



NCT Document Summary: Darzi A Framework for Action and the Local Visions Reports

In October 2007 Health Minister Lord Darzi published *Our NHS Our Future: NHS next stage review*.¹ The report laid out his vision for a world-class NHS, which would be fair, personalised, effective, safe, and locally accountable. In July 2007 NHS London, London's Strategic Health Authority (SHA) published *A Framework for Action* which detailed their vision for health services in London over the next ten years. In May and June 2008, the nine remaining Strategic Health Authorities (SHAs) each published a report describing their locally-developed visions for improving health and healthcare over the next decade. This document will analyse each of the regional reports across England in relation to maternity services.

What is the review of the NHS?

In 2007 the government decided a review of the NHS was required to build a vision for the NHS over the next decade, and to create organisational stability to deliver the best services for patients. The Government wants an NHS that is clinically-driven, patient-centred and responsive to local communities. Lord Darzi was appointed Parliamentary Under Secretary of State (Lords) at the Department of Health in June 2007. He is leading the review of the NHS.

What did the interim report say?

Our NHS, our future sets out a vision for the NHS based on four key principles: fairness; personalised service; effectiveness; and safety. The recommendations in the report included:

- To make the NHS fairer, health inequalities need to be tackled,
- To make care more personal, patient choice should be embedded within the full spectrum of NHS care. This includes the opening of large GP-led poly clinics, which offer a range of services,
- To support the delivery of more effective care a Health Innovation Council should be established,
- To make care safer the National Patient Safety Agency (NPSA) should be supported in establishing a single point of access for frontline workers to report incidents,
- Any major change in the pattern of local NHS hospital services should be clinically led and locally accountable.

For more information on this you can refer to the NCT's document summary.²

A Framework for Action and the Local Visions

NCT Comment

The NCT is pleased that the Darzi review of the NHS has had a focus on maternity services. SHAs have enjoyed a great opportunity to lay out their vision for maternity and newborn care in their locality over the next ten years.

That said, the aim of the Darzi Review of the NHS is to achieve a world class health service. The NCT believes that SHAs will fail to achieve a world class service if they only implement the commitments laid out in *A Framework for Action* and the *Local Visions* as none of the reports meet all the requirements in *Maternity Matters* and other government commitments. The reports vary considerably in the guarantees they make and how they plan to improve maternity services over the next ten years. The choice guarantee delivered in *Maternity Matters*, for example, is not explicitly guaranteed in approximately half of the reports. This will only exacerbate any existing regional health inequalities, with women in some areas having to tolerate worse maternity services. This is of great concern to the NCT as we would like to see all women and their families across England – and the rest of the UK – enjoy the very best from the NHS during pregnancy, birth and beyond.

As implied above, the reports vary considerably in the level of detail. The South East Coast SHA's report only contains three bullet points, for example, whereas other SHAs' reports, such as Yorkshire and the Humber, are far more comprehensive.

The NCT is particularly disappointed that none of the local Darzi reports explicitly mention the environment that women give birth in. The NCT would like to see more homely birth environments, particularly in hospitals where often the rooms can feel clinical to women and their families.³

The NCT regrets that none of the reports explicitly mention MSLCs. The NCT believes that user involvement is an essential mechanism to delivering appropriate services to localities. Local women are an invaluable source of information on what the locality's needs are, and how services can be changed to meet these needs.

Overall as it stands, no SHA will meet all the requirements set out in *Maternity Matters*, the leading policy document on maternity services in England. It is unacceptable that commitments will not be met and services for women and their families will not meet the standard set by the government. In the NCT's view, these 'Visions' are not visionary enough.

The remainder of this document sets out information in each of the reports in relation to government commitments. Key government publications that have been identified to measure the Darzi reports against include *Maternity Matters*, *National service framework for children, young people and maternity services*, *Public Service Agreement 12 - Improve health and wellbeing of children and young people* and *Public Service Agreement 19 - Ensure better care for all*. These are key policy documents which aim to drive forward positive change for women and their families in England.

London

NHS London (London's SHA) were first to publish their report, *A framework for action*⁴, in July 2007. The report included the following proposals for maternity and newborn care:

Aspect of Maternity Service	Information in Report	Government Commitment	NCT Comment
Place of birth	<p>Women should be offered a genuine and informed choice of home birth, birth in a midwifery unit or birth in an obstetric unit.</p> <p>Home birth should be positively promoted as a real option.</p> <p>There need to be more midwife units for this to be an option for women.</p>	<p><i>Maternity Matters</i></p> <p>Choice of place of birth</p> <ul style="list-style-type: none"> • Home • Midwife-led birth centre • Accessible information about choices 	<p>The NCT welcomes that women will be offered a choice, with information to support it, and that facilities will be developed to support this. The NCT would like to see women's choice guaranteed, however.</p>
Midwifery	There should be a significant	<i>Maternity Matters</i>	The NCT welcomes the

care	<p>increase in the number of midwifery units, with each obstetric unit having an associated midwifery unit, whether co-located or stand-alone depending on local circumstances.</p> <p>There should be adequate numbers of midwives to support women's choice of where to give birth.</p> <p>All women should receive one-to-one midwifery care in established labour, and throughout the antenatal and postnatal periods.</p>	<ul style="list-style-type: none"> • Midwifery-led care • 1:1 care • Continuity of care 	<p>commitments to increase the number of midwife units and the number of midwives. It is positive to see that women will receive one-to-one care. The NCT would like to see women being guaranteed access to the same midwife where ever possible throughout their pregnancy and birth.</p>
Antenatal care	<p>Antenatal care should be provided in local, one-stop settings.</p> <p>Women should be able to book directly with a midwife.</p> <p>As part of the booking process a midwife should carry out an early needs assessment and this should inform the antenatal care.</p> <p>During antenatal care women will be put in touch with other expectant mothers in their area.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> • Choice of midwife or team care <p><i>NSF</i></p> <ul style="list-style-type: none"> • At least 2 antenatal checkups in early pregnancy <p><i>PSA 19</i></p> <ul style="list-style-type: none"> • Increase percentage of women that see health professional for assessment of needs, risks and choices by 12 weeks pregnant 	<p>The NCT welcomes the commitment that antenatal care will be provided locally and that midwives will be directly accessible. The NCT would like to see the explicit guarantee that women will be able to choose where they can access antenatal care from.</p>
Postnatal care	<p>Postnatal care should be accessible from different local locations, as well as in the home.</p> <p>Postnatal care should be linked to easy access to mental health care.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> • Choice on how and where to access postnatal care <p><i>NSF</i></p> <ul style="list-style-type: none"> • Postnatal care should be extended 	<p>It is positive to see that women will be able to choose where they access postnatal care from, and that these services will have links with mental health care.</p>
Normal birth	<p>Not mentioned.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> • Midwives should support normal birth 	<p>It is disappointing that normal birth is not mentioned, which is in contravention of <i>Maternity Matters</i>.</p>
Maternity networks	<p>Maternity networks – involving maternity commissioners and all providers – should be formally established across London and be linked with neonatal networks.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> • Local networks should be developed • Services will be integrated and accessible in community settings <p><i>NSF</i></p> <ul style="list-style-type: none"> • Services will be 	<p>The NCT welcomes the establishment of maternity networks as we believe this is an ideal mechanism to facilitate the integration of services.</p>

