



Transforming Midwifery Care
in Shropshire, Telford & Wrekin

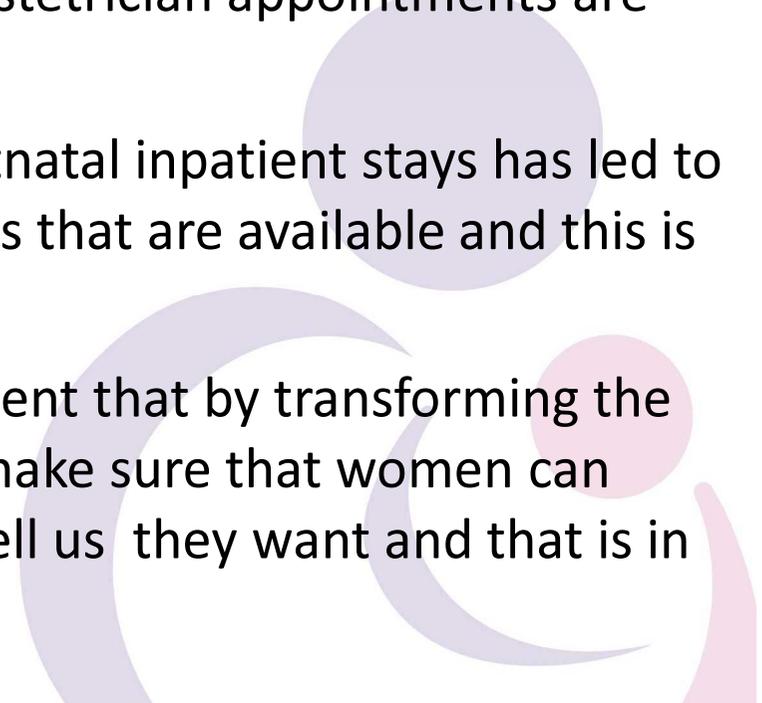


Update on Transforming Midwifery Care Programme

Joint HOSC
24 June 2019



Where we are now

- We have had the same model of midwifery care for over 30 years which no longer meets the needs and wishes of local women and families
 - Antenatal and postnatal care varies depending on where you live, e.g. scans are not available in Ludlow and obstetrician appointments are not available in Bridgnorth or Ludlow
 - Closure of rural MLUs for births and postnatal inpatient stays has led to confusion and lack of clarity over services that are available and this is unacceptable
 - We cannot stay as we are. We are confident that by transforming the way we deliver midwifery care, we will make sure that women can access safe, high quality care that they tell us they want and that is in line with best practice
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Reasons for change

We need to make changes to the way we deliver midwifery care to make sure that:

- We provide safe, high quality midwifery care to all women and families, now and in the future
- We can improve the health of pregnant women and their babies
- We provide better patient experience, choice and personalised care for women and families
- The right staff and services are available in the right place at the right time
- We make the best use of our resources



Engagement to date

- We have spent the last two years carrying out a review of midwife-led care across Shropshire and Telford & Wrekin
- The review has looked at the way that midwifery care is currently delivered to women across Shropshire and Telford & Wrekin and whether it meets the needs of families
- This has involved listening to hundreds of women and families, doctors, midwives and other health professionals, GPs and partners
- We have also looked at a wealth of evidence, research and best practice across the country



Engagement with seldom heard groups

- Over the last few months, we have worked hard to engage with and capture the views of women of childbearing age who are perhaps less likely to get involved and may be more likely to be impacted by changes to midwifery services, including:
 - Teenage women and older women (age 35+)
 - Lesbian and bisexual women
 - Women with a physical disability, learning disability, mental illness, sensory impairment or a long term condition
 - BAME women
 - Gypsy and traveller women
 - New migrants/asylum seekers
 - Non-native speakers of English e.g. Polish women
 - Amish/Mennonite women
 - Women living in an area of deprivation and/or rural area
 - Homeless women
 - Women who work in the military or whose partner works in the military
- We will go back out to groups during the public consultation



