



Shropshire Council  
Legal and Democratic Services  
Shirehall  
Abbey Foregate  
Shrewsbury  
SY2 6ND

Date: 19 January 2018

**Committee:  
Health and Adult Social Care Overview and Scrutiny Committee**

**Date: Monday, 29 January 2018**

**Time: 10.00 am**

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

You are requested to attend the above meeting.  
The Agenda is attached

Claire Porter  
Head of Legal and Democratic Services (Monitoring Officer)

**Members of Health and Adult Social Care Overview and Scrutiny Committee**

Karen Calder

Tracey Huffer

Madge Shineton

Heather Kidd

Roy Aldcroft

Paul Milner

Gerald Dakin

Pamela Moseley

Simon Harris

Paul Wynn

Your Committee Officer is:

**Amanda Holyoak** Committee Officer

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# AGENDA

## **1 Apologies for Absence and Substitutions**

## **2 Disclosable Pecuniary Interests**

Members are reminded that they must not participate in the discussion or voting on any matter in which they have a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

## **3 Minutes of the Meeting held on 20 November 2017**

To confirm the minutes of the meeting held on 20 November 2017, attached marked: 3

## **4 Public Question Time**

To receive any public questions or petitions from the public, notice of which has been given in accordance with Procedure Rule 14. The deadline for this meeting is 10.00 am on Friday 26 January 2018.

## **5 Member Question Time**

To receive any questions of which members of the Council have given notice. Deadline for notification for this meeting is 10.00 am on Friday 26 January 2018.

## **6 Midwife-Led Units (Pages 1 - 22)**

To confirm the recommendations of the Maternity Services Task and Finish Group (report attached) and receive an update on the Shropshire, Telford & Wrekin Midwifery Led Services Review - report from Shropshire CCG is also attached

## **7 Housing and The Local Plan**

To consider a report on Housing and the Local Plan, *to follow*.

## **8 Community Pharmacy (Pages 23 - 30)**

To consider the consultation on the draft Pharmaceutical Needs Assessment for Shropshire, report and executive summary attached marked 8. The full consultation document is available from: [www.shropshiretogether.org.uk/shropshire-pharmacy-needs-assessment/](http://www.shropshiretogether.org.uk/shropshire-pharmacy-needs-assessment/)

## **9 Future Work Programme (Pages 31 - 32)**

To consider the future Work Programme of the Committee, attached



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Committee and Date	Item
Health Overview and Scrutiny Committee	
29 January 2018	
10.00 am	

## Shropshire Health and Adult Social Care Overview and Scrutiny Committee Maternity Task and Finish Group

### Responsible Officer:

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### 1. Summary

This covering report provides a summary of the report received by the Health and Adult Social Care Overview and Scrutiny Committee (HOSC) in September 2017 from the maternity task and finish group. It also includes a summary of the proposal for Midwife Led Units (MLU) following the MLU review undertaken by Shropshire and Telford and Wrekin Clinical Commissioning Groups (CCG's).

#### 1.1 Background:

The HOSC maternity task and finish group was set up following the announcement of the closure of the County's Midwifery Led Units for a period of three to six months due to staffing shortages, and the adverse reports of some aspects of standards of care in maternity service. The group met during August and September and took into consideration evidence provided by SATH Maternity services, Shropshire CCG, Public Health, Royal College of Nursing, Royal College of Midwives, GP's in North and South Shropshire, parents and other interested individuals.

#### 1.2 Summary of the Evidence provided

- Currently the maternity service at SATH has 160 WTE midwives but work to 171 WTE. Vacancy rate runs at 17-20% however, it is important to note that these are staff not available for shift not vacancies.

- SATH confirmed that they have recently recruited to 12 WTE Band 5 midwives. Some of these who have already completed part of the required 2 years preceptorship to enable them to progress to Band 6.
- This additional recruitment will only take them up to previous staffing levels and not to the level that is recommended in the national Birth Rate Plus report.
- Only Band 6 and 7 midwives work within the freestanding MLU's due to the experience required to practice in this area. Band 5's do work within the alongside MLU with a minimum of Band 6 midwife preceptor.
- Temporary contracts are only given to cover maternity leave and long term sick leave
- Agency staff are not used as it is difficult to assess experience and any risks this may pose. Staff already working within the service taking on additional hours work additional hours.
- SATH are looking at upskilling band 3 staff to enable them to progress to band 4 as this will then enable greater flexibility within the workforce and free midwives time.
- Currently maternity services are unable to access theatre staff to "scrub" for caesarean sections which impact on the availability of midwives.
- SATH confirmed that current maternity tariff does not cover the funds required to implement Birth Rate Plus staffing recommendations.
- The maternity tariff does not take into account the additional costs required to provide services within a rural area. Department of Health figures indicate that clinical staff in rural areas can have up to five times the travel time between patients when compared to urban areas.
- RCM and RCN confirmed that there is a national shortage of approximately 3500 midwives. Commissioning for student places has remained consistent but the take up of these places has declined.
- Profile of the midwifery workforce showed that this is an ageing profession with a decrease in the number of midwives under the age of 50 and an increase in those 50-60 years. SATH confirmed that this profile is similar in their workforce.
- The removal of the nursing and midwifery bursary has seen an impact on the uptake of university places and the full impact of that has not yet been realised as it was only implemented in September 2017.
- The availability of student accommodation may assist in encouraging people taking up university places.
- Currently there are no Return to Practice courses available locally. Such courses would enable qualified staff who have been away from clinical practice to renew their career.

- NHS England have charged each area to set up a Local Maternity Systems Programme Board to develop and action plan for the transformation of maternity services to meet the recommendations of Better Births by October 2017. The timeline for transformation is 2020 as part of the five-year forward plan. This also links into the wider Sustainability and Transformation Partnership (STP). There are 3 main work streams within the plan; service configuration, health and well-being and perinatal mental health. There are a further three cross cutting themes: workforce, digital roadmap and maternity voices partnership.
- Shropshire CCG is currently undertaking a review of the MLU's in Shropshire and Telford and Wrekin in light of the recent closures. The results of phase 1 of the review can be found in appendix 1. Phase 2 of the consultation is still underway and therefore unavailable currently.
- Efficiencies within the service could potentially be made through the implementation of technology e.g. electronic pregnancy health records, apps etc. however several times the issues of connectivity in rural areas has been highlighted as a barrier.

