

North Central London Start Well programme: Edgware Birth Centre Addendum to the maternity and neonatal decision-making business case

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North Central London
Health and Care
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1. Purpose of this addendum

This addendum has been written as part of the North Central London (NCL) Start Well programme. It sets out the case for change and proposed changes at Edgware Birth Centre (the Centre). We are proposing to close the birthing suites at the Centre whilst retaining antenatal and postnatal care at the Centre. These proposed changes are independent of the proposed changes that have been set out for hospital-based maternity and neonatal services in NCL, which are outlined in the full maternity and neonatal decision-making business case (DMBC).

This paper sets out the detailed context, case for change and rationale for this proposal, alongside what we heard during the public consultation, benefits, implementation plan, potential impact and mitigations required. The main DMBC document outlines the wider context of the Start Well programme, including how we consulted on, and quality assured, the programme, and the next steps in relation to the proposed way forward described in this document.

2. Context

The Centre is situated in a purpose-built unit in Edgware Community Hospital. On the site there is a standalone midwife-led birthing unit staffed by midwifery teams from the Royal Free London NHS Foundation Trust. As well as supporting births, other maternity services are also provided at the site. The Centre is located in a deprived area in Edgware, which is on the border of the London boroughs of Barnet and Harrow.

2.1 Edgware Birth Centre is situated in a purpose-built unit in Edgware Community Hospital

Edgware Birth Centre (the Centre) comprises seven clinical rooms, three of which are used to support intrapartum care and have ensuite bathrooms and birthing pools.

The Centre is the base for three teams:

- The Edgware community midwifery and Mill Hill teams, who are based in the unit and look after the caseload of women who intend to deliver at the Centre. The Edgware team also runs antenatal and postnatal clinics for women and people who live in the local area, as well as pregnant women and people who plan to deliver at the Centre and at home.
- A core antenatal team which supports antenatal and postnatal clinics every day and occasional multi-disciplinary team clinics. The core antenatal clinic team is a satellite clinic from Barnet Hospital. The team cares for pregnant women and people who reside out of the Barnet community area who wish to deliver their baby at Barnet Hospital.

Out of hours (outside 09.00 - 17.00), the Centre is closed and only pregnant women and people who have already been booked to deliver their baby at the Centre are admitted if in labour. There is an ultrasound service at Edgware Community Hospital in the outpatient department, which is shared with other services. There is a scan list in the ultrasound department on Monday

mornings for growth scans, as well as a consultant clinic on Thursday afternoons which takes place in the main Edgware Community Hospital outpatients department, and which is supported by the core midwives.

Parent education classes also take place on the site, for example tailored antenatal classes for black women.

2.2 The Edgware Birth Centre supports pregnant women and people who are considered to have low risk pregnancies to give birth

There is a standalone midwife-led birthing unit located within the Centre. Standalone midwife-led units are staffed by midwives and can support pregnant women and people who are at a lower risk of complications during childbirth to give birth. They specialise in providing care in an environment which supports pregnant women and people to give birth without medical intervention, on a site separate to a main hospital. At standalone midwife-led units, pregnant women and people give birth without the support of other clinical staff that would be available in an obstetric unit (e.g., obstetric doctors and anaesthetists).

If pregnant women and people experience complications during labour, or require additional pain relief (e.g., epidural) they are transferred by ambulance to an obstetric-led maternity unit. For the Centre, pregnant women and people are transferred during labour to Barnet Hospital (which is around a 20-minute journey by ambulance) if additional support is needed for them or their baby.

Only pregnant women and people who are at lower risk of complications during pregnancy are supported to deliver at the Centre. Those that are deemed more likely to have complications during their labour (e.g., due to an existing health condition or one that develops during pregnancy) are not recommended to give birth at the Centre.

Midwives who are part of the Edgware community midwifery team offer 24-hour on-call care for pregnant women and people planning to give birth at the Centre. Each day there are two on-call midwives (08:30-21:30) and two night on-call midwives (20:30-09:30). Pregnant women and people planning on delivering at the Centre are given an on-call mobile number to ring when in labour and this phone is diverted to the on-call midwife (the Centre does not accommodate walk-ins and use of the on-call number is essential to ensure the right support is in place for delivery).

2.3 Edgware Birth Centre is on the border of NCL, situated in an area of deprivation

The Centre is in a deprived part of the borough of Barnet, close to the neighbouring borough of Harrow. Figure 1 outlines the deprivation profile of all lower layer super output areas (LSOAs) within 35 minutes of the unit.