		integrated through Maternity Networks	
Inequalities and access	<p>Women's social and medical needs should be assessed at an early stage, and reassessed later, with their care based on these assessments.</p> <p>Women with high levels of social need will need active help to engage with the relevant services.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> The needs of vulnerable and disadvantaged women in particular should be met <p><i>NSF</i></p> <ul style="list-style-type: none"> Services should be proactive at engaging all women Services should be flexible and individualised 	<p>Although it is positive to see that active help will be given to disadvantaged groups to engage with services, the NCT would like to see a greater emphasis on tackling maternity-related inequalities in London, such as infant mortality.</p>
Breast-feeding	<p>An aim of postnatal care is to improve outcomes such as breastfeeding, focusing on women from disadvantaged groups.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> There should be stronger support for breastfeeding <p><i>NSF</i></p> <ul style="list-style-type: none"> Information about breastfeeding should be consistent and reflect best practice <p><i>PSA 12</i></p> <ul style="list-style-type: none"> Increase breastfeeding at 6 to 8 weeks 	<p>The NCT welcomes the use of postnatal care will be used to improve breastfeeding rates, particularly among disadvantaged groups. However we would like to see targets set that specifically relate to achieving <i>PSA 12</i>. The Implementation of the Baby Friendly Initiative in London would be a positive start.</p>
Birth environment	Not mentioned.	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> Home-like birth environments 	<p>It is disappointing that home-like birth environments are not mentioned in the report. This is criteria that the Healthcare Commission use to evaluate PCTs.⁵</p>
User involvement	Not mentioned.	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> The establishment of Maternity Services Liaison Committees (MSLCs) 	<p><i>Maternity Matters</i> requires PCTs to establish an MSLC or similar forum, yet there is no mention of this in the report. MSLCs are a key mechanism to encourage user involvement in maternity services which should in turn assist in ensuring more personalised maternity services, central to Lord Darzi's vision.</p>

A Framework for Action was the first SHA report and so set the benchmark. Overall, there are some positive aspects, such as increasing the number of midwives to ensure women can labour and birth in the location of their choice. However, the Healthcare Commission's *Review of Maternity Services in England*⁶ found that maternity and newborn care was particularly bad in London compared to other parts of the country, the NCT would like to have seen a more substantial report from NHS London that reflected all the commitments made to women and their families and suggested ways to improve

maternity care in the capital. That said, *A Framework for Action* was published before the HCC Review, so it was unable to respond to the Review's findings.

North East

The North East SHA published their report, *Our vision, our future*⁶ on 8 May 2008. The table below details the commitments made to local women and their families in relation to government policies.

Aspect of Maternity Service	Information in Report	Government Commitment	NCT Comment
Place of birth	Will be offered at home, midwife unit or in hospital. Women will have excellent information about the range of options for their birth, including home birth options.	<i>Maternity Matters</i> Choice of place of birth <ul style="list-style-type: none"> • Home • Midwife-led birth centre • Accessible information about choices 	The NCT is pleased that the North East SHA has recognised the <i>Maternity Matters</i> commitment in full.
Midwifery care	There will be one-to-one midwifery care during labour.	<i>Maternity Matters</i> <ul style="list-style-type: none"> • Midwifery-led care • 1:1 care • Continuity of care 	The NCT welcomes that there will be one-to-one care for women in the North East but is disappointed that women are not being guaranteed continuity of care that is midwife-led.
Antenatal care	Offered in a range of community settings.	<i>Maternity Matters</i> <ul style="list-style-type: none"> • Choice of midwife or team care <i>NSF</i> <ul style="list-style-type: none"> • At least 2 antenatal checkups in early pregnancy <i>PSA 19</i> <ul style="list-style-type: none"> • Increase percentage of women that see health professional for assessment of needs, risks and choices by 12 weeks pregnant 	It is positive that women in the North East will be able to access antenatal care in various community settings. However, it is disappointing that there is no guarantee that women will receive at least 2 checkups for an assessment of needs in early pregnancy.
Postnatal care	Offered at home, GP or community clinics or in a Children's Centre.	<i>Maternity Matters</i> <ul style="list-style-type: none"> • Choice on how and where to access postnatal care <i>NSF</i> <ul style="list-style-type: none"> • Postnatal care should be extended 	The NCT is pleased that the <i>Maternity Matters</i> commitment to offer choice on where to access postnatal care is being met. However, it is disappointing that there is no mention of extending postnatal care.
Normal birth	The lead role of the midwife in independently managing normal deliveries will be emphasized.	<i>Maternity Matters</i> <ul style="list-style-type: none"> • Midwives should support normal birth 	The NCT welcomes the emphasis on normal birth, which will be managed by midwives. This meets the commitment in <i>Maternity Matters</i> .

Maternity networks	<p>A regional maternity and neonatal care network will be established.</p> <p>Sub-regionally networks will be established to deliver operational improvements.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> Local networks should be developed Services will be integrated and accessible in community settings <p><i>NSF</i></p> <ul style="list-style-type: none"> Services will be integrated through Maternity Networks 	<p>The NCT is pleased to see that maternity networks will be established in the North East.</p>
Inequalities and access	<p>The following health inequalities will be addressed:</p> <ul style="list-style-type: none"> teenage pregnancy smoking obesity alcohol and substance misuse breastfeeding. <p>There will be more proactive identification of at-risk groups.</p> <p>Education about pregnancy will be delivered in a wide range of healthcare and general social settings.</p> <p>The uptake of pre-pregnancy and pregnancy care in disadvantaged groups will be improved.</p> <p>Targeted healthcare interventions aimed at women with specific conditions will be developed.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> The needs of vulnerable and disadvantaged women in particular should be met <p><i>NSF</i></p> <ul style="list-style-type: none"> Services should be proactive at engaging all women Services should be flexible and individualised 	<p><i>Our vision, our future</i> contains an extensive section on tackling health inequalities, which the NCT welcomes. The report states that inequalities will be addressed as a first priority, but the NCT would appreciate some clear targets so that the North East SHA could measure its progress in reducing health inequalities over the next decade.</p>
Breast-feeding	<p>Mentioned above, to reduce health inequalities.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> There should be stronger support for breastfeeding <p><i>NSF</i></p> <ul style="list-style-type: none"> Information about breastfeeding should be consistent and reflect best practice <p><i>PSA 12</i></p> <ul style="list-style-type: none"> Increase breastfeeding at 6 to 8 weeks 	<p>The NCT is disappointed that provision for supporting breastfeeding is not mentioned. <i>Our vision, our future</i> states that inequalities in breastfeeding will be tackled, but the NCT believes that clearer targets are needed for breastfeeding rates to be improved. Also, the report makes no reference to the Baby Friendly Initiative in its hospitals and community settings which is a barrier to real improvements in its supports for breastfeeding women and in delivering on <i>PSA 12</i>.</p>
Birth environment	<p>Not mentioned</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> Home-like birth 	<p>It is disappointing that home-like birth</p>