### **1.3 Conclusions from the evidence provided to the Task and Finish Group**

- Evidence from the Royal Colleges of Midwifery and Nursing has identified that there is a significant recruitment and retention problem in midwifery posts. Several factors are affecting this problem. 1. The Government's cap on nursing and midwifery salaries has meant that it has fallen behind inflation by 14%. 2. The Government's ending of the Bursary Scheme for under graduate courses has led to a reduction in entries to courses. 3. There has been a significant reduction in the number of overseas midwives seeking posts in the UK.
- Information provided by SATH highlights the maternity tariff limitations when providing a service in a rural geographical area.
- SATH are moving forwards to increase the number of midwives within the service and also to upskill other support staff.
- Using technology may help to alleviate some of the demands on midwives time.

### **1.4 Summary of proposals for MLU's following review**

The removal of the student bursary is seen as a key barrier to attracting people to train as midwives. At the time the Task and Finish Group completed its report, the recommendations on midwife led units across Shropshire was

unavailable. This has however now been released. In summary, the proposed model of care is as follows:

There will be a minimum of 5 maternity hubs across Telford and Wrekin which will all be available for a minimum of 12 hours per day for planned maternity care. The proposed hubs will be in Telford, Shrewsbury, Bridgnorth, Ludlow and Oswestry. There will also be a midwifery triage available 24/7 for labour advice and support.

## **Pregnancy**

The hubs will provide:

- Antenatal care from midwife and women's services assistants
- Planned obstetrician appointments
- Scanning and fetal monitoring
- Antenatal assessment and CTG
- Support with emotional and mental health and long term conditions during pregnancy
- Information and advice on pregnancy, parenthood and birth options
- Healthy lifestyle services
- Peer support

## **Birth**

Birth options include:

Consultant led birth at PRH

Alongside MLU at PRH

Freestanding MLU at RSH

Home Birth

Settings over the borders

MLU's will also act as maternity hubs for antenatal and postnatal care

Women will be fully involved in making decisions

Up to date electronic information available for staff and women

Women and staff have a say in decisions re services and service improvement/development

Model is designed to increase the number of MLU births

## **Postnatal**

Inpatient stay will be available at PRH

Community midwives and WSA's 24/7

The 5 maternity hubs will provide:

- Postnatal care from MW



- Support and advice in relation to baby care, feeding, long term medical conditions postnatally, confidence building and bonding and emotional and mental health
- Newborn checks and screening
- Drop in and planned access 12 hours/day
- Space for reflection on birth experience
- Peer support
- Healthy lifestyle services
- Information and advice re parenthood including postnatal groups and life skills

## 2. Recommendations

- SaTH should consider incentive measures to attract midwives to seek employment with the Trust.
- Shropshire CCG should review the commissioning of Maternity Services in the light of the most recent national clinical guidance
- Shropshire Council should investigate the merits of developing a housing scheme which incentivises and enables midwifery staff/key workers to move to Shropshire or the provision of student accommodation for nursing and midwifery students.
- Issues of providing services in a rural area should be raised at Government level through local MP's.
- To explore the use of IT to enhance efficiencies. It should be noted that although there are some connectivity issues within the County that this should not preclude these being explored and implemented where possible.
- Shropshire Council should explore with SATH the option of accessing the Council WiFi network.
- SATH to explore the options around upskilling staff to Band 4 and also Return to Practice courses.
- Maternity services to seek further control around the use of theatre staff for caesarean sections.
- As the review of MLU's has not been completed prior to this report then the Health Overview and Scrutiny Committee should seek to review this on completion.
- The Health Overview and Scrutiny Committee should seek to invite representatives from SATH maternity services to update on their progress in approximately six months.
- The Health Overview and Scrutiny Committee should seek to review the Local maternity Systems action plan when available.

## 5. Background

The HOSC maternity task and finish group was set up following the announcement of the closure of the County's Midwifery Led Units for a period of three to six months due to staffing shortages, and the adverse reports of some aspects of standards of care in maternity service. The group met during August and September and took into consideration evidence provided by SATH Maternity services, Shropshire CCG, Public Health, Royal College of Nursing, Royal College of Midwives, GP's in North and South Shropshire, parents and other interested individuals.

### **List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

Better Births. Improving Outcomes for Maternity Services in England. A Five Year Forward View for maternity care. National Maternity Review at <https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

Shropshire , Telford and Wrekin Midwife Led Unit (MLU) Review : Proposed Service model at <http://www.shropshireccg.nhs.uk/media/1079/gb-2017-12274-mlu-proposed-model-presentation.pdf>

Birth rate Plus Report The Shrewsbury and Telford Hospital NHS Trust at <https://www.sath.nhs.uk/wp-content/uploads/2016/08/Birth-Rate-plus-final-report.pdf>

Interim Report of Maternity Services Task and Finish Group – Shropshire Health and Adult Social Care Overview and Scrutiny Committee  
25 September 2017

**Cabinet Member (Portfolio Holder)**  
Councillor Lee Chapman

**Local Member**  
n/a

**Appendices**

## **Update on the Shropshire, Telford & Wrekin Midwifery Led Services Review**

A proposal for a new service model for Midwifery Led Services across the County has been presented and approved for consultation by the Boards of Shropshire Clinical Commissioning Group and Telford Clinical Commissioning Group.

This new proposed service model aims to improve the clinical and financial sustainability of midwifery led care as well as improving access to services and outcomes for women and their families.

### **Outline of the new proposed model of care**

There was an inconsistent offer for women with each MLUs offering different services and a key part of the new proposed model aims to address this through the introduction of maternity hubs. These hubs would aim to ensure woman have access to the same type of services closer to home. They would also include a more extensive range of services than those currently offered through MLUs and include:

- Antenatal and postnatal care from a midwife and support from women's support assistants
- Planned appointments with an obstetrician
- Scanning and fetal monitoring
- Antenatal day assessment, including CTG (where a baby's heart rate and movements are monitored)
- Drop in service or planned access during a 12 hour period
- Support with confidence building and bonding
- Support with feeding and practical baby care
- A space for women and their families to reflect on the birth experience
- Newborn checks and screening
- Support with emotional wellbeing and mental health
- Support with long term conditions during pregnancy
- Healthy lifestyle services - including smoking cessation and weight management services
- Information and advice about pregnancy and parenthood
- Information and advice about birth options
- Peer support

Under the proposal, there would be no inpatient births at the Ludlow, Bridgnorth and Oswestry MLUs but the new model would continue to offer a full range of birth options within the County. This is good practice and currently only happens in 22% of health trusts and health boards across England, Wales and Scotland.