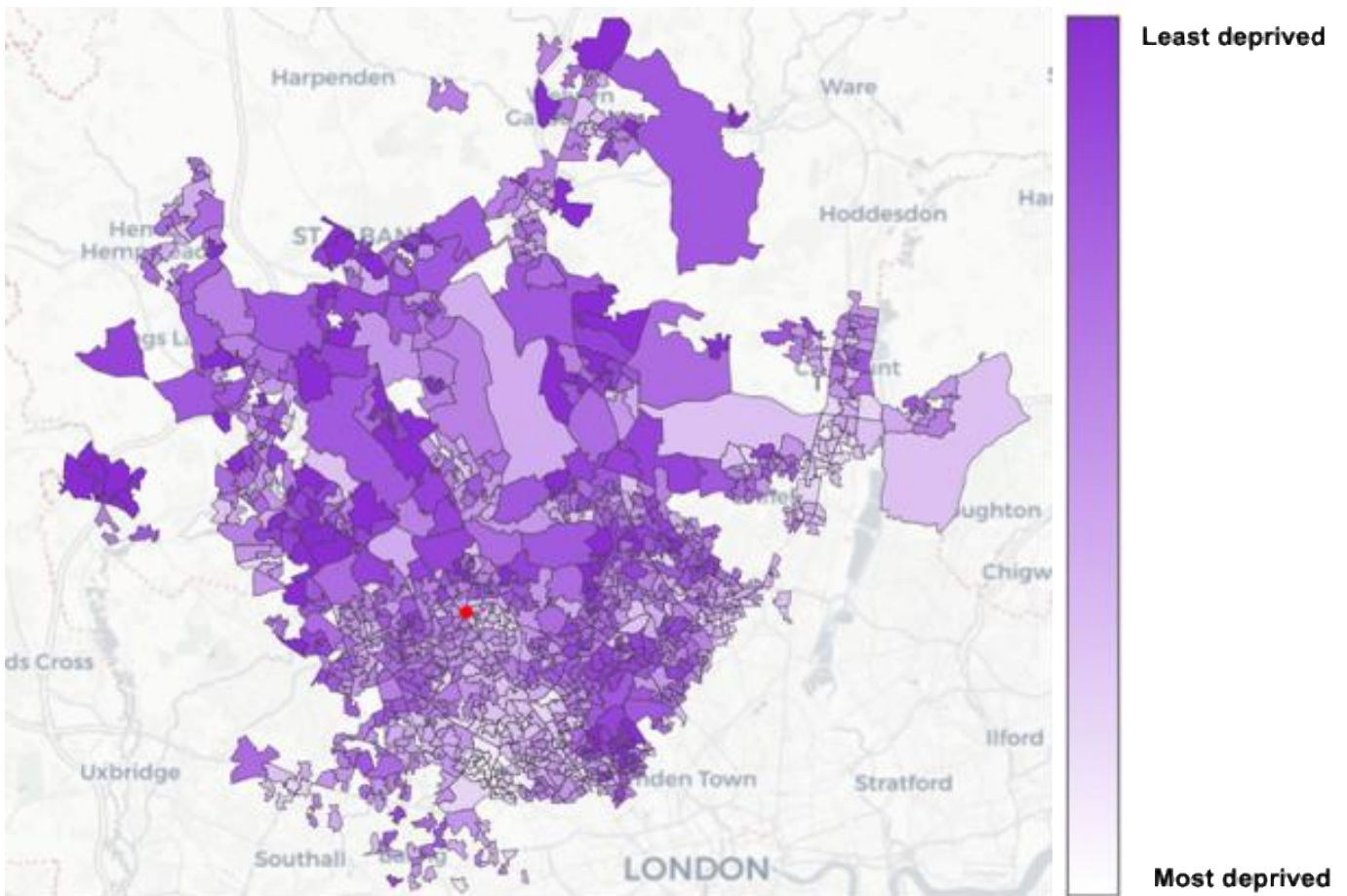
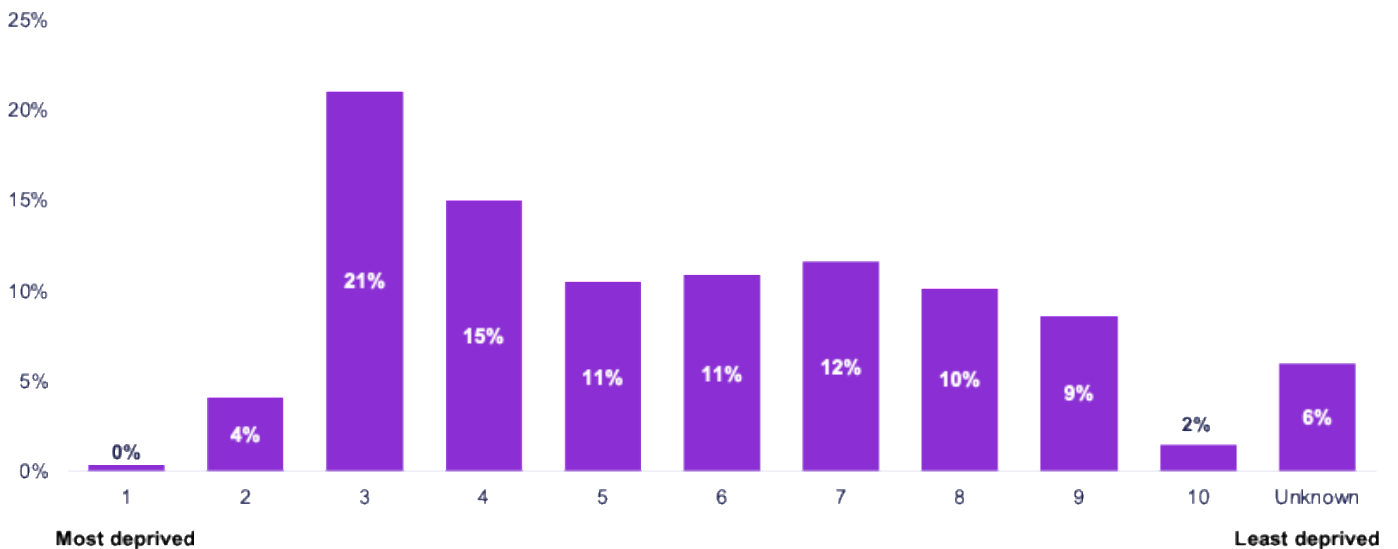


Figure 1: Location of Edgware Birth Centre and deprivation profile of surrounding area, 2023/24

Those giving birth at the Centre between 2018/19 and 2023/24 resided in areas across the spectrum of deprivation as shown in Figure 2. Evidence shows there is a strong relationship between social determinants of health (including deprivation) and poor maternal outcomes, including an increased risk of maternal death¹.

Percentage of deliveries at Edgware in each IMD decile, %, 2018/19 – 2023/24 combined



¹ <https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/1471-0528.17044>

Figure 2: Deprivation profile of Edgware Birth Centre users, 2018/19-2023/24

Women and people living in difficult social circumstances tend to have worse maternal health outcomes compared to the general population. This can be driven by several factors, including pre-existing health conditions such as obesity, use of substances such as alcohol and tobacco during pregnancy, deprivation, living in temporary accommodation and those at risk of abuse². In NCL, for example, 7.8% of mothers in the 40% most deprived areas were smokers at the time of delivery, compared to 3% of mothers in who live in the 40% least deprived areas³.

Pregnant women and people who have given birth at the Centre come from both local areas and also from a much wider geographical area, as shown in Figure 3.

