that being healthy before becoming pregnant is key. Access to healthy food and optimising health prior to becoming pregnant were very important. Women with conditions such as diabetes should be advised to speak to health care workers about their medication and conditions prior to pregnancy.

There was also a question relating to the number of women receiving continuity of care at King’s College Hospital (6%) and how this could be sustained or rolled out to more women.

The representative advised that they had to prioritise the most vulnerable women. To roll it out to more women, they would have to buy services from commissioners. They advised that a sustainable model was needed.

There was a further question on what work had been done to see why women are coming late to midwifery services and what could be done to encourage women to access services earlier.

The representative advised that it was important to have information, such as posters, in locations that women would see them (for example at diabetes eye-screening clinics).

Dr Long also advised that Kings College Hospital was working to improve the accessibility of the booking form on their website. They also informed the panel

that social media and information on their website had a role to play. They further advised that it would be good to get the message out to women that a GP was not required to book maternity care.

7. SOUTH LONDON AND MAUDSLEY SUBMISSION SUMMARY

The representatives from South London and Maudsley, Samantha Chong, Clinical Service Lead for community perinatal services and Chris McCree, Parental Mental Health Lead, presented their report.

Members of the panel had questions for the representatives from South London and Maudsley.

There was a question from the panel regarding what would help in improving the circumstances of South London and Maudsley patients, particularly in terms of working with Southwark Council.

The representatives advised that there were obvious questions around housing and health inequalities. Working with the council on Start to Life had been helpful.

They advised that if their workforce was increased, it would increase their ability to work in partnership. There was a need to ensure that projects were embedded. They added that it would be beneficial to work with the local authority to develop resources and information for families that is child friendly to explain emotional wellbeing.

The co-chair asked the representatives to go back and talk to their teams and talk about what the council and their organisation could do together. Following on from that the co-chair asked the representatives to send in further submissions with ideas.

There was a question about problems with staffing and facilities and the progress being made with these issues.

The representatives said things had not changed yet. They informed the panel that they were currently ‘homeless’ but identified another building but will have to use the outpatients department to see patients, but that would not be appropriate for the service. They further advised that staff retention was an issue.

There was a question about the number of referrals since South London and

Maudsley piloted the 24 month extension (perinatal period) for evidence based care for women with moderate to severe perinatal mental health difficulties.

The representatives advised that the pilot started in August 2023 and there had been one referral. They advised that the health visiting team were the missing link in the service in Southwark as it was difficult to identify who the health visiting team were.

8. AUDIENCE QUESTIONS AND ANSWERS / COMMENTS

There were several questions and comments from the audience.

A member of the audience mentioned a project to develop a toolkit and maternity passport for people with learning difficulties.

There was a question regarding the collection of data on ethnicity and inequalities.

The LMNS representative advised that the data was held by NHS England. The LMNS representative said the LMNS would have to look into particular inequalities. She advised that she thought there was Southwark specific data, which sat with NHS England.

There was a question relating to how we can understand birth trauma from a user perspective.

The co-chair said that she felt that was an important point and the commission would take note of hat when they spoke to people as an area to explore.

The LMNS representative added that the ‘near misses’ were also important to learn from.

There was a question from the audience regarding what was being done to engage with ethnic groups.

Members of the panel responded and stated that data helps us focus. It was also stated that community engagement is a big part of the commissions work and that there was a need to work with grassroots organisations that work with ethnic groups.

9. CLOSING REMARKS AND DETAILS OF NEXT MEETING

The chair advised that the Southwark Maternity Commission would be over six meetings. She advised that at the next meeting the commission would be speaking to front line staff.

The chair read out a statement from Harriet Harman MP in support of the work of the Southwark Maternity Commission.

Meeting ended at 12.01 pm

CHAIR:

DATED:

[CABINET ONLY]

DEADLINE FOR NOTIFICATION OF CALL-IN UNDER SECTION 17 OF THE OVERVIEW AND SCRUTINY PROCEDURE RULES IS MIDNIGHT, [DATE].

THE ABOVE DECISIONS WILL NOT BE IMPLEMENTABLE UNTIL AFTER THAT DATE. SHOULD A DECISION OF THE CABINET BE CALLED-IN FOR SCRUTINY, THEN THE RELEVANT DECISION WILL BE HELD IN ABEYANCE PENDING THE OUTCOME OF SCRUTINY CONSIDERATION.