Bath & North East Somerset Council

Health and Wellbeing Select Committee

Date: Wednesday, 21st November, 2018
Time: 10.00 am
Venue: Council Chamber - Guildhall, Bath

Councillor Francine Haeberling
Councillor Geoff Ward
Councillor Bryan Organ
Councillor Tim Ball
Councillor Lin Patterson
Councillor Lizzie Gladwyn
Councillor Robin Moss

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NOTES:
1. **Inspection of Papers:** Papers are available for inspection as follows:

Council's website: https://democracy.bathnes.gov.uk/ieDocHome.aspx?bcr=1

Paper copies are available for inspection at the **Public Access points:-** Reception: Civic Centre - Keynsham, Guildhall - Bath, The Hollies - Midsomer Norton. Bath Central and Midsomer Norton public libraries.

2. **Details of decisions taken at this meeting** can be found in the minutes which will be circulated with the agenda for the next meeting. In the meantime, details can be obtained by contacting as above.

3. **Recording at Meetings**:-

The Openness of Local Government Bodies Regulations 2014 now allows filming and recording by anyone attending a meeting. This is not within the Council's control.

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Health and Wellbeing Select Committee - Wednesday, 21st November, 2018

at 10.00 am in the Council Chamber - Guildhall, Bath

A G E N D A

1. WELCOME AND INTRODUCTIONS

2. EMERGENCY EVACUATION PROCEDURE

   The Chair will draw attention to the emergency evacuation procedure as set out under Note 6.

3. APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

4. DECLARATIONS OF INTEREST

   At this point in the meeting declarations of interest are received from Members in any of the agenda items under consideration at the meeting. Members are asked to indicate:

   (a) The agenda item number in which they have an interest to declare.

   (b) The nature of their interest.

   (c) Whether their interest is **a disclosable pecuniary interest** *or* an **other interest**, (as defined in Part 2, A and B of the Code of Conduct and Rules for Registration of Interests)

   Any Member who needs to clarify any matters relating to the declaration of interests is recommended to seek advice from the Council's Monitoring Officer or a member of his staff before the meeting to expedite dealing with the item during the meeting.

5. TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

6. ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

   At the time of publication no notifications had been received.

7. MINUTES - 26TH SEPTEMBER 2018 (Pages 7 - 26)

8. CLINICAL COMMISSIONING GROUP UPDATE

The Select Committee will receive an update from the Clinical Commissioning Group (CCG) on current issues.

9. CABINET MEMBER UPDATE

The Cabinet Member will update the Select Committee on any relevant issues. Select Committee members may ask questions on the update provided.

10. PUBLIC HEALTH UPDATE

Select Committee members are asked to consider the information presented within the report and note the key issues described.

11. BSW MATERNITY TRANSFORMATION PLAN (Pages 27 - 86)

A review of maternity services has taken place over the last two years, and the views of over 2000 women, families and staff who work in these and related services have been listened to across Bath and North East Somerset, Swindon and Wiltshire. The formal consultation was launched on the 12th November 2018 and will run until 24th February 2019.

12. SELECT COMMITTEE WORKPLAN (Pages 87 - 90)

This report presents the latest workplan for the Select Committee. Any suggestions for further items or amendments to the current programme will be logged and scheduled in consultation with the Chair of the Select Committee and supporting officers.

The Committee Administrator for this meeting is Mark Durnford who can be contacted on 01225 394458.

Bath and North East Somerset Council

HEALTH AND WELLBEING SELECT COMMITTEE

Minutes of the Meeting held

Wednesday, 26th September, 2018, 10.00 am

Bath and North East Somerset Councillors: Francine Haeberling (Chair), Bryan Organ, Tim Ball, Lin Patterson, Lizzie Gladwyn and Robin Moss

Also in attendance: Jane Shayler (Director of Integrated Commissioning), Bruce Laurence (Director of Public Health), Dr Ian Orpen (Clinical Chair, B&NES CCG), Catherine Phillips (Commissioning Manager), Alex Francis (Team Manager - Healthwatch B&NES & South Gloucestershire), Sarah Merritt, Head of Nursing & Midwifery, RUH and Tamsin May, Head of Communications, B&NES CCG

Cabinet Members in attendance: Councillor Vic Pritchard, Cabinet Member for Adult Care, Health and Wellbeing

30 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

31 EMERGENCY EVACUATION PROCEDURE

The Chair drew attention to the emergency evacuation procedure.

32 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS

Councillor Geoff Ward had sent his apologies to the Select Committee.

33 DECLARATIONS OF INTEREST

Councillor Tim Ball declared an other interest in agenda item 8 (Clinical Commissioning Group Update) as he is a patient at the Number 18 Surgery.

34 TO ANNOUNCE ANY URGENT BUSINESS AGREED BY THE CHAIRMAN

There was none.

35 ITEMS FROM THE PUBLIC OR COUNCILLORS - TO RECEIVE DEPUTATIONS, STATEMENTS, PETITIONS OR QUESTIONS RELATING TO THE BUSINESS OF THIS MEETING

John Drake, Unison made a statement to the Select Committee on the subject of Sirona. A copy of the statement can be found on the Select Committee's Minute Book, a summary is set out below.

Since the Council meeting on July 12th 2018 discussions have taken place and currently Sirona have agreed to postpone their proposal to dismiss and re-engage staff on new contracts. As a result of this decision Unison has agreed to cancel proposed strike action.

Extensive consultations have taken place between UNISON representatives and those workers who would be affected and the decision was taken to reject the proposals from Sirona on the basis that members would be impacted in one of two ways:

Individuals would lose 30 minutes pay per shift, which for someone working 6 shifts per week is a loss of income of 3 hours per week. Or alternatively individuals could remain on their current income but would accrue hours which they would then owe Sirona and then be forced to work additional shifts per month to make up the shortfall in hours for the same pay.

UNISON believes that the Sirona Board and Senior Leadership Team are well intentioned in their efforts to provide quality care but our experience is of an organisation that is poorly managed, unable to retain & recruit staff in its CRCs and Extra Care.

UNISON believes that the Council could and should instruct Sirona to halt all plans for a reduction of pay for its front line care staff.

This matter will fall into the lap of the Council sooner rather than later and we feel the Council should step in and tell Sirona that their actions are unfair.

Councillor Robin Moss commented that the current Council administration will state that this is an independent contract and therefore the Select Committee and the Council itself have little to no power to act. He added that he felt it was important for the Select Committee to take further action and to request that Sirona's decision remains suspended until a full discussion on the matter has been had by the Select Committee.

Councillor Lin Patterson said that she agreed totally with the comments made by Councillor Moss.

The Director for Integrated Health & Care Commissioning said that if the Select Committee were minded to they could discuss that matter further at a future meeting. She added that as previously confirmed, the Select Committee do have limited powers to intervene in this matter and could refer the issue back to the Council, Cabinet or the Cabinet Member for further consideration.

However, as previously stated the Council is not in a position to intervene directly in this matter, which is a dispute between an independent organisation and its staff group. She clarified that neither the Council nor the Select Committee can instruct Sirona to halt its plans as proposed by UNISON in the statement to the Select Committee.

Councillor Vic Pritchard, Cabinet Member for Adult Care, Health & Wellbeing commented that for the Select Committee to gain a better understanding a discussion could be had at a future meeting.

Councillor Lizzie Gladwyn said that there were potentially a large group of people to hear from on this matter.

Councillor Tim Ball stated that he would like to see no further adverse action from either party until a discussion can be held.

Select Committee members agreed that they did want a discussion to better understand the issues and hear from all parties. They also wished to receive specific advice on what the Select Committee or Council can and cannot do to help resolve the dispute.

The Director for Integrated Health & Care Commissioning confirmed that officers would seek advice on how quickly a special meeting can be arranged and what format that meeting could follow.

The Select Committee unanimously **RESOLVED** to:

i) Hold a special meeting to discuss and understand the issues relating to the Sirona dispute and what powers the Select Committee or Council may have to intervene in this matter.
ii) Recommend to Sirona that until this meeting is held that their decision to postpone their proposal to dismiss and re-engage staff on new contracts is maintained.

36 MINUTES - 18TH JULY 2018

The Select Committee confirmed the minutes of the previous meeting as a true record and they were duly signed by the Chair.

37 CLINICAL COMMISSIONING GROUP UPDATE

Dr Ian Orpen addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

CCG Ratings for Cancer and Maternity Services

New ratings on cancer and maternity services were published in August 2018 highlighting where CCGs are performing well and identifying where improvements are required. We have been rated as 'outstanding' for both cancer and maternity services. The assessments are conducted using the same indicators used within the CCG Improvement and Assessment Framework (IAF) but are separately conducted by independent panels.

GP Patient Survey

GP Practices in Bath and North East Somerset (B&NES) have again been rated as amongst the very best in the country, according to our patients. The results of the latest GP Patient Survey found that, of the 2,828 residents questioned, 91 per cent rated the overall experience at their GP surgery as ‘good’ – the fourth highest in the

country and just two percentage points away from the top spot. The results are also higher than the national average of 84 per cent.

Primary Care Strategy

This month we published our Primary Care Strategy that outlines how we intend to support GP practices in B&NES over the two-year period. It focuses on five main areas and what we are doing to address them:

Access to care / **Models of care** / **Workforce sustainability** / **Workload** / **Estates and infrastructure**

You can read the full strategy and one page summary **here.**

Closure of Number 18 Surgery

On 28 September Number 18 Surgery will merge with the Heart of Bath Medical Partnership and the current Number 18 Surgery site will close.

All patients currently registered with Number 18 Surgery will transfer to the Heart of Bath Medical Partnership, unless they give instructions otherwise. The transfer is being carefully planned to make the process as smooth as possible for everyone.

The majority of staff from Number 18 Surgery, with the exception of Drs Charlie Berrisford and Linda McHugh, will be moving across to join the Heart of Bath Medical Partnership. Therefore, patients will continue to see many of the same staff once the merger has taken place.

The decision to close Number 18 Surgery arose because of an increase in patient activity but a decline in patient list size, meaning the business is unfortunately no longer financially viable.

However, there are many opportunities to be gained from the merger with the Heart of Bath Medical Partnership. Not only does it mean that patients will have the choice of three sites across Bath, with two of these close to the current Number 18 Surgery premises, but they will also have access to a wider range of services and benefit from more practice team skills.

Flu campaign

People in B&NES aged over 65 years will receive a new type of flu jab this year, which is considered to be more effective than other available vaccines.
The new vaccine is one of three flu jabs that are available for the different groups of individuals who are eligible for a free vaccination, to make sure as many people as possible get the right jab to protect them against flu this winter.

Children aged from two years and up to school year five, pregnant women, anyone who is the main carer for another person or who is in receipt of carer's allowance and those with long-term health conditions such as diabetes and asthma are also eligible for a free flu jab.

The newly available vaccine for the over 65s is expected to significantly boost effectiveness by improving the body's immune response. This is important because

older adults' bodies typically do not respond as well to the flu vaccine due to their naturally weaker immune systems. Older adults are also more likely to suffer complications from flu.

This year's NHS flu programme will also offer vaccinations to a larger group of children and all individuals aged under 65 years who fall into eligible groups will receive a vaccine that protects against four strains of flu.

The flu vaccine will be available from early October. Eligible adults are encouraged to get their free vaccine from their GP or a pharmacy before the end of November to protect themselves and their families before flu reaches its seasonal peak.

If you are eligible or want to check whether you or someone close to you is, contact your GP, midwife or usual healthcare provider. Visit **www.nhs.uk/staywell** for more information.

Our AGM

We held our AGM on Thursday 20 September at Somerdale Pavilion in Keynsham. This year we were delighted that Cllr Keith Cunliffe, Deputy Leader of Wigan Council was able to join us. Keith talked about an approach adopted by Wigan Council and its health partners that has changed their relationship with residents to one where public services work together with communities to create a better borough. Launched in 2014, the Wigan Deal emphasises people's responsibility to use services appropriately and keep healthy as well as law and policy-makers working more closely with communities. After Keith's presentation a panel of leaders from the Council, DHI RUH and Virgin Care discussed the Wigan Deal and relevant themes for B&NES.

Councillor Lin Patterson asked if the financial viability identified with regard to Number 18 Surgery would have any impact on the Heart of Bath Medical Partnership.

Dr Orpen replied that this concern was acknowledged and stated that work at the Partnership will be carried out in a different style. He added that patient contact was a focus at Number 18 Surgery and that unfortunately this is not sustainable these days.

The Chair thanked Dr Orpen for the update on behalf of the Select Committee.

38 CABINET MEMBER UPDATE

Councillor Vic Pritchard, Cabinet Member for Adult Care, Health and Wellbeing addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

Update on the Community Mental Health Services Review

In the summer of 2017, the Council and CCG started to review the way in which mental health services need to be delivered for the population of B&NES.

The review is being carried out in four key stages:

- **Phase 1: Analyse and Plan** (May 2017 – Aug 2017)
- **Phase 2: Design and Specify** (August 2017 – January 2018)
- **Phase 3: Develop final service model** (February 2018 – February 2019)

This is the phase we are currently in. We have six working groups who are looking at everything people are telling us and developing detailed options for how community mental health services could be delivered in the future.

- **Phase 4: Implementation and Delivery** (March 2019 – April 2019 onwards)

Next steps

Further engagement will now take place with key groups and once complete, the draft service models will be created and formally consulted on with the public. It is expected that a final service model will be developed and put in place from April 2019.

Homecare Review

Homecare services are currently provided in Bath & North East Somerset by a range of local providers, who deliver in the region of 140,000 hours of homecare per annum.

We are currently undertaking a review of homecare services, working closely with Virgin Care in readiness for a new homecare pathway and contracts from July 2019.

Between June and September 2018 the project team have been undertaking a period of research, evidence gathering, engagement and co-design with key stakeholders.

Possible Future Models

We have produced a draft possible future service design for Bath & North East Somerset which has been well-received by both providers and commissioners. We will also be working to develop these ideas with a group of carers, via the Carers' Centre.

Next Steps

Once we have finished this period of co-design of a possible future model, we intend to make it available to the public for comment and suggestions, taking on board their feedback before finalising the service model which, subject to approval, is planned to go live in autumn 2019.

Reablement Service Review

Reablement services in B&NES are commissioned through the Better Care Fund, and include three key pathways:

- Home First (from hospital)
- Admission Avoidance (to hospital)
- Planned Reablement

They are provided by Virgin Care, as our prime provider, with additional Reablement Worker capacity commissioned from 3 Strategic Partners: Care Watch, Care South and Somerset Care.

Commissioners are currently leading a project to review and redesign the existing Reablement Service, gathering together evidence on existing strengths and opportunities for development both in-year and longer term. We are working closely with Virgin Care, as our prime provider, to design a new service to come into effect from autumn 2019.

Planned engagement and next steps

We are holding a service design workshop in October to draw together providers, commissioners and key local stakeholders, and develop an outline model for future services.

We will seek to undertake targeted engagement with people who have used the service, in order to hear their views.

When we have developed a draft service model we will undertake consultation with the public in order to seek their feedback before finalising our thinking.

The new service is due to go live in autumn 2019.

Keynsham Kindness Festival

The festival will aim to be lots of little events in various venues over a number of days between 3rd & 13th November based on the overall theme which is about how kindness affects wellbeing.

Budget

Budget pressures are beginning to level off, but this needs to be balanced by unknown upcoming issues that may arise through the winter period.

Councillor Tim Ball commented that he was pleased to see as part of the Community Mental Health Services Review that wellbeing support for young people aged 16-25 was looking to be improved. He asked what work was being undertaken to improve access for those of a younger age.

Councillor Pritchard replied that he felt that schools had a role to play in identifying and enabling access to services. He gave an example of a presentation from a recent Chew Valley Area Forum where two local Deputy Head Teachers are

dedicated to support the mental health of their pupils and seeking to spot any early signs.

Councillor Ball said that this was indeed a great example, but did not feel that this was the case across the whole of B&NES. He asked that Councillor Pritchard discuss the matter further with Councillor Paul May, Cabinet Member for Children & Young People to see if some 'best practise' measures can be established.

Councillor Pritchard said that he would raise the issue with Councillor May.

Councillor Robin Moss stated that he did not think that schools were the sole answer to the problems of mental health in young people. He said that community services such as Off The Record provide a great resource of support and counselling.

The Director for Integrated Health & Care Commissioning commented that a discussion took place at the Health & Wellbeing Board on 25th September 2018 relating to the mental health of children & young people. She said that the Board received a presentation from two transgender young people. She advised that the Board discussed support for the transition of young people into adulthood and adult services and that the role of community and voluntary sector was also raised. She added that the Board agreed to discuss the matter further at its next meeting to understand more about what is already being done to support the mental health of children and young people and to discuss the focus of the work of the Health and Wellbeing Board in this important area.