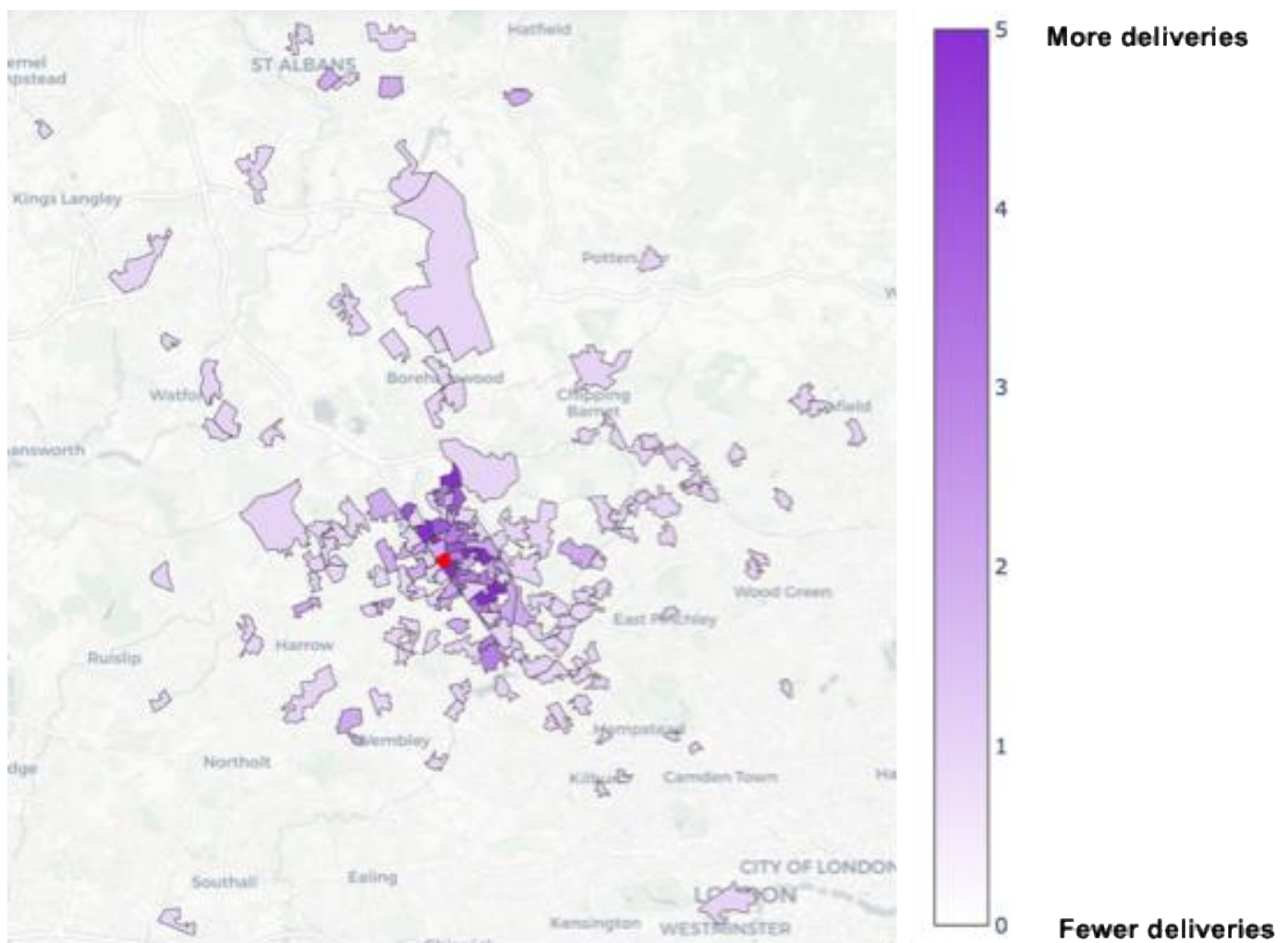


Figure 3: Deliveries at Edgware Birth Centre by LSOA, 2018/19 to 2023/24

² <https://www.rcog.org.uk/sip67>

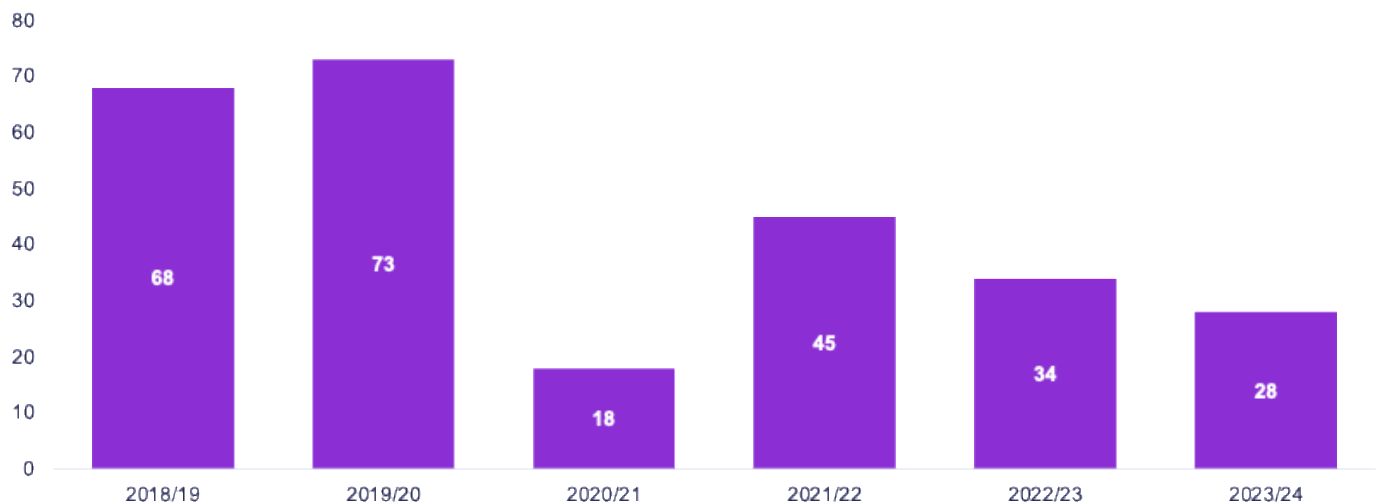
³ SUS data, NCL ICB analysis

3. Case for change

3.1 Demand for the unit has been falling and is likely to fall further

The total number of births is declining across all NCL boroughs. Since 2019/20, the number of deliveries at NCL units has declined by 14% and by 2033/34 the total projected deliveries at NCL units are anticipated to have declined further. Over the past six years, where the data is available, birth numbers at the Centre have also been declining (Figure 4). In 2018/19, there were 68 deliveries at the Centre; this has decreased by more than 50%, with only 28 deliveries in 2023/24 just over one every two weeks.

Number of deliveries at Edgware, 2018/19 – 2023/24



Source: Hospital Episode Statistics data, CF analysis

Figure 4: Number of births at Edgware Birth Centre between 2017/18 and 2023/24

*Numbers of births in 2020/21 impacted by the birth centre being temporarily closed for some periods due to the COVID-19 pandemic

In addition to the falling birth rate, the number of births at the Centre is likely to decrease further due to the demographic characteristics of the local population and increasing complexity during pregnancy.

