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The Royal College of Midwives Scotland response to the Scottish Government consultation on proposals for the integration of adult health and social care in Scotland.

The Royal College of Midwives Scotland (RCM) represents the vast majority of midwives working in Scotland, who we have conferred with as part of our response to this consultation. We welcome the opportunity to participate in this consultation and we set out our comments in relation to the consultation questions below.

General comments

The RCM recognises that reform is needed to improve care and optimise the resources that have been invested in health and social care in Scotland. As such we support the principle of integration between health and social care services in order to ensure the ongoing provision of high quality, appropriate and sustainable services.

The consultation document is principally concerned with the integration of adult health and social care services which are predominately directed towards improving the outcomes of care and quality of services for older people and people with long term conditions. Accordingly, some of the consultation proposals are of limited application or relevance to maternity services. Nevertheless, the consultation is of interest to midwives: firstly, because the consultation makes clear that integration could be extended beyond services for older people and those with long-term conditions; and secondly because maternity services in Orkney and the Highlands have been participating in health and social care integration schemes.

The RCM believes that it is therefore legitimate to explore the potential for the integration of maternity services with wider health, public health, social

care and education services. As well as working closely with obstetricians and GPs to deliver maternity care, midwives are increasingly working with maternity care assistants, health visitors, public health practitioners and social care and education staff to respond to the many health and social care needs of women and families. There can be no doubt then that in the words of Midwifery 2020 "collaboration across health, voluntary and social care boundaries can maximise the opportunity for women to have a positive experience and a safe outcome, regardless of whether the pregnancy and birth is straightforward[1]."

However it is important to recognise that integration is a broad concept, encompassing a range of different models and structures, not all of which will be appropriate for every service. Accordingly, the way in which midwifery services are currently integrated within maternity services has implications for any future integration with other health and social care services.

How midwifery services are currently integrated

The strength of the midwifery model of care is that it combines being managed and funded from acute maternity units with providing care that is integrated across acute and community settings. Midwives in Scotland work both in acute hospital and primary care settings, but are managed and funded by acute services. This ensures that midwives are able to provide care to women in a variety of settings while working within a shared clinical governance and professional structure. Many community midwifery teams work from GP surgeries and health centres, others have their base in acute hospital settings or midwife led unit community maternity units, but all provide care to women in women's homes, local health centres and other community facilities, as close as possible to women's homes. As a result of this integration, community midwives are able to provide seamless referral and access to women from primary care into secondary and tertiary care. All midwives, whether based in the community or in hospitals, are firmly established as a key member of the multi-professional maternity care team, which includes obstetricians, paediatricians, obstetric sonographers, women's health physiotherapists and anaesthetists. Whether midwifery teams are located within an acute or a community setting is less important than the fact that they are integrated.

As a result of this integration with the wider multi-professional maternity care team, midwives are well placed to ensure that women and their families receive holistic care, taking account of their clinical, emotional and social

[1] Midwifery 2020 Programme (2010) Midwifery 2020 Delivering Expectations p.23

needs. The advantage of structuring maternity services in this way is that it enables midwives, obstetricians and other members of the team to provide continuing care which places equal importance on clinical and social need. This is important because there are clear links between medical, obstetric and social risk factors. For example:

- Rates of maternal mortality are highest amongst women who are older, more obese, have lifestyles that put them at risk of poorer health or who are more socially disadvantaged[2].
- Women, – such as those who are asylum seekers or homeless - whose social circumstances make it harder for them to access rapid antenatal or medical assessment are more likely to received delayed diagnosis of any relevant medical problems and are therefore more likely to experience worse clinical outcomes[3].
- In Scotland, - where women in social classes iii, iv and v are more likely to be obese than women in social classes i and ii - women with a BMI greater than 35 have a significantly higher risk of experiencing severe maternal morbidity and mortality[4].

In addition, integrating community midwifery services within acute maternity care can lead to better quality and more efficient outcomes. For example, where community midwifery teams are well resourced and managed, they can reduce the pressure on maternity services by providing home-based care to women who might otherwise present at hospital. This is particularly important because unscheduled antenatal admissions represent a significant proportion of a maternity unit's workload.

Wider integration of midwifery services: issues and implications

The RCM is not opposed to the wider integration of midwifery services with other health and social care services. It will be vital that this integration is not at the expense of the current level of integration between primary, secondary and tertiary maternity care. , Any fragmentation of the current integrated system of maternity care could adversely affect person centeredness safety, effectiveness and quality of care. The current integration of community and hospital midwifery services ensures that there is a direct and clear route for communication and collaboration between primary and acute services. This in

[2] CMACE (2011) Saving Mothers' Lives: The Eighth Report of the Confidential Enquiry into Maternal Deaths in the United Kingdom, p.55.