In Shropshire, Telford and Wrekin, there will continue to be the full range of births at:

- A Consultant Led Unit
- An Alongside Midwife Led Unit (on the same site as the consultant led unit)
- A Freestanding Midwife Led Unit (not on the same site as the consultant led unit)
- Home

In addition, it is proposed that midwives and women's support assistants will be available 24/7 for advice and support either over the phone, in person, or through video call. This will also include a responsive triage service to assess women in labour and to judge progress as accurately as possible so they get to their chosen place of birth on time.

### **Next Steps**

The CCGs is in discussion with the Consultation Institute and is also seeking guidance from NHS England on any necessary assurance processes that may be required before going out to public consultation.

**Midwife Led Unit (MLU) Review Proposed Changes Summary Table**

**29.11.2017 for Proposed Service Model Briefings Information Pack**

Current Provision	Proposed Service Model
<b>Before pregnancy</b>	
<p>All women have access to universal public health services relating to healthy lifestyles. Women with a specialist need have access to mental health services provided by South Staffordshire and Shropshire NHS Foundation Trust (SSSFT).</p>	<p>As a woman, I ...</p> <ul style="list-style-type: none"> <li>- Can easily access information and support to help me be healthy during pregnancy</li> <li>- Have easy access to support with my emotional wellbeing in relation to my experience of getting pregnant/trying to get pregnant</li> <li>- May access services from a range of professionals, such as GPs, mental health services, fertility services and the early pregnancy service who work closely together to ensure that my needs and experiences are well understood.</li> <li>- Can easily access information on-line as well as being able to take part in peer support networks if I want to share my experience.</li> </ul> <p>As staff, I ...</p> <ul style="list-style-type: none"> <li>- Am working to new improved pathways and have access to joint training and information sharing to enable me to work better with other services.</li> <li>- Can easily access more information on line and train with others I work with, even if they are not in the same service/organisation as me.</li> <li>- As a midwife, although I don't work directly within pre-pregnancy services, I get information from these services to enable me to support women well during pregnancy and beyond.</li> </ul> <p><u>Commissioner notes</u></p> <p>The aim of this change is to improve the health of women in pregnancy. This will lead to a greater number of midwife led births as well as improving longer term health outcomes for women and their families.</p> <p>These services sit outside of the scope of the MLU review, but are included here for completeness as the importance of good, joined up care and support before pregnancy was raised during this review. This proposal will be put forward to the Local Maternity System (LMS)<sup>1</sup> for action.</p>

<sup>1</sup> The national review of maternity services 'Better Births' required each area in England to bring providers and commissioners together to operate as local maternity systems, to lead the transformation required in maternity services. Our local LMS is the Shropshire, Telford and Wrekin LMS. The MLU review is part of the transformation that will be delivered by the Shropshire, Telford and Wrekin LMS.

<b>Pregnancy</b>	
<p>Access to services is unclear and disjointed, with some women accessing services via their GP and some contacting maternity services directly.</p> <p>Women receive antenatal care from community midwives, from a range of locations across the county, including 5 MLUs<sup>2</sup> (1 x Alongside (AMU), 4 x Freestanding (FMU)) and 2 community bases.</p> <p>Ultrasound scanning is available in MLUs in most parts of the county.</p> <p>Day Assessment is available in MLUs in some parts of the county.</p> <p>Obstetric clinics are available in MLUs in some parts of the county.</p> <p>Women with an identified mental health need receive support through a specialist service provided by SSSFT.</p>	<p>As a woman, I ...</p> <ul style="list-style-type: none"> <li>- Register myself with maternity services early in pregnancy, through a single phone number</li> <li>- Am given access to a range of information available in a format that suits me. Information will include details about the services that are available (including emotional health and wellbeing services), planned appointments and what I should expect/need to do at each stage of my pregnancy.</li> <li>- Have access to care in pregnancy from a range of locations across the county including MLUs and maternity hubs.</li> <li>- Can get to my nearest maternity hub easily by car or public transport and services at the maternity hubs will be available at times which suit me. The services available at the maternity hub nearest to me are the same as the services available in other maternity hubs.</li> <li>- Am connected with other women who have a similar due date as me from early in my pregnancy, if I want to be.</li> <li>- Create a 'becoming a family plan' with my midwife that is flexible and describes the support and help I and those who support me need.</li> <li>- Receive care that plans for me to give birth in a midwife led setting (midwife led unit or home birth) of my choice, unless it is not safe for me or my baby, or I choose to give birth in a consultant led setting for other reasons.</li> <li>- Get to know the place where I plan to give birth and meet the midwives who are likely to deliver my baby.</li> <li>- Will not need to make a decision about where I give birth until later on in my pregnancy in the late second or third trimester<sup>3</sup>.</li> <li>- Have access to advice and support from a midwife 24/7, including seeing a midwife in person, by video call or speaking to them over the phone. This will include an excellent triage service available 24/7 that I ring when I think I'm in labour to help to ensure that I get to my chosen place of birth on time.</li> <li>- Fully understand any decisions that need to be made about the care for me and my baby. I have a say and feel fully involved in making those decisions, including when unexpected things happen.</li> <li>- Have access to up to date information about my care electronically.</li> <li>- Have a say in decisions about the service, including service improvements.</li> </ul> <p>As staff, I ...</p> <ul style="list-style-type: none"> <li>- Am part of a team with a mix of skills. As a midwife, I will have a caseload that is in line with national</li> </ul>

<sup>2</sup> There are two different types of Midwife Led Unit (MLU): An Alongside MLU (AMU) is on the same site as a Consultant Led Unit. A Freestanding MLU (FMU) is not on the same site as a Consultant Led Unit.

<sup>3</sup> Pregnancy is typically broken into three periods, or trimesters, each of about three months. Each trimester is defined as 14 weeks, for a total duration of 42 weeks, although the average duration of pregnancy is 40 weeks.

	<p>guidance. As a maternity support worker<sup>4</sup>, I will assist midwives with tasks such as routine blood tests, urine testing and weight measurements.</p> <ul style="list-style-type: none"> <li>- Have strong links and excellent information sharing with others involved in the care of the women receiving maternity services, including local GPs.</li> <li>- Have access to up to date electronic information about women who are accessing the services.</li> <li>- Feel well supported by my manager and the organisation I work for.</li> <li>- Have a say in decisions about the service, including service improvements.</li> </ul> <p><u>Commissioner notes:</u></p> <p>The maternity hubs will ensure that women across the county have equal access to services close to home. Women will have improved access to a range of services related to pregnancy – they can access them from the same place and the way the service is delivered will enable women to build relationships with other women accessing the services.</p> <p>It is proposed that there are at least 5 maternity hubs across the county which will be available for at least 12 hours a day for planned midwifery led care. It is proposed that there will be at least one maternity hub in at least each of the following areas:</p> <ul style="list-style-type: none"> <li>- Telford</li> <li>- Shrewsbury</li> <li>- Bridgnorth</li> <li>- Ludlow</li> <li>- Oswestry</li> </ul> <p>It is proposed that the same types of service are available at each maternity hub, including:</p> <ul style="list-style-type: none"> <li>- Antenatal care from a midwife</li> <li>- Support from women's services assistants</li> <li>- Planned antenatal appointments with an obstetrician</li> <li>- Scanning and fetal monitoring for all trimesters (not including labour)</li> <li>- Antenatal day assessment, including CTG<sup>5</sup> monitoring</li> <li>- Support with emotional wellbeing and mental health</li> <li>- Support with long term conditions during pregnancy</li> <li>- Healthy lifestyle services, including smoking cessation and weight management services</li> <li>- Information and advice about pregnancy and parenthood including antenatal classes/groups, breastfeeding,</li> </ul>
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<sup>4</sup> Maternity Support Workers are also referred to as Women's Services Assistants in Shropshire, Telford and Wrekin. This is the role that supports midwives in caring for women and their babies.

<sup>5</sup> A Cardiotocograph (CTG) is a machine that records the fetal heartbeat, movements and the contractions of the uterus during pregnancy.

	<p>baby care and life skills such as budgeting and cooking</p> <ul style="list-style-type: none"> <li>- Information and advice about birth options</li> <li>- Peer support networks, where women and their family can link in with others if they want to, to share experiences. This could be through 'drop in' café's or online networks</li> </ul> <p>Services will be more sustainable through more integrated working and improved skill mix within the midwifery led care service. In addition, service availability will be shaped around local demand and activity. The staffing model will require fewer midwives to 'staff' maternity hubs, enabling more midwives to be able to flexibly respond to demand.</p> <p>Services will be close to home for women and more joined up. Local services will be available at times that suit them.</p>
<b>Birth</b>	
<p>Women have a full choice of birth options, delivered through:</p> <ul style="list-style-type: none"> <li>- 1 x consultant led unit (Princess Royal Hospital, Telford)</li> <li>- 1 x AMU (Princess Royal Hospital, Telford)</li> <li>- 4 x FMU (Bridgnorth, Ludlow, Oswestry, Shrewsbury)</li> <li>- Home Birth</li> </ul>	<p>As a woman, I ...</p> <ul style="list-style-type: none"> <li>- Have a full range of birth settings to choose from (Consultant led unit, Alongside Midwifery Led Unit, Freestanding Midwifery Led Unit and Home Birth). The choice of birth settings includes places over the Shropshire border, which may be more convenient for me.</li> <li>- Will be with appropriate health professionals in time and at a place appropriate to my needs.</li> <li>- Know that wherever possible, professionals will do what they can to enable me to have a birth that closely aligns with my 'becoming a family plan' so that I have a safe, positive birth experience that supports a great start to family life.</li> <li>- Have 1:1 care in labour.</li> <li>- Am likely to know the midwives delivering my baby.</li> <li>- Fully understand any decisions that need to be made about the care for me and my baby. I have a say and feel fully involved in making those decisions, including when unexpected things happen.</li> <li>- Have access to up to date information about my care electronically.</li> <li>- Have a say in decisions about the service, including service improvements.</li> </ul> <p>As staff, I...</p> <ul style="list-style-type: none"> <li>- Am part of a team with a mix of skills. As a midwife, I will deliver 1:1 care in labour. I will be confident that appropriate processes are in place to ensure that women get to their chosen place of birth on time wherever possible. I have a caseload that is in line with national guidance.</li> <li>- As a maternity support worker, I will assist midwives as required and support the mother during labour.</li> <li>- Have strong links and excellent information sharing with others involved in the care of the women receiving maternity services, including local GPs.</li> <li>- Have access to up to date electronic information about women who are accessing the services.</li> <li>- Feel well supported by my manager and the organisation I work for.</li> </ul>