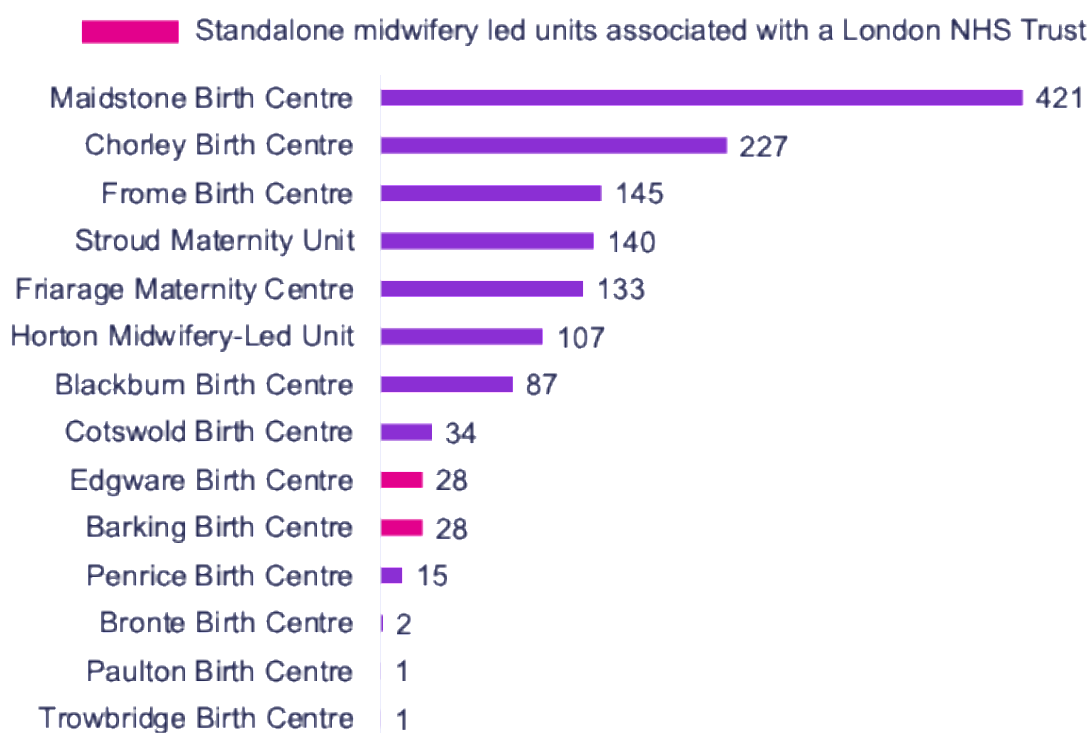
The demographics of pregnant women and people giving birth in NCL (as set out in in section 4 of the maternity and neonates DMBC document) mean it is unlikely that there would be an increase in the number of women with low-risk pregnancies who would be eligible to give birth at the Centre. Maternal health prior to, and during, pregnancy has a significant impact upon a mother’s risk profile, and therefore what type of setting they may be clinically recommended to deliver in.

There is also a trend towards pregnant women and people having babies later in life. With increased age there is a higher likelihood of complications during pregnancy and childbirth, meaning women and people are less likely to meet the clinical profile of those eligible to give birth at the Centre. Since 1990, the mean age of mothers nationally has increased by over 11%, from

27.7 to 30.9⁴. This increase has been mirrored in NCL, and the latest data shows that 8.7% of mothers who give birth in NCL are aged 40 and over. Modelling of births in NCL in 2021/22 suggests that only around 30% of them would have been eligible to give birth at the Centre.

3.2 Edgware Birth Centre is one of the smallest standalone midwife-led maternity units in the country

Clinicians agree that the number of births in recent years is too low and poses questions about its future sustainability. In 2023/24, the Centre was the fifth smallest in England, and the joint smallest in London, as shown in Figure 5.



Note*: Barking Birth Centre was closed to deliveries for some of 2023/24

Figure 5: Total number of deliveries at standalone midwife-led units in 2023/24

Evidence⁵ shows that standalone midwife-led units need to deliver 350 births a year to be economically viable, which would require an additional 300+ births at the Centre.

3.3 Fewer than 50 women and people a year give birth at Edgware Birth Centre

Fewer than 50 women and people a year (less than one a week) gave birth at the Centre over each of the last three years, with 45 births recorded in 2021/22, 34 births recorded in 2022/23 and

⁴ ONS. Birth characteristics in England and Wales: 2020.2022. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthcharacteristicsinenglandandwales/2020>

⁵ Insights from the clinical assurance of service reconfiguration in the NHS: the drivers of reconfiguration and the evidence that underpins it – a mixed-methods study, Imison et al, 2015

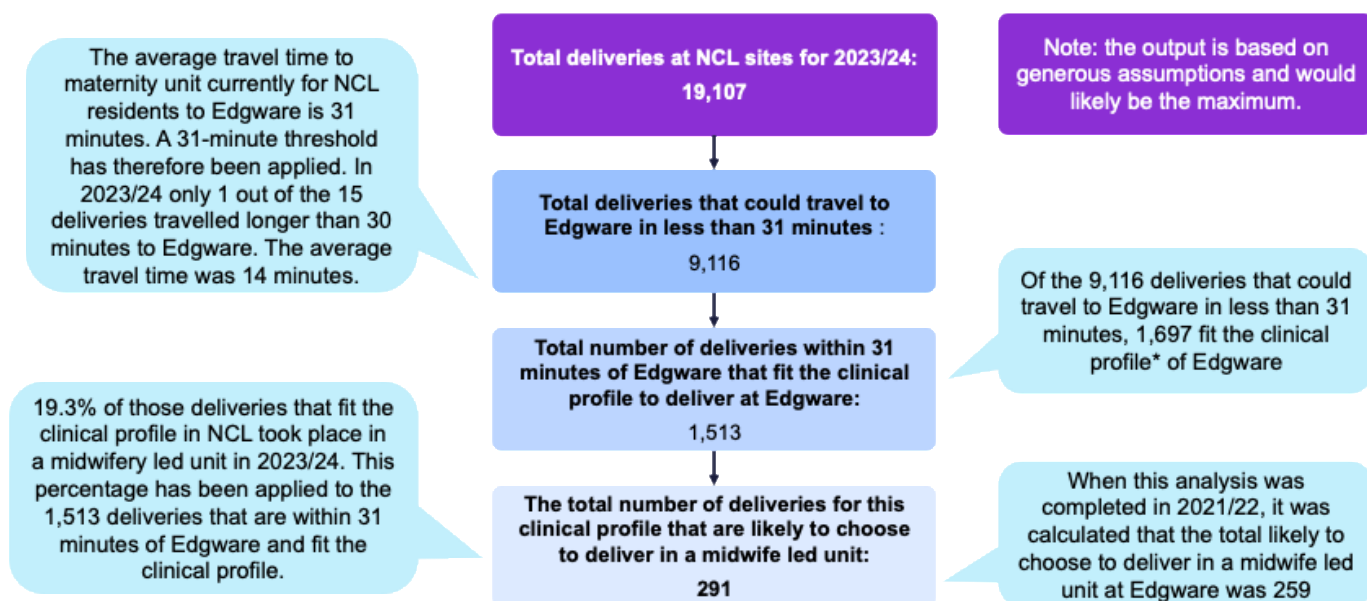
28 births in 2023/24. There have been fewer than 100 births every year since 2017. Higher numbers of pregnant women and people are booked to go to the Centre, but these numbers significantly reduce as pregnancies progress and women are assessed to be too high-risk to birth at the Centre and so are recommended to give birth at a hospital as an alternative.

