

## Questions for Health and Adult Social Care Overview and Scrutiny Committee on 29<sup>th</sup> January

1. The January 2018 meeting of the Sustainability and Transformation Partnership Board agreed a new local maternity strategy. It also agreed, on the recommendation of Simon Wright, that this document will not be made public. This is inappropriate in the context of the current MLU review and the Future Fit proposals, and could result in NHS leaders finding themselves in breach of the Gunning principles in the consultation on those proposed changes.

**Will the HOSC ensure that the new local maternity strategy is shared with its members, and also with the wider public?**

2. A 'key deliverable' of the Better Births national review is that '*Most women receive continuity of the person caring for them during pregnancy, birth and postnatally*'. This is not seen in Better Births as a luxury or optional extra. There is an evidence base that continuity is associated with a safer maternity service and better outcomes. The Better Births requirement, spelled out with particular clarity in 2017 implementation guidance, is for not just continuity of care but continuity of carer – that the same midwife typically cares for a woman throughout her 'maternity journey', and that midwives are drawn from the same small team of four to six staff where this is not achievable. It is recognised in Better Births that this is a radical change, and one which necessitates a fundamental change to staffing models.

The requirement for continuity is ignored in the current CCG review of MLUs – in the full CCG report, in the Question and Answer sheet, and in the CCG's summary of proposed changes. The closure of the three rural MLUs, requiring women in labour to travel to Shrewsbury or Telford to give birth, of course substantially *reduces* continuity of care and carer for women with low risk pregnancies. The Shropshire CCG commitment that women will be allowed to visit their planned place of delivery before labour does not in any way substitute for a woman being cared for throughout pregnancy, delivery and postnatally by the same midwife.

SaTH's current on-call model for home births also fails to provide the continuity of care (and often carer) that existed until a few months ago for many Shropshire home deliveries.

**Will the HOSC actively seek to ensure that Shropshire CCG addresses this major gap in its plans prior to *reducing* continuity by removing birthing facilities at Oswestry, Ludlow and Bridgnorth?**

**Is the HOSC confident that SaTH's on-call rota for home births is adequate to ensure a safe service and to deliver national requirements around continuity?**

3. A promise made throughout MLU review engagement events was that the outcome of the MLU review would ensure equity across Shropshire, including equity of provision to women in the North East. The proposed model fails to do this, as the proposed sites for Maternity/Community Hubs do not include the North East of Shropshire. The proposed model fails to address this inequity; instead, it increases the inequity of provision between rural and urban areas within Shropshire.

**Is the HOSC satisfied that the needs of the population in North East Shropshire are adequately met in this model?**

**Does the HOSC believe that Shropshire CCG has been sufficiently aware of the need for 'rural proofing' throughout its engagement period and in formulating its recommendations?**

**Does the HOSC have a view on the (understandable) Telford and Wrekin CCG aspiration to have two of the five proposed Hubs in the Telford and Wrekin area; one at PRH, and one to serve a socially deprived area from which access to PRH is difficult?**

4. In March 2017, the implementation guidance for Better Births recommended the establishment of independent formal multidisciplinary committees, called 'Maternity Voices Partnerships' (MVPs), to influence and share in local decision-making. The guidance is that a substantial proportion of members – at least a third - are service users, and MVPs are typically chaired by a service user. The *formal* role and independence of these bodies is emphasised; this is a very different model to the engagement approach seen during the CCG MLU review.

Initial discussions on the possible structure for a Maternity Voices Partnership began only last week. The Shropshire, Telford and Wrekin area has also lacked a functioning Maternity Services Liaison Committee, the predecessor body to a Maternity Voices Partnership.

**Is the HOSC concerned that fundamental change to maternity services is being proposed prior to the establishment of a Maternity Voices Partnership locally, and therefore without the rigorous framework and structure for both service user and clinical involvement advised by national guidance?**

5. The MLU Review proposals are uncosted. The Deputy Chair of Shropshire CCG told BBC Shropshire Radio that the plans would save money but the CCGs didn't know how much; other spokespeople for Shropshire CCG have said that this is not about saving money.

**Does the HOSC believe that the lack of clarity on cost provides both an adequate business case for the MLU proposals and a satisfactory basis for embarking on public consultation?**

6. The HOSC Task and Finish Group has in part been overtaken by events, given the publication of the CCG's MLU review proposals.

**Will the HOSC commit to playing an active role during consultation and to ensuring that it does so from a position of understanding rural proofing and committing itself to support for rural proofing of any Maternity Service outcomes?**

**Will the HOSC additionally take evidence and invite views from local people before finalising its own response to the CCG recommendations?**

7. The HOSC will know that Shrewsbury MLU remains closed for births, and will remain closed despite a planned move to Ward 20. Day time support from midwives remains available but night time support has ceased. This means that antenatal or postnatal problems occurring out of hours require a journey to Telford. This may of course be challenging for women who do not have access to their own transport or the money to pay for public transport or a taxi. The potential adverse consequences of women not seeking timely support are of course major.

**Is the HOSC confident that SaTH is committed to re-opening Shrewsbury MLU for births in a timely way, and has the HOSC been given a target date for the MLU fully re-opening?**

**Will the HOSC seek the restoration of out of hours face-to-face midwife access in Shrewsbury as a matter of urgency?**

**Gill George  
Chair, Shropshire Defend Our NHS**

**25<sup>th</sup> January 2018**