	<ul style="list-style-type: none"> <li>- Have a say in decisions about the service, including service improvements.</li> </ul> <p><u>Commissioner notes:</u></p> <p>In the proposed model, women will be able to give birth at the Consultant-led unit at Princess Royal Hospital (PRH), at the Alongside Midwife Led Unit at Princess Royal Hospital, a Freestanding Midwife Led Unit in Shrewsbury and at Home. The MLUs in Telford and Shrewsbury may also act as the maternity hubs for antenatal and postnatal care.</p> <p>There will be improved pathways with maternity services over the border to facilitate easier access to services in those areas for women choosing to do so.</p> <p>This proposed model is designed to increase the number of midwife-led births by: Over time, improving the health of women during pregnancy; Changing pathways in antenatal care so that all women receive care that plans for a midwife led birth, unless this won't be safe for the woman or her baby, or she chooses consultant led care for another reason; enabling women during pregnancy to get familiar with the midwife led units and the staff who work there; enabling women to make a decision about their preferred place of birth later in pregnancy; moving the alongside midwifery led unit closer to the consultant led unit in order for a different level of risk to be safely managed.</p> <p>Clinical and Financial sustainability will be improved through more effective use of skill mix within teams. Whilst maintaining a full choice of birth options within county, reducing the number of MLUs will enable staffing to be deployed more effectively in line with demand.</p> <p>The current AMU, whilst technically an AMU as it is on the same site as the consultant unit, is not close enough to the consultant led unit for a greater level of risk to be safely managed. Consideration needs to be given to re-locating the AMU closer to the consultant led unit in order to seek to increase midwife led births.</p>
<b>Postnatal</b>	
<p>Women have access to inpatient postnatal care in MLUs as well as the consultant led postnatal ward and as outpatients at home.</p>	<p>As a woman, I ...</p> <ul style="list-style-type: none"> <li>- Am given access to a range of information available in a format that suits me. Information will include details about the services that are available including emotional health and wellbeing services, planned appointments and what I should expect/need to do during the postnatal stage.</li> <li>- Have access to care postnatally from a range of locations across the county including MLUs and maternity hubs.</li> <li>- Can get to my nearest maternity hub easily by car or public transport and services at the maternity hubs will be available at times which suit me. The services available at the maternity hub nearest to me are the same as the services available in other maternity hubs.</li> <li>- Have access to advice and support from a midwife 24/7, including seeing a midwife in person, by video call or speaking to them over the phone.</li> <li>- Have access to a range of support and can include my partner in this, including support with: <ul style="list-style-type: none"> <li>▪ Emotional Wellbeing and Mental Health</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>▪ Physical Wellbeing and recovery from birth</li> <li>▪ Feeding my baby</li> <li>▪ Gaining confidence; transitioning well to family life</li> <li>▪ Bonding with and attachment to baby (including immediate family – father and siblings where relevant)</li> <li>▪ Gaining skills to help me care for my baby (practical advice)</li> </ul> <ul style="list-style-type: none"> <li>- Have a safe space I can go to, where I feel comfortable to spend time reflecting on the birth experience.</li> <li>- Am connected with other women who have babies of a similar age to mine and am linked in to peer support networks, if I want to be.</li> <li>- Can have a postnatal inpatient stay on the postnatal ward if I need it after I have given birth.</li> <li>- Fully understand any decisions that need to be made about the care for me and my baby. I have a say and feel fully involved in making those decisions, including when unexpected things happen.</li> <li>- Have access to up to date information about my care electronically.</li> <li>- Have a say in decisions about the service, including service improvements.</li> <li>- Understand how to access further advice and support after my baby is 10 days old.</li> </ul> <p>As staff, I ...</p> <ul style="list-style-type: none"> <li>- Am part of a team with a mix of skills. As a midwife, I will have a caseload that is in line with national guidance. As a maternity support worker, I will assist midwives in supporting women with things such as feeding, bonding and practical tasks.</li> <li>- Have strong links and excellent information sharing with others involved in the care of the women and their babies, including local GPs.</li> <li>- Have access to up to date electronic information about women who are accessing the services.</li> <li>- Feel well supported by my manager and the organisation I work for.</li> <li>- Have a say in decisions about the service, including service improvements.</li> </ul> <p><u>Commissioner notes:</u></p> <p>It is proposed that a team of community midwives and women's support assistants will be available 24/7 to offer advice and support after the woman has given birth (this will be available from as soon as the mother returns home, or as soon as the midwife who delivered the baby at home has left). This support and advice will be available either in person, through a video call, or over the phone.</p> <p>Excellent postnatal care will be available consistently across the county. Clinical and Financial sustainability will be improved through more effective use of skill mix within teams and with staffing configuration better matching service demand.</p> <p>It is proposed that there are at least 5 maternity hubs across the county which will be available for at least 12 hours a</p>
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day for planned midwifery led care. It is proposed that there will be at least one maternity hub in at least each of the following areas:

- Telford
- Shrewsbury
- Bridgnorth
- Ludlow
- Oswestry

A range of other different services will also be available at the maternity hubs. The same services will be available in each of the maternity hubs at times which suit women accessing the services. Services available will include;

- Postnatal care from a midwife
- Support from women's services assistants
- Newborn checks and screening
- Drop-in service or planned access during a 12 hour period to enable support, for example with feeding, confidence building, baby care skills
- A space for women and their families to reflect on the birth experience
- Support with emotional wellbeing and mental health
- Support with confidence building and bonding
- Support with feeding
- Support with long term conditions postnatally
- Healthy lifestyle services
- Information and advice about parenthood including postnatal groups, infant feeding, baby care and life skills such as budgeting and cooking
- Peer support networks, where women and their family can link in with others if they want to, to share experiences. This could be through 'drop in' café's or online networks

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**Shropshire, Telford and Wrekin proposed model of midwifery led care.  
Question and Answer sheet  
29 November 2017**

Question	Answer
<b>1. Why do we need to change – why can't we keep services as they are?</b>	<p>This review took place as service users and Shrewsbury and Telford Hospital NHS Trust had raised concerns regarding the current way midwife led services are delivered.</p> <p>The review has found that the way the current service model is designed does not match the needs and choices of the women accessing maternity services. This means that the right staff with the right skills are not always in the right place at the right time. In addition, the availability of services across the county varies – different kinds of services are available in different places, so the consistency of provision and equity of access needs to improve.</p>
<b>2. Does this new model meet the requirements of the national maternity strategy 'Better Births'?</b>	Yes. 'Better Births' has been the foundation for the development of the model and how it should be implemented. The proposed model will meet all the requirements of Better Births.
<b>3. Isn't this all just about saving money?</b>	The provider reports that maternity services cost more to run than the income they receive. However, the review has found that finance alone should not be a driver for this review, rather, the recommendations should look at how to get the services working as efficiently as possible, to get best use of funds, staff and assets with the main drive being clinical sustainability, right care, and best value.
<b>4. Will I still be able to have midwife led care close to where I live?</b>	Yes. Community midwives will continue to provide services close to where you live, either through the maternity hubs or other locations in the community such as GP practices as well as in your home. The model has been designed, with mothers and staff, specifically to give more people access to a broader range of services closer to home, for example scanning and CTG monitoring (where the baby's heart rate and movements is monitored).
<b>5. What will be available from the maternity hubs?</b>	<p>Before pregnancy, staff from a range of services in the maternity hubs will offer advice and support about being healthy before and during pregnancy.</p> <p>In addition, women accessing any of the maternity hubs will have access to the same types of services, including:</p> <ul style="list-style-type: none"> <li>- Antenatal and postnatal care from a midwife</li> <li>- Support from women's services assistants (also sometimes referred to as maternity support workers)</li> <li>- Planned antenatal appointments with an obstetrician</li> <li>- Scanning and fetal monitoring throughout pregnancy (not including labour)</li> </ul>