The Centre has three birthing suites, each with ensuite bathrooms and birthing pools, which are used on average once per month each. The NHS needs to make the best use of its resources to ensure our services are efficient, sustainable and can support the changing needs of our local population. Having a Centre that is delivering less than one baby a week, and birthing suites that are used once a month, does not represent a good use of resources.

3.4 It would be difficult to significantly increase the number of people using the Centre

We have considered whether we could increase the number of eligible women and people in NCL choosing to use the Centre. However, during a 10-week engagement period on the case for change, when we asked people what they based their choices of maternity care on, it was availability of specialists in case they are required, recommendations from friends and family, proximity to home and familiarity with the hospital. Given those answers, the fact that very few people use the Centre and that it is based within a community hospital, it would seem unlikely that we could significantly increase the numbers of people using the Centre.

To explore this further, we estimated the potential number of women and people in NCL who might be eligible to deliver at the Centre, by analysing the number of women who had births that would be considered as low complexity (without significant medical interventions) living within a 31-minute travel time of the Centre, irrespective of whether they lived in NCL or not. This analysis is shown in Figure 6.



Note*: Clinical profile has been defined as normal delivery with CC score 0, normal delivery with CC score 1 and normal delivery with CC score 2+

Figure 6: Analysis to assess the likely maximum number of pregnant women and people who could give birth at Edgware Birth Centre

This analysis shows that there was a potential pool of up to 291 eligible women in NCL who might have been eligible to give birth at the Centre, based on the risk profile and choices of the women and people who gave birth in NCL in 2023/24.

It should be noted that this modelling is based on generous assumptions and that service users who could potentially give birth at the Centre would bypass another maternity unit (which all have alongside midwife-led units) to deliver at the Centre and opt not to have a home birth. There also may be a number who develop additional complexities during their pregnancies, making them ineligible to deliver at the unit.

Even if significant efforts were made to promote the use of the unit, given the increasing complexity of births in NCL, and the pattern of declining birth numbers at the Centre, it is likely that over time the maximum number of pregnant women and people who would use the Centre would decrease further, making it even more of a challenge to increase utilisation of the Centre.

3.5 There are insufficient midwives to staff the unit, leading to short-term closures

The community midwives who work in the Centre are part of the team across Barnet Hospital and are deployed flexibly depending on the requirements of the alongside midwife-led unit at Barnet Hospital. The community midwives may be diverted to Barnet Hospital, if required. In 2023/24, Edgware Birth Centre was temporarily unavailable on 30 occasions due to staffing challenges and capacity with the London Ambulance Service (LAS) to be available to do an immediate transfer of women and babies to an obstetric-led unit. This means that some women and people may have been diverted from the Centre at late notice when they had planned to deliver there. This can be very stressful for the pregnant woman or person once they have an expectation of their choice of birth location.

There is an estimated national shortage of 2,500 midwives in the UK ⁶, and in NCL there is a significant number of midwife vacancies. Given this, it would not be a good use of resources, given the low number of births at the Centre.

4. Engagement and consultation

Engagement has been undertaken around the future of the Centre as part of the wider Start Well programme. During the engagement on the case for change we heard from local populations that:

- When choosing maternity care, there were three main factors that influenced their choice of birth setting - recommendations from friends and family, proximity to home and familiarity with the hospital.
- Pregnant women and people wanted to have the right specialist available on site, should they need them.
- Safe and compassionate care were paramount in maternity care. Information needed to be offered by health professionals at the right time without patients having to ask a lot of

⁶ https://pre.rcm.org.uk/media/7303/rcm_-how-to-fix-guide_-28-feb-2024.pdf

questions. It was important that health professionals took care to understand them and their needs and wishes, for example, when first languages were not English and when women and people had learning disabilities.

- The Centre provided continuity of care and a personalised experience, which they felt contributed to high-quality patient experience. This has been considered and captured in the proposed mitigations.

A 14-week public consultation on the Start Well proposals was held from 11 December 2023 to 17 March 2024 to gain an understanding of the perspectives of patients, staff and members of the public surrounding proposed changes to maternity and neonatal care and children’s surgical services. This included consultation on this proposal to close the birthing suites at the Centre whilst retaining ante and postnatal care at the Centre. As part of this consultation, we:

- Promoted the consultation and proposals around changes to delivery suites at Edgware widely, particularly to communities close to the Centre. This included those living in the local area, as well as those in the neighbouring boroughs of Harrow and Hertfordshire.
- Held promotional drop-in sessions at the Centre to inform both patients and staff about the consultation and give them the opportunity to provide feedback
- Were supported by the Trust to identify service users who had experience of giving birth at the Centre to take part in a focus group and captured their views on the proposal
- Worked with local VCSE organisations, including Healthwatch and Maternity Voices Partnerships, to ensure we captured a range of views and diverse voices
- Ensured that staff working at the Centre had an opportunity to share their experiences and views during the consultation
- Sought to understand the advantages, disadvantages and potential impact of proposals for the Centre
- Investigated how the positive experiences of women and people at the Birth Centre could be used to enhance the environment of midwifery-led units elsewhere in NCL to provide the best possible experience

We undertook focussed engagement events to understand what maternity and postnatal services could be provided at the site to support improved access and care. A summary of the engagement events focussed on Edgware Birth Centre is shown in Figure 7.

