

PE1839/A

Cabinet Secretary for Health and Sport submission of 3 December 2020

The Scottish Government appreciates what a difficult time this is for the NHS and would like to provide assurance that during this time all maternity services in Scotland are committed to offering women choice, taking account of their individual needs and the best available evidence for care options. However, the way that Boards deliver some services, has changed due to the impact the COVID-19 pandemic is having on the NHS.

Caithness General Hospital

The decision to change the status of Caithness maternity unit from an obstetric unit to a midwife unit in 2016 was made on the basis of safety. Mothers and/or babies who are assessed as needing obstetric or neonatal care are transferred to Raigmore Hospital.

The number of babies being born in Caithness is comparable to the numbers being born in the other CMUs in Highland. Caithness Maternity Unit offers women the choice of local birth for low risk pregnancy; women who are assessed as high risk are booked for birth in the Consultant level maternity unit at Raigmore Hospital, which also has a neonatal unit on site. Information is given regarding birth outcomes in CMU and Consultant unit, transfer/transport, geography and retrieval times and all of this is used to support the woman with her decision making re place of birth. The distance and travel time from Caithness Maternity Unit to Raigmore Hospital is comparable to that of other Community Midwifery Units across the NHS Highland area and is the model of care that operates across the majority of rural areas in NHS Highland.

In regards to the concerns about additional costs women may face and high risk or uncomfortable transfers. NHS Highland has a robust system in place in Caithness and advises expectant mothers who live at a greater distance from the hospital to travel early, as soon as labour starts. Women can attend at the Caithness CMU to be seen by a midwife prior to travelling and a clinical assessment will be undertaken to assess labour. The same care pathway applies to all eight of the Board's Community Maternity Units, like the one in Caithness.

Within NHS Highland, the majority of women travel in their own transport to the Consultant Maternity Unit when labour commences. Those who wish to stay closer to the unit prior to labour commencing / before their due date are supported with accommodation and travel costs. The Board are also exploring how women who are required to stay in hospital accommodation prior to their due date can be supported with food costs.

Induction may be necessary for some woman, for a number of reasons and to ensure the safety of mother and baby. When induction is carried out, clinical teams will ensure that it is an appropriate intervention and that mother and baby are provided with the safe, high quality care we expect all patients to receive.

The Best Start

The Scottish Government has invested £18 million in reforming maternity care in Scotland as set out in *The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland*.

As part of *The Best Start*, discussions are ongoing with regards to changes in rural service provision and arrangements for obstetric transfers across Scotland. Roll out of the new model of continuity of midwifery care will improve relationships between women and their midwife and evidence tells us we can expect to see improvements for both mother and baby. For example, example a reduction in pre-term and still births; a reduction in interventions during labour; an increase in spontaneous vaginal deliveries, and an increase in successfully feeding their babies.

The Scottish Government is working closely with five Early Adopter Boards, including NHS Highland, to co-produce the model of care in a way that suits their local demographics and geography as each Health Board is best placed to understand how to tailor the models of care used to account for and adapt to local circumstances.

The Scottish Government has also convened a Maternity Transport Expert working group, which is currently developing an in-utero transfer (IUT) risk assessment tool to assist clinicians in their decision to transfer pregnant woman who are threatened with pre-term labour. Specific consideration is being given to the pathways and protocols for Remote and Rural transfers across the whole of Scotland.

Best Start North

NHS Highland is part of the Best Start North Steering Group which has been established under the direction of NHS Highland and NHS Grampian Chief Executives, to oversee and steer a review of Maternity and Neonatal services across NHS Shetland, NHS Orkney, NHS Highland and NHS Grampian and which seeks to understand the resources, constraints, challenges and opportunities in the current systems.

The steering group has a planned programme of work which aims to engage with healthcare professionals, service managers, service users and the public in developing a model of care that operates as a single system across traditional Board boundaries and is sustainable and deliverable in line with the vision and principles of *'The Best Start'* plan for Maternity and Neonatal services. Inclusive of this programme of work, NHS Highland is undertaking a review of its Perinatal Mental Health service, in line with direction of the Perinatal Mental Health Network Scotland and with SG investment will be looking to expand the current Perinatal Mental Health service provision in NHS Highland.

Perinatal Mental Health

The Scottish Government is committed to ensuring equitable, coordinated access to mental health provision for new mothers and their families throughout pregnancy and during the postnatal period, wherever they live in Scotland. Our 2019/2020 Programme for Government (PfG) includes improving perinatal and infant mental health as a key commitment. This commitment is supported by £50 million of investment in perinatal and infant mental health services over 4 years.

The Scottish Government is working with all Health Boards in Scotland, including NHS Highland to establish and expand specialist perinatal services. In 2020/21, over £450,000 was allocated to health boards in the North of Scotland for perinatal mental health service development. This investment encompassed specialist Community Perinatal Mental Health, Maternity and Neonatal Psychological Interventions and Infant Mental Health Services. NHS Grampian have established a Perinatal and Infant Mental Health Steering Group as part of the Best Start programme to develop strategic oversight of service development.

The Board, also report progress on perinatal and infant mental health service development to the NHS Highland Best Start Steering Group.

Initial staffing for these developments should be in place by the end of the financial year and we will be working closely with Boards going forward to develop these services further. This builds upon initial investment of £80,000 in the North of Scotland in 2019/20 to support the initial development of community mental health services.

We are aware this year has been unprecedented and we continue to support women during this time. Support for mental health is available in a variety of ways and we continue to tailor our approach to fit the needs of pregnant women, mother, babies and their families. NHS near Me video consultations enabled patients to access remote health and social care consultations that reduced movement and contact which helped reduce exposure to Covid-19 for both patients and clinicians within particular settings.

Kind regards

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