	<ul style="list-style-type: none"> <li>- Antenatal assessment including CTG monitoring (where the baby's heart rate and movements is monitored)</li> <li>- Postnatal day care for women and their families</li> <li>- Support with emotional wellbeing and mental health</li> <li>- Support with long term conditions in pregnancy and postnatally</li> <li>- Healthy lifestyle services, including smoking cessation and weight management classes</li> <li>- Information and advice about pregnancy and parenthood, including antenatal classes/groups, breastfeeding, baby care and life-skills such as budgeting and cooking</li> <li>- Information and advice about birth options</li> <li>- Peer support networks, to share experiences. This could be through 'drop in' café's or online networks for example.</li> </ul>
<p><b>6. Where will the maternity hubs and MLUs be?</b></p>	<p>It is essential that Maternity Hubs will be located in places that are easily accessible by car and public transport. It is proposed that they will be in at least the following areas; Bridgnorth, Ludlow and Oswestry with the MLUs in Shrewsbury and Telford also potentially acting as the maternity hubs for those areas. The model does not include specific proposals around the buildings in which the maternity hubs will be delivered. This will be decided at a later date.</p>
<p><b>7. Why did you decide to make Bridgnorth, Ludlow and Oswestry MLUs a 12 hour service without births and postnatal stay?</b></p>	<p>When we looked at the number of births across the county and the postnatal beds occupied overnight, the numbers in Bridgnorth, Ludlow and Oswestry were very low. Out of around 5,000 births each year across Shropshire, Telford and Wrekin only around 150 (about 3%) happen in Bridgnorth, Ludlow and Oswestry. That is less than a total of three a week across these units.</p> <p>The postnatal beds within MLUs are not well utilised. Wrekin MLU sees more activity, but on average across the other four MLUs, around 21% of the available postnatal beds are used in a year– that's less than ¼ . Although the women who access inpatient postnatal care at these units value it highly, the majority of women don't or can't access it.</p> <p>The new model takes what women have said is most important to them and has made this available in a different way through a broader range of services being more accessible and consistently available for all women and their families close to home.</p> <p>By changing some of the existing MLUs to 12 hour maternity hubs we are confident it will give women and staff more stability and a much more comprehensive and flexible service.</p>

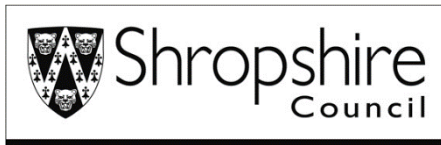
<p><b>8. I work in maternity services. What kind of hours/shift/on call pattern will I be expected to work under the proposed new service model?</b></p>	<p>The proposed model doesn't define how the provider organises its workforce. There are lots of different ways that the proposed new model could be implemented with regards to the working patterns of staff. It will be the service provider's responsibility to decide how the proposed service model is implemented. This level of detail will not be known until a later date. However, through the wider work of the Local Maternity System (the group of organisations leading transformation in maternity services) the service provider will be supported to work in co-production, which will mean that you will be fully involved in any decisions relating to this.</p>
<p><b>9. Lots of women and their families love the services currently provided at the rural MLUs, aren't you ignoring them?</b></p>	<p>We have worked closely with women and their families throughout this review. We have particularly taken time to understand what women most value with regards to the services provided at MLUs and have included this in the proposed new model where possible.</p>
<p><b>10. There isn't much detail in the service model about where the maternity hubs will be, during which hours they will be open and how they will be staffed – why isn't this level of detail in the proposed service model?</b></p>	<p>How the proposed service model is staffed and the specific details around service delivery will be the decision of the service provider. As commissioners, Shropshire CCG and Telford and Wrekin CCG will set out the key principles of the service model and the outcomes that the service will need to meet for women and their families as well as staff. It will be the service provider's responsibility to ensure that an appropriate way of staffing the requirements of the service model is in place in order to meet the needs of those accessing the service.</p>
<p><b>11.If there are no inpatient beds at the Maternity Hubs and MLUs, where will I go if I need inpatient care when I am pregnant?</b></p>	<p>The Maternity Hubs and MLUs will offer day assessment during pregnancy. If you need an inpatient stay during pregnancy, you will be cared for on the antenatal ward at Princess Royal Hospital.</p>
<p><b>12.What if I need urgent help overnight?</b></p>	<p>Midwives will still be available to give advice and support 24/7. In the new model as well as midwives providing support either in person or over the phone it is proposed that they will also be able to support and advise women via video call, where appropriate.</p>
<p><b>13.I live a long way from Shrewsbury and Telford, will I have to go all the way there in the middle of the night to have my baby?</b></p>	<p>You will have a range of options with regards to where you choose to have your baby. Depending on what is safe for you and your baby this may include the consultant led unit at Princess Royal Hospital, an alongside MLU at Princess Royal Hospital, a freestanding MLU in Shrewsbury or a home birth. In addition we are building better links with maternity services outside of Shropshire in order for those living a distance from Shrewsbury and Telford to more easily access services outside of the county which may be closer or more convenient for them.</p>
<p><b>14.I am worried that I won't be able to get to the hospital on time.</b></p>	<p>This is an understandable concern. During pregnancy your midwife will ensure that you know what to do if you need advice when you think you're in labour and plan with you your journey to your chosen place of birth. The much more flexible and comprehensive model we are proposing will also improve</p>

	the assessment of women who think they are in labour to help to ensure that women get to their chosen place of birth in time.
<b>15. I am a midwife. If we don't have 24/7 MLUs in Bridgnorth/Ludlow/Oswestry anymore, how can we be sure that women get midwife support in time when they need us urgently?</b>	The proposed model doesn't define how the provider organises its workforce as this is the responsibility of the service provider in delivering the model. The proposed model includes Midwives being available to give advice and support 24/7. In the new model as well as midwives providing support either in person, or over the phone it is proposed that they will also be able to support and advise women via video call, where appropriate. The proposed service model will also improve the assessment of women who think they are in labour to help to ensure that women get to their chosen place of birth in time.
<b>16. Will there be space for me to have my baby, if more women are now going to the same places to give birth?</b>	In developing the proposed model, we have done a lot of work to ensure that the two bigger MLUs will be able to cope with an increase in the number of births. We have calculated how many delivery beds we need for the number of births in Shropshire, Telford and Wrekin and the proposed new model is in line with what we have calculated we need.
<b>17. I am a midwife currently working in a MLU in Bridgnorth/Ludlow/Oswestry – does this mean that I won't be involved in births anymore if I work in the maternity hub?</b>	The proposed model doesn't define how the provider organises its workforce. The way the service provider delivers the proposed model may mean that you are part of a wider midwifery team who rotate, so you may deliver home confinements, work in the alongside MLU or the freestanding MLU or indeed rotate through the obstetric unit.
<b>18. If I have my baby in an MLU at e.g. 4pm, will I be asked to leave 4-6 hours later, as the new model does not include postnatal in-patient beds in MLUs?</b>	The proposed model does not state a set recovery time after your baby is born. Your stay will be determined by what you need. You will be able to stay where you delivered your baby for a period of time after your baby is born. If you need a higher level of care or a longer stay than the MLUs can accommodate, this will be available from the postnatal ward at Princess Royal Hospital.
<b>19. Where will I receive my post-natal care?</b>	<p>After having your baby, you will be able to stay where you gave birth for a period of time before you go home. If you need a higher level of care or a longer stay than the MLUs can accommodate, this will be available from the postnatal ward at Princess Royal Hospital. In the proposed new model the MLUs will not have specific postnatal inpatient wards.</p> <p>Once you are home (or if you had a home birth, once the midwife has left), you can access postnatal care 24/7 from your community midwives. Planned postnatal care will be tailored to your needs and will include care and support delivered through home visits and the maternity hubs. The postnatal care and support available will reflect what women and their families have told us is important to them, including:</p> <ul style="list-style-type: none"> <li>- Support with feeding</li> <li>- Confidence building and help to bond with your baby</li> </ul>



