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From Rt Hon Jeremy Hunt MP & Professor Dame Jane Dacre

17 May 2021

Email to:

Dear Matt,

Thank you for your and your Department's continued support and engagement with the work of the Health & Social Care Committee's Expert Panel in evaluating the Government's commitments in the area of maternity services in England.

The Expert Panel has now reviewed your Department's written response to its planning grid. The written response usefully sets out your assessment of the progress that has been made against the commitments under evaluation. There are, however, several key questions relating to the Department's written response which remain unanswered. These questions relate to operational definitions; data; and funding and strategy (these questions are set out in full below). In order to ensure the Expert Panel – and in turn the Committee – are able to fully engage with your Department's work, I would be grateful if these questions could be responded by **24 May 2021**.

The Expert Panel is now close to completing its evaluation of the Government's commitments in the area of maternity services. As previously discussed, and as a continuation of the helpful support provided by your Department, we would welcome the opportunity for the Expert Panel to discuss its preliminary findings with Nadine Dorries MP and Department/NHSEI officials during **w/b 31 May 2021**. We hope this meeting will enable the Minister and officials to provide any final comments or reflections that they may have before the Expert Panel reports to the Health & Social Care Committee. The Panel Secretariat will be in contact with your officials to facilitate this meeting.

We are very grateful for your and your Department's support with our work in this extremely important area.

Yours,

**Rt Hon Jeremy Hunt MP**  
Chair, Health and Social Care Committee

**Professor Dame Jane Dacre**  
Chair, Expert Panel – Health  
and Social Care Committee

**Key questions: Department of Health & Social Care written response to the Health & Social Care Committee's Expert Panel's planning grid**

**Operational Definitions:**

*We would like clarity around the operational definitions used in the Department's written response to the Expert Panel's planning grid.*

Q1: Are health interventions in the pre-conception period within the scope of the maternal deaths target included in commitment 1<sup>1</sup>?

Q2: How long after birth are women expected to be on the Continuity of Carer pathway, given high rates of maternal suicide post birth referenced in Better Births?

Q3: Clarify expectations and standards of good practice for Personal Care and Support Plans (PCSPs), including how they are expected to contribute to service planning and delivery.

**Data Requests:**

*We would like clarity around data relating to each of the four commitments under evaluation. Please could it be clearly indicated where data cannot be provided.*

**Commitment 1<sup>2</sup>**

Q4: To what extent has the reduction in stillbirths led to an increase in brain-injured babies and what evidence is there for this?

Q5: How many stillbirths were recorded in the England and Wales in 2020?

Q6: In paragraph 11 of the Department's written response, the Department outlines a new definition of neonatal deaths that excludes babies born <24 weeks gestation<sup>3</sup>. Has the population of babies excluded by the new definition been included in the reported stillbirth rates? If not, where are these deaths accounted for?

Q7: In relation to paragraph 19 of the Department's written response, have there been changes in the diagnostic criteria relating to HIE (hypoxic ischaemic encephalopathy) that would impact the number of recorded infants with HIE between 2014 and 2019?

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<sup>1</sup> Commitment 1: By 2025, halve the rate of Stillbirths; neonatal deaths; maternal deaths; brain injuries that occur during or soon after birth. Achieve a 20% reduction in these rates by 2020. To reduce the pre-term birth rate from 8% to 6% by 2025.

<sup>2</sup> *Ibid.*

<sup>3</sup> Following a change in care practice for the perinatal management of extreme preterm birth (<27 weeks of gestation) introduced by British Association of Perinatal Medicine in 2019, a greater number of extremely pre-term babies, which are at increased risk of death, are being classified as live births and subsequent neonatal deaths, where they may have been classified as a late fetal loss in the past. Due to this, the Department has redefined the population of babies included in the neonatal death data to include only babies born at greater than or equal to 24 weeks gestation.

#### Commitment 2<sup>4</sup>

Q8: When was the roll-out of Continuity of Carer model commissioned, when did this roll-out begin, and in how many Trusts?

#### Commitment 3<sup>5</sup>

Q9: Is identifying and/or addressing problems with workplace culture and practice within the scope of commitment 3?

Q10: In relation to paragraph 102 of the Department's written submission, please provide a breakdown of obstetric versus gynecology consultants within the total FTE 2,487 estimate.

Q11: Paragraph 100 of the Department's written response refers to a gap of 1088 FTE midwives between funded establishment and Birthrate Plus recommended establishment. Please provide the calculation on which this claim is based.

#### Commitment 4<sup>6</sup>

Q12: How many women with PCSPs received the care or mode of birth or place of birth they specified in their plan, and how does this relate to women without PCSPs? How many women have had a PCSP for the entire pregnancy pathway?

Q13: Are there any anticipated barriers relating to integrating PCSP within existing midwifery workloads? If so, how are these barriers being addressed?

#### **Funding and Strategy**

Q14: What is being done to improve real-time data collection for information relating to all four commitments?

Q15: How was funding allocation for each of the four commitments assessed and determined?

Q16: Set out the Department's rationale for phased rather than universal implementation of maternity initiatives including Continuity of Carer and Saving Babies Lives Care Bundle.

Q17: Paragraph 21 of the Department's written response refers to funding awarded in 2020 to support targets. Why was there a five-year delay between the announcement of commitment 1 in 2015<sup>7</sup> and it being addressed in the 2020 spending review?

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<sup>4</sup> Commitment 2: The majority of women will benefit from the 'continuity of carer' model by 2021, starting with 20% of women by March 2019. By 2024, 75% of women from BAME communities and a similar percentage of women from the most deprived groups will receive continuity of care from their midwife throughout pregnancy, labour and the postnatal period.

<sup>5</sup> Commitment 3: Safe staffing – "Ensuring NHS providers are staffed with the appropriate number and mix of clinical professionals is vital to the delivery of quality care and in keeping patients safe from avoidable harm."

<sup>6</sup> Commitment 4: 'All women to have a personalised care and support plan by 2021'