Event	Location	Date	Number of attendees
Edgware Birth Centre drop in	Edgware Community hospital, HA8 0AD	11/01/2024	26
Stonegrove Community Trust drop in	OneStonegrove, HA8 8BN	08/02/2024	12
Edgware Birth Centre staff feedback	Edgware Community hospital, HA8 0AD	15/02/2024	10
Stonegrove Community Trust drop	OneStonegrove, HA8 8BN	19/02/2024	10
Barnet borough drop in – open to all	Watling Community Association, HA8 0TR	29/02/2024	3

Edgware service users (antenatal)	Edgware Community hospital, HA8 0AD	01/03/2024	2
Edgware Birth Centre drop in	Edgware Community hospital, HA8 0AD	07/03/2024	12
Romanian Culture and Charity Together	Watling Avenue Edgware, HA8	07/03/2024	1
Edgware service users (postnatal)	Online	11/03/2024	5

Figure 7: Summary of engagement events

Further details on the consultation activities and reach can be found in the main Start Well decision-making business case for maternity and neonatal services in section 7.

During consultation, for the Centre proposals, we heard that there was broad recognition of the current challenges facing services and the need to make changes. Most questionnaire respondents (76%) agreed that changes should be made to respond to the current challenges, although over a quarter (27%) of those living closest to Edgware Community Hospital disagreed. Overall, about three fifths (59%) of respondents agreed with the proposal to close the birthing suites, with many tending to cite the low number of births as the basis for supporting this proposal. However, there was higher disagreement among respondents living closest to the site with 48% agreeing with the proposals and 36% of respondents disagreeing.

4.1 What we heard during consultation and our response

There were some concerns and issues raised as shown in the table below. Where appropriate, we have completed further work to explore the areas raised in the consultation and have incorporated this into our proposals.

What we heard	Our response following further work
During consultation, some questionnaire respondents felt Edgware Birth Centre warrants more investment, perhaps as a dedicated centre specialising in low-risk births, feeling that this may relieve pressure elsewhere in the system.	Investment into the delivery suites would not increase the number of people giving birth. As part of our proposals, we are proposing to invest £1.37m in the facilities at the Centre to expand the capacity for antenatal appointments and deliver care as close to home as possible. Alongside this we are committed to ensuring that pregnant women and people in NCL continue to have a choice of birthing options and are enhancing out alongside midwifery led offer. This includes promoting the full range of birthing options to women and people, a review of home birth arrangements, enhancing midwifery-led units, supporting continuity of carer and continued engagement with service users. See section 7 for further details.
In response to our consultation, a few people wondered whether the	The key drivers of our case for change are that the Centre is one of the smallest standalone midwife-led units in the country, that demand for the unit is falling and that it would be difficult to significantly increase the number of people using the Centre.

<p>service might feasibly be relocated to Royal Free Hospital, in the event of that hospital losing its existing maternity provision</p>	<p>We also have insufficient midwives to staff the unit, leading to short-term closures (see section 3 for further details on our case for change). Moving the location of the unit to the Royal Free Hospital would not address these challenges.</p>
<p>People responding to our consultation said the number of births at Edgware Birth Centre might rise if the service was better publicised.</p>	<p>We considered whether we could increase the number of eligible women and people in NCL choosing to use the Centre as part of our pre consultation business case. We concluded that, even if significant efforts were made to promote the use of the unit, given the increasing complexity of births in NCL, and the pattern of declining birth numbers at the Centre, it is likely that over time the maximum number of pregnant women and people who would use the Centre would decrease further, making it even more of a challenge to increase utilisation of the Centre. Further details on these calculations are shown in section 3.4.</p>
<p>Written responses to our consultation from midwives highlighted that Edgware Birth Centre promotes ‘Maternal Continuity of Carer’ (MCoC), with a team providing antenatal, intrapartum and postnatal care. Removing the option to give birth at the centre would, they claimed, disrupt this continuity in a geographical area where women have already been identified as being at a greater risk of adverse outcomes, due to factors such as deprivation and ethnicity</p>	<p>The NCL LMNS Equity and Equality Action plan⁷ published in spring 2024 outlines our current plans for midwifery continuity of carer (MCoC). Within North Central London, all Trusts have stated they cannot meet safe minimum staffing requirements for further roll out of MCoC but can meet the safe minimum staffing requirements for existing MCoC provision. Therefore, further roll-out is currently paused but there will be continued support for Trusts at the current level of provision in line with national guidance. The active teams in NCL target the provision of MCoC to women and birthing people from the global majority, and those living in the most deprived areas.</p> <p>The IIA sets out how the Programme has considered other factors of the proposals and potential impact on these communities.</p>
<p>During the consultation, given that Edgware Birth Centre is the only standalone midwife-led birthing unit in NCL, many stakeholders across various consultation activities felt that removing the service would represent an unacceptable reduction in</p>	<p>As part of our proposals, we would ensure our alongside midwifery-led centres are set up to provide the best possible birthing experience. This would include ensuring that ensuite facilities, mood lighting, music, birthing pools and other birthing aids are available. We would review these arrangements as part of implementation.</p> <p>There would continue to be a focus in NCL on improving the utilisation of the alongside midwifery-led units, which are currently under-utilised. As part of the implementation of these</p>

⁷ <https://nclhealthandcare.org.uk/wp-content/uploads/2024/09/NCL-LMNS-Equity-and-Equality-Action-Plan-2024.pdf>

<p>patient choice. Specifically, many highlighted the less medicalised and more personalised, home-from-home environment offered by Edgware Birth Centre and felt that this should be maintained as an option.</p>	<p>proposals, we would continue to work to better understand the reasons for this underutilisation and ensure that units consistently offer a service that can cater for women and people who opt to have a midwife-led birth. We would ensure that the environment is set up in a way that facilitates the best outcomes for pregnant women and people who choose alongside units and ensure they can be consistently staffed to facilitate this choice.</p> <p>Pregnant women and people would continue to have the choice to deliver in a midwifery-led setting, a consultant-led setting or a home setting.</p>
<p>In response to our consultation, Edgware Birth Centre staff felt there was a specific need to improve provision for water births at other units if the standalone birthing suites were to close.</p>	<p>As part of our proposals, we would ensure our alongside midwifery-led centres are set up to provide the best possible birthing experience. This would include ensuring that ensuite facilities, mood lighting, music, birthing pools and other birthing aids are available. We would review these arrangements as part of implementation.</p>
<p>The Mayor's Office recommended that we add further detail on how the resources in the Centre would be reallocated.</p>	<p>There would be a total capital investment for the proposed changes of £1.37 million which is associated with converting the birthing suites into outpatient clinic rooms. The quantifiable benefits associated with the proposed changes have been calculated and are associated with improved use of workforce across NCL, reduced number of transfers and improved quality of maternity care as a result of the proposed care model. No longer providing care for deliveries at Edgware will provide a 1.2 WTE midwife post that can be reallocated in line with BirthRate Plus ratio.</p>
<p>The Clinical Senate recommended that we explore how ante- and post-natal care at the Centre might be used to support people at risk of adverse maternity outcome as part of their assessment of our PCBC.</p>	<p>The CRG have reviewed how the space at the Edgware Birth Centre could be used to support maternity care for the local community if the birthing suites close.</p> <p>As part of our proposals, we are proposing to invest £1.37m in the facilities at the Centre. We are committed to ensuring that pregnant women and people in NCL have a choice of birthing options. This includes promoting the full range of birthing options to women and people, a review of home birth arrangements, enhancing midwifery-led units, supporting continuity of carer and continued engagement with service users. See section 7 for further details.</p>