	<ul style="list-style-type: none"> <li>- Support and advice around baby care</li> <li>- Time and space away from your home to reflect on your birth experience</li> <li>- Support with emotional wellbeing and mental health</li> <li>- Support with long term conditions</li> <li>- Information and advice about parenthood</li> <li>- Peer Support</li> </ul>
<b>20. What if my baby needs neonatal care – where will I stay?</b>	The postnatal ward at Princess Royal Hospital includes space for Mums to be with their babies who are receiving additional care, but don't need to be on the neonatal unit. If your baby needs to receive care on the neonatal unit you may have access to one of the three parent's rooms.
<b>21. Is there a limit to the amount of time new mums can access the hubs? For example, if they want to be there every day for 12 hours a day for the 5 days after birth just to be confident, can they choose to do that? Can they self-refer later on?</b>	This level of detail is not included within the proposed service model. It will be the role of the services working from the maternity hubs to ensure that the needs of new mums are met. This will include a discussion during pregnancy about the kind of support women and their families think they may need/want after the baby is born. This will be included in their 'becoming a family' plan. This will be different for each new mum and the detail of exactly how the needs of new mums will be met will be a decision between the mums and those providing the services.
<b>22. Won't mothers be at risk during the period of transition?</b>	The CCGs will continue to work closely with the service provider to ensure that any potential risks that may be associated with a transition are appropriately managed.
<b>23. Will there be any consultation on the proposed model or has the decision already been made?</b>	A decision has not yet been made. A period of consultation will be required before a decision is made.

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<u>Committee and Date</u>	
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Health & ASC Overview and Scrutiny Committee	
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29/01/2018	
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10.00 am	
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## Pharmaceutical Needs Assessment

**Responsible Officer** Emma Sandbach

e-mail: [Emma.sandbach@shropshire.gov.uk](mailto:Emma.sandbach@shropshire.gov.uk) Tel: 01743 253967 Fax:

### 1. Summary

The Shropshire Health and Wellbeing Board are undertaking a formal consultation on the draft Pharmaceutical Needs Assessment (PNA). The Pharmaceutical Needs Assessment (PNA) is a statutory requirement of Local Authority Health and Wellbeing Boards. The PNA will run from 18 January 2018 until the 18th March 2018 in order to comply with the statutory consultation guidelines. The PNA is a statement of the local need for pharmaceutical services and supports the commissioning of pharmacy services based on local priorities. It is used by NHS England to decide whether there is a need for new pharmacies in the area.

The consultation provides an opportunity to shape the future of pharmacy services in Shropshire. It is important that pharmacies provide high quality services for people in Shropshire, and therefore the views of pharmacists, patients and customers are important.

The draft PNA report can be accessed at the following link:

[www.shropshiretogether.org.uk/shropshire-pharmacy-needs-assessment/](http://www.shropshiretogether.org.uk/shropshire-pharmacy-needs-assessment/)

## 2. Recommendations

- A. To note that it is a statutory requirement for a public consultation to take place on the draft Pharmaceutical Needs Assessment and to provide any comments members wish to make.

## REPORT

### Background

1. The PNA draws on data from different sources including demographics, socio-economic, geographic, pharmacy activity and prevalence data. Two consultations also took place one with the community pharmacies to identify what they provided, opening hours, etc. and one developed in partnership with Shropshire Healthwatch which was asking for the views of patients and the public about local pharmacy services.

All Health and Wellbeing Boards must make neighbouring Local Authorities and Health Boards in Wales aware of the PNA Consultation to comment on services that may dispense to Shropshire patients.

The following lists are some of the findings around access and gaps from the PNA:

#### 1. *Access to pharmaceutical services*

- As at 31<sup>st</sup> December there are 52 community pharmacies in Shropshire, located throughout the county in towns, market towns and larger villages.
- The pharmacies are close to GP practices providing choice and convenience for patients.
- Most pharmacies opening times generally mirror those of the GP practices, however most pharmacies also open for at least some of the day on a Saturday. There are 9 pharmacies open on a Sunday.
- Due to the rural nature of Shropshire, many localities are supported by GP practices that dispense to their patients (18). Dispensary opening hours reflect the opening times of the practice. Dispensing doctors offer services to help fulfil the pharmaceutical needs of the patients in these areas.
- There appears to be good access to most services commissioned by Public Health in Shropshire, such as emergency hormonal contraception and smoking cessation services.

## 2. *Gaps in pharmaceutical provision*

- The distribution of pharmacies per head-of-population is similar to the national average. However there seem to be some parts of the county where there is over provision.
- There are only 5 100-hour pharmacies in Shrewsbury and North Shropshire with no provision elsewhere in the county.
- There appear to be gaps in provision in South Shropshire on Sunday evenings.
- There is a gap in provision in Shifnal as the pharmacy closes before the GP practice at 5.30. The GP practice closes at 6pm normally but also provides extended opening hours. Therefore, should a patient need a prescription dispensed after 5.30 they will need to travel to Telford.
- Some advanced services AUR and SAC are only provided by a small number of pharmacies.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
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<b>Cabinet Member (Portfolio Holder)</b>
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Councillor Lee Chapman
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<b>Local Member</b>
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n/a
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<b>Appendices</b>
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<a href="http://www.shropshiretogether.org.uk/shropshire-pharmacy-needs-assessment/">www.shropshiretogether.org.uk/shropshire-pharmacy-needs-assessment/</a>
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# Pharmaceutical Needs Assessment (PNA)

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SHROPSHIRE



## Executive Summary

### Introduction

The production and publication of a Pharmaceutical Needs Assessment (PNA) became a statutory requirement in the Health Act 2009. Following the abolition of Primary Care Trusts (PCT) in 2013 this statutory responsibility was passed to Health and Wellbeing Boards (HWB) by virtue of the National Health Service (NHS) Pharmaceutical and Local Pharmaceutical Services (Amended) Regulations 2013, which came into force on 1st April 2013.

