



Date: Thursday, 16 November 2017

Time: 9.30 am

Venue: Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,
SY2 6ND

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HEALTH AND WELLBEING BOARD

TO FOLLOW REPORT (S)

7 MATERNITY SERVICES REVIEW (20 mins) (Pages 1 - 16)

A presentation will be made.

Contact: Fiona Ellis, Shropshire CCG.

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Shropshire , Telford and Wrekin Midwife Led Unit (MLU) Review

Fiona Ellis : Programme Manager, Shropshire
Telford and Wrekin Local Maternity System

Presentation for Shropshire Health and Wellbeing Board
16th November 2017

MLU Review - Scope

The purpose of Shropshire, Telford and Wrekin midwife-led unit service review is to review the following areas of the service in order to establish whether the current model provides value for money:

- Clinical & Financial Sustainability
- Quality and Safety, including clinical outcomes
- Staffing
- Rural access



MLU Review - Timescales

Phase 1 : Gathering and analysing existing information (May & June 2017)

Phase 2 : Gathering and analysing new information (July & August 2017)

Phase 3 : Co-design workshops (September 2017)

Phase 4 : Governance Boards (November 2017 – January 2018)

What next? : Depends on outcome from Governance Boards

Phase 1 - Findings

Clinical & Financial Sustainability

The findings suggest that an increase in staffing is required in order for the current service model to be sustainable. The provider reports that the service is not financially sustainable. However, finance alone should not be a driver for this review. Instead, the review should look at how to get the services working as efficiently as possible.

Quality and Safety, including clinical outcomes

The CCGs consider the safety and quality to be acceptable. However, other reviews are underway and the findings from these will need to be considered. How quality and safety can be further improved needs to be looked at as well as how midwifery services can work better with other services, such as health visiting and early help services.

Phase 1 - Findings

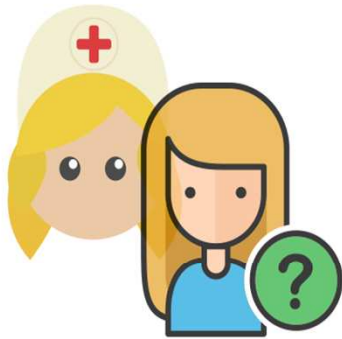
Staffing

The findings of the review so far suggest that the skills of existing staff aren't being used in the best way. Women giving birth in consultant led units don't always get 1:1 care in labour, whereas women giving birth in midwife led units or at home have at least 1:1 care in labour (unless in exceptional circumstances, their baby is born without the presence of a midwife or obstetrician).

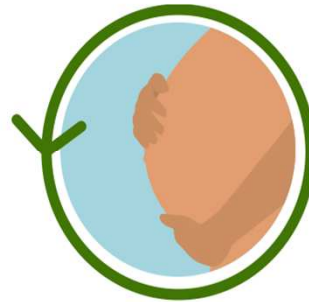
Rural Access

Antenatal and post-natal care is delivered close to where women live, but the type of services women can receive close to home vary depending on where they live. Some women have long travel times to get to the consultant led unit. The review needs to look at how to get a more consistent, accessible service.

Phase 2 - Key themes (Women)



Early pregnancy support



Continuity of care



Postnatal care
CLU and MLU



Sharing decisions
when risk is raised



Building networks of
mum friends



Getting to place of
birth in time

Phase 2 - Key themes (Staff)



Relationships within
and between
"maternity tribes"



GPs and maternity care



Delivering planned
care



Staff
engagement

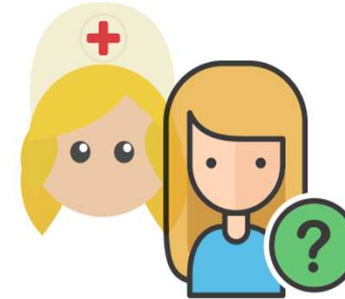


Management
support

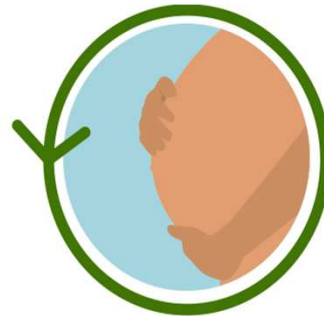
Phase 2 - What good looks like



Focus whole system on
"becoming a family"



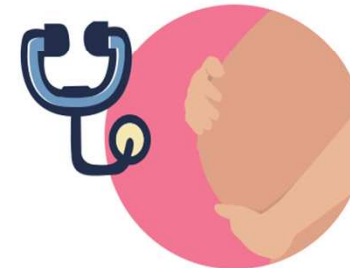
Empathy and
understanding in early
pregnancy is an always
event



Relationship centred
system design that
supports continuity



Specialists and families
share decisions;
positive challenge is
welcomed

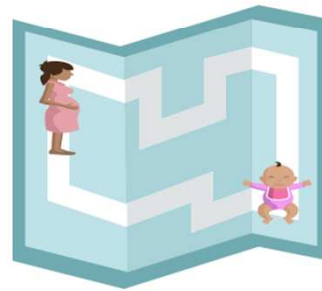


GPs feel interested and
involved

Phase 2 - What good looks like



Positive, safe births



**Personalised care
planning, covering all
stages and recognising
the unexpected is to be
expected**



**Flexible, local planned
care that connects
mums**



**Responsive triage that
reassures and helps
women arrive in time**



**Contingencies for
emergencies in rural
areas**

Phase 2 - What good looks like



Great breastfeeding support



Space and support to reflect and recover from birth (especially after trauma)



The value of postnatal care is understood and a system priority



Connection with peers to nurture 'mum friends'



Bonding with immediate family

Phase 2 - What good looks like



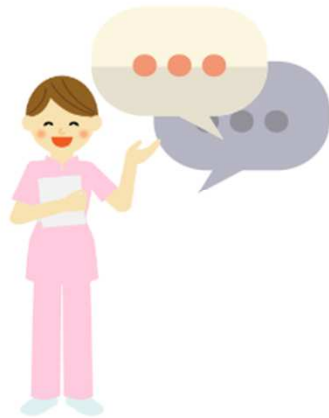
Design supports parent connection; mum friendships



Money flows to match system focus "becoming a family"



Restored maternity staff and team resilience



Design puts midwives in control; engages frontline staff in change and improvement



New measures of what matters

Phase 3 – Key Themes

- **The importance of healing history**
- **Overarching Principles**
 - Safe births
 - Equality and sustainability across the county
 - Everyone being treated with respect and as an equal
 - Family and community centred care
 - A more social and less medical model of care
 - Partnership working
 - Maternity staff being fully involved in care model development

Phase 3 – Key Themes

- Specific elements of the care model

- Midwife led care to support families to thrive
- Midwife led care is relationship-centred and builds community
- Midwife led care responds to a ‘family centred plan’
- Midwife led care responds proactively and equally to physical and mental health issues
- Midwife led care is provided in the heart of the community
- Support early in pregnancy
- Great perinatal mental health support
- Review risk classifications and management of high risk women
- A safe, familiar place to give birth
- Great postnatal care for everyone
- Well supported, trained staff; new workforce models
- Improved communication and joint working
- A model built on evidence and best practice
- New outcomes and measures of impact

MLU Review – Next Steps

Proposed model is in development
(bringing together the findings from Phases 1,2 and 3)

Proposed model due to be presented at CCG Boards in December
(Shropshire) and January (Telford & Wrekin)

Any Questions?



Fiona Ellis

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