5. Proposed way forward

Our proposal, that we consulted on, is that our model of care will not include a standalone midwife-led birthing unit, for the reasons outlined in this addendum in particular:

- The declining birth rate in NCL
- Changing demographics of women and people giving birth, where women and people who are having children are older and less likely to fit the risk profile for the Centre
- The low numbers of women and people who have used the Centre over recent years
- Falling demand for standalone midwife-led care
- The difficulty in significantly increasing the number of people using the birthing suites at the Centre
- Challenges with recruitment of midwives across NCL sites, sometimes meaning the service is temporarily unavailable

Our proposal is therefore to close the birthing suites at Edgware Birth Centre and offer a choice of home births, midwife-led births in an alongside birthing unit, and obstetric-led births to women and pregnant people in NCL. Further work is being undertaken to enhance the current midwife and home birth offer across NCL and is outlined in more detail in the maternity and neonatal DMBC. This proposal is being considered independently to the proposals on hospital-based maternity and neonatal services that also formed part of the Start Well public consultation.

We propose that outpatient activity remain on site at Edgware Birth Centre and that a capital investment of £1.37m would be required to repurpose the birthing suites so that other ante- and post-natal services could be offered at Edgware Community Hospital. The full capital requirements would be funded through the NCL ICB CDEL envelope.

6. Impact and benefits of our proposal

As a consequence of our proposal, around 30 pregnant women and people each year would need to give birth at an alternative location. This does not have a material impact on any other unit or home birth services. Given the very low number of people, and the fact that they would have a choice to have a home birth instead, our work to date suggests there would be a limited impact on access or inequalities as a result of our proposals and we have developed potential mitigations to address potential issues identified. The [integrated impact assessment \(IIA\)](#) outlines the potential impact and disbenefits of the proposals with the potential mitigations. This includes the potential impact on women and people who prefer to deliver in a non-hospitalised setting.

There is evidence that for pregnant women and people with the right clinical profile, giving birth in midwife-led settings (both standalone and alongside midwife-led units) leads to improved outcomes, with fewer medical interventions when compared with an obstetric-led unit⁸. The benefits include significantly fewer interventions in labour, including a lower chance of a caesarean birth, a lower chance of an episiotomy or birth assisted by forceps or ventouse, and a higher chance of breastfeeding when compared to women and people who plan to give birth in an obstetric-led unit⁹. Evidence shows that there are no significant differences in outcomes for babies who are born in an alongside midwife-led unit compared to a standalone midwife-led unit. By continuing to offer women the choice of an alongside midwifery-led unit, we will maintain access to the known clinical benefits of midwife-led care.

⁸The Birthplace cohort study: key findings <https://www.npeu.ox.ac.uk/birthplace/results>

⁹Birthplace study, 2011; Hollowell et al, 2017

There would continue to be a focus in NCL on improving the utilisation of the alongside midwifery-led units, which are currently under-utilised. As part of the implementation of these proposals, we would continue to work to better understand the reasons for this underutilisation and ensure that units consistently offer a service that can cater for women and people who opt to have a midwife-led birth. We would ensure that the environment is set up in a way that facilitates the best outcomes for pregnant women and people who choose alongside units and ensure they can be consistently staffed to facilitate this choice.

Under the new care model, home births would remain a choice for pregnant women and people. We would work to ensure that this is consistently available across NCL for those who would prefer a birth that is physically separated from a hospital site.

We would also focus on the provision of continuity of carer in line with national guidance. The provision of care by a known midwife throughout pregnancy, labour, birth and the post-natal period can be associated with greater satisfaction levels and improved health outcomes for the mother and baby¹⁰, as shown in Figure 8. Women and people who receive a midwifery-led continuity model are less likely to experience preterm birth or lose their baby during pregnancy or in the first month following birth.

The MCoC model of care requires appropriate staffing levels to be implemented safely. Following the publication of the full Ockenden Report in March 2022, national targets for the delivery of MCoC have been removed, and Trusts have formally reviewed staffing in the context of the recommendations from Ockenden. Within North Central London, all Trusts have stated they cannot meet safe minimum staffing requirements for further roll out of MCoC but can meet the safe minimum staffing requirements for existing MCoC provision. Therefore, further roll-out is currently paused but there will be continued support for Trusts at the current level of provision. The active teams target the provision of MCoC to women and birthing people from the minority ethnic groups, and those living in the most deprived areas.



Figure 8: Benefits of continuity of carer¹¹

¹⁰ Better Births. 2016. <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

¹¹ Sandall J, Soltani H, Gates S, Shennan A, Devane D. Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database of Systematic Reviews 2016, Issue 4 . Art. No.: CD004667

6.1 Capital and value for money

The key financial test set out by NHSE is that any proposal is affordable in terms of capital and revenue. It is also important that the proposals deliver value for money (VfM) for the taxpayer, although the proposals set out for Edgware Birth Centre are quality driven.

The financial analysis undertaken in the DMBC shows the value for money of the Edgware proposals by calculating a benefit cost ratio (BCR). The BCR calculation looks at the quantifiable cash-releasing benefits of the proposed services changes and any costs associated. There would be a total capital investment for the proposed changes of £1.37 million which is associated with converting the birthing suites into outpatient clinic rooms. This capital requirement includes optimism bias and contingency which are percentage uplifts of the capital investment and are included to account for the potential of the actual costs being greater than what is estimated. There are revenue costs of capital that have also been calculated and included in the BCR calculation. The quantifiable benefits associated with the proposed changes have been calculated and are associated with improved use of workforce across NCL and improved quality of maternity care as a result of the proposed care model. These total £1.81 million over 30-years. Our proposals would result in a BCR of 1.01 demonstrating value for money as the benefits are higher than the costs over a 30-year period (the BCR is over 1).

The financial impact of our proposals has been assured by NCL ICB finance team and the NHS London finance team.

7. Implementation

Implementation would be overseen by the Start Well Programme Board. Further detail on the proposed governance structure can be found in section 11 of the Maternity and Neonates DMBC.