		environments	environments are not mentioned in the North East's report. This is criteria that the Healthcare Commission use to evaluate PCTs. ⁵
User involvement	Not mentioned.	<i>Maternity Matters</i> <ul style="list-style-type: none"> The establishment of Maternity Services Liaison Committees (MSLCs) 	<i>Maternity Matters</i> requires PCTs to establish an MSLC or similar forum, yet there is no mention of this in the report. MSLCs are a key mechanism to encourage user involvement in maternity services which should in turn assist in ensuring more personalised maternity services, central to Lord Darzi's vision.

Overall the North East SHA report addresses a number of issues that the NCT believes are important to women and their families during pregnancy, birth and the transition to parenthood. Several of the commitments in the report should go some way towards delivery of commitments in *Maternity Matters* for women in this region.

Our vision, our future does not meet all the commitments laid out to women and their families by the government in recent policy documents, however. Home-like birth environments and the promotion of user involvement are clear omissions.

North West

The North West SHA published their report, *Healthier Horizons*⁷ on 21 May 2008. The table below shows what women and their families can expect from maternity and newborn care in the North West over the next decade.

Aspect of Maternity Service	Information in Report	Government Commitment	NCT Comment
Place of birth	<p>The place of birth should be commissioned in response to local consultations and reviews of risk.</p> <p>Women should have a range of choices during labour and birth.</p>	<i>Maternity Matters</i> Choice of place of birth <ul style="list-style-type: none"> Home Midwife-led birth centre Accessible information about choices 	The NCT welcomes that the North West SHA values the needs of its local community and it recognises that women should have a range of choices during labour and birth. However, the NCT would like to see women in the North West being guaranteed a choice of place of birth, depending on their circumstances, in line with <i>Maternity Matters</i> .
Midwifery care	<p>There should be a named midwifery team in community settings with access to a consultant led unit.</p> <p>Every woman will be assigned to a named midwife who will be</p>	<i>Maternity Matters</i> <ul style="list-style-type: none"> Midwifery-led care 1:1 care Continuity of care 	It is positive to see that women will be supported by a named midwife in a community setting. There is no guarantee that care will be midwife-led, however.

	her key contact during her pregnancy.		
Antenatal care	<p>Women should have a range of choices during the antenatal period.</p> <p>All women will be encouraged to undertake their first antenatal appointment at or before 12 weeks.</p> <p>A care plan should be agreed at the first antenatal appointment.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> Choice of midwife or team care <p><i>NSF</i></p> <ul style="list-style-type: none"> At least 2 antenatal checkups in early pregnancy <p><i>PSA 19</i></p> <ul style="list-style-type: none"> Increase percentage of women that see health professional for assessment of needs, risks and choices by 12 weeks pregnant 	The NCT welcomes the commitments to antenatal care in this report, which is largely in line with government policies.
Postnatal care	<p>Women should have a range of choices during the postnatal period.</p> <p>Postnatal care will be delivered by the midwife and health visitor in a setting agreed by the woman and health professional.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> Choice on how and where to access postnatal care <p><i>NSF</i></p> <ul style="list-style-type: none"> Postnatal care should be extended 	The NCT welcomes the emphasis on choice in postnatal care. However, we would like to have seen a discussion on the extension of postnatal care.
Normal birth	<p>Normality in maternity care will be supported.</p> <p>There should be a more community based approach to 'low risk' women.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> Midwives should support normal birth 	The NCT is pleased to see that normality is supported in the North West. We would like to see the explicit mention of midwives leading this work, however.
Inequalities and access	Vulnerable women should be targeted and supported.	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> The needs of vulnerable and disadvantaged women in particular should be met <p><i>NSF</i></p> <ul style="list-style-type: none"> Services should be proactive at engaging all women Services should be flexible and individualised 	The discussion in this report on tackling health inequalities is quite under-developed, particularly compared to other Local Visions reports. The NCT would like to see a commitment that services will be flexible enough to meet the needs of all users.
Breast-feeding	The midwifery team should offer breastfeeding support.	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> There should be stronger support for breastfeeding <p><i>NSF</i></p> <ul style="list-style-type: none"> Information about breastfeeding should be consistent and reflect best practice 	Although there are references to improving breastfeeding support, there is no reference to the implementation of the Baby Friendly Initiative, which is a barrier to real improvements in its supports for breastfeeding women and in delivering on <i>PSA 12</i> .

		<i>PSA 12</i> <ul style="list-style-type: none"> Increase breastfeeding at 6 to 8 weeks 	
Birth environment	Not mentioned.	<i>Maternity Matters</i> <ul style="list-style-type: none"> Home-like birth environments 	It is disappointing that home-like birth environments are not mentioned in the North West's report. This is criteria that the Healthcare Commission use to evaluate PCTs. ⁵
User involvement	Not mentioned.	<i>Maternity Matters</i> <ul style="list-style-type: none"> The establishment of Maternity Services Liaison Committees (MSLCs) 	<i>Maternity Matters</i> requires PCTs to establish an MSLC or similar forum, yet there is no mention of this in the report. MSLCs are a key mechanism to encourage user involvement in maternity services which should in turn assist in ensuring more personalised maternity services, central to Lord Darzi's vision.

The NCT is pleased that *Healthier Horizons* is a comparatively comprehensive report; many of the commitments that have been made to women in strategies such as *Maternity Matters* are discussed in the report. In particular, the NCT welcomes that 'choice' is discussed for women throughout the North West SHA's report, explicitly for place of birth, antenatal and postnatal care. That said, Many of the commitments in *Healthier Horizons* are weaker and less detailed than they need to be and therefore do not specifically reflect government pledges on maternity services.

As with all the other Local Visions Reports, *Healthier Horizons* does not mention all the guarantees that have been made to women and their families in recent government policy documents. Clear omissions in this report are more homely birth environments, MSLC provision, and flexible, individualised services that engage all women and their families.

Yorkshire and the Humber

Healthy Ambitions,⁸ the local visions report from the Yorkshire and Humber SHA, was published on 14 May. It states very generally that *Maternity Matters* should be used as a firm foundation for the future commissioning and delivery of maternity and newborn services. Other more specific commitments in the report are detailed in the table below in relation to the vision the government has laid out for maternity services in England.