Developing the proposed new model of care

In co-design workshops involving women who have used local maternity services, midwives, doctors, GPs and public health partners, the following principles were agreed:

- 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





What women told us was important to them

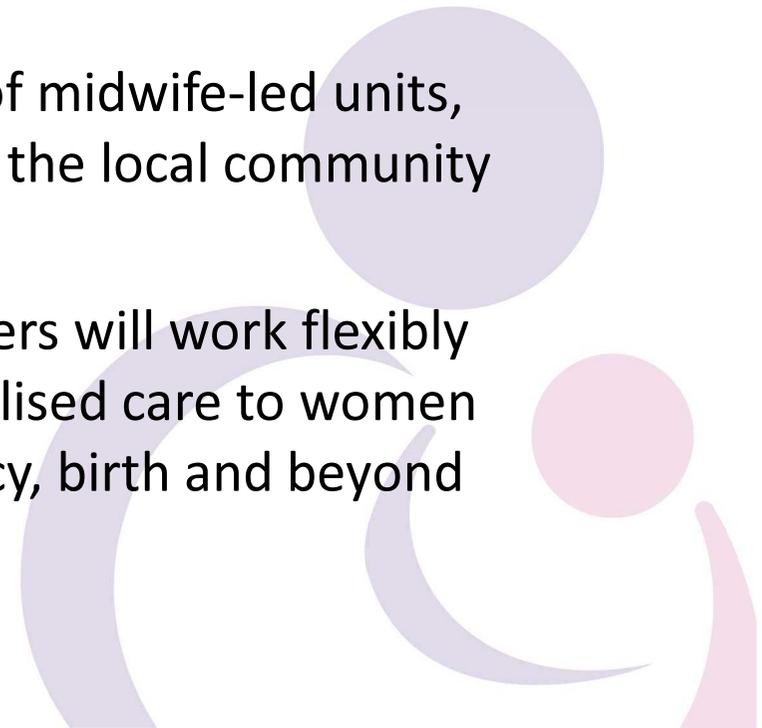
- Support with early pregnancy
- Continuity of care
- Getting good postnatal care
- Sharing decisions when risks are raised
- Getting to the place of birth on time
- Building a network of mum friends





Our proposed new model of midwifery care

- We are proposing to transform the way that midwifery care is currently delivered across Shropshire, Telford and Wrekin to provide all women with safe, high quality and personalised care throughout their pregnancy, during the birth and following the birth of their baby
- We will do this by creating a network of midwife-led units, maternity hubs and clinics delivered in the local community and at home
- Midwives and maternity support workers will work flexibly across this network, providing personalised care to women throughout all stages of their pregnancy, birth and beyond