[3] CMACE (2011) p.123.

[4] Healthcare Improvement Scotland (2012) Eighth Annual Report of the Scottish Confidential Audit of Severe Maternal Morbidity: reducing avoidable harm p.13

turn ensures that other members of the primary care and acute maternity care team can be linked effectively through midwifery services, to ensure the most seamless journey for women and their families.

Midwives are a fundamental part of the multi-professional and multi-agency team who provide maternity care; we do not believe it is desirable or practicable to extrapolate one professional group from within the maternity team. If midwifery services became separated from the rest of the maternity care team, there is a risk that existing multi-professional and multi-agency working will be undermined, for example that between midwives and obstetricians, leading to increased risk for women and families and profession isolation. Positive working relationships between midwives and obstetricians have been identified in numerous reports to have a clear and positive impact on patient safety and quality of maternity care ('Improving safety in maternity services: a toolkit for teams' The King's Fund, March 2012; 'Safe births: everybody's business. An independent inquiry into the safety of maternity services in England', The King's Fund, 2008).

In determining the best configuration between midwifery services, maternity services, social care services and public health, the key issue has to be meeting the needs of women and their families. This involves managing both clinical and social risk effectively. Integrating midwifery services, with social care may lead to better outcomes in respect of for example child protection. On the other hand, outcomes relating to mortality and morbidity might be worse if integration with social care led to fragmentation between acute and community maternity services. Community, remote and rural maternity service teams face increasing challenges in maintaining a broad range of skills in the context of isolated clinical practice and a dispersed patient population. This may be exacerbated if the current integration is lost[5]

Miller et al. (2011). Urban and Rural Issues for the Health Sector in Scotland. *Skills for Health, www.skillsforhealth.org*.

The way forward

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Whilst the RCM believes that there is potential for integrating maternity services with other health and social care services - in order to better support both the health and social needs of women and families – we are not persuaded that this is best achieved by formal structural integration and transfer of employment from health to Council services. A more effective approach in our view would be to develop a more integrated approach through closer collaboration between the different services and the forging of closer working relationships. There are a range of practical measures that could be implemented by the respective health and social care organisations which will foster better partnership working, including:

Therefore in summary key suggestions for the way forward

The approach to integration should be based on the view that integration in principle is a good thing and should outline the strengths and benefits of midwifery integration i.e. what is best for women and families.

Need to reflect two dimensions of integration: within healthcare, the integration of maternity services across acute and community; wider integration model, where maternity interfaces with social care and public health.
All changes must have an identifiable link to policy documents: Scottish Government manifesto; Scotland Refresh Framework; the Quality Strategy; GIRFEC; Early Years Framework; Midwifery 20:20.
Should stick to defining the multi-agency model that supports women and families and interplay of clinical, public health, medical and social; about relationships as much as structures.
Must stress our concern that integration, done badly, can lead to fragmentation which in turn could adversely affect patient safety.
What ever the model we need to balance clinical risk and social risk. Integrating maternity with social care could lead to better outcomes in respect of areas such as child protection; on the other hand, maternity mortality and morbidity outcomes might be worse if integration with social care leads to fragmentation between acute and community maternity services.
Midwives working for local authority can feel professionally isolated so must be considered regarding maintaining skills...
We should identify and build on examples of good collaborative working between midwives and social care. Midwifery is well suited to integration as it is based on a social model of care and a holistic approach to care.

We must emphasise the strength of multi-professional working and the risk for obstetricians of losing whole swathes of the maternity team if, for example, community midwifery transferred to HSC partnerships or local authorities.
Frameworks may be more desirable/effective than detailed, complex and bureaucratic structures. Integration could be achieved through better cooperation rather than through imposition of new structures. Swapping services is not necessarily the same thing as integration.
It really doesn't matter where maternity sits; the important point is that it sits in the one place – maternity services should be run as a discreet entity, under one management structure. The principle being that you get your own house in order first (and keep it in order) and then you can invite the extended family & neighbours round

It is important to stress that maternity and midwifery services want/need to work in a collaborative and integrated way with children's services, social care and education. The key to success is how this is done and the important factor for maternity services is that in the doing of this, it needs to remain as a maternity service in its entirety – under one management structure within its health and social care partnership – whatever that looks like.

The Royal College of Midwives Scotland
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Integration of Adult Health and Social Care in Scotland: Consultation on Proposals

RCM Scotland response

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