Aspect of Maternity Service	Information in Report	Government Commitment	NCT Comment
Place of birth	Increasingly women who choose home birth should have this honoured.	<i>Maternity Matters</i> Choice of place of birth <ul style="list-style-type: none"> Home Midwife-led birth centre Accessible information about choices 	The discussion on place of birth in <i>Healthy Ambitions</i> is too weak. The Government has guaranteed that women will be able to choose where they give birth by 2009 and Yorkshire and the Humber SHA's Report should reflect

			this.
Midwifery care	<p>Women and their partners should be able to choose care with a midwife or care with a maternity health care team depending on their circumstances.</p> <p>There should be one-to-one care for women in established labour.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> • Midwifery-led care • 1:1 care • Continuity of care 	The NCT is pleased that women and their families in Yorkshire and the Humber will have one-to-one care and be able to choose midwife-led care. We would like this commitment to be developed to guarantee continuity of care.
Antenatal care	<p>Women should be able to discuss mental health issues in the antenatal period within the maternity team.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> • Choice of midwife or team care <p><i>NSF</i></p> <ul style="list-style-type: none"> • At least 2 antenatal checkups in early pregnancy <p><i>PSA 19</i></p> <ul style="list-style-type: none"> • Increase percentage of women that see health professional for assessment of needs, risks and choices by 12 weeks pregnant 	The NCT is pleased that mental health issues are recognised in this report. It is disappointing that none of the antenatal commitments laid out in <i>Maternity Matters</i> , the <i>NSF</i> and <i>PSA 19</i> are mentioned, however.
Postnatal care	<p>During the postnatal period, women should have the choice of accessing care at home, or in a community setting such as a Surestart Children's Centre</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> • Choice on how and where to access postnatal care <p><i>NSF</i></p> <ul style="list-style-type: none"> • Postnatal care should be extended 	The NCT welcomes the choice of how to access postnatal care that will be offered to women and their families. There is, however, no mention of postnatal care being extended.
Normal birth	<p>Not mentioned.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> • Midwives should support normal birth 	It is disappointing that normal birth is not mentioned, which is in breach of <i>Maternity Matters</i> .
Maternity networks	<p>A Maternity and Birth Commissioning Network should be formed.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> • Local networks should be developed • Services will be integrated and accessible in community settings <p><i>NSF</i></p> <ul style="list-style-type: none"> • Services will be integrated through Maternity Networks 	The NCT welcomes the establishment of a maternity network in Yorkshire and the Humber.
Inequalities and access	<p>Health inequalities should be reduced and health outcomes improved.</p> <p>The information for pregnant</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> • The needs of vulnerable and disadvantaged women in particular should be 	The NCT welcomes the extensive discussion on how health inequalities will be tackled. It is refreshing to see a clear target set

	<p>women should be improved, in particular for:</p> <ul style="list-style-type: none"> vulnerable women women whose first language is not English women with special needs. <p>Smoking in pregnancy should be reduced.</p> <p>Infant mortality rates for the manual groups should be reduced by 20% by 2010.</p> <p>Enhanced care should be offered where high social needs exist e.g. women with previous substance misuse.</p> <p>Children's Centres should identify and support pregnant women and mothers with complex social issues.</p>	<p>met</p> <p><i>NSF</i></p> <ul style="list-style-type: none"> Services should be proactive at engaging all women Services should be flexible and individualised 	<p>against reducing infant mortality groups, as many of the other Local Visions reports fail to set measurable targets against their commitments.</p>
Breast-feeding	<p>The breastfeeding initiation rates should be increased by 2% in disadvantaged groups, with increases each year.</p> <p>Mothers and babies must be cared for together to promote early attachment and establish breastfeeding.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> There should be stronger support for breastfeeding <p><i>NSF</i></p> <ul style="list-style-type: none"> Information about breastfeeding should be consistent and reflect best practice <p><i>PSA 12</i></p> <ul style="list-style-type: none"> Increase breastfeeding at 6 to 8 weeks 	<p>The NCT is pleased to see a clear target set against breastfeeding initiation in disadvantaged groups. However, we would like to see an increase in breastfeeding rates across all sectors of society, not just disadvantaged groups. The report also makes no reference to the Baby Friendly Initiative in its hospitals and community settings which is a barrier to real improvements in its supports for breastfeeding women and in delivering on <i>PSA 12</i>.</p>
Birth environment	<p>Not mentioned.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> Home-like birth environments 	<p>It is disappointing that home-like birth environments are not mentioned in the North West's report. This is criteria that the Healthcare Commission use to evaluate PCTs.⁵</p>
User involvement	<p>Not mentioned.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> The establishment of Maternity Services Liaison Committees (MSLCs) 	<p><i>Maternity Matters</i> requires PCTs to establish an MSLC or similar forum, yet there is no mention of this in the report. MSLCs are a key mechanism to encourage user involvement in maternity services which should in turn assist in</p>

			ensuring more personalised maternity services, central to Lord Darzi's vision.
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Of all the Local Vision reports this is arguably one of the more comprehensive reports. In particular, it is positive to see a strong focus on tackling health inequalities in maternity care. The NCT also welcomes the improvements to the midwifery care that women and their families will receive in Yorkshire and the Humber over the next decade. However, the NCT is disappointed that increasing normal births, home-like birth environments and user involvement are not part of the Local Vision report from the Yorkshire and Humber SHA.

East Midlands

*From Evidence to Excellence*⁹ is the Local Visions report from the East Midlands SHA. It was published on 6 June 2008. The recommendations in it with reference to government policy are detailed below.

Aspect of Maternity Service	Information in Report	Government Commitment	NCT Comment
Place of birth	Choice of place of birth should be facilitated for all women specifying a midwife-led unit by the autumn of 2008.	<i>Maternity Matters</i> Choice of place of birth <ul style="list-style-type: none"> • Home • Midwife-led birth centre • Accessible information about choices 	The NCT welcomes the clear target set against guaranteeing women access to labour and birth in a midwife-led unit by autumn 2008 – ahead of the deadline of 2009 set in <i>Maternity Matters</i> .
Midwifery care	Direct access to midwives should be facilitated. The recommended standards for one-to-one midwife care during labour should be implemented. Women will be able to contact their midwife as soon as they suspect they are pregnant. Women will have the support of the same midwife throughout their pregnancy.	<i>Maternity Matters</i> <ul style="list-style-type: none"> • Midwifery-led care • 1:1 care • Continuity of care 	The NCT welcomes the comprehensive commitments of midwifery care in this report, which is inline with <i>Maternity Matters</i> .
Antenatal care	Good range of information available. Contact within 8-10 weeks. Protocols should be in place for screening.	<i>Maternity Matters</i> <ul style="list-style-type: none"> • Choice of midwife or team care <i>NSF</i> <ul style="list-style-type: none"> • At least 2 antenatal checkups in early pregnancy <i>PSA 19</i> <ul style="list-style-type: none"> • Increase percentage of women that see health professional for assessment of needs, risks and choices by 12 	The NCT welcomes that women will receive a good range of information, but we would like to see a stronger commitment to see women at least twice in early pregnancy.

		weeks pregnant	
Postnatal care	Women will be given a choice of the setting for postnatal care.	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> Choice on how and where to access postnatal care <p><i>NSF</i></p> <ul style="list-style-type: none"> Postnatal care should be extended 	The NCT welcomes the choice of how to access postnatal care that will be offered to women and their families. There is, however, no mention of postnatal care being extended.
Normal birth	All facilities will promote a philosophy of normal labour and birth.	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> Midwives should support normal birth 	The NCT is please to see that normality will be supported. We would like to see the explicit mention of midwives leading this work, however.
Maternity networks	Integration across all necessary organisations should be improved.	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> Local networks should be developed Services will be integrated and accessible in community settings <p><i>NSF</i></p> <ul style="list-style-type: none"> Services will be integrated through Maternity Networks 	The NCT feels that one way integration could be improve is by the establishment of maternity networks, and would urge the East Midlands to consider this.
Inequalities/ access	Reducing inequalities is mentioned throughout the report, but not explicitly in the Maternity and Newborn care section.	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> The needs of vulnerable and disadvantaged women in particular should be met <p><i>NSF</i></p> <ul style="list-style-type: none"> Services should be pro-active at engaging all women Services should be flexible and individualised 	There are particular health inequalities that are unique to maternity and newborn care, such as breastfeeding and infant mortality and it is disappointing to not see this recognised in the report.
Breast-feeding	Women will be encouraged to breastfeed their baby with support from trained practitioners and peer supporters.	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> There should be stronger support for breastfeeding <p><i>NSF</i></p> <ul style="list-style-type: none"> Information about breastfeeding should be consistent and reflect best practice <p><i>PSA 12</i></p> <ul style="list-style-type: none"> Increase breastfeeding at 6 to 8 weeks 	The NCT welcomes the encouragement of breastfeeding in the East Midlands but would welcome a clear target set against the requirements of <i>PSA 12</i> . The report also makes no reference to the Baby Friendly Initiative in its hospitals and community settings which is a barrier to real improvements in its supports for breastfeeding women and in delivering on <i>PSA 12</i> .

Birth environment	Not mentioned	<i>Maternity Matters</i> <ul style="list-style-type: none"> Home-like birth environments 	It is disappointing that home-like birth environments are not mentioned in the North West's report. This is criteria that the Healthcare Commission use to evaluate PCTs. ⁵
User involvement	Not mentioned	<i>Maternity Matters</i> <ul style="list-style-type: none"> The establishment of Maternity Services Liaison Committees (MSLCs) 	<i>Maternity Matters</i> requires PCTs to establish an MSLC or similar forum, yet there is no mention of this in the report. MSLCs are a key mechanism to encourage user involvement in maternity services.

Parts of the *From Evidence to Excellence* report are very strong, such as choice of place of birth, midwife care and normal birth. That said, choice is not explicitly mentioned in relation to antenatal care, which falls short of the choice guarantee that was offered by the Government in *Maternity Matters*.

It is also disappointing that the Maternity and Newborn section in *From Evidence to Excellence* does not explicitly mention health inequalities, which are a major cause of varying health outcomes and the NCT would like to see these issues addressed more thoroughly in the East Midlands. The omission of MSLC provision will pose a challenge to delivering more personalised services for women in the region.

West Midlands

The West Midlands SHA launched *Our clinical vision*¹⁰ on 6 June 2008. The commitments in this Local Vision report are laid out below, with regard to Government policies.

Aspect of Maternity Service	Information in Report	Government Commitment	NCT Comment
Place of birth	The choice of birth locations should be increased. Women should be informed of pain relief options for different birth locations.	<i>Maternity Matters</i> Choice of place of birth <ul style="list-style-type: none"> Home Midwife-led birth centre Accessible information about choices 	Although this report does state that choice of place of birth should be increased, it fails to guarantee would that they will be able to choose where they give birth by 2009, depending on their circumstances, as stated in <i>Maternity Matters</i> .
Midwifery care	The viability of midwife-led birthing centres in deprived urban settings should be tested.	<i>Maternity Matters</i> <ul style="list-style-type: none"> Midwifery-led care 1:1 care Continuity of care 	Although the NCT welcomes the commitment on the availability of midwife-led units, particularly in deprived areas, this commitment is too weak as it fails to reflect the full commitments made to women and their families in <i>Maternity Matters</i> .
Normal birth	Pregnancy and maternity in general should be treated as a normal event.	<i>Maternity Matters</i> <ul style="list-style-type: none"> Midwives should support normal birth 	The NCT welcomes treatment of pregnancy and birth as a normal event, but would like to see midwives promoting normal birth in the West Midlands.

Antenatal	<p>All women should have equal access to antenatal screening.</p> <p>There should be online access to antenatal booking and a choice of location.</p> <p>There should be equitable access to antenatal classes.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> Choice of midwife or team care <p><i>NSF</i></p> <ul style="list-style-type: none"> At least 2 antenatal checkups in early pregnancy <p><i>PSA 19</i></p> <ul style="list-style-type: none"> Increase percentage of women that see health professional for assessment of needs, risks and choices by 12 weeks pregnant 	<p>The NCT believes that the online access to antenatal classes which allows women to choose where they access that service is an innovative use of resources that women and their families will appreciate, and this is balanced with a commitment equitable access to antenatal classes and screening. The NCT is concerned, however about families who are not online not being reached. Especially since these families are most likely to come from socially disadvantaged groups. There is no mention, however of increasing antenatal checkups in early pregnancy.</p>
Postnatal	<p>There should be an agreed postnatal pathway.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> Choice on how and where to access postnatal care <p><i>NSF</i></p> <ul style="list-style-type: none"> Postnatal care should be extended 	<p>It is disappointing to see a lack of commitment to offering choice in postnatal care.</p>
Inequalities and access	<p>Women should know what services exist and where to find them.</p> <p>Services need to be easy to reach and not involve complex journeys or inconvenient timings.</p> <p>This means that vulnerable women, with high social needs will need additional support to achieve the same outcomes as women with fewer social risk factors, but similar clinical risk.</p> <p>There should be targeted support and advice to most vulnerable groups.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> The needs of vulnerable and disadvantaged women in particular should be met <p><i>NSF</i></p> <ul style="list-style-type: none"> Services should be proactive at engaging all women Services should be flexible and individualised 	<p>The NCT welcomes the commitments to tackle health inequalities. We would like to see clearer targets set against these however, so that measurable progress can be made.</p>
Breast-feeding	<p>Recognition that West Midlands' breastfeeding rates are comparatively low, but no commitments to improve this.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> There should be stronger support for breastfeeding <p><i>NSF</i></p> <ul style="list-style-type: none"> Information about breastfeeding should be consistent and reflect best practice <p><i>PSA 12</i></p> <ul style="list-style-type: none"> Increase breastfeeding 	<p>It is disappointing to see that despite the recognition that breastfeeding rates in the region are low, there is no commitment to improve on this. The NCT would urge West Midlands to take action on this. The report also makes no reference to the Baby Friendly Initiative in its hospitals and community settings which is a barrier to real improvements in its supports for breastfeeding women and in delivering on <i>PSA 12</i>.</p>

		at 6 to 8 weeks	
Birth environment	Not mentioned.	<i>Maternity Matters</i> <ul style="list-style-type: none"> Home-like birth environments 	It is disappointing that home-like birth environments are not mentioned in the North West's report. This is criteria that the Healthcare Commission use to evaluate PCTs. ⁵
User involvement	Not mentioned.	<i>Maternity Matters</i> <ul style="list-style-type: none"> The establishment of Maternity Services Liaison Committees (MSLCs) 	<i>Maternity Matters</i> requires PCTs to establish an MSLC or similar forum, yet there is no mention of this in the report. MSLCs are a key mechanism to encourage user involvement in maternity services.

Overall, very few of the commitments made in *Maternity Matters*, the NSF and PSA 12 and 19 are reflected in full in *Our clinical vision*. However, there is an obvious commitment in the report to tackle health inequalities, which will clearly benefit many women and their families in the West Midlands.

East of England

On 13 May 2008 the East of England SHA launched *Towards the best together*.¹¹ The commitments laid out in the report are detailed in the table below, in relation to government policies.

Aspect of Maternity Service	Information in Report	Government Commitment	NCT Comment
Place of birth	All Acute Trusts will have an obstetric unit, with a co-located midwife-led unit. Women will be guaranteed choice on where to give birth, based on an assessment of risk.	<i>Maternity Matters</i> Choice of place of birth <ul style="list-style-type: none"> Home Midwife-led birth centre Accessible information about choices 	The NCT is pleased to see that the East of England have guaranteed that there will be a co-located midwife-led unit in each Acute Trust. The choice of place of birth is also welcomed.
Midwifery care	One-to-one midwifery care in established labour will be guaranteed. Women will be guaranteed direct access to midwives.	<i>Maternity Matters</i> <ul style="list-style-type: none"> Midwifery-led care 1:1 care Continuity of care 	The NCT welcomes that one-to-one care and direct access to midwives will be offered but we would like to see continuity of care also guaranteed.
Antenatal care	Women will be guaranteed choice of antenatal care.	<i>Maternity Matters</i> <ul style="list-style-type: none"> Choice of midwife or team care NSF <ul style="list-style-type: none"> At least 2 antenatal checkups in early pregnancy PSA 19 <ul style="list-style-type: none"> Increase percentage of women that see health professional for assessment of needs, 	The NCT welcomes the choice that women will be offered when accessing antenatal care. It is disappointing to see that there is no guarantee to see women twice for an antenatal checkup in early pregnancy.

		risks and choices by 12 weeks pregnant	
Postnatal care	Women will be guaranteed choice of postnatal care.	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> Choice on how and where to access postnatal care <p><i>NSF</i></p> <ul style="list-style-type: none"> Postnatal care should be extended 	The NCT welcomes that women will have a choice when accessing postnatal care. It is disappointing to see that there is no guarantee to extend postnatal care, however.
Normal birth	Normality of birth should be promoted.	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> Midwives should support normal birth 	The NCT welcomes the promotion of normal birth in the East of England.
Inequalities/access	<p>No explicit mention of inequalities in maternity section, but generally the report says services should tackle inequalities.</p> <p>Support should be accessible for mothers and new babies.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> The needs of vulnerable and disadvantaged women in particular should be met <p><i>NSF</i></p> <ul style="list-style-type: none"> Services should be proactive at engaging all women Services should be flexible and individualised 	There are particular health inequalities that are unique to maternity and newborn care, such as infant mortality and it is disappointing to not see this recognised in this report. However, the NCT welcomes that support will be accessible for mothers and new babies.
Breast-feeding	<p>There should be breastfeeding counseling and support in both antenatal and postnatal care.</p> <p>Breastfeeding should be encouraged, especially among women from disadvantaged groups.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> There should be stronger support for breastfeeding <p><i>NSF</i></p> <ul style="list-style-type: none"> Information about breastfeeding should be consistent and reflect best practice <p><i>PSA 12</i></p> <ul style="list-style-type: none"> Increase breastfeeding at 6 to 8 weeks 	Although maternity inequalities are not discussed at length in this report, the NCT is pleased to see that breastfeeding will be particularly encouraged among disadvantaged groups. The NCT is also pleased to see that breastfeeding will be supported from antenatal through to postnatal care. The report also makes no reference to the Baby Friendly Initiative in its hospitals and community settings which is a barrier to real improvements in its supports for breastfeeding women and in delivering on <i>PSA 12</i> .
Maternity networks	Networks covering maternity and neonatal services will be established.	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> Local networks should be developed Services will be integrated and accessible in community settings <p><i>NSF</i></p>	The NCT welcomes the establishment of maternity networks in the East of England.

		<ul style="list-style-type: none"> Services will be integrated through Maternity Networks 	
Birth environment	Not mentioned.	<i>Maternity Matters</i> <ul style="list-style-type: none"> Home-like birth environments 	It is disappointing that home-like birth environments are not mentioned in the North West's report. This is criteria that the Healthcare Commission use to evaluate PCTs. ⁵
User involvement	Not mentioned.	<i>Maternity Matters</i> <ul style="list-style-type: none"> The establishment of Maternity Services Liaison Committees (MSLCs) 	<i>Maternity Matters</i> requires PCTs to establish an MSLC or similar forum, yet there is no mention of this in the report. MSLCs are a key mechanism to encourage user involvement in maternity services.

Overall, a great deal of choice will be offered to women in the East of England throughout the transition to parenthood period; during antenatal care, labour and birth, and postnatal care. This is inline with the choice guarantee laid out in *Maternity Matters*. But it is disappointing that there is no mention of health inequalities in relation to maternity and newborn care. The NCT would like to see these issues tackled more aggressively by the East of England SHA.

As with the other Local Visions SHA reports, government commitments such as homely birth environment and MSLC provision are missing from *Towards the best together*, which is disappointing for the NCT. What is more, the report makes no reference to implementation of the Baby Friendly Initiative in its hospitals and community settings which is a barrier to real improvements in its supports for breastfeeding women and in delivering on PSA 12.

South Central

*Towards a healthier future*¹² was launched by the South Central SHA on 19 May 2008. The table below details the commitments made in this report to women and their families.