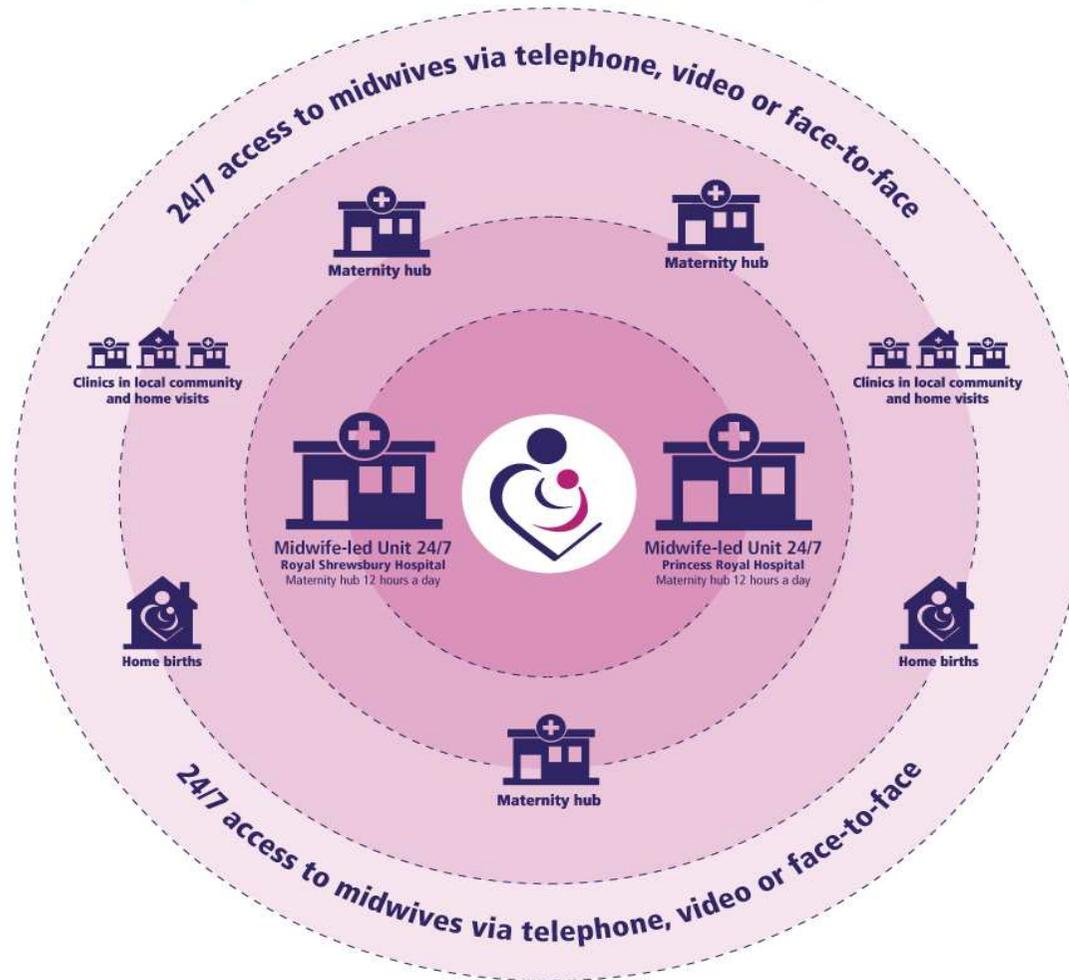




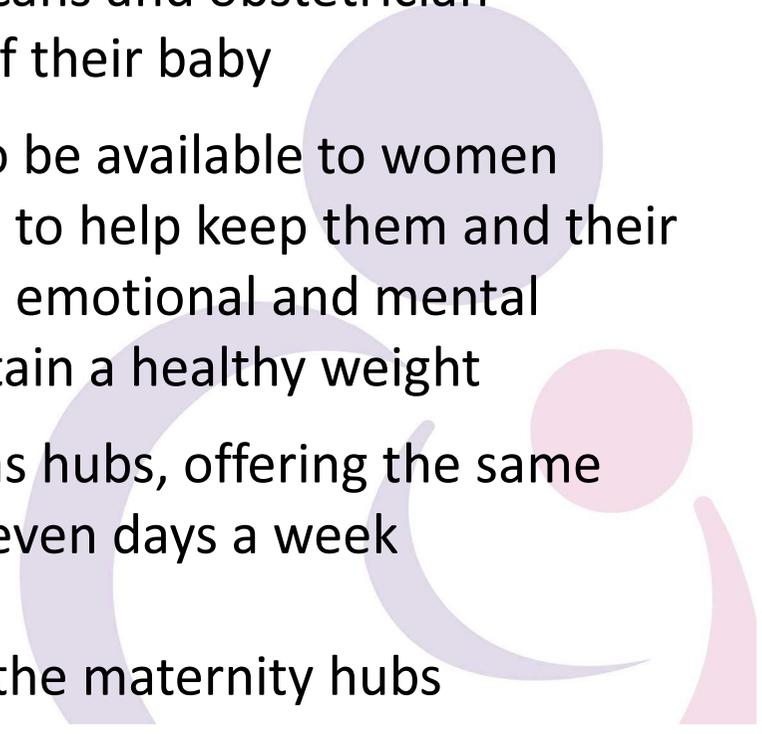
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Proposed model of midwifery care



Maternity Hubs

- We are proposing to replace the existing rural midwife-led units with maternity hubs in local communities which will be open 12 hours a day, seven days a week
 - At every hub, women will be able to access the same full range of care during their pregnancy (including scans and obstetrician appointments) and following the birth of their baby
 - A range of other health services will also be available to women throughout their pregnancy and beyond to help keep them and their baby healthy. This includes support with emotional and mental health, help to stop smoking or to maintain a healthy weight
 - The MLUs at RSH and PRH will operate as hubs, offering the same wide range of services 12 hours a day, seven days a week
 - Women will not be able to give birth at the maternity hubs
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Your local Maternity Hub

 <p>During pregnancy</p>	<p>Planned appointments</p> <ul style="list-style-type: none">• Midwife appointments• Appointments with an obstetrician (doctor specialising in pregnancy and birth)• Scans• Assessment of fetal wellbeing (including discussing your baby's movements with you, listening to your baby's heartbeat and measuring your baby)• Appointments with perinatal mental health team	<p>Drop in any time for information, advice and support about</p> <ul style="list-style-type: none">• Pregnancy• Birth options• Emotional health and wellbeing during pregnancy• Keeping fit and healthy in pregnancy• Local groups for new families	<p>Additional support services that are regularly available</p> <ul style="list-style-type: none">• Help with mental health and wellbeing• Support with long term conditions, e.g. diabetes• Help to stop smoking• Advice on reaching a healthy weight
 <p>Following the birth of your baby</p>	<p>Planned appointments</p> <ul style="list-style-type: none">• Midwife appointments• Appointments with Maternity Support Worker• Newborn checks• Newborn screening	<p>Drop in any time for information, advice and support about</p> <ul style="list-style-type: none">• Parenthood• Feeding your baby, including breastfeeding• Caring for your baby• Emotional health and wellbeing during early parenthood• Bonding with your baby• Keeping fit and healthy in early parenthood• Local groups for new families	<p>Additional support services that are regularly available</p> <ul style="list-style-type: none">• Help with mental health and wellbeing• Advice on family life skills, e.g. budgeting and cooking



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Midwife-led units (MLUs):

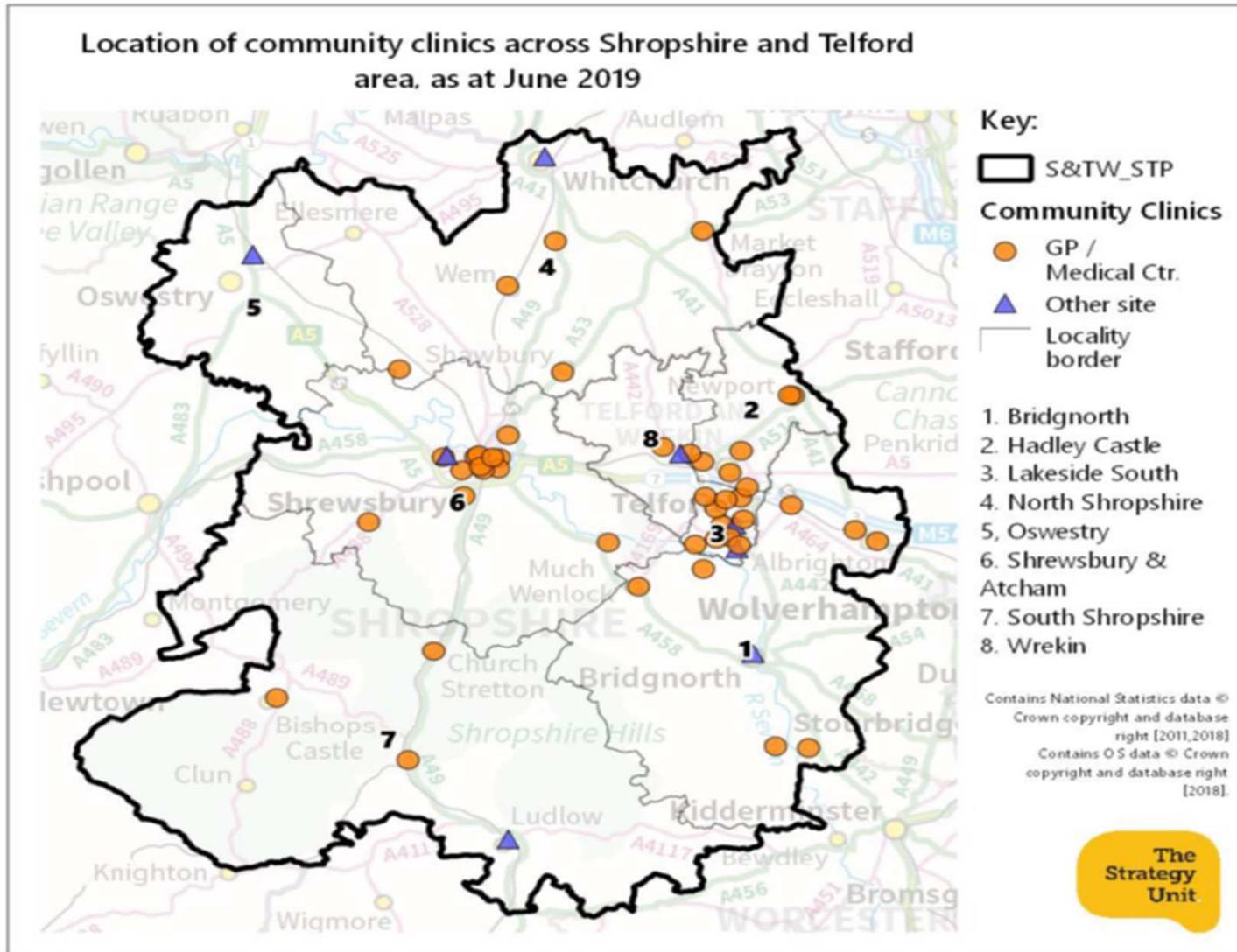
- The MLUs at the RSH and PRH will continue to be open 24 hours a day, seven days a week
- For 12 hours a day, seven days a week, they will offer the same services as the maternity hubs
- Women will continue to be able to give birth at the RSH and PRH MLUs, providing they don't need a higher level of care available at the Consultant-led Unit.

Clinics in local communities and home visits

- Routine antenatal and postnatal appointments with midwives will continue to take place in local communities across the county in GP practices and children's centres, and within a woman's home.
- Maternity Support Workers will be more involved in providing routine antenatal and postnatal care



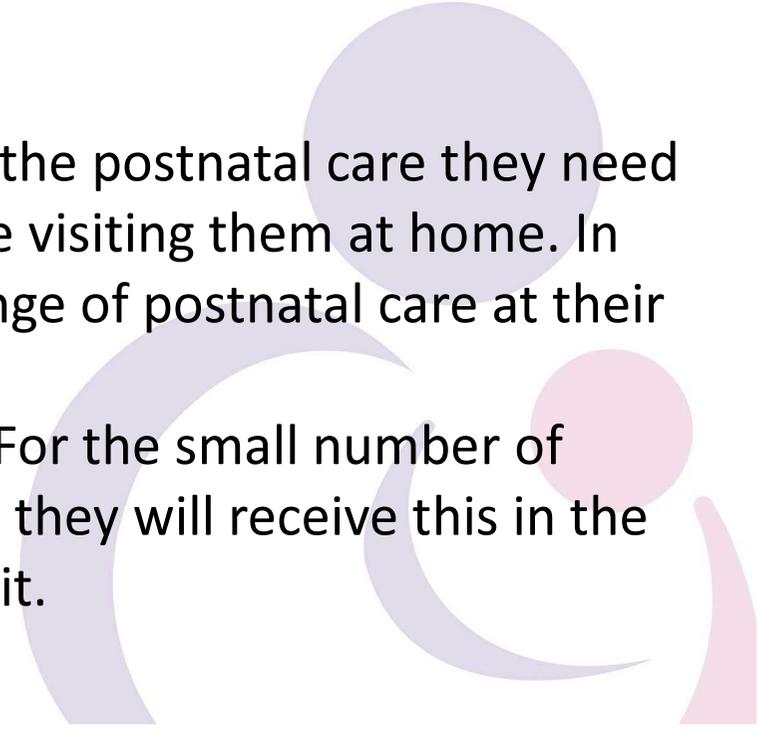
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Birth options

- Women will continue to be able to choose from a full range of settings in which to give birth: the Consultant-led Unit at PRH, the Alongside Midwife-led Unit at PRH, the Freestanding MLU at the RSH or a home birth

Postnatal care

- Following the birth, women will receive the postnatal care they need in the community, through their midwife visiting them at home. In addition they will be able to access a range of postnatal care at their local maternity hub or clinic
 - The MLUs will not have postnatal beds. For the small number of women who need a higher level of care, they will receive this in the postnatal ward at the Consultant-led Unit.
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Options appraisal methodology

27 initial ideas developed

Workshop involving over 40 stakeholders

Participants scored each idea against achievability, potential affordability and whether it was aligned with the Future Fit plans and the Better Births vision

Long list of 9 options

9 options scored against 3 criteria: outcomes for women and families, safety & patient experience

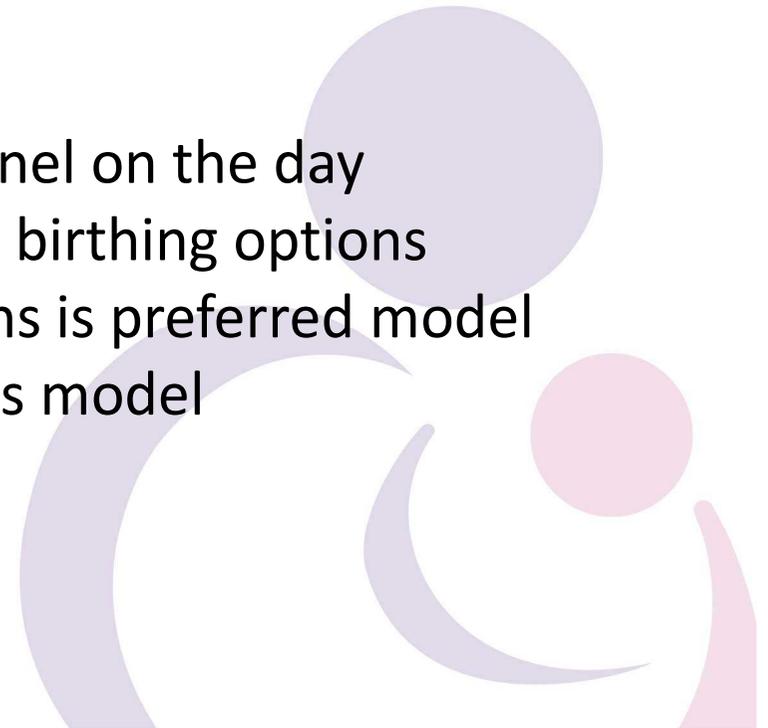
Shortlist of 4 options: combining with economic analysis

Stakeholders looked at public health data for 8 locality districts: Oswestry, North Shropshire, The Wrekin, Shrewsbury & Atcham, Hadley Castle, Lakeside South, South Shropshire and Bridgnorth. Each area scored against risk factors, level of need, deprivation, population, number of women giving birth and distance to two hospitals

Ranking of locations based on need. Access data analysis on a number of scenarios for possible location of hubs

Outcome of Option Appraisal

- The 4 shortlisted options included a 3 and 4 maternity hub model with and without *on demand births*
- Shortlisted options were assessed by combining a non financial and financial score
- Examined benefits and costs
- Ratio and weighting agreed by the panel on the day
- The highest scoring options were non birthing options
- Concluding a hub model without births is preferred model
- Marginal difference as to a 4 or 3 hubs model



Number and location of Maternity Hubs

- In deciding how many and where the maternity hubs are located, we have to look at the whole population of Shropshire, Telford & Wrekin
- We are looking at a range of data to make sure that the maternity hubs are in the best locations where the most women will benefit
- This includes public health data, the equalities impact on women and travel access data
- The final decision on how many and where the maternity hubs will be located will be made by the CCG boards on 9 and 10 July

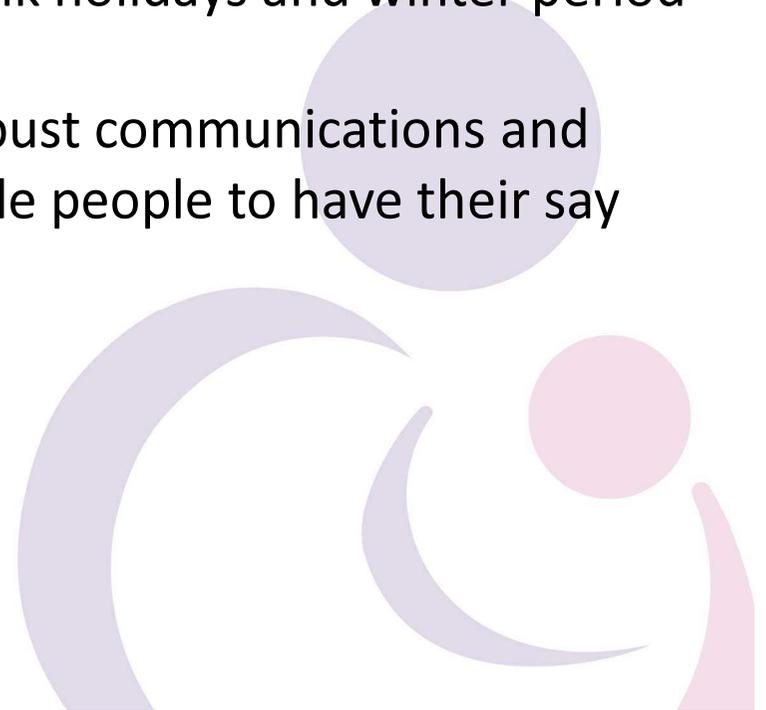
Communications and engagement plan

With the help of a patient reading group, we are developing a plan for how we will communicate and engage with people during the consultation. This will include:

- Website with online survey, FAQs and key documents
 - Printed consultation document, including Easy Read version
 - Video for use on social media, information screens and website
 - Weekly drop-in events in community locations for people to find out more and ask questions
 - Manned information stands at targeted venues, e.g. soft play centres
 - Targeted engagement with seldom heard groups
 - Link to survey on Baby Buddy app
 - Staff drop-in events
 - Regular updates at key meetings held in public
 - Regular articles and interviews in the local media
 - Social media campaign
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Consultation – proposed timeline

- We are proposing to launch a formal public consultation in September and run for 8 weeks
- Timing avoids main summer holiday, bank holidays and winter period
- We are confident that we will have a robust communications and engagement plan in place that will enable people to have their say on our proposal





Next steps

Date	Meeting	Agenda
26 June	Joint CCG board workshop	Board members presented with range of data to help make a decision on proposed model, including number and locations of maternity hubs
26 June	NHSE Assurance meeting	Programme team to update on proposed model
9 & 10 July	CCG boards	CCG boards asked to formally approve proposed model to progress to consultation
Xx July	Joint HOSC	Update to share consultation document/survey and latest plans
Xx July	NHSE Assurance Panel	Programme team ask for final approval to progress to public consultation
September (TBC)	8-week public consultation launches	



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Questions?