We would support the changes through a comprehensive communication effort with people who might be affected by the changes, to ensure that people understand the changes before they are made.

We would ensure that information is shared about the alternative choices available to pregnant women and people (e.g., signposting to co-located midwife-led unit or an obstetric-led unit) including services that would still be available at the Edgware Birth Centre (e.g., support for home births). Information would be shared via the following channels and groups:

- Health and care professionals including, but not limited to, GPs and practice staff, health visitors, midwives and community nurses
- Women's and children's centres, schools and early years settings
- Voluntary, community and faith groups
- Social media groups and platforms
- Resident newsletters and NHS trust membership information
- NCL ICS and NHS Trusts websites
- NHS service directories
- Channels used by neighbouring integrated care systems, including North West London and Herts and West Essex.

Subject to the decision, from bookings would no longer be accepted at Edgware Birth Centre, with the timing of this being confirmed and communicated with staff and service users. We would continue to honour those who have already booked to give birth at the centre to support continuity. The timeline for when the capital works could begin to convert the delivery suites into outpatient rooms are subject to the decision made, but this would be phased so that those who have already booked to give birth at Edgware can still do so.

We are committed to ensuring that pregnant women and people in NCL have a choice of birthing options. There are a number of enablers that would support with implementation of our proposals to close the birthing suites at the Centre. These include:

- **Promoting the full range of birthing options to women and people:** as part of implementation, we would undertake a review of materials that show birthing choices available to women and people. This would promote midwifery-led settings, such as alongside birthing centres and home birth.
- **A review of home birth arrangements:** we would ensure that home birth services are consistently available and delivered to a consistently high standard. This would include a review of geographical footprints that trust teams cover for home births to ensure a consistent and equitable distribution of teams is in place.
- **Enhancing midwifery-led units:** we would ensure our alongside midwifery-led centres are set up to provide the best possible birthing experience. This would include ensuring that ensuite facilities, mood lighting, music, birthing pools and other birthing aids are available. We would review these arrangements as part of implementation.
- **Supporting continuity of carer:** in Spring 2024, we published an NCL LMNS Equity and Equality Action plan¹² outlining our plans for midwifery continuity of carer. Within North Central London, all Trusts have stated they cannot meet safe minimum staffing requirements for further roll out of midwifery continuity of carer (MCoC) but can meet the safe minimum staffing requirements for existing MCoC provision. Therefore, further roll-out is currently paused but there will be continued support for Trusts at the current level of provision in line with national guidance. The active teams in NCL target the provision of MCoC to women and birthing people from the global majority, and those living in the most deprived areas.
- **Continued engagement with service users:** engagement with service users has been key to the development of our proposals and through implementation we would continue to engage to understand how any implementation plans can enhance patient experience. This would be particularly important to understand which maternity services would be most beneficial to be put into the reconfigured space of the Centre.

7.1 Mitigations for potential disbenefits

We know that there will be women and people for whom a birth at a hospital site is not their preference and Edgware Birth Centre currently offers an alternative to this. The mitigations that we have developed for these proposals are shown in Figure 9. The mitigations would continue to be reviewed to minimise any disbenefits on the community.

¹² <https://nclhealthandcare.org.uk/wp-content/uploads/2024/09/NCL-LMNS-Equity-and-Equality-Action-Plan-2024.pdf>

Theme	Mitigations required
<p>A consistent offer and access to midwifery-led care is an important part of our care model. Should proposals around no longer supporting births at Edgware be implemented, there would need to be mitigations put in place to ensure that women for whom this is a preference can retain access to high-quality consistently available midwifery-led care.</p>	<ul style="list-style-type: none"> • A review of the information made available to women at the point of booking to ensure that they are made aware of and are consistently offered the choice of midwifery-led care • A review of home birth provision and staffing of home birth teams across the sector to ensure equity of staffing in geographical areas. Currently there are some teams which staff much larger catchment areas than others which can create gaps in provision and lead to challenges with recruitment • Consider how personalised care can be maximised in midwifery-led settings enabling women to feel cared for throughout their pregnancy • Ensuring midwifery-led birth centres are set up to provide the best possible birthing experience through a review of environment and staffing arrangements • Consider the identity of midwifery-led units, ensuring that they can be identified separately from labour wards to support women who may feel more anxious about a hospital-based birth • A review of staffing arrangements of midwifery-led units to ensure that as much as possible they can remain open at times when staffing is challenged and women who want to choose this as a birthing option are able to give birth there
<p>Further engagement</p>	<ul style="list-style-type: none"> • Further engagement to understand any impacts not yet identified associated with closing the delivery suites at Edgware. This would need to include those living in the local area, as well as across into neighbouring boroughs of Harrow and Hertfordshire. • Engagement with the local community to understand what maternity services could be provided at the site which would support improved access and care – for example antenatal classes tailored at the local population who may have complex needs
<p>Maintaining continuity of carer for pregnant women and people booked into Edgware Birth Centre</p>	<ul style="list-style-type: none"> • Honour any bookings for pregnant women and people booked into the unit if a decision is made to close the birthing suites • Communicate the date at which bookings would no longer be taken at the Centre with staff and service users • Provide clear communications with people booking into the unit • on the current proposals so that they are able to make an informed decision with all information

Figure 9: Mitigations developed to support implementation of the proposal around closure of the birthing suites at Edgware Birth Centre

A series of mitigations have been developed to minimise the potential negative impacts of the proposals that have been identified, and the full range of detailed mitigations can be found in the IIA. The potential impacts and proposed mitigations have been informed through feedback received during the public consultation and further engagement with a diverse range of stakeholders. These would continue to be iterated and reviewed during implementation.

For each potential negative impact identified, the IIA sets out proposed mitigations, and whether or not the proposed mitigations would eliminate the potential negative impact. Where there is a potential residual negative impact on a group after mitigation, the IIA seeks to identify what that residual negative impact would be.

The IIA documents how the ICB has met its public sector equality duty and its legal duties in regard to health inequalities. In reaching a decision on whether to proceed with the Edgware Birth Centre proposals, the ICB Board will consider whether, where implementation would lead to negative impacts on any group sharing a protected characteristic that cannot be mitigated, there are good reasons for implementing the proposals that mean it should proceed, despite those disadvantages.

The recommendation in this addendum and in the wider DMBC is that the benefits of implementing the Edgware Birth Centre proposals, as described throughout this document, mean that it should be implemented, despite the identified disadvantages.

8. Quality assurance and next steps

Full details of the quality assurance and next steps for the programme can be found in detail in the maternity and neonatal DMBC.