Aspect of Maternity Service	Information in Report	Government Commitment	NCT Comment
Place of birth	The choice of setting for birth should be improved. This includes home, obstetric-led units and midwifery-led units.	<i>Maternity Matters</i> Choice of place of birth <ul style="list-style-type: none"> Home Midwife-led birth centre Accessible information about choices 	This commitment falls short of the choice guarantee offered to women and their families in <i>Maternity Matters</i> .
Midwifery care	Women will receive consistent care from a midwife who is local, known and trusted. There will be active one-to-one support from a midwife during active labour regardless of the chosen place of birth.	<i>Maternity Matters</i> <ul style="list-style-type: none"> Midwifery-led care 1:1 care Continuity of care 	The NCT is pleased to see that care will be one-to-one, consistent, and from a known local midwife – this is inline with the commitments made in <i>Maternity Matters</i> .

Antenatal care	<p>There will be tailored antenatal classes to support women and their families.</p> <p>Antenatal classes will be used to ensure that women forge a strong network of support.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> Choice of midwife or team care <p><i>NSF</i></p> <ul style="list-style-type: none"> At least 2 antenatal checkups in early pregnancy <p><i>PSA 19</i></p> <ul style="list-style-type: none"> Increase percentage of women that see health professional for assessment of needs, risks and choices by 12 weeks pregnant 	<p>Although it is positive to see that antenatal classes will be tailored to meet the needs of women and their families, there is no guarantee that women will be able to choose where to access antenatal care, or that they will have at least two checkups in early pregnancy.</p>
Postnatal care	<p>All families will receive an individualised postnatal care plan.</p> <p>All families will have access to 24hr perinatal mental health service as required.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> Choice on how and where to access postnatal care <p><i>NSF</i></p> <ul style="list-style-type: none"> Postnatal care should be extended 	<p>Although the NCT welcomes that postnatal care will be individualised and that families will have easy access to mental health services, there is no mention of choice in postnatal care, or that postnatal care will be extended.</p>
Normal birth	<p>Shows concern for the increasing caesarean section, but no clear commitment.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> Midwives should support normal birth 	<p>The NCT is pleased that there is concern for the increasing caesarean rate, though it is disappointing that this has not led South Central to make commitments to promote normal birth.</p>
Inequalities and access	<p>Services to the more socially disadvantaged groups will be improved.</p> <p>Information provided to all pregnant women will be easily accessible, translated and interpreted where needed.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> The needs of vulnerable and disadvantaged women in particular should be met <p><i>NSF</i></p> <ul style="list-style-type: none"> Services should be proactive at engaging all women Services should be flexible and individualised 	<p>The NCT welcomes that information will be easily accessible and services for disadvantaged groups will be improved. However we would like to see a commitment that services will be proactive at engaging women and flexible enough to meet the needs of all.</p>
Breast-feeding	<p>High breastfeeding rates at 6-8 weeks will be achieved.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> There should be stronger support for breastfeeding <p><i>NSF</i></p> <ul style="list-style-type: none"> Information about breastfeeding should be consistent and reflect best practice 	<p>The NCT welcomes the commitment that high breastfeeding rates will be achieved at 6-8 weeks. However it is not clear how this will be achieved. The report also makes no reference to the Baby Friendly Initiative in its hospitals and community</p>

		<i>PSA 12</i> <ul style="list-style-type: none"> Increase breastfeeding at 6 to 8 weeks 	settings which is a barrier to real improvements in its supports for breastfeeding women and in delivering on <i>PSA 12</i> .
Maternity networks	Not mentioned.	<i>Maternity Matters</i> <ul style="list-style-type: none"> Local networks should be developed Services will be integrated and accessible in community settings <i>NSF</i> <ul style="list-style-type: none"> Services will be integrated through Maternity Networks 	The NCT would like to see maternity networks established as we believe that this helps to integrate services.
Birth environment	Not mentioned.	<i>Maternity Matters</i> <ul style="list-style-type: none"> Home-like birth environments 	It is disappointing that home-like birth environments are not mentioned in the North West's report. This is criteria that the Healthcare Commission use to evaluate PCTs. ⁵
User involvement	Not mentioned.	<i>Maternity Matters</i> <ul style="list-style-type: none"> The establishment of Maternity Services Liaison Committees (MSLCs) 	<i>Maternity Matters</i> requires PCTs to establish an MSLC or similar forum, yet there is no mention of this in the report. MSLCs are a key mechanism to encourage user involvement in maternity services.

Towards a healthier future has made some key commitments that will benefit women and their families in South Central. In particular, the NCT welcomes the commitments regarding midwifery care the aim to achieve high breastfeeding rates at six to eight weeks. However, although *Towards a healthier future* does state that choice of place of birth will be improved, this does fall short of the Government's 'choice guarantee' to women, laid out in *Maternity Matters*.

South East Coast

South East Coast SHA published *Healthier People, Excellent Care*¹³ on 6 June 2008. Commitments in this document are laid out in the table below, with reference to recent government policy.

Aspect of Maternity Service	Information in Report	Government Commitment	NCT Comment
Place of birth	Women will be able to discuss their options of where to give birth with a healthcare professional.	<i>Maternity Matters</i> Choice of place of birth <ul style="list-style-type: none"> Home Midwife-led birth centre Accessible information about choices 	This commitment is too weak; it fails to meet the guarantees laid out in <i>Maternity Matters</i> .
Midwifery	Not mentioned.	<i>Maternity Matters</i>	It is a glaring omission that

care	By 2010 all women will be individually supported by a healthcare professional throughout their labour and birth.	<ul style="list-style-type: none"> • Midwifery-led care • 1:1 care • Continuity of care 	midwifery care is not explicitly mentioned. SHAs should be working towards the commitments in <i>Maternity Matters</i> . The NCT does welcome the target set for individual support for women however.
Antenatal care	By 2011 90% of pregnant women will see a midwife within 12 weeks.	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> • Choice of midwife or team care <p><i>NSF</i></p> <ul style="list-style-type: none"> • At least 2 antenatal checkups in early pregnancy <p><i>PSA 19</i></p> <ul style="list-style-type: none"> • Increase percentage of women that see health professional for assessment of needs, risks and choices by 12 weeks pregnant 	The NCT welcomes the clear target set for women seeing a midwife within 12 weeks of pregnancy. This falls short of the commitment that women will have at least two antenatal checkups in early pregnancy however. There are also no guarantees that women will have a choice over how to access antenatal care.
Postnatal care	Not mentioned.	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> • Choice on how and where to access postnatal care <p><i>NSF</i></p> <ul style="list-style-type: none"> • Postnatal care should be extended 	It is disappointing that postnatal care is not mentioned in this report.
Normal birth	Not mentioned.	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> • Midwives should support normal birth 	It is disappointing that normal birth is not mentioned, which is in breach of <i>Maternity Matters</i> .
Inequalities and access	There will be a focus on making early contact with women from 'hard to reach' groups.	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> • The needs of vulnerable and disadvantaged women in particular should be met <p><i>NSF</i></p> <ul style="list-style-type: none"> • Services should be proactive at engaging all women • Services should be flexible and individualised 	The NCT welcomes that the South East Coast will focus on making contact with the 'hard to reach'. But the NCT would like to have clearer indication on how this will be achieved.
Breast-feeding	Not mentioned.	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> • There should be stronger support for breastfeeding <p><i>NSF</i></p> <ul style="list-style-type: none"> • Information about 	The NCT is disappointed that provision for supporting breastfeeding is not mentioned in this report. The report also makes no reference to the Baby Friendly Initiative in its