Dr Ian Orpen added that the challenge around mental health services was recognised and that in terms of CAMHS there has been a shift towards early intervention. He added that there is now a range of ways to interact with young people within this service and that a bid for extra funding relating to CAMHS has been submitted.

Councillor Robin Moss commented with regard to the Homecare Review and asked whether the upcoming Bath Clean Air announcement would have any impact on workers using their cars to travel into / through Bath.

Councillor Pritchard replied that he had raised this matter with colleagues within the Cabinet and that his points had been met in a broadly positive manner. He added that discussions were ongoing.

Councillor Robin Moss commented that he would like to see the Council pursue further preventative work as set out in the Wigan Deal and highlighted recently by the LGA.

Councillor Lin Patterson said that a good local bus service was required to help with the process of reablement.

Councillor Tim Ball queried whether the additional funding bid for CAMHS would be better received by the Trauma Recovery Centre. He asked Councillor Pritchard to join him on a visit to the centre.

Councillor Pritchard agreed to visit the centre.

The Chair thanked Councillor Pritchard for his update on behalf of the Select Committee.

39 PUBLIC HEALTH UPDATE

Dr Bruce Laurence, Director of Public Health addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

Public Health Newsletter

Sugar Smart

Following Sugar Smart Exeter's pioneering effort in 2017 to get the city's residents to take on sugar reduction challenges, Sugar Smart UK is taking the challenge and here in B&NES we are joining in! It's a month-long challenge to encourage people to be smart about their food and drinks choices and to try to reduce the amount of added sugar consumed during September.

Learn more about each of the challenges by downloading the resource pack and tracking your progress.

Organ Donation Week 3 – 9 September 2018

Right now across the UK, there are around 6,000 people in need of an organ transplant, including around 150 children and teenagers. On average three people die every day in need of an organ transplant because there just aren't enough organ donors.

More people are needed to sign up to the NHS Organ Donor Register now at www.organdonation.nhs.uk. It only takes a few minutes to register and those that sign up are being encouraged to tell their family that they want them to support their decision to donate and save lives.

Please encourage conversations in communities and help to raise awareness of this important campaign.

Know Your Heart Age

Is your heart age older than you? On the 4th September 2018 as part of the One You campaign Public Health England are launching their One You Heart Age Test. The tool is a quick, online resource which uses physical and lifestyle related questions to calculate your heart age. It highlights the need to know your numbers, such as blood pressure and cholesterol, and helps you to understand how to live healthier for longer. Adopting a healthy lifestyle can reduce your risk of dementia. So use the tool, know your risk and remember t**here really is only One You!** Test your heart age here.

Start4Life launched the 24/7 Breastfeeding Friend on Google Assistant and Google Home

The 24/7 Breastfeeding Friend has been developed to provide friendly advice to mothers who have questions and need support with breastfeeding at any point, day or night. The tool is voice activated using the Google Home app or Google Assistant, meaning mums can get NHS-approved advice and daily breastfeeding tips in the moment and when they may have their hands full.

World Mental Health Day

World Mental Health Day is observed on 10th October every year, with the overall objective of raising awareness of mental health issues around the world and mobilizing efforts in support of mental health. This year has a particular focus on young people and mental health in a changing world. To mark the day in B&NES we are encouraging schools and other young people's settings to explore the idea of Five Ways to Wellbeing using some lesson / activity materials written by young people themselves.

Suicide prevention work in B&NES

As part of the B&NES Suicide Prevention Strategy (here) Public Health works with partners to collect data around suicide to help inform our practice. Over the past year we have joined with the other three councils in the Avon Coroner's area and Avon and Wiltshire Mental Health Partnership NHS Trust who have produced a report (here) containing information about deaths from suicide and injuries of undetermined intent in Avon during the calendar year 2016.

Public Health England's new Health Profile for England 2018

https://www.gov.uk/government/publications/health-profile-for-england-2018

This is a very comprehensive "state of the nation's health" report looking at the latest figures and projecting into the future.

Some of the main messages are reinforcing things that are already well known:

- Higher than ever life expectancy. 83.2 years for women and 79.6 years for men. But some slowing of the rate of increase after many years of steady rise.
- Only 63 years of good health so women and men on average suffer 19 and 16 years of poor health respectively.
- Obesity and smoking the two main causes of avoidable ill health… one going up and the other going down. Both contributing both to ill health and health inequalities.
- Dementia is now leading cause of death in women and may soon overtake heart disease as leading cause in men.
- Mental health problems also increasing throughout the population and in young people accounts for a third of all ill health.

Inequalities in life expectancy remain stubborn and gap in healthy life expectancy is much higher (also gaps are higher in more deprived communities).

PHE would like the NHS and others to refocus effort on prevention with obesity, smoking and cardiovascular diseases as priorities.

Making measles history together: A resource for Local Government

With outbreaks of measles across Europe and in the UK, and with some communities still under-vaccinated, PHE has produced a paper giving detailed information about the situation in this country and what can be done to eradicate, or at least prevent outbreaks of measles here. B&NES rates very high for one dose MMR (>95%) but could improve for two doses.

Commercial determinants of health

- Drinkaware / PHE controversy
- Philip Morris - Tobacco control

Councillor Lin Patterson asked if within B&NES they had considered setting up 'Men's Sheds' to aid with suicide prevention.

Dr Laurence replied that he knew that the proposal had been discussed and would seek to get an update to the Select Committee. He added that he knew that one had been set up in Trowbridge for very little cost.

Councillor Bryan Organ commented on how important it was for relatives to be informed when family members have agreed to organ donation.

Councillor Vic Pritchard commented on how vaping is equally as addictive as smoking and queried how some flavours are targeted towards young people.

Dr Laurence replied that there are less toxins in vaping, but agreed that by having sweet shop flavours who exactly is being targeted. He added that he believed that some marketing restrictions should be in place.

Councillor Tim Ball stated that the strength of alcohol available these days is a concern and went some way to defining why young people are getting into difficulties at an early age.

Dr Laurence replied that he would advocate minimum unit pricing as is in place in Scotland.

The Chair thanked Dr Laurence for his update on behalf of the Select Committee.

40 HEALTHWATCH UPDATE

Alex Francis, Healthwatch B&NES addressed the Select Committee. A copy of the update can be found on their Minute Book and as an online appendix to these minutes, a summary of the update is set out below.

Trans Health & Wellbeing Survey

In 2017, Healthwatch B&NES worked with other Local Healthwatch in Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire to jointly commissioned a survey into the health, care and wellbeing needs and experiences of local Trans* and Non-binary** people. This work was carried out by The Diversity Trust, a local organisation that specialises in engaging with equalities groups.

*Trans is an umbrella term for people whose gender identity and/or gender expression diverges in some way from the sex they were assigned at birth.

**Non-Binary refers to any gender that is not exclusively male or female. A similar term is gender neutral or gender queer. Some other non-binary identities include: agender, bigender and genderfluid.

A series of recommendations have been made as a result of this survey, including:

- The need for transgender awareness training for health, care and wellbeing staff
- The need for service providers to develop policies on challenging transphobic bullying, harassment, victimisation and discrimination in line with the Equality Act (2010) and the Public Sector Equality Duty (2011).
- A recommendation for service providers to develop a Trans Inclusion Policy, involving and consulting with Trans staff and patients, on best practice in supporting Trans colleagues and patients through their transition.

Lay Involvement With Healthwatch B&NES

Following the recommissioning of Healthwatch B&NES from 1 April 2018 we have reviewed our governance and the roles that lay people play in how Healthwatch B&NES is run. Our newly established Executive Board provides leadership, sets work plan objectives and oversees the delivery of Healthwatch B&NES to ensure that it effectively captures the public ‘voice’ and uses its role to influence and shape the provision of local health and social care services.

The provider link volunteers aim to work closely with key Trust personnel to help facilitate regular dialogue, share feedback from the public (and receive a response where possible), and increase understanding around the work that each organisation is doing.

This approach has worked well with the RUH, with our lay representative being a valued member of the Patient Experience Group, having regular meetings with the Trust Chair and Head of Patient Experience, and being involved more widely in RUH activity, e.g. recruitment of a new Complaints Manager.

‘What matters to you?’ public event

On 4 July 2018 Healthwatch B&NES held an open meeting in Saltford for members of the public and representatives from VCSE organisations to share their experiences of using local health and social care services, or those of the people that they work with or support. Topics or concerns raised by attendees, included:

- Prescribing policy reviews and the implementation and consistency of prescribing across the district.
    - Attendees were unclear whether the prescribing reviews were being led locally or nationally, and whether there should be more local consultation to establish people’s needs and identify groups that could be adversely affected, e.g. people on low incomes.

- Non-emergency patient transport services (NEPTS)
    - Attendees were particularly concerned about inequalities, rural isolation and vulnerable people being adversely impacted by any changes – and the need for these people to be able to input to future service provision.

Healthwatch will hold another public event in the autumn in another part of the district.

Councillor Robin Moss said that he would agree with the concerns raised regarding rural residents and their ability to access non-emergency patient transport services. On the matter of prescriptions he queried whether people who cannot afford to pay will cease taking certain medicines because of the new policy.

Alex Francis said that the policy could have an impact on low income residents. She informed the Select Committee that NHS England has carried out a consultation on the process and that similar questions had been raised at the CCG Board. She added that Healthwatch will continue to inform the public where required and explain who to ask their questions to.

Tamsin May, Head of Communications, BaNES CCG confirmed that a national consultation had taken place and that the aspects of age and vulnerability of affected patients is being considered.

Councillor Bryan Organ asked if any advice was available for young people below the age range of 16 – 80 regarding Trans Health & Wellbeing.

Alex Francis replied that advice was available through Off The Record.

Councillor Lizzie Gladwyn said that there was also a community group named Bath Gender Equality Network (BGEN) that could provide advice.

The Chair thanked Alex Francis for her update on behalf of the Select Committee.

41 BSW MATERNITY TRANSFORMATION - CONSULTATION APPROACH

Sarah Merritt, Head of Nursing & Midwifery, RUH and Tamsin May, Head of Communications, B&NES CCG introduced this report to the Select Committee.

Sarah Merritt said that the Maternity Services reconfiguration programme is committed to continuing to engage with all relevant stakeholders. She added that early engagement and involvement has aimed to create an understanding of the challenges faced and the need for change, and contributed to the co-creation of the proposal for change.

She explained that Stage 1 Approval was gained in May 2018, an initial Stage 2 meeting took place in July 2018 and that a further meeting would take place in October to gain approval for consultation.

Tamsin May highlighted some of the guiding principles to the Select Committee.

- We will clearly set out what we are proposing, why these changes are needed, and why we are consulting with patients and the public. People must be very clear how their views and feedback will be used/have influence, and what the full consultation process involves.

- We will consult with different groups in ways that are meaningful and appropriate for them including face to face meetings and surveys.

- We will use communications and engagement channels which will provide patients, public and other stakeholders out of area information and opportunity to feedback on the proposal.

- We will make sure that information and events are fully accessible, and are shared widely over a sufficient time period, so that all groups can fully engage in the consultation process.

- We will share stakeholder feedback publicly and explain our final decision(s) with honesty and transparency.

She informed the Select Committee that the consultation and communications for the programme is being led by Wiltshire Clinical Commissioning Group on behalf of the Bath & North East Somerset, Swindon and Wiltshire Local Maternity System. She added that the Wiltshire CCG's communications team, with the support of the Local Health Economy Communications Working Group (LHECWG), is responsible for the planning and implementation of the consultation plan and approach and will:

- Meet regularly as a local health economy communications and engagement group, and provide briefings and updates to communication colleagues from neighbouring CCG and provider organisations

- Work with Healthwatch and CCG PPE leads to ensure service user voice in discussions and decisions.

- Ensure consultation responses are thoroughly considered and are included as part of the decision making process.

She stated that materials are to be developed to support the consultation will and will include, but not be limited to:

- Core consultation document
- Easy read summary of the consultation document
- Frequently asked questions (FAQs) and answers
- Posters and leaflets summarising key information and signposting to feedback channels
- Dedicated website
- Survey for use online and hard copy.

She said that copies of the consultation document will be distributed to health and community settings and stakeholder groups across the local maternity system area as appropriate. She added that the consultation document will be made available in alternative versions e.g. large print, audio, on request.

She stated that a range of communications channels and methods will be used to target key stakeholders and will include:

- Website: A dedicated website will be created to act as a central hub for information and associated materials will be published on the site along with dates of engagement events.

- News Media: Media will be kept informed via briefings and media releases. Media enquiries will be handled in a timely way. Local newspaper adverts may be considered as a way of providing information about consultation events should local coverage (and poster information) need to be bolstered.

- Social Media: Facebook and Twitter will be used to reinforce and signpost to other channels/information as appropriate and will be monitored for relevant feedback.

- Engagement events: Specific events will be provided during the consultation.

- Newsletters: Briefings will be provided for publication in partner and other key stakeholder newsletters.

She explained that responses will be analysed by an independent organisation – The Bath Centre for Healthcare Innovation and Improvement at the University of Bath, to thoroughly and comprehensively analyse all responses to the consultation and provide a consultation report which will be published on the consultation website. She added that we will make clear how consultation feedback has been used to inform decision making.

She said that an Integrated Impact Assessment has been developed with the objective of ensuring the potential impact of any plans on protected groups has been assessed, and identifies those impacted by the proposed changes and ensure they are supported to have their voice heard.

She added that the initial Integrated Impact Assessment has informed the development and refinement of the consultation strategy and plan to ensure a targeted approach to communications and engagement activities.

She explained that clinical teams have been involved in shaping the proposal for change throughout the programme and we will continue to build on this and undertake further engagement with staff, particularly those working in our maternity services. She added that staff engagement will be led by the provider organisations and will be overseen by the LHECWG to ensure aligned messaging and awareness amongst staff on how they can provide their feedback.

Councillor Lin Patterson commented that the input from staff during this process is crucial.

Tamsin May agreed and said that staff had been involved in informal engagement for the past two years.

Councillor Robin Moss commented that the proof will be seen when the proposals are launched on November 12th as to whether they are a cost saving exercise or seeking to provide a better clinical experience.

Sarah Merritt informed the Select Committee that the Joint Rapid Scrutiny Event was due to take place on 12th November.

The Select Committee **RESOLVED** to approve the Communications Strategy and Consultation Plan.

42 COMMUNITY EYE CARE SERVICES (OPHTHALMOLOGY)

Catherine Phillips, Senior Commissioning Manager for Acute Care, BaNES CCG introduced the report to the Select Committee. She explained that there is pressure on the ophthalmology service at the Royal United Hospitals Bath Foundation Trust as a result of increasing demand and a national shortage of consultant ophthalmologists. She added that this has resulted in long waiting times to be seen and potential patient risk, for eye care pathways in B&NES.

She informed them that the main provider to the population of B&NES for planned (elective) and urgent (non-elective) Ophthalmology activity is the RUH, managing approximately 78% of total B&NES activity.

She stated that the RUH Ophthalmology service has not achieved the 92% Referral to Treatment (RTT) target of 18 weeks since July 2017, although the service had achieved the target in previous years. She said that this has resulted in current waiting times of 36 weeks for a General Ophthalmology appointment. She added that the number of follow up appointments that have been delayed has also increased within this period.

She highlighted some of the actions the Clinical Commissioning Group and Royal United Hospitals are taking to improve quality and safety, and provide a more effective and efficient service through the procurement of new community based pathways.

- BaNES CCG is in the process of commissioning a Community Eye Service which will particularly benefit a range of patients. Clinically, the model includes pathways for Minor Eye Conditions, Intraocular Pressure (IOP) Referral Refinement, Ocular Hypertension (OHT) & Stable/Suspect Glaucoma monitoring Cataract Referral Refinement and Cataract follow up.

- Firstly, patients who have recently identified that they have an eye condition, such as a scratch, foreign body, lumps and bumps in the eye, blurred vision, watery eyes, flashes and floaters. These patients will be able to visit an optometrist in the community to be seen within 2 working days, usually on the same day. For the majority of patients, these eye conditions will be resolved in the community but referral routes will be in place for patients to be sent to the RUH for further urgent treatment if required.

- Secondly, patients with suspected cataracts or glaucoma will receive a second and more detailed assessment and discussion in the community in order to ensure the right patients are referred to secondary care. There are benefits to the health system of ensuring only patients that need and want further treatment are referred, but also to patients who will be able to speak to someone more rapidly (within 4 weeks) about their potential condition and their options.

- Thirdly, patients who have received a procedure in secondary care (e.g. cataract removal) or who have a condition that the consultant ophthalmologist considers is stable (e.g. stable glaucoma) will be able to see a local optometrist for their follow up appointment instead of returning to their secondary care provider. This will be more convenient and is more likely to meet the appropriate follow up timescales, e.g. annual follow up for glaucoma. Should the patient's condition change, the local optometrist will be able to follow the management plan provided by the consultant, which may include referral back to them.

- In addition, by ensuring that patients are treated in the right place to meet their needs as described above, those patients who do need to see a consultant in secondary care (e.g. macular degeneration, suspected glaucoma) are more likely to be able to access this in a timely manner. Effectively, the new service will increase the local capacity to treat ophthalmic conditions and ensure that patients can access the right service for them more quickly.

- The CCG is currently receiving bids from potential providers and intends to award the contract at the end of October with the aim of a new service commencing in December, although it is likely that a phased approach will need to be taken to implementation.

- The RUH is also taking actions to improve ophthalmology waiting times. They have recruited more consultant locum cover and registrars, who will commence early Autumn and are reviewing their waiting lists. BaNES CCG is further supporting the RUH by reoffering choice to patients who previously selected the RUH for their appointment and may now wish to choose another provider to facilitate being seen more quickly.

The Chair asked what would the regular waiting time now be for a patient that was diagnosed with acute glaucoma to receive an operation.

Catherine Phillips replied that it was likely to be in excess of 18 weeks.

Councillor Robin Moss asked if Optometrists were to be seen as providing a triage service.

Catherine Phillips replied that they would be able to manage many conditions and that it was important to get the message out to the public regarding the change in service. She added that the CCG Board agreed the proposal to commence procurement of a Community Eye Service in July 2018 in order to improve services for patients and develop greater eye service capacity now and in the future.

Councillor Bryan Organ asked how referrals from opticians will be managed.

Catherine Phillips replied that a choice of providers would be offered and that some waiting lists would be longer than others. She added that for example the waiting time could be shorter at a provider that is of further distance away from the patient.

Councillor Lizzie Gladwyn commented that she was unaware of the roll that opticians could play in this process and agreed that it was important to get the message out to the public.

Catherine Phillips replied that work would be undertaken with the bid winners on this and expected literature and posters to be available in GP surgeries and online. She added that she would encourage everyone to have regular eye health checks.

The Select Committee **RESOLVED** to note the actions that are being taken to improve ophthalmology services locally.

43 SELECT COMMITTEE WORKPLAN

The Chair introduced this item to the Select Committee.

Councillor Robin Moss reminded them that earlier they had discussed adding items to the workplan on the subjects of Sirona and Mental Health Preventative Work (Wigan Deal).

The Select Committee agreed that they would prefer to have a special meeting to discuss Sirona rather than waiting for the next scheduled meeting in November.

The Cabinet Member for Adult Care, Health and Wellbeing, Councillor Vic Pritchard said that he agreed the matter does require further discussion. He added that the Council were already doing a great deal of work contained within the Wigan Deal.

The Select Committee **RESOLVED** to approve the proposals to their workplan.

The meeting ended at 12.30 pm

Chair(person) .....

Date Confirmed and Signed .....

Prepared by Democratic Services

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Bath & North East Somerset Council		
MEETING/ DECISION MAKER:	**Health and Wellbeing Select Committee**	
MEETING/ DECISION DATE:	**21st November 2018**	EXECUTIVE FORWARD PLAN REFERENCE: E
TITLE:	**Transforming Maternity – Formal consultation**	
WARD:	All	
AN OPEN PUBLIC ITEM		
List of attachments to this report: **Appendix 1 – Consultation document**		

1 THE ISSUE

1.1 A review of maternity services has taken place over the last two years, and the views of over 2000 women, families and staff who work in these and related services have been listened to across Bath and North East Somerset, Swindon and Wiltshire. This work is being led by Wiltshire CCG in partnership with the BaNES and Swindon CCGs and the three hospital trusts including the Royal United Hospital. This review has been driven by the need to respond locally to Better Births, the NHS 5 year forward view for transforming maternity services, as well as the local challenges faced by the hospital trusts in terms of the changing needs of women giving birth and where women are choosing to have their babies. This has resulted in a proposal to change how maternity services are arranged in order to improve maternity services and the experience of women, their babies and families. The formal consultation on these changes was launched on the 12th November 2018 and will run until 24th February 2019.

2 RECOMMENDATION

2.1 There are six elements which together form the proposal for change. These are:

2.2 Create an alongside Midwifery Unit at the RUH.

2.3 Create an alongside Midwifery unit at Salisbury District Hospital

2.4 Enhance the current provision of antenatal and postnatal care.

2.5 Improve and better promote the home birthing service.

2.6 Continuing to support births in two rather than four of the freestanding midwifery units (FSMUs). This means Trowbridge and Paulton will no longer support births. Antenatal and Postnatal services will continue to be provided in all four FSMUs as well as in GP practices.

2.7 Replace nine community postnatal beds (four at Paulton and five at Chippenham) with support closer to, or in women's homes.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

3.1 The proposal is cost neutral, there will be no reduction in spend on maternity services, staffing or resource levels. The proposals will mean that current resources are used more effectively and efficiently to support improvements in maternity care and align staffing and resources to workloads.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

4.1 There is a statutory requirement for public consultation and part of this process is consulting with the Health and Wellbeing Select committee. The business case for the proposed changes has also been subject to a separate NHS assurance and gateway process which included independent clinical scrutiny of the business case by the Clinical Senate.

5 THE REPORT

5.1 The Health and Wellbeing Select Committee has received a number of briefings and updates about maternity services over the last 18 months. This includes the local response across the STP to Better Births – the NHS five year forward view to improve and transform maternity services, as well as some of the challenges faced by the maternity services, in particular at the RUH because of changing needs and where women are choosing to give birth.

5.2 Better Births is the national review of maternity services and makes a number of recommendations to improve and transform maternity services. These include:

(1) Creating safer maternity services - reduce still births, neonatal and maternal deaths by half by 2025

(2) Developing more personalised care, family friendly , where women have a genuine choice on where to give to birth, receive antenatal and postnatal care

(3) Improving antenatal and postnatal care

(4) Improved multiagency working between professionals in maternity services

(5) Better working across geographical boundaries to commission and provide services where needed

5.3 One the major challenges facing the local maternity services has been the increasing number of births in obstetric units and corresponding decline in the number of births in the community – either at home or in freestanding midwife led units in the community. In 2017/18, 85% of births across the B&NES, Swindon and Wiltshire (BSW) maternity services took place in an obstetric unit , 6% in a freestanding midwife led unit, 7 % in an alongside midwife led unit and 2

% were home births. For the RUH this has increasing resulted in the underutilisation in some freestanding birthing units and a mismatch between staffing levels, birthing activity and workloads.

5.4 This is in part due to the increasing complexity of the needs of women giving birth. The average age of a woman giving birth in the UK is now 35. More and more women are experiencing high risk pregnancies (for instance as a result of high blood pressure, obesity or diabetes) which means they need to be cared for in a hospital (obstetric unit) setting.

5.5 In addition, many women with a low risk pregnancy are choosing to have their babies in an obstetric unit despite the efforts of the RUH to promote and encourage the use of the Freestanding Midwife led units as a place of birth. Feedback from women is that they often want to quickly and easily access surgical support or pain relief such as an epidural if needed, and a key fear is transfer in an ambulance during or after labour. Currently, this can be the case for up to 50% of first time mothers.

5.6 The RUH has four Freestanding Midwife led units providing a total of 9 birthing beds in the community. These are located in Frome, Paulton, Trowbridge and Chippenham; all have two birthing beds with the exception of Chippenham, which has three birthing beds. On average one baby is born every two or three days in each of these freestanding midwife led units, however the birthing units need to be staffed with midwives and maternity care assistants to support any births 24 hours a day. (see pages 21 - 24 of the consultation document)

5.7 Two of the RUH freestanding Midwife led units have postnatal beds (five at Paulton and four at Chippenham). However, for 95% of the time postnatal beds in these units are empty as women rarely need to stay in a community hospital after giving birth. These beds were originally intended to provide additional non-medical postnatal care for women, such as breastfeeding support. There are antenatal and postnatal beds available to women with a clinical need for them at the obstetric units.

5.8 Full details are available at www.transformingmaternity.org.uk

6 RATIONALE

6.1 The six elements of the proposal put forward present the best option for freeing up resource to make the improvements required as part of Better Births as well ensuring the staff resources are in the right place and being used efficiently to ensure the service is safe and sustainable.

7 OTHER OPTIONS CONSIDERED

7.1 Commissioners, partners and RUH staff considered and tested out a long list of 58 options for providing maternity services by the RUH against a range of critical success factors. These options looked at different combinations of freestanding midwifery-led units, the obstetric led unit, an alongside midwifery led unit and home birthing service. A short list of 15 options was produced and these were financially appraised to assess the cost of staffing and funding each which left one proposal for change.

7.2 Although this was on the basis of a reduction to two rather than four freestanding midwife led units, no specific sites were identified or named. An in-depth travel impact assessment was undertaken by South Central and West Commissioning Support unit, an independent organisation to help commissioners and providers understand which two freestanding midwife lead units should continue to support births.

7.3 This analysis showed that across the B&NES/Swindon/Wiltshire Maternity services, currently 83.4 % of the female population of child bearing age live within 30 minutes of a birthing unit. This increases to 93.7% outside of peak travel times. Analysis showed that continuing to support births in Frome and Chippenham FSMUs rather than all four makes the least impact and difference to travel time with 81.8% of the female population (at peak times) and 93.4% (off peak) still being within 30 minutes of a unit.

8 RISK MANAGEMENT

8.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the NHS/CCG decision making risk management guidance.

Contact person	Debbie Forward Tel 01225 475305
Background papers	*List here any background papers not included with this report, and where/how they are available for inspection.*
Please contact the report author if you need to access this report in an alternative format	

Transforming Maternity Services Together

Our proposal for change

Consultation document

Bath and North East Somerset, Swindon & Wiltshire
Local Maternity System

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1. Foreword

Lucy Baker Acting Commissioning Director for Maternity, Children and Mental Health, Wiltshire Clinical Commissioning Group and Sustainability Transformation Programme Director for Maternity

"By using what we have available to us differently, we can make sure our maternity services can meet the needs of women and their families and provide staff with a great place to work, now and in the future."

We are proud of our maternity services but we know we can make them even better. In order to do this we need to make some changes to improve the quality of the services we provide for mothers and their families and meet national best practice. We've put a lot of very careful thought into what changes need to be made to help our services be the very best they can be.

Over the past 18 months, we have worked with women and families, our staff and partner organisations from our Local Maternity System of Bath and North East Somerset, Swindon and Wiltshire, to design a vision for maternity services. Together we have developed a Maternity Transformation Plan to set out what we need to do to achieve our vision.

We began this journey by talking to our clinical teams and more than 2,000 women and other people with an interest in maternity services. Their feedback, along with national guidance, such as Better Births, and the NHS England Five Year Forward View, has been used to describe the challenges we face, outline what our future should look like and shape our proposal for change to help achieve our shared vision.

Nationally, budgets are tight and demand for services continues to increase. At our local level, we need to be able to support more women and their families needing maternity services using the resources we have and, as such, we need to explore new and innovative ways of providing maternity care. It's important that our resources are used as efficiently as possible.

"We believe the proposal set out in this document will considerably enhance the experience we provide for people using and working in our maternity services."

We are absolutely committed to providing high quality services, delivered by the right mix of staff in an appropriate environment. We will continue to offer women a choice of giving birth in an alongside Midwifery Unit, a Freestanding Midwifery Unit, an Obstetric Unit or at home. However, at the moment we haven't got this balance right across our Local Maternity System. This is our opportunity to shape and enhance our services by reinvesting our resources and improving how and where we provide our services.

We believe the proposal set out in this document will considerably enhance the experience we provide for people using and working in our maternity services, as well as setting the foundations needed to realise the longer term transformation of our maternity services. It will allow us to offer more choice of place of birth and make sure we have the right resources in the right place at the right time.

We want to hear your thoughts. This public consultation provides an opportunity for you to give feedback on our proposal, which is outlined in full in chapter 7.

Thank you for taking an interest. We look forward to hearing your feedback to this consultation.

2. Summary

What is this document about?

This document is about a consultation on proposed changes to how we provide maternity services across Bath and North East Somerset, Swindon and Wiltshire. We believe these changes will make sure our services are in line with national best practice and consistently provide women with access to and choice of safe, high quality care, no matter where they live.

The proposed changes are based on feedback from a wide range of people including women and their families, our staff, and those with an interest in maternity services. The document aims to provide you with the information needed to understand:

- Why our maternity service needs to change.
- What people have told us they like, what they feel we could do better and how we have used this information to develop our proposal.
- How our proposal will improve services for women, families and staff.

The changes we are proposing to make are outlined in full along with how you can give your views or find out more in chapters 7 and 12.

We believe the proposal set out in this document will make our great service even better for women and their families. It will provide more people with more choice of where to have their baby and will improve and enhance care in line with national guidance and what people have told us matters to them.

Key Terms

A full glossary of terms can be found at the end of this document, but to help here are a few key terms:

Alongside Midwifery Unit: This is a unit which is located next to an Obstetric Unit and can sometimes also be referred to as a co-located unit. Care in these units is provided by midwives and maternity care assistants. If support from doctors is needed there is direct access to the Obstetric Unit.

Antenatal: This relates to the time before birth, relating to pregnancy.

Freestanding Midwifery Unit: This is a unit which is based in the community rather than at a main hospital site. Care in Freestanding Midwifery Units is provided by midwives and maternity care assistants. Any woman who is giving birth in a Freestanding Midwifery Unit and who needs the support of a doctor would need to be transferred to an Obstetric Unit by ambulance.

High risk: A high risk pregnancy is one where the mother and/or unborn baby have a higher risk of complications, either due to pre-existing medical conditions such as high blood pressure, diabetes or a condition that arises during pregnancy such as pre-eclampsia. A woman's age, weight, previous pregnancy history and whether she is expecting twins will all determine whether her pregnancy will be categorised as high risk. Women with a high risk pregnancy are usually recommended to give birth in an Obstetric Unit.

Local Maternity System (LMS): A local maternity system has been created across the Bath and North East Somerset, Swindon and Wiltshire (BSW) area. The LMS is hosted by Wiltshire Clinical Commissioning Group and includes those who use maternity services, those who provide maternity services and those who commission maternity services. Its aim is to deliver the vision set out in Better Births.

Low risk: A low risk pregnancy is one where no particular medical risk factors, such as certain long-term medical conditions, infections or complications with previous pregnancies, have been identified before labour starts.

Obstetrician: A doctor with special training in how to care for pregnant women and help in the birth of babies.

Obstetric Unit: This is a maternity unit that is staffed by a multi-disciplinary team including midwives, maternity care assistants, obstetricians, anaesthetists and support staff. Care for women giving birth is often provided by midwives but doctors may be involved if needed.

Postnatal: This relates to the period of time following birth.

Service users: The people who use maternity services.

What are we consulting on?

We have launched a 14 week formal public consultation from 12 November 2018 to 24 February 2019 to ask you what you think about our proposal.

There are six different elements, but together they form one proposal for change which is summarised briefly below. More detail can be found in chapter 7.

What are we proposing?

1 Continue to support births in two, rather than four of the Freestanding Midwifery Units.

- Chippenham and Frome will continue to support births (you will be able to give birth to your baby at these units).
- Trowbridge and Paulton will no longer support births (you will not be able to give birth to your baby at these units).
- Antenatal and post-natal clinics will continue to be provided in all four units – Chippenham, Frome, Paulton and Trowbridge and in all other community locations e.g. GP practices.

What will this do?

Free up resources to be used more efficiently so we can:

- Better support continuity of care,
- Provide an enhanced home birth service,
- Further improve the quality of care provided to mothers and families.

2 Create an Alongside Midwifery Unit at the Royal United Hospital.

What will this do?

Provide another option of choice of place of birth for low risk women and reduce pressure on the Royal United Hospital Obstetric Unit.

The current Alongside Midwifery Unit at Great Western Hospital will remain unchanged.

3 Create an Alongside Midwifery Unit at Salisbury District Hospital.

What will this do?

Provide another option of choice of place of birth for low risk women and reduce pressure on the Salisbury District Hospital Obstetric Unit.

The current Alongside Midwifery Unit at Great Western Hospital will remain unchanged.

4 Enhance current provision of antenatal and post-natal care.

What will this do?

Improve the support we offer – targeted and personal support and better continuity of care.

5 Improve and better promote the home birth service.

What will this do?

More capacity for midwives to fully and confidently promote and support a home birth service.

6 Replace nine community post-natal beds (four in Paulton Freestanding Midwifery Unit and five in Chippenham Freestanding Midwifery Unit) with support closer to, or in, women's homes.

Women with a medical need will still be able to access post-natal beds at Salisbury District Hospital, Royal United Hospital, and Great Western Hospital.

What will this do?

Free up resources to be used more efficiently, including a greater focus on breastfeeding support and other post-natal care close to home, or in, the home which women tell us is very important to them.

The proposal set out in this document is just that, a proposal. We have not made any decisions yet and we welcome and value your thoughts on what we are proposing. We need to make the best use of our resources (such as our staff, our finances and our environments) in order to make our services better and to help women have improved choice about how and where they receive their maternity care.

The consultation is being led by Wiltshire Clinical Commissioning Group on behalf of the Bath and North East Somerset, Swindon and Wiltshire Local Maternity System.

No decisions will be taken until after public consultation has been completed and responses fully considered by the Governing Bodies of Wiltshire, Bath and North East Somerset, Swindon and Somerset Clinical Commissioning Groups.

What's not in this consultation?

- We are **not** proposing to make any changes to where we provide antenatal and post-natal clinics, these will continue in their current locations.
- We are **not** proposing to close buildings.
- We are **not** proposing to make any changes to neonatal services across the Local Maternity System and we do not anticipate any adverse impact on these services as a result of the proposed changes outlined in this document.
- We are **not** proposing any changes to the Obstetric Units provided at the Royal United Hospital or Salisbury District Hospital but we do expect our proposal to reduce the pressure they are currently under, by ensuring women are cared for in the most appropriate setting.
- There is **no plan** to change either the Obstetric Unit or the Alongside Midwifery Unit at Great Western Hospital as part of this proposal.
- We are **not** proposing to make any changes to how we support perinatal mental health and do not anticipate our proposal to have an adverse impact on this service. Dedicated support is accessed via the Obstetric Units and this will continue.
- This is **not** part of the Wiltshire Clinical Commissioning Group consultation on redeveloping the community and primary care estate in Wiltshire.
- This is **not** part of the Somerset Fit for My Future consultation but we are working closely with our colleagues in Somerset.

How to use this document

We are asking for your views on our proposal for change as part of a consultation that will run over 14 weeks from 12 November 2018 to 24 February 2019.

If you would like more information, including the Pre-Consultation Business Case which sets out in more detail why we need to change and how we reached our proposal, you can find it on our website at: www.transformingmaternity.org.uk

You can also order a copy by contacting Wiltshire Clinical Commissioning Group Communications Team, details below.

Please read this consultation document all the way through before completing the survey. You will find it has lots of information which will help you understand what we are proposing and why.

The survey, including questions and an opportunity for any additional comments, can be found at the end of this document. You can return it to your local GP practice or by post to: Wiltshire Clinical Commissioning Group Communications Team at the address below.

The survey can also be completed online at our consultation website www.transformingmaternity.org.uk

Please make sure your survey reaches us by midnight on Sunday 24 February 2019.

For details of upcoming consultation activities, background documents and more information please keep an eye on our consultation website.

Contact us

You can get in touch with us a number of ways:

Telephone: 01380 736026

Email: maternity.transformationbsw@nhs.net

Post:
Wiltshire Clinical Commissioning Group
Communications Team
Southgate House
Pans Lane
Devizes
Wiltshire
SN10 5EQ

You can also contact us if you would like this document in an audio, large text or an Easy Read format or another language.

3. Your Bath and North East Somerset, Swindon and Wiltshire Local Maternity System

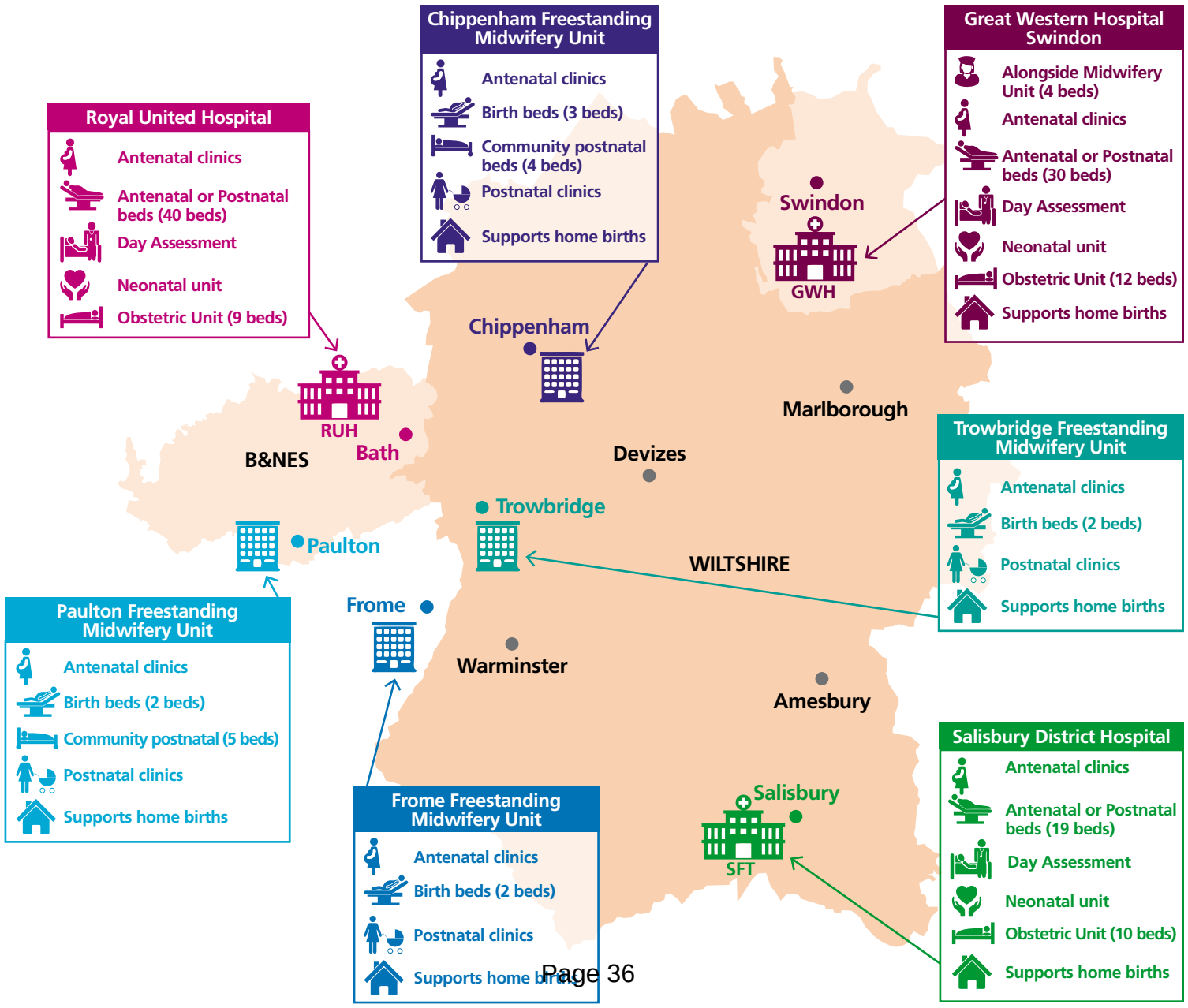
The National Maternity Review 'Better Births', published by NHS England in February 2016, led to the setting up of a National Maternity Transformation Programme with safety and personalisation of care at its heart, to ensure all women receive high quality maternity care regardless of their circumstances and location.

Locally, our aim is to create a joined up approach to providing maternity services for all women within Bath and North East Somerset, Swindon and Wiltshire. This is our Local Maternity System.

Our Local Maternity System builds on the existing strong partnership approach to maternity services across our geographic area. It involves service users and organisations who look after and manage maternity services across the area including Great Western Hospitals NHS Foundation Trust, Salisbury NHS Foundation Trust and the Royal United Hospitals Bath NHS Foundation Trust.

Together, we care for a population of around 250,000 women of childbearing age. During 2017/18 we supported 11,200 births across our area and each year we spend around £42.6 million on maternity services.

The diagram below shows what services we currently have in place and where they are provided across the Local Maternity System.



Our shared vision

Using the feedback from women and their families, clinicians, staff and the public, and drawing on recommendations outlined in 'Better Births' and the 'Five Year Forward View', our Local Maternity System has developed a Maternity Transformation Plan which maps out the vision for providing safe, personalised joined up care and improving access and choice for women.

Our Local Maternity System vision is simple:

"All women will have a safe and positive birth and maternity experience, and be prepared to approach parenting with confidence."

While we know there is a lot we are getting right across our maternity services, we know we can do even better. We want our future service to offer women and families:

- **More equal access to choice of place of birth.**
- **Improved personalised care so that women's wishes are heard and recognised.**
- **Better continuity of care, building an improved relationship between mother, family and midwife.**
- **Improvement of community support to provide personalised care to women and families close to home.**
- **Integrated and seamless care regardless of location.**

We will be able to deliver our vision by providing high quality, responsive and sustainable services in line with national best practice and delivered by confident, skilled staff in the right place at the right time.

We can only do this if we make some changes to how we currently do things, to help lay the foundations to allow us to deliver our plan in full.

We have outlined our proposal for change in this document, and we would like to know what you think before we make any final decisions.

4. Your midwives' point of view

Fiona Coker, Head of Maternity and Neonatal Services, Salisbury NHS Foundation Trust and Lead Midwife for the Bath and North East Somerset, Swindon and Wiltshire Local Maternity System

Sarah Merritt, Head of Nursing and Midwifery, Women and Children's Division, Royal United Hospitals Bath NHS Foundation Trust

Being with a mum and her family at one of the most memorable and emotional moments in their lives is the best job in the world and a real honour and privilege. Being on the frontline, we are fortunate to be part of dedicated and committed teams and we work together to make sure mums who need our services receive the best possible care and support through every step of their pregnancy, labour and birth.

On the other hand, being on the frontline means that we also see challenges in how and where we currently provide maternity care. We know we can make changes that will bring our services more in line with national best practice, give even better quality of care, choice and experience for women and their families, and provide a great place for our clinical teams to work both now and in the future.

One of our biggest challenges is being able to use our resources in the best way we can, and that's not just about money. It's also about using our staff and our environments better – in ways which make sense, to make sure we're providing the very best service possible for women and their families.

Currently across the Local Maternity System:
- 85% of all babies born are delivered in the Obstetric Units.
- 7% in the Alongside Midwifery Unit,
- 6% across four Freestanding Midwifery Units, and;
- 2% are home births.

Our Obstetric Units are extremely busy, as are the staff who work there. But, while our four Freestanding Midwifery Units are very busy during the day providing antenatal and post-natal care, during an average month, only 52 babies are actually born across all four units. To support birth 24 hours a day, seven days a week, we need to have staff and resources in place in all four units, even though there are many days and nights every month when no babies are born.

Our midwives have told us this is demotivating, particularly at night when the buildings are otherwise empty. It's not a good use of our skilled staff who want to be using their clinical expertise and caring for women - not empty beds and buildings.

We really need to be able to use our midwives and resources better, but having to staff four Freestanding Midwifery Units, the Obstetric Units, an Alongside Midwifery Unit and home births 24/7 is making it difficult. We need to free up some of this precious resource.

We also need to be more in line with national best practice in how we support mums and families once their baby has been born. We still provide the same advice in terms of getting rest after giving birth, but it's been many years since mothers were cared for in a hospital bed for days following the birth of their baby, regardless of whether they needed clinical support or not.

However, we still provide nine post-natal beds in our community – four are in the Freestanding Midwifery Unit in Chippenham and five are located in the Freestanding Midwifery Unit in Paulton. This model is outdated and no longer recommended as best practice.

Sandy Richards, Transformation Midwife for the Bath and North East Somerset, Swindon and Wiltshire Local Maternity System

"What's more, these community beds are significantly underused. Last year alone they were empty around 95% of the time. On the few occasions the beds are used, it's mainly for breastfeeding support."

Mums have given us feedback that we are not always providing the right kind of breastfeeding support and this is something we want to make better through more modern practices.

Of course, when women do need clinical care after their baby has been born, we provide inpatient beds at all three hospitals (89 beds in total). We are excited about taking forward best practice and creating a more modern approach to post-natal care including breast feeding support, closer to, or in, women's homes.

By listening to feedback during our informal engagement and through all the other ways we hear from mothers and families, we also understand that we need to give better support to home births, which we can do if we use our resources better. This is a particular issue at the Royal United Hospital in Bath where our midwives have told us they feel stretched across too many sites to be able to actively promote home births as an option for mums, and we know mums don't feel as though they have enough information to make this choice.

We can change this if we provide the right services in the right place and at the right time, appropriate to where the clinical demand and activity is.

Your midwives very much want to make sure we are meeting national best practice outlined in 'Better Births' and get it right for you and your families, first time every time.

We firmly believe the proposal outlined in this document will help us to achieve this, and we encourage you to have your say.

We are always looking at how we can improve. Quality and safety is something we are passionate about, as is our ability to provide continuity of carer. We know that the provision of care by a known midwife throughout pregnancy, labour, birth and the post-natal period can be associated with greater satisfaction levels and improved health outcomes for the mother and baby.

This overall sense of safety is what women and their families receive through a continuity model of care. Becoming comfortable and building a relationship with your midwife which grows over time enables trust to develop and provides an opportunity to begin to share deeper anxieties, through a supportive relationship, at the same time enjoying the positive aspects of pregnancy, birth and post-natal journey.

Midwives benefit too, because a midwife getting to know each woman and developing a trusting relationship with her is the best way to support a safe, positive and empowering experience.

Parents want joined up services with consistent professional advice throughout pregnancy and the early weeks of their baby's life. The ability to offer local, dedicated and personalised care is key to providing important information at the appropriate time. Equally important is recognising when additional assistance is needed, and being able to offer targeted support to meet the needs of pregnant or new mothers.

Care through pregnancy, labour and birth should be seamless, with post-natal care a continuation of this pathway. Midwives and the wider multidisciplinary team will be able to effectively and regularly review the content and timing of contacts, developing with the mother a personalised, documented care plan, to meet her and her baby's individual needs.

Offering births at two rather than four Freestanding Midwifery Units will free up staff to better support continuity of care – so women and families can be cared for by a team of professionals they know and trust throughout their pregnancy, birth and post-natal journey.

David Walker, Consultant Obstetrician and Gynaecologist/Clinical Lead, Royal United Hospital and Joint Lead Consultant Bath and North East Somerset, Swindon and Wiltshire Local Maternity System

Jo Baden-Fuller, Consultant Obstetrician and Gynaecologist/ and Joint Lead Consultant Bath and North East Somerset, Swindon and Wiltshire Local Maternity System

Your obstetricians' point of view

We are seeing an increasing complexity of women's health needs including rising rates of obesity, increasing age, diabetes in pregnancy and multiple co-morbidities which means more women need obstetric care to support their birth. This is creating additional pressures on already busy Obstetric Units. Our data indicates that the number of high risk women is increasing and is now at around 60- 65 per cent of all births.

Across all three Obstetric Units, demand for consultant-led care is increasing. However, low risk women are also choosing to give birth in the Obstetric Units at the Royal United Hospital and Salisbury District Hospital, creating a mismatch between demand and capacity.

Great Western Hospital already has a successful Alongside Midwifery Unit and our proposal will support the same choice for women across Bath and North East Somerset and Wiltshire. In turn, this would help our staff in all Obstetric Units to focus on the high risk women who, for clinical reasons, need to have their babies in this environment.

From our conversations with people using our service, we understand that one of the main reasons they choose the Obstetric Unit as their place of birth, rather than a Freestanding Midwifery Unit is they don't want the risk of having to transfer to another maternity setting during labour.

An Alongside Midwifery Unit is a unit on the hospital site, right next to an Obstetric Unit, and means women can chose midwife-led care but have immediate access to medical care on the same site should they need it.

We also believe the proposal outlined in this document will help us to achieve this.

5. Building on what you have told us

We have listened to what people have to say and this has been really important in helping us to develop our vision and our proposal for change. We've used feedback from more than 2,000 people and we've heard people tell us what works well, what doesn't and what they want from their future maternity service.

Outlined below, in their own words, are some of the key themes from our informal engagement with a wide range of people. We've also outlined how we think our proposal can better provide people with what they want in the future.

What did people tell us they wanted?

To be offered choices from the beginning of their pregnancy:

"Personal informed choice is the key. Mothers should be given good information on which to base decisions. They should then feel adequately informed to make the decision as to whether to give birth locally without obstetric consultants or emergency care on hand, or to travel further to a consultant led unit." Service user

"Women must be given the highest care, with the highest level of choice, doing the most important job that any human can do in this life: that is giving birth…we need to keep every type of option open to women, from high-tech hospital with obstetrician, if that is their choice, to relaxed birthing centres." Service user

"When first contact is made we explain choices including home births so women come to first appointment informed." Member of staff

"Suitability for each individual. Some people may prefer a relaxed water birth close to home, others may be willing to travel for full hospital treatment availability. However, everyone's circumstances aren't the same." Service user

What are we proposing?

- To create an Alongside Midwifery Unit at Royal United Hospital and Salisbury District Hospital, and enhancing the home birth service. To increase the choice of midwife-led care across the Local Maternity System.

What did people tell us they wanted?

Look at providing an Alongside Midwifery Unit at the Royal United Hospital and Salisbury District Hospital:

"[An Alongside Midwifery Unit] gives you more freedom to have varied choices." Service user

"[In an Alongside Midwifery Unit] it stays a 'normal' event and is not a medical procedure." Service user

"Adjoining birth centre (co-located) to reduce fragmented service and provide support for midwives to support each other." Member of staff

"It would save consultant care for people that do need it!" Service user

"…the ability to draw upon advice from consultants if things start to go wrong." Service user

"No disadvantages to a co-located unit." Member of staff

"I think this would be the preferred option of most women I know. Relaxed environment but no risk of an ambulance ride. It's the ambulance that puts most people off, not the fact it's midwife led, at [a birth centre]." Service user

"I feel the staff [at a Freestanding Midwifery Unit] are maybe less experienced in more complex issues like mine and therefore I felt less supported." Service user

"It would create another option and ease pressure on consultant led care. I think women would feel safe in midwife led care knowing that if there was an emergency then they would have consultant-led care at hand...Only if needed!" Service user

"Just that reassurance that if something does go wrong, it's right there!" Wife of serviceman repatriating to South Wiltshire

What are we proposing?

- To provide an Alongside Midwifery Unit at the Royal United Hospital.
- To provide an Alongside Midwifery Unit at Salisbury District Hospital.

What did people tell us they wanted?

Women value having the Freestanding Midwifery Units:

"Amalgamate birth centres to free up resources to support delivery in other settings including home births." Member of staff

"It provides a home away from home which is proven to be the exact environment that will facilitate 'normal' and uncomplicated deliveries. If a woman chooses to not be at home then a midwife led unit is essential as another option." Service user

"Women who attend them feel normal and they are supported and trusted that the belief is that they can give birth normally." Service user

"Actively encouraging both home births and the use of our amazing birthing centres..." Service User

What are we proposing?

- To continue to provide Freestanding Midwifery Units as an option for birth.
- To continue to provide Freestanding Midwifery Units as an option for antenatal and post-natal care.

What did people tell us they wanted?

Having your own space and not having to worry about transferring when in labour:

"Being moved from space to space…I did not feel safe and could not 'nest'." Service user

"Please, please put a midwife led unit next to the RUH unit. The other community centres and my home are more than ten minutes away from the RUH with doctors for babies and mothers - too far if there is a problem." Service user

"If you were to wish for an epidural or if significant difficulties arise during labour arranging a transfer and moving locations during labour would be really hard to cope with." Service user

"If complications happen then a long journey to an obstetric unit could be very uncomfortable, scary and traumatic." Service user

"For me, it's not having access to pain relief and medical intervention if needed in an emergency, it would be extra stress for me." Service user

"Ambulance ride in labour/directly after labour must be grim. Some people would find it very hard to relax knowing there was no doctors etc nearby." Service user

"I'm worried that when we come back to Wiltshire I'll have to travel when I'm in labour. This happened to me before when we lived there and it wasn't a nice experience. In Germany the birthing room wasn't like being in hospital and I ended up having another caesarean, which was great because I stayed in the same place all the time." Wife of serviceman, due to repatriate to South Wiltshire.

What are we proposing?

- Improving access to midwife-led care alongside an Obstetric Unit to provide 'onsite' support if required.

What did people tell us they wanted?

Promote home birth and consider providing a dedicated home birth service.

"Encouragement of home birth more openly (they were supportive but it isn't exactly advertised as an option!)." Service user

"Education, full options including safe home birth." Service user

"Feeling relaxed, empowered. Being able to choose home birth and be totally supported to do this. Having calm, caring, skilled midwife who is empowered to make decisions and able to call in additional skilled staff if she deems it necessary." Service user

"Being able to have a home birth!!!! If not an option for medical reasons, then birth rooms should be a home from home environment, with double beds for partners to stay over with you." Service user

What are we proposing?

- Enhancing the home birth service – more consistent support and better resourcing.
- More capacity for midwives to fully promote and support a home birth service.
- Improving information about home birth to inform choice.

In addition, there were some themes that emerged that we have already started to tackle. However, if we implement our proposal we can use our staff and resources differently and we'll be able to do more.

What did people tell us they wanted?

More time with a midwife and continuity of care is important, particularly antenatal and post-natal care:

"Ideally I would like to see women have the same midwife or small group of midwives that would see her through antenatal care, birth and post-natal care." Service user

"Consistency of staff (hardly ever saw the same midwife twice, and both midwives at actual labours I'd never met before)." Service user

"Allow flexibility in making longer appointments for anxious women and vulnerable women. Continuity will help with this – don't have to keep repeating information." Member of staff

"Ideally it would be nice to deliver your baby in a nice relaxed, calm environment, by a midwife that you know or have seen before, which is near to where you live that does not cost you too much to get there." Service user

"If I had continuity of care during my first pregnancy, my first birth would have felt much more supported and I would have had a midwife with whom I could have discussed decisions with. I desperately needed a midwife I could turn to to chat things through with after seeing the consultants. I hope for continuity of care and support for all women in pregnancy and birth." Service user

"Continuity of care is key." Service user

"Set a standard for continuity of care." Member of staff

"I'd really like to see the same midwife throughout my pregnancy and ideally at the birth too. It's like having a friend who's there for you, and it's worrying to think they might not be at that most important part." Wife of serviceman, due to repatriate to South Wiltshire

What have we already done as a result of your feedback?

- Improved our appointment systems by standardising them across the service.
- Improved access to booking appointments with the same midwife for both antenatal and post-natal care.
- Increased the length of appointments to between 20 and 30 minutes.

What could we develop further if we put our proposal in place?

- Increase time to care and time to listen, helping to improve mental and physical wellbeing through pregnancy.
- Improve flexibility of staffing to support continuity of carer during labour.
- Develop continuity of care plans (as set out in the wider Local Maternity System Transformation Plan).
- Improve support for vulnerable groups.

What did people tell us they wanted?

Improved breastfeeding support:

"Provide more information and more help with breastfeeding in initial days." Service user

"Maternity should not just be the preparation and delivery of baby but should also enrol the preparation and delivery of breastfeeding especially to new time mums who have no idea and think it's easy." Service User

"When I had my second baby in Germany I had follow up support from my midwife at home, which was great. I'd like to think that was possible when I come home." Wife of serviceman, due to repatriate to South Wiltshire.

What have we already done as a result of your feedback?

- Standardised advice across the Local Maternity System.
- Peer supporters available in the community.

What could we develop further if we put our proposal in place?

Enhanced level of support by:

- Improved access to support closer to home.
- Group support sessions and clinics in the community involving the wider team, e.g. health visitor and breastfeeding supporters.
- Support via a 24 hour telephone triage advice line.
- Community on call staff will be able to provide breastfeeding support either via the telephone or through home visits/support in community settings.

Further details about our informal engagement activities and feedback can be found in the Pre-Consultation Business Case, available online at www.transformingmaternity.org.uk

6. Why do we need to change?

The national picture

The immense amount of feedback and evidence we've gathered from talking to mothers, families, staff and partners, is fully supported by a wide range of national reports, guidance and recommendations to improve maternity services across the country. These include:

- **Better Births** – a report setting out NHS England's vision for the planning, design and safe delivery of maternity services including how women, babies and families will be able to get the type of care they want and how staff will be supported to deliver such care. You can read the full report here https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

- **The Carter Report (Productivity in NHS Hospitals)** – Lord Carter's independent review of efficiencies in hospitals and recommendations to make the best use of resources. You can read the full report here https://www.gov.uk/government/publications/productivity-in-nhs-hospitals

- **NHS Five Year Forward View** – the vision for the future of the NHS and how the health service needs to change to meet current and future challenges. You can read the full report here https://www.england.nhs.uk/five-year-forward-view

Nationally, maternity services have been asked to benchmark themselves against the recommendations in 'Better Births' which are "designed to make care safer and give women greater control and more choices." Our benchmarking shows that we perform well but there are areas for improvement. These include personalised care and choice and continuity of carer.

The local picture

If we are to deliver our shared vision for maternity care across our local area, as well as meeting the principles and recommendations set nationally, we need to address a number of challenges across our local maternity services.

The full clinical case for change is outlined in the Pre-Consultation Business Case, which describes why we need to change, and focuses on the following:

Choice:

There is inequality in choice of place of birth across the Local Maternity System.

Significant Underutilisation:

Some of the services across the Local Maternity System are underused and we are sometimes staffing empty buildings and beds.

Workforce - Right staff, right place, right time:

We often need to move staff around at short notice and we need to be able to better match our workforce to support clinical need – being where mothers and babies need us to be.

Future sustainability:

We need to make better use of our resources to ensure our services are efficient, sustainable and can support future growth in demand such as clinical need, population growth, housing policy, and the repatriation of military personnel to South Wiltshire from April 2019.

More information is available online at www.transformingmaternity.org.uk

Choice

The issue: We're not offering women the same range of choice across the Local Maternity System.

Nationally, 'Better Births' highlights that the satisfaction of those who use maternity services is linked with how easy it is to access maternity services. Where and how maternity services are provided can help ensure ease of access and minimise the unfair and avoidable differences in people's health across population groups.

Difference in choice

At the moment, the choices available to mothers when deciding where to have their baby will be quite different depending on their home and local hospital. You can see this in the table below.

Current choice of where to give birth across the Local Maternity System:

Organisation	Maternity care	Current Birth Options					
	Antenatal and post-natal care	Obstetric Unit	Home birth	Freestanding Midwifery Unit	Alongside Midwifery Unit	Choices for birth	Location for birth
Royal United Hospitals Bath NHS Foundation Trust	✓	✓ Royal United Hospital (Bath)	✓	Trowbridge Chippenham Frome Paulton	x	3	6
Great Western Hospitals NHS Foundation Trust	✓	✓ Great Western Hospitals (Swindon)	✓	x	✓ White Horse Birth Centre at Great Western Hospital	3	2
Salisbury NHS Foundation Trust	✓	✓ Salisbury District Hospital (Salisbury)	✓	x	x	2	2

Obstetric Units: All three hospitals – Great Western Hospital, Salisbury District Hospital and the Royal United Hospital have an Obstetric Unit on site.

Home births: Home birth is an option across the Local Maternity System, however only 2.2 per cent of women chose to give birth this way. Our midwives have said they want to actively promote this service but they don't always feel able to because of the ways services are currently staffed and provided.

Alongside Midwifery Units: Of the three hospitals only one (Great Western Hospital) offers the choice of an Alongside Midwifery Unit. Feedback from this service is consistently positive. The unit is a popular choice for place of birth with mothers saying they enjoy and value the homely birth environment and midwife-led care whilst valuing the peace of mind of knowing that obstetric, neonatal and anaesthetic teams are readily available if unexpectedly required.

Freestanding Midwifery Units: Only the Royal United Hospital provides Freestanding Midwifery Units, although it is unusual to offer so many in one geographic area.

Midwife-led births: For those women who are cared for in Salisbury and want a midwife-led birth, a home birth is their only option, unless they want to use the services of the Royal United Hospital or Great Western Hospital. Women elsewhere across the Local Maternity System have easier access to an Alongside Midwifery Unit or Freestanding Midwifery Unit.

We want there to be more equal access to place of birth across the Local Maternity System. We want to reduce inequality by improving choice.

Significant Underutilisation

The issue: Significant underutilisation of our four Freestanding Midwifery Units (Chippenham, Frome, Trowbridge, Paulton).

We know many women, families and our communities value having this as a choice. However, the number of women choosing to have their babies in a Freestanding Midwifery Unit continues to decrease.

We want to promote and increase choice for women and families, but need to recognise that some of the services we provide are not well used. During 2017/18, there were 11,200 births across our Local Maternity System, just 6 per cent of these took place across our four Freestanding Midwifery Units, as outlined below:

85%		**Obstetric Unit (of these 65% were high-risk women and 20% were low risk women)**
6%		**Freestanding Midwifery Units (Royal United Hospital)**
7%		**Alongside Midwifery Unit (Great Western Hospital)**
2%		**Home births**

The four units deliver, on average, a combined total of 52 babies a month. That means on average each unit delivers one baby every two or three days.

However, all four units need to be staffed to support births 24 hours a day, seven days a week.

Meanwhile, combined, the Royal United Hospital, Salisbury District Hospital and Great Western Hospital Obstetric Units deliver around 800 babies a month.

The low numbers of births across the four Freestanding Midwifery Units also carries a risk that midwives may become de-skilled in some areas of practice. There is less opportunity too for variety and experience of certain situations. In the short-term, to reduce this risk, we rotate staff around different locations but this is not sustainable in the longer term.

Why aren't more women choosing to use a Freestanding Midwifery Unit?

We've looked at data and listened to feedback from women who choose to give birth in an Obstetric Unit. We know many of these women are considered to have a low risk of complications during labour and are otherwise fit and healthy, so could give birth in a Freestanding Midwifery Unit if that was something they chose to do. Over the past ten years, we have used a number of strategies to promote and encourage Freestanding Midwifery Units as a place of birth but, despite this, the number of births in these settings has continued to reduce in the last few years.

When we talk to women and families, they tell us their main areas of concern are:

- **Lack of easy access to obstetric support**
  Women and families may favour a midwife-led birth but also want to be able to quickly and easily access surgical support or anaesthetic care and pain relief such as an epidural, if needed. This support is not available in a Freestanding Midwifery Unit.

- **Wanting to avoid transfer during labour**
  Women at Freestanding Midwifery Units will need to transfer to an Obstetric Unit if labour is not progressing well or further support is required, which can happen in around one in three births nationally for first time mums and 10 per cent for second time or subsequent babies. Women have described how they do not wish to move once they are in labour as they find this causes anxiety and it has been mentioned as something that can contribute to a negative birth experience.

Locally, the transfer rates to an Obstetric Unit increases to 50 per cent of first time mothers.

The issue: Significant underutilisation of community post-natal beds.

Across the Local Maternity System, any woman with a clinical need for post-natal care is admitted to a bed on an Obstetric Unit. There are 89 postnatal beds available at Great Western Hospital, Royal United Hospital and Salisbury District Hospital.

In addition, nine community post-natal beds are available at the Freestanding Midwifery Units in Chippenham (four beds) and Paulton (five beds). There are no community post-natal beds in Swindon or Salisbury. Historically, these beds were originally intended to provide additional non-medical post-natal care for women, such as breastfeeding support, when the way we supported women was very different to today.

The nine beds were significantly underused between January and December 2017. They were empty for around 95% of the year.

Women are not choosing to access these beds and we think we can provide this care in a better way.

Workforce - Right staff, right place, right time

The issue: We don't always have the right staff in the right place at the right time to offer the kind of service you want to receive and we want to provide. This is a particular issue for the Royal United Hospital.

We have listened to those who work in our maternity service, who have told us what works well and what needs to change.

Based on the current service at the Royal United Hospital, we believe we have the right number and mix of staff but they're not based in the right locations to deliver our future vision and ensure efficient use of our resources.

At the Royal United Hospital, staff are supporting births across four Freestanding Midwifery Units, an Obstetric Unit and home births, all of which have to be staffed to provide a service 24 hours a day, seven days a week.

In our Freestanding Midwifery Units, particularly at night, staff are rostered to cover areas where there is no or very little birth activity. Even if no babies are being born in a Freestanding Midwifery Unit, we still need a certain number of staff. This means staff are often looking after empty beds, or even empty buildings at night, while their colleagues at the Obstetric Unit are juggling more demands.

The tables below show a snapshot of a typical 24 hour period across maternity services provided by the Royal United Hospital. The images represent actual numbers of staff, clinics, home visits and births.

7th March 2018

	Midwives	Maternity Care Assistants	On call	Births	Clinics	Home Visits
RUH Bath					n/a	n/a
Bath Community Team			0	0		0
Chippenham Birth Centre						
Trowbridge Birth Centre				0		
Frome Birth Centre			0	0		
Paulton Birth Centre				0		

7th September 2017

	Midwives	Maternity Care Assistants	On call	Births	Clinics	Home Visits
RUH Bath					n/a	n/a
Bath Community Team			0	0		0
Chippenham Birth Centre				0		
Trowbridge Birth Centre				0		
Frome Birth Centre				0		
Paulton Birth Centre						

7th March 2018

	Midwives	Maternity Care Assistants	On call	Births
RUH Bath				
Bath Community Team	0	0		0
Chippenham Birth Centre				0
Trowbridge Birth Centre				0
Frome Birth Centre			0	
Paulton Birth Centre				0

7th September 2017

	Midwives	Maternity Care Assistants	On call	Births
RUH Bath				
Bath Community Team	0	0		0
Chippenham Birth Centre				0
Trowbridge Birth Centre		0		
Frome Birth Centre				0
Paulton Birth Centre				0

Moving staff: To make sure we have the right mix of staff in the right place, there are frequent times at the Royal United Hospital's Freestanding Midwifery Units when staff are sent at short notice to the Obstetric Unit or a different Freestanding Midwifery Unit due to the unpredictability of demand. This can be frustrating for staff, which can affect morale and impact on staff retention.

If staff are busy looking after empty beds and buildings, or travelling between Freestanding Midwifery Units and the Obstetric Unit, there is less time and fewer staff available to promote and support home birth. Just over 2 per cent of births across the Local Maternity System are home births. Reducing the number of Freestanding Midwifery Units supporting births from four to two will free up staff to better promote and support home birth.

We need to use our workforce in a different way to best support women and families and our proposal will help us to do that.

Future sustainability

The issue: We are not making the best use of our resources to allow us to offer the kind of service you want to receive and we want to be able to provide, now and in the future.

Future demand: Birth rates are expected to increase in the coming years. Military repatriation will see an additional 4,500 troops and 2,500 dependents arrive into the Salisbury area in 2019. The initial impact of this is estimated to be an additional 200 births per year. This increase will support the future sustainability of Salisbury maternity services with annual births increasing to above 2,500.

While our proposal does not include any plans to change either the Alongside or Obstetric Midwifery Units at Great Western Hospital, these units are also busy. Demographic changes (how the local population will look in the future) are being mapped separately by Great Western Hospital to clearly understand future demand and the feedback from our consultation will help inform their planning.

Increasing complexity of births: There is an increase in the number of women with complex needs in pregnancy who require obstetric-led care. Women are starting a family later in life, and we know older mothers are more likely to experience problems in pregnancy and childbirth. There is a significant rise in obesity and an increase in women with pre-existing medical conditions such as diabetes, all of which increase the demand for obstetric-led care.

Financial considerations: Due to the small number of births taking place in the four Freestanding Midwifery Units and the staffing requirements described earlier, the cost of supporting these births is higher than in an Obstetric Unit.

As well as making our maternity service more sustainable for the future, our proposal will allow us to make better use of our resources to unlock other benefits for mothers, families and staff.

7. Our proposal for change

We have listened to the views of women, families and staff, reviewed national and local reasons for change and considered what we need to do both now and in the future, to help us develop our proposal for change.

The following proposal forms part of our plans to deliver our Local Maternity System vision for women and their families, where we are using our resources more effectively and providing more choice for more women.

There are six different elements, but together they form one proposal for change which is described below.

We are confident the changes we propose to our services, as described in this chapter, will deliver an enhanced service for women and their families and provide staff with a great place to work, now and for the future.

Our proposal is outlined below:

1 Continue to support births in two, rather than four of the Freestanding Midwifery Units.

- Chippenham and Frome will continue to support births (you will be able to give birth to your baby at these units).
- Trowbridge and Paulton will no longer support births (you will not be able to give birth to your baby at these units).
- Antenatal and post-natal clinics will continue to be provided in all four units – Chippenham, Frome, Paulton and Trowbridge and in all other community locations e.g. GP practices.

What this will deliver…

- Frees up staff resources to be used more efficiently to better support continuity of care – so women and families can be cared for by a team of professionals throughout their pregnancy, birth and post-natal journey, that they know and trust.
- More effective use of two Freestanding Midwifery Units to support birth.
- Releases staff to provide greater support for home births.
- Provides the opportunity to invest and improve the birth environment in two units at Chippenham and Frome.
- Strengthens our staff base to support Freestanding Midwifery birth service, improving staff confidence and competencies.
- Ensuring clinical skills are maintained.

Only by changing the way we support births in the Freestanding Midwifery Units can we unlock valuable resource, which we can then use differently as outlined in the overall proposal for change.

2 Create an Alongside Midwifery Unit at the Royal United Hospital.

What this will deliver…

Improve the choice available for women and families:

- Provide another option of choice of birth place for low risk women in the area who prefer to be in an environment where they can transfer easily and quickly to an Obstetric Unit if necessary.
- Potential for women to access an Alongside Midwifery Unit where previously an Obstetric Unit would have been the only option.
- Reduce pressure on the Obstetric Unit by offering Alongside Midwifery Unit births to low risk women as an alternative to Freestanding Midwifery Unit or home birth.
- Reducing pressure on the busy Obstetric Unit as low risk mothers now have more choice. Unlocking more capacity for high risk women where Obstetric-led care is recommended.
- Provide an option of midwifery-led birth for women concerned about an ambulance transfer during labour.
- Provide staff with greater options to work in different care settings, supporting recruitment and retention.
- Reduce the requirement for staff to be moved at short notice in response to demand.

3 Create an Alongside Midwifery Unit at Salisbury District Hospital.

What this will deliver…

Improve the choice available for women and families:

- Provide another option of choice of birth place for low risk women in the area who prefer to be in an environment where they can transfer easily and quickly to an Obstetric Unit if necessary.
- Potential for women to access an Alongside Midwifery Unit where previously an Obstetric Unit would have been the only option.
- Reduce pressure on the Obstetric Unit by offering Alongside Midwifery Unit births to low risk women as an alternative to Freestanding Midwifery Unit or home birth.
- Reducing pressure on the busy Obstetric Unit as low risk mothers now have more choice. Unlocking more capacity for high risk women where Obstetric-led care is recommended.
- Future-proof the service for anticipated increase in demand such as the repatriation of military service personnel.
- Provide staff with greater options to work in different care settings, supporting recruitment and retention.

4 Enhance current provision of antenatal and post-natal care.

What this will deliver…

- Continued antenatal and post-natal care close to home with a focus on continuity of carer.
- Improving the support we offer in the community will allow us to provide targeted, personalised antenatal and post-natal support for women in, or closer to home.

5 Improve and better promote the home birth service.

What this will deliver…

- Increasing resources for the Royal United Hospital maternity service by making better use of staff freed up as a result of supporting births from two rather than four Freestanding Midwifery Units.
- Allowing more capacity for midwives to fully and confidently promote and support a home birth service.
- More consistent support for home birth across the Local Maternity System with appropriate resourcing to meet demands.
- Provide an opportunity to increase the number of women choosing to have a home birth.

6 Replace the five community post-natal beds in Paulton and the four community post-natal beds in Chippenham with support closer to, or in women's homes.

Women with a medical need will still be able to access post-natal beds at Salisbury District Hospital, Royal United Hospital and Great Western Hospital.

What this will deliver…

- Releasing Royal United Hospital staff time and costs to support the overall proposal and ensuring more choice for more women without reducing clinical postnatal care.
- Enabling greater focus on breastfeeding support and other post-natal care close to home or in the home which women tell us is very important to them.
- Providing this enhanced level of breastfeeding support would improve access and support to further increase breastfeeding rates.

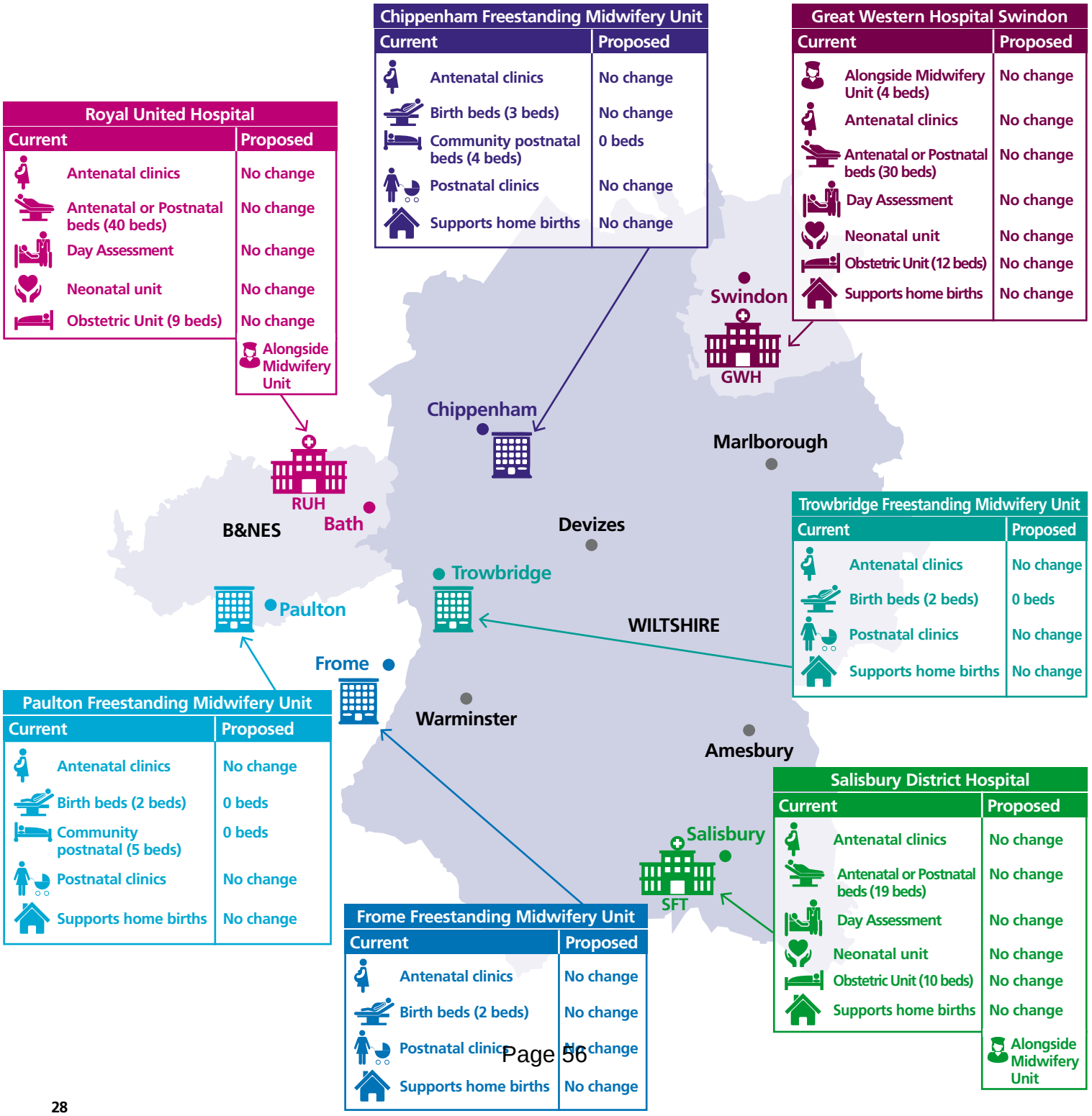
Our proposal at a glance

We have developed the image below to show, at a glance, what we have in place now and what would be in place under our proposal for change.

An initial assessment of the impact of our proposal on the three maternity systems – Bath and North East Somerset, Swindon and Wiltshire – has been undertaken. It is envisaged that there will be limited impact on the Swindon system where women have positively fed back on their choices of delivering their baby in a consultant-led unit, Alongside Unit or at home.

Currently women living in South Wiltshire have the most limited choice of where to have their baby. Our proposal would increase this choice and provide additional birth capacity. In Bath and North East Somerset women will have an increased option of an Alongside Midwifery Unit as well as continued access to midwife-led units in the community.

Our proposal will also ensure we are using our resources as efficiently as possible by meeting the needs of our local women and families.



8. What does our proposal mean for you?

The following patient stories are typical of the experiences of women who use our services now and what would be different under our proposal. These stories are told by local midwives, drawing on their wealth of experience and evidence and reflecting the rich community mix across our Local Maternity System.

The profiles of Alison, Priya, Sarah, Yasmin and Lucy are typical of those women whose care will be transformed.

Patient Story: Alison

Alison is a first-time mum, she is low risk and would like a midwife led birth but she is worried about the risk of requiring transfer in labour so is reluctant to book for a Freestanding Midwifery Unit birth.

Now:
Alison's current choices are:

- Home birth
- Freestanding Midwifery Unit birth
- Obstetric Unit birth

At booking the midwife discusses the choice of place of birth with Alison taking into consideration her previous medical history, her pregnancy history and where she would like to have her baby. As a low risk first-time mother Alison has three options, a home birth, a Freestanding Midwifery Unit birth and an Obstetric Unit birth. Alison is not keen on a home birth and is concerned by the risk of requiring transfer in labour for a first-time mum from a Freestanding Midwifery Unit therefore, even though she understands the risk of intervention is greater she decides to book for an Obstetric Unit birth.

Although Alison would have liked a midwife-led birth environment she knows that if there are any complications in her labour her midwife can refer to an obstetrician very quickly.

Under our proposals:
Alison's choices will be:

- Home birth
- Freestanding Midwifery Unit birth
- Obstetric Unit birth
- Alongside Midwifery Unit birth

At booking the midwife discusses the choice of place of birth with Alison taking into consideration her previous medical history, her pregnancy history and where she would like to have her baby. As a low risk first time mother Alison has four options, a home birth, a Freestanding Midwifery Unit birth, an Alongside Midwifery Unit birth and an Obstetric Unit birth. Alison is not keen on a home birth and is concerned by the risk of requiring transfer in labour for a first-time mum from a Freestanding Midwifery Unit therefore as Alison is low risk and would like a midwife birth environment she decides to book for a birth at an Alongside Midwifery Unit.

Alison is content with her decision knowing that if there are any complications in her labour her midwife can transfer her very quickly to the adjacent Obstetric Unit where referral to an obstetrician can be made. In addition, Alison is happy that she would not have to go on an ambulance journey during her labour.

Patient Story: Priya

Priya is expecting her first baby, she has a known infection requiring administration of intravenous antibiotics in labour, she is advised to have her baby in an Obstetric Unit.

Now:
Priya's current choices are:

- Obstetric Unit birth

Priya lives in the city, close to the local Obstetric Unit and is expecting her first baby. Priya has been advised to go into her nearest Obstetric Unit when she goes into labour as she requires intravenous antibiotics during her labour as she has group B streptococcal bacteria in her urine.

Priya is very disappointed as she was very keen to give birth to her baby in a midwife-led unit and avoid any intervention if possible. Priya was advised that it was not possible to have intravenous antibiotics in a Freestanding Midwife Unit due to the requirement to have emergency support if it was found that she was allergic to the antibiotics. Priya was worried that she would not know anyone in the Obstetric Unit and she did not feel comfortable in a busy Obstetric Unit.

Under our proposals:
Priya's choices will be:

- Obstetric Unit birth
- Alongside Midwifery Unit birth

Priya has discussed with her named midwife the choices available to her. Priya has developed a personalised care plan with her midwife and obstetrician where she feels that she has control over her choices.

Priya feels comfortable knowing that she has the option to labour in the Alongside Midwifery Unit at the hospital and that the antibiotics can be administered by competent staff working within the Obstetric Unit when required. She is happy to know that she has the option of choosing and being transferred to the adjacent Obstetric Unit if she wants an epidural or has any complications in her labour or after the birth.

Patient Story: Sarah

Sarah is pregnant with her second child. Her first was born in the Obstetric Unit; however, this time around she is keen for a midwifery-led birth environment. Her first baby was reluctant to feed and she required readmission as she had lost quite a bit of weight.

Now:
Sarah's current choices are:

- Home birth
- Freestanding Midwifery Unit birth
- Obstetric Unit birth

Sarah talks through her options for the birth of her second child with her midwife. She is low risk, there were no complications with her first baby who was born in the Obstetric Unit because Sarah was really not keen on taking the risk of needing to transfer. She is undecided upon where to have her baby, she knows she could stay at home or book for the Freestanding Midwifery Unit. Although the risk of transfer is much reduced with a subsequent baby, there is limited time with the midwife at booking to talk through the options at length, so Sarah decides to opt for an Obstetric Unit birth.

Sarah meets with her midwife to discuss her options for birth. All options are available to her as a low risk mum. Her midwife talks through the reduced likelihood of requiring transfer for this labour. Although Sarah considers a home birth she decides she would prefer to book for a Freestanding Midwifery Unit birth. Her midwife advises her that she will be her lead midwife and that Sarah will meet a small group of her colleagues as associate midwives, her 'team buddies' who will support her through her pregnancy, labour and birth and then see her post-natally.

Under our proposals:
Sarah's choices will be:

- Home birth
- Freestanding Midwifery Unit birth
- Obstetric Unit birth
- Alongside Midwifery Unit Birth

The midwives are keen to book Sarah as she is an ideal mum for a midwifery-led birth. They have seen activity in their unit increase in recent months and, as they are no longer moved at short notice, they feel confident to promote the Freestanding Midwifery Unit as a choice of place of birth. Sarah's midwife makes arrangements to see her again in a few weeks to check that her pregnancy is progressing well and to provide further information around what to expect.

Sarah is pleased with her choice because she will be cared for in labour by a midwife she has met before.

Her first baby was reluctant to feed and Sarah was upset that she required re-admitting because of weight loss, which knocked her confidence a little. Sarah has attended the breastfeeding education group at her local hub where there is a breastfeeding peer support worker who has been really helpful. Sarah plans to go to the post-natal peer support group once the baby is born. She is also happy in the knowledge that she will have 24-hour access to advice via the telephone and, if required, an on-call midwife will be able to personally support her out of hours if she needs this.

Patient Story: Yasmin

Yasmin is pregnant with her third child, she would like to give birth in a midwifery-led environment however, the only choices available to her in her area are an Obstetric Unit or a home birth.

Now:
Yasmin's current choices are:

- Home birth
- Obstetric Unit birth

Yasmin is mother of two children. Yasmin had a vaginal birth with both of her previous babies and would like to give birth in a midwife-led environment as she has read a lot of information about the positive benefits of this. She is very keen to avoid a caesarean section as she has a busy life caring for her family. Yasmin lives in an area where there is only the choice of home birth or birth in an Obstetric Unit. Yasmin feels that she would prefer not to be in a busy Obstetric Unit as she likes a peaceful, quiet environment but she is worried about having her baby at home due to the fact that she had a large blood loss following the birth of her second child and is nervous about this happening again, and she is worried about her other two children being there when she has this baby.

Yasmin does not feel that she has any choice other than to have her baby in the Obstetric Unit. Although she knows the staff are caring she is aware that hospitals make her very nervous and she is worried that this will make her blood pressure higher than normal which might mean that she may need to stay in longer and will be away from her children for longer.

Under our proposals:
Yasmin's choices will be:

- Home birth
- Obstetric Unit birth
- Alongside Midwifery Unit birth

Yasmin is very pleased as she has discussed her options for birth with her midwife and they have agreed that the Alongside Midwifery Unit is her preferred choice of place for the birth of her baby.

Yasmin feels comfortable knowing that she will have the advantages of a homely environment but feels secure that if she does bleed again after the birth that it only takes five minutes to transfer her to the adjacent Obstetric Unit for assistance. She is hoping to go home as soon as possible after the birth of her baby and is happy that she had options to choose from for her place of birth.

Patient Story: Lucy

Lucy is expecting her third child, her first was born in an Obstetric Unit because she was very overdue and her second was at the Freestanding Midwifery Unit but she nearly didn't get there in time.

Now:
Lucy's current choices are:

- Home birth
- Freestanding Midwifery Unit birth
- Obstetric Unit birth

Lucy is undecided where she wants to have this baby, she has said she wants a midwifery-led birth and she is now approaching the end of her pregnancy. Although everything went smoothly for both her labours and births, her second baby frightened her a little because of the speed of the birth. Lucy is worrying that she is a bit older this time around and she may get caught out or perhaps leave it too late to get to the unit in time.

Under our proposals:
Lucy's choices be:

- Home birth
- Freestanding Midwifery Unit birth
- Obstetric Unit birth
- Alongside Midwifery Unit birth

Lucy has met all the midwives in the team during her antenatal period and has built up a strong and trusting relationship wth them. She is confident in the support that they will provide her in labour, having thought about the discussions and all the information they have given her including how to contact a midwife when labour starts.

Taking into consideration all the information Lucy decides, in view of events last time, a home birth is the best option for her; she is a confident mum and feels she has great support around her from her partner and her midwifery team.

What will our proposal mean for those who work in our maternity services?

Staff are at the heart of our services and they have been closely involved in the development of this proposal. They are vital in making any change a success.

Proposed changes to how and where care is delivered will inevitably mean that some staff may need to work in different ways, develop new skills and competencies and perhaps work in new locations.

We know we have the right number of staff. This proposal would allow us to make the best use of our staff and ensure they are in the right place at the right time.

We know we have great staff delivering great services and we will continue involving staff in planning for the future and listening to staff to understand how we can best support them through any proposed changes.

9. How have we arrived at our proposal for change?

This chapter provides a brief summary of how we developed our proposal for change. Full details can be found in our Pre-Consultation Business Case available at www.transformingmaternity.org.uk

It's been a long process involving many people to get to the point where we have a proposal to share. We know how important it is to get this right.

We began with a Royal United Hospital Clinical Service Review, led by doctors, midwives, health visitors and other frontline workers. We then developed a Local Maternity System across Bath and North East Somerset, Swindon and Wiltshire to co-create our vision by working and talking closely with our clinical teams, local health professionals and, importantly, mothers and families and those with an interest in maternity services.

We gathered the views of more than 2,000 people to help us consider how we could provide our services in the future. We put that feedback together with all other feedback we ask for, collect and receive on a regular basis.

The Royal United Hospital then developed a long list of 58 options for providing maternity services. These options looked at different combinations of midwifery-led units, obstetric-led units, Alongside Midwifery Units and a home birth service, but we did not name any specific sites or buildings.

To help us weigh up the options, we developed a set of **critical success factors** – our list of what we need to achieve, and a list of **benefits**. The critical success factors were developed using the feedback we had received, and agreed by a group which included maternity services staff, service users, Healthwatch representatives and commissioners from across the Bath and North East Somerset, Swindon and Wiltshire Local Maternity Service. We brought together a scoring panel of people including commissioners, mothers, clinicians, midwives and others from across the Local Maternity System to help us to score all 58 options.

Again, it is important to note that in scoring the options no specific sites or buildings were named.

This gave us a shortlist of 15 options which scored the same or higher than the option which we are currently providing. **Only then** did we carry out a financial appraisal – looking at how much it would cost to staff and fund each of the remaining 15 options, bearing in mind we don't have any extra money or staff, but we know we could use what we have differently.

This left us with one proposal for change, which is described in this document. The proposal describes no change at Great Western Hospital and the proposed creation of an Alongside Midwifery Unit at Salisbury District Hospital and Royal United Hospital to improve choice for women. Although there are six different elements, it is one proposal. We need to make all these changes together if we are to be more in line with national best practice, improve quality and choice, make our service ready for the future and make the best use of our resources and staff.

You can read more about the engagement we carried out with our staff and the public before developing our proposal, and how we used it to help shape our proposal, in our Pre-Consultation Business Case.

How did we decide which of the four Freestanding Midwifery Units would continue to support births?

We know the location of where women choose to give birth, and how easy it is to get there, is important. We also know that our Local Maternity System provides maternity services across a wide geographic area, taking in cities, towns, villages and rural areas.

Our long list and short list process did not name any Freestanding Midwifery Units. This meant that whilst the highest scoring, financially viable proposal recommended two Freestanding Midwifery Units, rather than four – it did not specify *which* two units should continue to support birth.

We asked the South Central and West Commissioning Support Unit, an independent organisation, to undertake an in-depth Travel Impact Analysis to help us understand which Freestanding Midwifery Units should continue to support births. The Commissioning Support Unit looked at factors such as demand for services, travel times and other factors such as socio-economic status.

This analysis showed that across our Local Maternity System, currently 83.4 per cent of the female population of childbearing age live within 30 minutes of a birth unit (based on peak driving times). This increases to 93.7 per cent off peak.

Analysis also showed that continuing to support births in Frome and Chippenham Freestanding Midwifery Units rather than in all four makes the least difference to travel time – even if women could no longer give birth at Paulton or Trowbridge 81.8% of the female population (peak times), and 93.4% (off peak) would still be within 30 minutes of a unit.

Based on the Travel Impact Analysis, Chippenham and Frome provide the best coverage in terms of travel time.

For high risk women who need to give birth at an Obstetric Unit, 56.3 per cent (peak time) and 71.8 per cent (off peak) live within 30 minutes of such a unit and our proposal does not change this. In addition, the Travel Impact Analysis demonstrates minimal change in flow to Great Western Hospital or Salisbury District Hospital.

Other independent analysis undertaken by the Bath Centre for Healthcare Innovation and Improvement at the University of Bath also identified Frome and Chippenham as the optimal locations to continue and support births in the community.

Our proposal does not negatively impact on travel time to a birth place location. There are other good reasons to choose Chippenham and Frome – for example these birth centre environments are in a better condition so the cost of further improvements will be lower, and an Alongside Midwifery Unit at the Royal United Hospital will be able to support women in the Paulton area. The independent analysis recommended continuing to support births in Chippenham and Frome; you can read the full Travel Impact Analysis in the Pre-Consultation Business Case.

If we have an Alongside Midwifery Unit, why do we also need a Freestanding Midwifery Unit?

If we stopped supporting birth in all four of the Freestanding Midwifery Units, women could still have a midwife-led birth at home, or in the new Alongside Midwifery Unit at the Royal United Hospital or Salisbury District Hospital or at the existing alongside unit at Great Western Hospital. However, due to the rural nature of our geography, having no Freestanding Midwifery Units would increase travel times.

In addition, we don't want to reduce choice for women, we know that some women prefer a midwifery-led unit located away from a hospital site, so we want to continue to provide this as an option. Evidence shows that women who have their babies in this type of unit are less likely to have an instrumental delivery (where forceps or a ventouse suction cup are used to help deliver the baby).

Women in Bath and North East Somerset, Swindon and Wiltshire can attend any of the birth locations in the wider area, so continuing to support births in two of the Freestanding Midwifery Units maintains choice for women but still allows us to free up resources to better support antenatal and post-natal care and home births.

How have we made sure the proposal is fair for all women across the Local Maternity System?

We know there are lots of different types of individuals and communities across our Local Maternity System. Like all healthcare providers, we are conscious of our duty to ensure equal access to care for all and to ensure no one is discriminated against because of their age, disability, gender, marital status, pregnancy or recent pregnancy, race, religion and belief, sex or sexual orientation. These are called protected characteristics, as described in the Equality Act 2010.

We carried out an Equality Impact Assessment to understand the potential impact of our proposal so that we could understand if there would be any discriminatory impacts on:

- Protected characteristics
- or those people who may experience barriers in accessing healthcare services,
- or those who are under-represented in healthcare decision making.

This helped us see immediately that we had not spent time to find out what military families who would be returning to our area in the near future thought about maternity services, so conversations were held with mums married to soldiers based at British Forces Germany to find out how they felt about their pregnancy and birth experiences, and how things might be improved.

Initial assessments of our proposal suggest it will not negatively impact on those with protected characteristics who may access our maternity services. However, feedback from this public consultation exercise may provide us with new information and the Equality Impact Assessment therefore remains a 'living' document which will be updated as necessary. Any new findings will be taken into consideration at the end of the consultation period. You can read the full Equality Impact Assessment in the Pre-Consultation Business Case.

What else was on the shortlist?

Our shortlist of 15 options all scored the same or higher than the option currently provided by the Royal United Hospital (i.e. the status quo). The options are summarised below. Each option shows a different combination of Alongside and Freestanding Midwifery Units, locations for antenatal and post-natal care, and a dedicated home birth service. For example, in option 57, as well as the Obstetric Unit at the Royal United Hospital, this option would provide an Alongside Midwifery Unit, a dedicated home birth service, four Freestanding Midwifery Units which could support birth, and four locations where antenatal and post-natal care could be provided (these locations could be Freestanding Midwifery Units).

Option number	Obstetric Unit	Alongside Midwifery Unit	Dedicated Home Birth Service	Freestanding Midwifery Units	Bases for Antenatal / Post-natal Care
57	1	1	1	4	Up to 4
50	1	1	1	2	Up to 4
54	1	1	1	3	Up to 4
47	1	1	1	2	3
51	1	0	1	2	4
44	1	1	1	2	2
55	1	0	1	3	Up to 4
45	1	0	1	2	2
52	**1**	**1**	**0**	**2**	**Up to 4**
48	1	0	1	2	3
38	1	1	1	1	4
58	1	0	1	4	Up to 4
11	1	1	1	3	0
53	1	1	0	3	Up to 4
56	**1**	**1**	**0**	**4**	**Up to 4**
1 (do nothing – current service at RUH)	1	0	0	4	Some

We then looked at how many staff it would take to provide each of these different options, and how much these services would cost to provide. We know that we need to make the best use of our resources and staff we have, but we are not able to increase the number of staff we have, and we do not have any extra revenue funding (money that we spend day-to-day to provide the service).

- Option **52** was the only option that did not require an increase in staff numbers.
- Options **52** and **56** were the only two options that did not require an overall increase in revenue funding compared to the current option.

Option 56 (an Obstetric Unit at the Royal United Hospital, an Alongside Midwifery Unit, four Freestanding Midwifery Units and four locations for antenatal and post-natal care) was not the preferred option because it required an increase in staff, and did not free up sufficient resources to reinvest in improving maternity services.

Option 52 – an Obstetric Unit at the Royal United Hospital, an Alongside Midwifery Unit and two Freestanding Midwifery Units and a minimum of four locations for antenatal and post-natal care was taken forward as the recommended proposal as this scored higher than the current service provided by the Royal United Hospital, provides more choice and also frees up resources to further improve antenatal and post-natal services.

You can read more about this process in the Pre-Consultation Business Case.

What about Great Western Hospital and Salisbury District Hospital?

We looked at the possibility of providing Freestanding Midwifery Units in Swindon and Salisbury. We know from listening to women that Alongside Midwifery Units are now a more popular choice for birth location.

Great Western Hospital in Swindon already provides an Alongside Midwifery Unit so women have the choice of a midwife-led birth close to medical facilities, and as part of our proposal Salisbury District Hospital would gain an Alongside Midwifery Unit, improving choice for women in this area.

Why aren't you providing a dedicated home birth service?

Feedback from women and families told us that we could do more to support home births. When considering different ways to provide our services in the future, we looked at providing a dedicated home birth service at the Royal United Hospital. However, it would cost an extra £1 million and 21 extra midwives for us to provide. Our proposal however will free up resources to allow better support for home births.

What will happen if we don't change?

If we don't change we won't be responding to the views and needs of the majority of women across the Local Maternity System, such as improving the home birth service we offer, or providing Alongside Midwifery Units. We also won't be meeting national recommendations.

We won't be able to achieve the vision and ambitions outlined in our Local Maternity Transformation Plan for maternity services, because there will be no flexibility in how we best use our resources. There will continue to be difference in choice, quality and access across the Local Maternity System.

No change			
Continue to provide four Freestanding Midwifery Units.	Do not provide Alongside Midwifery Units at Salisbury District Hospital and Royal United Hospital.	Do not invest further in promoting and supporting home births.	Continue to provide nine community post-natal beds.
What will this mean?			
• Freestanding Midwifery Units continue to be underused. There will be inefficient use of financial and staffing resources as we continue to staff empty beds and buildings. • Ongoing staff concerns at keeping clinical skills up to date. • Staff dissatisfaction at moving between units at short notice: - Reducing the amount of time available to care for women - Reducing the time available for strategic planning, training, supporting and managing staff. - Potentially impacting on recruitment and retention.	• Obstetric Units remain under pressure. • Obstetric Units may not keep up with increase in demand from increasing number of complex births and increasing population as a result of military repatriation. • Continued lack of choice for many women in the Local Maternity System.	• Staff too stretched to fully promote and support home births for more women. • Unlikely to see an increase in home births.	• Post-natal community beds continue to be underused – inefficient use of resources.

What will we miss out on?

Improved choice.

Meeting recommendations and best practice set out in national guidance.

Improved continuity of care and carer.

Improved birth place environment.

Improved support for breastfeeding.

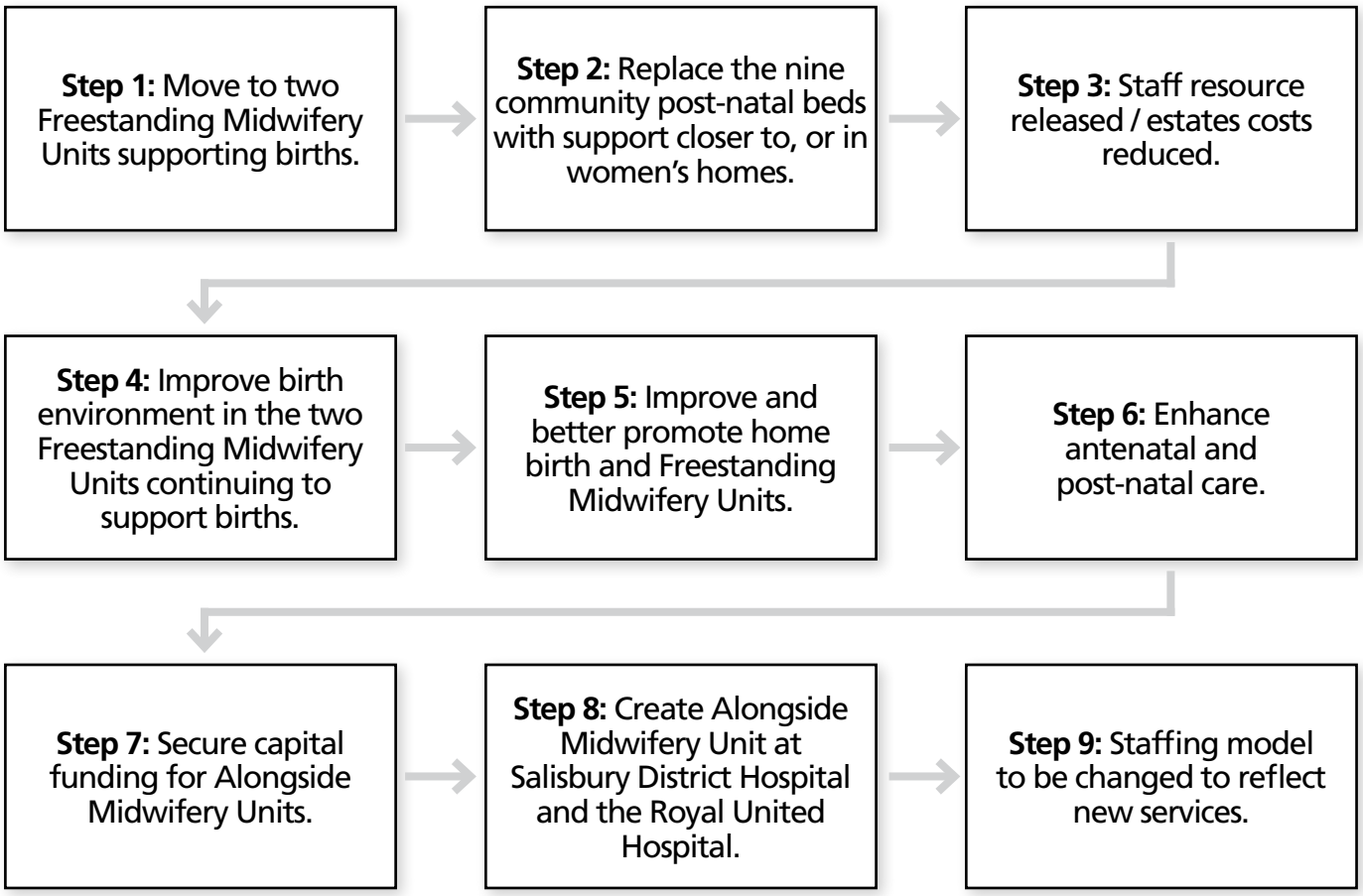
We don't want to see this happen. We need to change so we can provide a best practice, sustainable, high quality safe service which provides more choice for more women across our area.

We need to make some important decisions about how we can do things differently across our Local Maternity System, but before we do, we want to hear your views.

10. Safe and effective implementation

If we do receive approval to go ahead with our proposal, we could start making changes in summer 2019. The chart below describes potential milestones for putting in place our proposal, recognising interdependences between some of the proposal this means that, some changes are reliant on other things happening first.

How would the proposal be put in place?



Based on current levels of activity (how many babies are born) at our Freestanding Midwifery Units, we would plan to change to two units supporting births **before** creating the two additional Alongside Midwifery Units at the Royal United Hospital Bath site and Salisbury District Hospital. Our modelling shows there is minimal anticipated increase in activity at Great Western Hospital as a result of these changes.

There won't be any loss of choice for mothers as a result of this - Frome and Chippenham would have the staff, capacity and resources to support those who may previously have chosen Trowbridge or Paulton. This is described in more detail in the Pre-Consultation Business Case.

For those who are using our services in the lead up to or during the proposed change, be reassured, we'll still be working together to provide high quality care across our Local Maternity System.

11. What happens next?

No decisions will be made about the proposal set out in this document until after the public consultation has finished.

Once the public consultation has closed, the responses will be carefully and independently analysed by the Bath Centre for Healthcare Innovation and Improvement at the University of Bath.

The results will be used to help to make a final decision on the proposed changes.

We can't start making any of the changes outlined in our proposal until a formal decision as to the approach to be taken has been made by Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Groups following the outcome of this formal public consultation. We expect this decision to be taken in 2019.

The decision-making process will be robust, rigorous and fair and will be assured by NHS England. The speed of implementation of an agreed outcome following the consultation that includes the building of new Alongside Midwifery Units in Bath and Salisbury is dependent on accessing one-off additional funding to support the building of these units.

Once this consultation is concluded, should one-off additional funding be required, Bath and North East Somerset, Swindon and Wiltshire Sustainability and Transformation Partnership would put the development of maternity facilities as one of its top priorities and explore funding opportunities for these.

12. Have your say

We want to hear from you. We are keen to continue the discussion with our staff, people who use our maternity services, the communities we serve and those who may be affected by the proposed changes to maternity services across our Local Maternity System.

The Health and Overview Scrutiny Committees of our three councils (BANES, Swindon and Wiltshire) have closely checked our consultation process to date to ensure we are carrying out our consultation in a fair and thorough way.

Our formal public consultation will run over a 14 week period from 12 November 2018 to 24 February 2019 and we are asking people for their opinions on our proposal or if they have an alternative proposal that we have not yet considered, but would address the challenges we face using the resources we have available.

For details of upcoming consultation activities, background documents and more information please keep an eye on our consultation website: www.transformingmaternity.org.uk

There will be events, meetings and presentations, including with those who are sometimes referred to as seldom heard groups such as people who may experience barriers in accessing healthcare services or who are under-represented in healthcare decision making. The aim is to discuss our proposal, to listen to your feedback and receive views from as many people as possible.

The next section of this document offers you the opportunity to express your views on our proposal, as well as anything else you would like to say.

Once you have completed the survey, please either return it to your local GP practice or by post to Wiltshire Clinical Commissioning Group Communications Team.

The survey is also available to complete online at our consultation website www.transformingmaternity.org.uk

To make sure we receive your feedback on time please return responses no later than **midnight on 24 February 2019**.

Contact us

You can get in touch with us a number of ways:

Telephone: 01380 736026

Email: maternity.transformationbsw@nhs.net

Post:
Wiltshire Clinical Commissioning Group Communications Team
Southgate House
Pans Lane
Devizes
Wiltshire
SN10 5EQ

Consultation website: www.transformingmaternity.org.uk

You can also contact us if you would like this document in an audio, large text or an Easy Read format or another language.

Have your say – Consultation survey

Share your views on 'Transforming maternity services together – our proposal for change'

Do you have experience of using maternity services in Bath and North East Somerset, Swindon or Wiltshire? Do you have an interest in these services?

This survey asks for your views on our proposal to make some changes to our maternity services across the Bath and North East Somerset, Swindon and Wiltshire area, as set out in this consultation document, 'Transforming maternity services together'. We have developed our proposal over the last 18 months, based on feedback from over 2,000 people including women and their families, our maternity teams and those with an interest in maternity services. We need to make better use of our resources, such as our staff, our finances and our environments, in order to make our services better and to help more women have more choice.

We have explored many different options and believe that this proposal provides more choice for more women, and allows us to further improve the care we provide.

We would like to know what you think before we make any final decisions. We have launched a formal public consultation from 12 November 2018 to 24 February 2019 to ask you what you think about our proposal.

During the 14 week consultation, we will be seeking views from a wide range of people. This will include women and families who have used, or are currently using our maternity services, members of the public, our maternity teams and people with an interest in these services, to understand the impact of the proposed changes on local communities and maternity staff across Bath and North East Somerset, Swindon and Wiltshire. We will also be holding several public meetings so we can meet with local people to discuss our proposal in person and people can share their views with us. You can find out more on our website www.transformingmaternity.org.uk

The consultation is being led by Wiltshire Clinical Commissioning Group on behalf of the Bath and North East Somerset, Swindon and Wiltshire Local Maternity System.

The responses to this survey and feedback from public meetings will be independently analysed by the University of Bath School of Management (a department outside of the Local Maternity System), and summarised in a report which will be used to help us make our final decisions.

Please make sure that you have read the consultation document, 'Transforming maternity services together' in full before completing the survey. This document explains why our local maternity services need to change, what changes we are proposing and what this will mean for women and families in our area.

We will share the questions we receive and our responses on our consultation website www.transformingmaternity.org.uk

We will review all of the feedback we receive during this consultation period before making any final decisions. A report summarising the feedback we receive during the consultation will be shared on our consultation website. This is likely to be in spring 2019.

If you have any questions about this survey, or if you need the survey in an alternative format as an audio file/ on CD, in large print or another language, please contact Wiltshire Clinical Commissioning Group Communications Team at maternity.transformationbsw@nhs.net or by calling 01380 736026.

Please fill in this survey and share your thoughts on our proposal. The survey is anonymous, and will take around 20 minutes to complete.

You can hand in your completed survey in at your local GP practice or by post it to:

Wiltshire Clinical Commissioning Group
Communications Team
Southgate House
Pans Lane
Devizes
Wiltshire
SN10 5EQ

Please make sure your survey reaches us by midnight on Sunday 24 February 2019.

Alternatively you can complete the survey online at www.transformingmaternity.org.uk

The following survey is in two parts.

1. **Part One** is about proposed changes set out in this consultation document (as described in the table below)
2. **Part Two** will help us to understand the impact of any potential service changes upon different groups of people.

A summary of the key changes proposed in this consultation document are listed in the table below:

What are we proposing?	What will this do?
(1.) Continue to support births in two, rather than four of the Freestanding Midwifery Units. • Chippenham and Frome will continue to support births (you will be able to give birth to your baby at these units). • Trowbridge and Paulton will no longer support births (you will not be able to give birth to your baby at these units). • Antenatal and post-natal clinics will continue to be provided in all four units – Chippenham, Frome, Paulton and Trowbridge and in all other community locations e.g. GP practices.	Free up resources to be used more efficiently so we can: • Better support continuity of care. • Provide an enhanced home birth service. • Further improve the quality of care provided to mothers and families.
(2.) Create an Alongside Midwifery Unit at the Royal United Hospital.	Provide another option of choice of place of birth for low risk women and reduce pressure on the Obstetric Unit at the Royal United Hospital. The current Alongside Midwifery Unit at Great Western Hospital will remain unchanged.
(3.) Create an Alongside Midwifery Unit at Salisbury District Hospital.	Provide another option of choice of place of birth for low risk women and reduce pressure on the Obstetric Unit at Salisbury District Hospital. The current Alongside Midwifery Unit at Great Western Hospital will remain unchanged.
(4.) Enhance current provision of antenatal and post-natal care.	Improve the support we offer – targeted and personal support and better continuity of care.
(5.) Improve and better promote the home birth service.	More capacity for midwives to fully and confidently promote and support a home birth service.
(6.) Replace nine community post-natal beds (four in Paulton Freestanding Midwifery Unit and five in Chippenham Freestanding Midwifery Unit) with support closer to, or in, women's homes. Women with a medical need will still be able to access post-natal beds at Salisbury District Hospital, Royal United Hospital, and Great Western Hospital.	Free up resources to be used more efficiently, including a greater focus on breastfeeding support and other post-natal care close to home, or in the home, which women tell us is very important to them.

Could you please begin by providing your postcode (this will allow us to make sure we have geographically-representative consultation) but without the last two letters. For example, if your postcode is BA1 3NG please enter BA13.

My postcode is: ☐☐☐☐

Have you read the consultation document, 'Transforming maternity services together'?

Yes, all of it ☐ Yes, some of it ☐

Yes, most of it ☐ No, I haven't read it ☐

Part One

The consultation document describes our proposal for change to our maternity services, the reasons for change and the benefits we think these changes will bring. We believe the changes proposed will improve services for the women and families who use them and the staff who work in them. We would like to know what you think.

Question 1: Thinking about the changes we are proposing, how strongly do you agree or disagree with our proposal to:

How strongly do you agree or disagree with our proposal …	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Why do you say that?
(1a.) To make changes across the Local Maternity System (which covers Bath and North East Somerset, Swindon and Wiltshire), to improve the quality of maternity services we provide and the choices available to women and families.						
(1b.) To continue to provide a mix of Freestanding Midwifery-led Units, Obstetric-led Units, Alongside Midwifery Units and support home births across the Local Maternity System.						
(1c.) To offer two rather than four Freestanding Midwifery Units which can support birth. These will be Chippenham and Frome.						
(1d.) To continue to support midwifery-led antenatal and post-natal care in Chippenham, Frome, Trowbridge and Paulton, and the existing locations across Bath, Salisbury and Swindon.						
(1e.) To create a new Alongside Midwifery Unit at the Royal United Hospital Bath.						
(1f.) To create a new Alongside Midwifery Unit at Salisbury District Hospital.						
(1g.) To enhance the way we support and promote home births.						
(1h.) To replace nine community post-natal beds (four at Paulton Freestanding Midwifery Unit and five in Chippenham Freestanding Midwifery Unit) with enhanced support (e.g. breastfeeding support) closer to, or at, home.						

Question 2: After reading the consultation document, how satisfied do you feel that we have explored all the options to provide more choice for more women, and improve our maternity services for mothers and their families?

Very satisfied ☐

Satisfied ☐

Neither satisfied or dissatisfied ☐

Dissatisfied ☐

Very dissatisfied ☐

Please give reasons for your response:

Please continue to question 3.

Question 3: In chapter 7 of the consultation document we explain how, as part of our proposal, we would like to provide two rather than four Freestanding Midwifery Units which can support births.

Chippenham and Frome units would continue to support births; Paulton and Trowbridge would not support births and would continue to support antenatal and post-natal services only. These changes to the Freestanding Midwifery Units would then allow us to use resources more effectively (such as staff, buildings, time and money) so we could improve choice, quality and safety for women and their families.

In our view there are convincing reasons to:

- Provide two rather than four Freestanding Midwifery Units which can support births (these will be at Chippenham and Frome).
- Create an Alongside Midwifery Unit at the Royal United Hospital and Salisbury District Hospital.
- Enhance current provision of antenatal and post-natal care and improve the home birth service.
- Replace nine community and post-natal beds (four in Paulton Freestanding Midwifery Unit and five in Chippenham Freestanding Midwifery Unit) with support closer to, or in, women's homes.

In your opinion, please tell us if you agree or disagree with the following statements… please tick	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Why do you say that?
(3a.) Providing two rather than four Freestanding Midwifery Units will enable us to use our resources (staff, buildings, time and money) more efficiently to improve quality and continuity of care for women.						
(3b.) Creating Alongside Midwifery units at the Royal United Hospital Bath and Salisbury District Hospital will provide more options for low risk women in these areas and reduce pressure on the Obstetric Units.						
(3c.) Enhancing the provision of antenatal and post-natal care will provide more targeted and personal support and better continuity of care.						
(3d.) Improving and promoting the option of a midwife-led home birth means midwives will be more able to confidently promote and support a home birth service.						
(3e.) Replacing nine community post-natal beds at Paulton and Chippenham Freestanding Midwifery Units will enable resources to be used more efficiently (e.g. more focus on breastfeeding support and post-natal care at home).						
(3f.) This proposal is a fair way to ensure all women and families across the Local Maternity System can have a better birth experience.						

Question 4: What do you think is good about the proposal?

Question 5: What do you think is not so good about the proposal?

Question 6: Do you think there is another option we <u>have not</u> considered? If so please describe it here.

- How do you think it meets the challenges (including improving choice, underutilisation of Freestanding Midwifery Units, making the best use of staff, and future sustainability) set out in the consultation document chapter 6.

Question 7: Thinking about antenatal care, in your opinion and/or personal experience how could we improve the way we currently provide this?

Question 8: Thinking about post-natal care, in your opinion and/or personal experience how could we improve the way we currently provide this?

Question 9: How do you think the proposed changes outlined in this consultation document will particularly affect you taking into account your particular characteristics (e.g. disability, age, gender?).

Question 10: If you have any questions which you feel have not been addressed by the Pre-Consultation Business Case or the consultation document, please let us know below.

Question 11: If you have anything else you would like to share with us on the proposals described in the consultation document, please let us know below.

Please continue to Part Two.

Part Two: Equality and diversity information

We would like to understand more about you so that we can be sure we have received responses from people in our diverse community so we are aware of particular issues and needs. You can help us by completing this part of the survey, but completing this section is **entirely voluntary**.

Question 1:

Do you have any experience of maternity services in Bath and North East Somerset, Swindon or Wiltshire?

This could be as a mother giving birth, a family member of someone who has used the services, a staff member or similar role.

☐ Yes ