1. Do you consider that the Scottish Government’s health and sport budget for 2017-18 reflects its stated priorities (as set out in the National Performance Framework, the LDP standards and the National health and wellbeing outcomes)? If not, how could the budget be adjusted to better reflect priorities?

2. For the health and sport budget for 2018-19 where do you suggest any additional resources could be most effectively deployed and where could any further savings be found? What evidence supports your views?

Background

Every year, nearly 5,800 babies in Scotland are admitted to a neonatal unit for lifesaving care. The care that these babies receive in the first few hours, days and weeks of their life is absolutely crucial so that they have the best possible chance of survival and going on to have a good quality of life.

Premature and sick babies are cared for at 15 neonatal units across Scotland. Currently there are three neonatal Managed Clinical Networks in Scotland which are responsible for co-ordinating the care of babies in their area, across the three different levels of neonatal unit, to ensure that babies receive the care that they need, as close to home as possible. Research by Bliss Scotland has shown that services for premature and sick babies are under pressure, with serious shortages of neonatal nurses, doctors and support for parents.

Scottish Government Review

A Review of Maternity and Neonatal Services in Scotland was announced in February 2015. Its aim was to ensure that every mother and baby gets the best possible care from Scotland’s health service. The focus of the review was to create a refreshed model of care and approach to maternity and neonatal services.

The Review’s recommendations – ‘The Best Start’ – were published in January 2017 and set out the Scottish Government’s ambitious plans for neonatal and maternity services. They include proposals to reduce the number of level 3 neonatal units, which provide intensive care for the sickest babies. The Best Start also emphasises the importance of family centred care, which supports parents to provide as much direct care to their baby as possible. These proposals are amongst 76 recommendations which also include changes around continuity of carer and multi-professional working.

Cabinet Health Minister Aileen Campbell responded to The Best Start on 21 February 2017 setting out the next steps on implementation through an Implementation Group chaired by Jane Grant, CEO of NHS Forth Valley and Chair of the Scottish Maternity and Neonatal. The Minister stated that priority recommendations will be progressed quickly and that the group will provide a detailed plan and timetable for implementation ‘over the five year delivery period that is envisaged’.

Aileen Campbell also pledged to fast track recommendations including family-centred care. Experts are clear that family-centred care improves bonding and long-term outcomes for both babies and families. A high level of parental involvement can reduce a baby’s stress levels, support better development and has been shown to reduce the length of the baby’s stay in hospital. It is therefore
crucial that parents can spend sufficient time at the neonatal unit. It has also been shown to reduce the likelihood of mothers suffering from post-natal mental health conditions, which are much more prevalent among mothers whose baby has had a neonatal stay.  

**Neonatal services and the Scottish Government’s health and sport budget**

Bliss Scotland and TAMBA are concerned that, while the Scottish Government have accepted the recommendations of The Best Start in principle, effective implementation will not be possible without additional resource for the health service. We do not feel that the needs of neonatal and maternity services are currently reflected in the draft health and sport budget.

Investment in this area would enable the budget to address key indicators, such as:

- National performance framework objectives and targets
  - Our children have the best start in life and are ready to succeed
  - Our public services are high quality, continually improving, efficient and responsive to local people’s needs
  - Increase the proportion of babies with a healthy birth weight
  - Improve the quality of healthcare experience
- National health and wellbeing outcomes
  - People who use health and social care services have positive experiences of those services, and have their dignity respected
  - People using health and social care services are safe from harm
  - Resources are used effectively and efficiently in the provision of health and social care services.

The draft health and sport budget for 2017-18 does not currently make reference to neonatal services, or to the Maternity and Neonatal Review. It’s important to note that the budget aims to improve primary, community and hospital services through taking forward the National Clinical Strategy. However, the National Clinical Strategy itself did not consider maternity or neonatal services due to the Review that was taking place as the Strategy was developed (see page 73 of the Strategy). As a result, committing to taking forward the National Clinical Strategy without a concurrent commitment to take forward, and provide sufficient funding for, the Review will mean a significant proportion of health services in Scotland are not considered in the budget.

Secondly, costing the budget for maternity and neonatal services using historic levels for this and future budgets will not be appropriate. The bold plans set out in The Best Start include restructuring services, which will incur upfront costs. If there is insufficient funding for implementing this both nationally and locally, on top of meeting the costs of daily operational delivery, then enacting the necessary changes and implementing new clinical pathways will be unsustainable.

We are calling for the budget for 2018-19 and future years commit to increased investment to support implementation of the recommendations of The Best Start. There’s also a need for immediate investment to address short term gaps in neonatal services in Scotland that are impacting on babies and their families today.

Supported by:
Supporting evidence:

Bliss Scotland baby report 2017

Key Findings
- On staffing, six out of eight units don’t have enough nurses in post
- Ten out of 11 units found it challenging to ensure nurses received the training they need
- Two thirds of units don’t have enough medical staff to meet standards
- Only two out of 12 units could support all parents with food and drink costs
- Over half of all units don’t have enough overnight accommodation for parents of critically ill babies

Key Recommendations
Bliss Scotland’s report sets out some clear recommendations that, if put in place today, would make an immediate impact on those 5,800 babies admitted to neonatal services every year.

1. The Scottish Government and NHS Boards must recommit to all neonatal services meeting national standards for high quality care, and set out a timetable for this.

2. The Scottish Government and NHS Boards must ensure that staffing gaps are addressed. They must invest in neonatal care so that services can recruit the nurses, medical staff and other professionals they urgently need.

3. The Scottish Government and NHS Boards must commit adequate funding for neonatal training (QIS and ANNP specialist training), and work with Managed Clinical Networks and units to ensure staff can be released and that the resources are available to allow all staff to fulfil their training and development needs.

4. Family-centred care must be embedded into neonatal units. Clear guidance is needed to outline minimum standards on the level of free accommodation and other practical and financial support packages available to enable this model to be more easily implemented onto neonatal units, with clear timescales and adequate resource.

5. Scottish Government and NHS Boards must invest in transitional care facilities and community outreach services so that babies and mothers can stay together where appropriate, and that babies can be discharged earlier, preventing the trauma of separation of mother and baby and reducing pressure on neonatal units.

The Best Start: A Five-Year Forward Plan for Maternity and Neonatal Care in Scotland

Key Recommendations for neonatal services
- Person-centred maternity and neonatal care: Co-designed with women and families from the outset, with information and evidence provided to allow informed decisions in partnership with family and wider care team.
- Accessible and appropriate local services: Integrated team care for women, babies and families will take place in local community hubs.
- Re-designing neonatal care and services: Three to five neonatal intensive care units should be the immediate model for Scotland, progressing to three units within five years.
1 POPPY Steering Group, Family-Centred Care in neonatal units, http://www.poppy-project.org.uk/resources/Poppy+report+for+PRINT.pdf p.6