Department of Health & Social Care

From Baroness Merron
Parliamentary Under-Secretary of State for
Patient Safety, Women's Health and Mental Health

39 Victoria Street
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11 July 2025

Dear Paulette,

Firstly, I would like to also take this opportunity to reiterate how much I welcome the Committee's inquiry into such an important area. The stark inequalities that persist in maternity and neonatal care are completely unacceptable, and as a Government we will do all we can to tackle these. This Government is committed to delivering this change.

Within your letter following my appearance at the Health and Social Care Committee's evidence session into Black maternal health on 18 June 2025, you asked some follow up questions which you welcomed a response on.

Firstly, you outlined that the Three-Year Delivery Plan for Maternity and Neonatal Services introduced a target to offer continuity of carer to 75% of vulnerable and minority women, outlining that this was then paused to due staffing pressures. You asked when we expect to be able to recommit to this target.

The Three-Year Delivery Plan committed to prioritising continuity of carer, where safe staffing allows, to women from Black, Asian and minority ethnic communities and from the most deprived groups. The 75% target was originally included as a commitment in Core20Plus5, which has since been revised. Whilst we recognise the value of this type of model and are committed to developing the offer in recognition of the proven benefits for women and families, significant operational challenges remain. These challenges include the unpredictable nature of birth and how to balance workforce capacity and expectations for midwives (many of whom are part time and unable to be on-call) with planned and unplanned care delivery.

Work is now underway on how we can re-organise the workforce in a way that facilitates continuity of carer <u>without impacting staff and patient safety</u>. NHS England have also piloted an enhanced model of continuity of carer, providing more than £10 million for trusts to recruit support workers to provide additional care to women living in the 10% most deprived neighbourhoods in the country.

You also asked when the Maternity Disparities Taskforce's pre-pregnancy resource for ethnic minority and deprived women will be published. We are aware of work undertaken by the Maternity Disparities Taskforce, established under the previous government, to develop content for inclusion in a pre-pregnancy information resource targeted at women at risk of worse outcomes. Optimising pre-pregnancy health has a positive impact on maternity and neonatal outcomes, and we know there are inequalities and risk factors before pregnancy

that are linked to poorer outcomes. Pre-pregnancy care has long been overlooked- and we will address it. We are currently exploring how best to do that and are committed to progressing this as part of our work on inequalities.

Within your letter, you also set out that the Government has reduced the amount of ringfenced funding for maternity services, to transfer it to core ICB budgets. You mentioned that now that these funds are no longer ringfenced, how will we monitor ICBs to ensure that adequate funding is given to maternal healthcare services. You asked what tools are available to us if we believe funding for these services does not appear to be adequate.

As I set out at Committee, maternity funding which formed part of Service Development Funding (SDF) in 2024/25 has been transferred to ICB core allocations for 2025/26. Funding is therefore still being delivered as part of wider ICB allocations, giving local healthcare leaders – who are best placed to decide how to serve their local community – more flexibility in decision-making. This approach was recommended in both the Hewitt and Darzi reviews and is regular practice in the NHS. As set out at the Committee, we have instructed the NHS to pay particular attention to improving maternity and neonatal care through the 25-26 Planning Guidance, including delivering the key actions in NHS England's three-year delivery plan and addressing variation in access, experience and outcomes.

However, ICBs will be monitored, and held to account, if maternity and neonatal services are not deemed adequate. This is done through the NHS Performance Assessment Framework (PAF) for 2025/26, which is currently being consulted on. The PAF is the key tool NHS England is using to assess, evaluate and improve the performance of ICBs and providers. The 2025/26 PAF specifically includes a patient safety metric and a patient experience metric on maternity. ICB performance is assessed against these metrics on a 1-4 scale, and depending on the score, there are several options then available to take action, if needed. This ranges from consideration of further support and intervention, which may include enforcement activity, through to a diagnostic review, which would determine whether organisations receive support under the Recovery Support Programme for the most challenged organisations.

As part of a data-driven approach to improving accountability and transparency of trust boards, we have also committed to developing a new performance dashboard within 6 months to be held on the Performance Overview Dashboard. This will support ongoing tracking and monitoring of key performance metrics relating to access, experience and outcomes of care. An interim version will be made available by the end of July.

Finally, you also said that during the session, the panel shared some initial data on recruitment and retention in maternal care. You outlined that you would be grateful if we could expand on this and provide any available data on recruitment.

The data on recruitment and retention that we shared at the session is as follows, and can be found at the following link NHS Workforce Statistics - March 2025 (Including selected preliminary statistics for April 2025):

- In February 2025, we saw a record number of midwives in post, totalling 24,991 (based on full-time equivalent).
- As of April 2025, there are:

- 24,959 full time equivalent midwives working in NHS Trusts and other core organisations in England. This is an increase of 1,330 (5.6%) compared to April 2024, and an increase of 2,918 (13.2%) compared to April 2020. In February 2025, we saw a record number of NHS midwives in post (based on Full Time Equivalent (FTE)).
- 7,330 full-time equivalent nurses in neonatal settings (including SCBUs) in NHS trusts in England. This is 245 (3.5%) more than a year ago and 1,416 (23.9%) more than five years ago.
- 3,008 full time equivalent Obstetrics and gynaecology' consultants working in NHS trusts and other core organisation in England, 118 (4.1%) more compared to April 2024.

Within the Committee, I also referenced that we would shortly be making a broader announcement on maternity and neonatal care. That announcement was made by the Secretary of State for Health and Social Care on 23rd June. While many women give birth safely and with a positive outcome, as the Committee has also found, it is clear that we are failing some women, and we must urgently reset our approach to maternity and neonatal care. The announcement kickstarts this reset, and includes:

- **An independent investigation into NHS maternity and neonatal services** to understand the systemic issues behind why so many women, babies and families experience unacceptable care**.** This will include rapid reviews of up to 10 trusts where there are specific issues, as part of a broader systematic review of maternity and neonatal care in England. The Investigation will produce, by December 2025, one clear set of national recommendations to achieve high-quality, safe care across maternity and neonatal services, and that women and families are listened to. These recommendations will take primacy over previous recommendations.

- **A National Maternity and Neonatal Taskforce**, chaired by the Secretary of State for Health and Social Care – and to be made up of a panel of experts and family, charity and staff representatives, including women, and organisations representing women, from Black and Asian ethnic backgrounds. The taskforce will be responsible for considering and further developing recommendations identified, and developing, alongside families, a new, national maternity and neonatal action plan.

- **Immediate measures to resolve the endemic issues we know exist**. This includes ensuring we can immediately start making progress towards our manifesto target to close the Black and Asian maternal mortality gaps – a key discussion point at the Committee. One of these actions is delivery of an anti-discrimination programme to support trust leadership, ensuring that all families and staff will experience an environment free from discrimination and racism.

I look forward to reviewing the Committee's final report in their inquiry into Black maternal health and working together as we improve care and address inequalities for women, babies and families.

All good wishes,

BARONESS MERRON