Each HWB is required to publish its own revised PNA for its area by 1st April 2018. In Shropshire, the HWB must describe the current pharmaceutical services in the county, systematically identify any gaps, unmet needs, and in consultation with stakeholders make recommendations on future development.

The PNA is a key document used by NHS England local area teams to make decisions on new applications for pharmacies and change of services or relocations by current pharmacies. It is also used by commissioners reviewing the health needs for services within their particular area, to identify if any of their services can be commissioned through community pharmacies.

Pharmacy has much more to offer than the safe and effective dispensing of medicines. It is increasingly expanding its provision of additional clinical services, becoming a persuasive force in improving the health and wellbeing of individuals and communities, and reducing health inequalities. They are easily accessible and are often first point of contact, including for those who might otherwise not access health services.

Shropshire HWB considers community pharmacies to be a key public health resource and recognises that they offer potential opportunities to commission health improvement initiatives and work closely with partners to promote health and wellbeing. Indeed patient and public feedback has been key through the development of this PNA and one comment that is representative of many of the responses:

*“My local pharmacy provides an excellent service; always ready to help and offer advice. All staff are friendly and welcoming.”*

The consultation of the key findings and proposed recommendations is taking place from 18<sup>th</sup> January 2018 to 19<sup>st</sup> March 2018. The consultation is seeking the views of the statutory consultees, other stakeholders and members of the public on whether it addressed the issues that they consider relevant and important

### Local Context

Key demographic messages for Shropshire

- Shropshire is a diverse, large, predominately rural inland county with a wide range of land use, economic activities, employment and social conditions
- Shropshire’s population has been increasing at a faster rate (16.1%) than England (15.4%) as a whole since 1991. Much of this has been due to migration.
- Shropshire has a relatively high concentration of people in the older age groups. In 2013, about 50.5% of the County’s residents were aged 45 or over, compared to only 42.5% nationally.



- Shropshire, like most parts of the country, has an ageing population – Table 1, shows that by 2027 the current population aged 85 or over is expected to rise by 50% (10,600 to 15,900).
- There are significantly lower proportions of older people living in poverty in Shropshire compared to national figures. However, the proportion of older people living in poverty increased between 2007 and 2010. Areas in the wards of Monkmoor, Sundorne, Castlefields and Ditherington, Prees, Oswestry West have the highest proportions of older people living in poverty in Shropshire.
- In contrast the number of people aged 16-24 is projected to decrease by 2.5%, compared to a fall of 11% nationally. This age group accounts for 9.3% of the county's population compared to 12% for England.

### Access to pharmaceutical services

- There are currently 52 community pharmacies in Shropshire, located throughout the county in towns, market towns and larger villages.
- The pharmacies are close to GP practices providing choice and convenience for patients.
- Most pharmacies opening times generally mirror those of the GP practices, however most pharmacies also open for at least some of the day on a Saturday. There are 9 pharmacies open on a Sunday.
- Due to the rural nature of Shropshire, many localities are supported by GP practices that dispense to their patients (18). Dispensary opening hours reflect the opening times of the practice. Dispensing doctors offer services to help fulfil the pharmaceutical needs of the patients in these areas.
- There appears to be good access to most services commissioned by Public Health in Shropshire, such as emergency hormonal contraception and smoking cessation services.

### Current pharmaceutical provision

- The distribution of pharmacies per head-of-population is similar to the national average. However there seem to be some parts of the county where there is over provision.
- There appears to be less provision on Sundays in the South of the county.
- There are five 100-hour pharmacies which are located in Shrewsbury and the north of the county.
- Some advanced services AUR and SAC are only provided by a small number of pharmacies.
- The patient survey highlighted that communications about the specific services that community pharmacies provide and which pharmacies have signed up to provide them need to be more visible.

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## HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

### PROPOSED WORK PROGRAMME 2017 - 2018

DATE	ITEM	REASON FOR UNDERTAKING
<b>20 November 2017</b>  Deadline for reports: <u>Noon</u> Thurs 9 Nov 17	Adult Safeguarding Annual Report and Future Structure of the Board	To consider the annual safeguarding report and future structural arrangements for both Children's and Adult's Boards
	System Report - Delayed Transfers of Care	To consider dashboards regarding Delayed Transfers of Care and wider performance. A presentation will be also be made at the meeting.
	Work Programme update	The opportunity for the Committee to set out their work programme for coming meetings and task and finish group work.
<b>29 Jan 2018</b>  Deadline for reports: <u>Noon</u> Thurs 18 Jan 18	Housing and the Local Plan	To consider the different housing tenures and types of housing to meet the needs of Shropshire communities in terms of demographic and health need and access to affordable and key worker housing in all communities.
	Midwife-led Units	To take a view of the Consultation on the changes to the Mid-wife Led Units in Shropshire. (Does this need to be considered by the joint HOSC? – there probably would not be a significant change to services at PRH)
	Community Pharmacy	To understand the impact of the remuneration changes, and consider the effectiveness of online prescribing for Shropshire residents
<b>February 2018</b>  Date tbc	STP Neighbourhood Workstream, Prevention Services, and the Community Services Review	To understand how community based services from all sectors are being designed, developed and commissioned to help reduce demand on Health and Social Care services, and how this will provide the capacity and level of service in Shropshire to enable the changes to Acute Hospital services being proposed through Future Fit.
<b>26 March 2018</b>	Delayed Transfers of Care (DToC)	To revisit progress with reducing and maintaining a lower level of

## HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

### PROPOSED WORK PROGRAMME 2017 - 2018

Deadline for reports: <u>Noon</u> Thurs 15 March 18		delayed transfers of care to understand the impact of the different projects which have been implemented, and how the winter pressures have been reflected in the number of delays.  To consider IBCF and what it mean for Shropshire. What are the outcomes which need to be achieved over what timeframe?
<b>14 May 2018</b>		
<b>16 July 2018</b>		
<b>24 Sept 2018</b>		
<b>19 November 2018</b>		
<b>21 January 2019</b>		
<b>25 March 2018</b>		

Page 32

**Other topics:**

- Obesity and Joined-up strategies (Possibly joint work with Communities Overview Committee and Performance Management Scrutiny Committee)
- Half-day/One-day workshop to receive Quality Accounts from the NHS Trusts and draft the responses from the Committee