		breastfeeding should be consistent and reflect best practice <i>PSA 12</i> • Increase breastfeeding at 6 to 8 weeks	hospitals and community settings which is a barrier to real improvements in its supports for breastfeeding women and in delivering on <i>PSA 12</i> .
Maternity networks	Not mentioned.	<i>Maternity Matters</i> • Local networks should be developed • Services will be integrated and accessible in community settings <i>NSF</i> • Services will be integrated through Maternity Networks	The NCT would like to see maternity networks established as we believe that this helps to integrate services.
Birth environment	Not mentioned.	<i>Maternity Matters</i> • Home-like birth environments	It is disappointing that home-like birth environments are not mentioned in the North West's report. This is criteria that the Healthcare Commission use to evaluate PCTs. ⁵
User involvement	Not mentioned.	<i>Maternity Matters</i> • The establishment of Maternity Services Liaison Committees (MSLCs)	<i>Maternity Matters</i> requires PCTs to establish an MSLC or similar forum, yet there is no mention of this in the report. MSLCs are a key mechanism to encourage user involvement in maternity services.

The Maternity and Newborn section in *Healthier People, Excellent Care* is incredibly sparse, which disappoints and worries the NCT. That said, where commitments are made to women and their families some clear deadlines have been set – something that some of the more comprehensive Local Visions reports have failed to do.

South West

The South West SHA launched its Local Vision report, *Improving Health: Visions for the South West*¹⁴ on 16 May 2008. The report explicitly states that full delivery in each health community of *Maternity Matters* will be achieved ahead of the national timescale of 31 Dec 2009. Other commitments include:

Aspect of Maternity Service	Information in Report	Government Commitment	NCT Comment
Place of birth	There will be a choice of place of birth, including home, local midwifery unit or birthing centre and hospital by 31 March 2009.	<i>Maternity Matters</i> Choice of place of birth • Home • Midwife-led birth centre	The NCT welcomes this clear commitment which is not only inline with <i>Maternity Matters</i> but will meet the target early.

		<ul style="list-style-type: none"> • Accessible information about choices 	
Midwifery care	There will be a choice of type of care, including midwifery care or team care by 31 March 2009.	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> • Midwifery-led care • 1:1 care • Continuity of care 	The NCT welcomes this target set for delivering a choice of type of care. Although the report says that the commitments made in <i>Maternity Matters</i> will be met ahead of schedule, we would like to see explicit mention of continuity of care that guarantees one-to-one.
Antenatal care	There will be a choice of how to access maternity care, including self-referral to midwife service by 31 March 2009.	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> • Choice of midwife or team care <p><i>NSF</i></p> <ul style="list-style-type: none"> • At least 2 antenatal checkups in early pregnancy <p><i>PSA 19</i></p> <ul style="list-style-type: none"> • Increase percentage of women that see health professional for assessment of needs, risks and choices by 12 weeks pregnant 	The NCT is pleased that women will be able to choose how to access antenatal care, but would like to see a guarantee that women will have at least two antenatal checkups in early pregnancy.
Postnatal care	There will be a choice of postnatal care, including how and where to access postnatal care by 31 March 2009.	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> • Choice on how and where to access postnatal care <p><i>NSF</i></p> <ul style="list-style-type: none"> • Postnatal care should be extended 	The NCT welcomes that women will have a choice when accessing postnatal care. It is disappointing to see that there is no guarantee to extend postnatal care, however.
Normal birth	The normal birth rate will be increased by 1% per year.	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> • Midwives should support normal birth 	The NCT welcomes the target set against increasing normal birth.
Inequalities and access	<p>There will be an effort to reach and support mothers who do not get in touch with maternity services.</p> <p>The gap in infant mortality will be reduced between the routine and manual group and the population as a whole by at least 10% by 31 March 2010.</p>	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> • The needs of vulnerable and disadvantaged women in particular should be met <p><i>NSF</i></p> <ul style="list-style-type: none"> • Services should be proactive at engaging all women • Services should be flexible and individualised 	The NCT welcomes the clear target set against reducing the gap in infant mortality and the effort to contact 'hard to reach' groups. The NCT would like to see a clear commitment the services will be flexible and meet the needs of all.
Breast-feeding	The percentage of women still breastfeeding their children at six to eight weeks will be	<p><i>Maternity Matters</i></p> <ul style="list-style-type: none"> • There should be stronger support for 	Of all the reports, this commitment to increasing breastfeeding is the

	increased from 37% to 60% by 31 March 2001. United Nations Children's Fund Baby Friendly Initiative status or equivalent will be achieved in all maternity services by 31 March 2010.	breastfeeding NSF <ul style="list-style-type: none"> Information about breastfeeding should be consistent and reflect best practice PSA 12 <ul style="list-style-type: none"> Increase breastfeeding at 6 to 8 weeks 	strongest. Specifically the NCT welcomes the target set against increasing breastfeeding at six -eight weeks and the explicit mention of the Baby Friendly Initiative.
Birth environment	Not mentioned	<i>Maternity Matters</i> <ul style="list-style-type: none"> Home-like birth environments 	It is disappointing that home-like birth environments are not mentioned in the North West's report. This is criteria that the Healthcare Commission use to evaluate PCTs. ⁵
User involvement	Not mentioned	<i>Maternity Matters</i> <ul style="list-style-type: none"> The establishment of Maternity Services Liaison Committees (MSLCs) 	<i>Maternity Matters</i> requires PCTs to establish an MSLC or similar forum, yet there is no mention of this in the report. MSLCs are a key mechanism to encourage user involvement in maternity services.

Overall, this local vision report has the most targets set against the commitments. The NCT welcomes these deadlines as it will help the SHA measure the improvement in maternity services. The South West should be proud that it is on track to meet the Government's choice guarantee early. We also particularly welcome the report's specific reference to the implementation of the Baby Friendly Initiative, which is the only explicit reference to this model of support and care in any SHA report.

As with the other SHA Local Vision reports, however, home-like birth environment and MSLC provisions are not explicitly mentioned, despite these being guaranteed in *Maternity Matters*. Given that this report makes clear and robust commitments to a variety of services and care improvements, this is indeed disappointing. That said, the report states that full delivery in each health community of *Maternity Matters* will be met ahead of the national timescale of 31 Dec 2009, implicitly suggesting that these government commitments will be delivered, though further detail on user involvement in particular would be welcome.

Other sources of information:

<http://www.ournhs.nhs.uk/>

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The NCT wants all parents to have an experience of pregnancy, birth and early parenthood that enriches their lives and gives them confidence in being a parent.

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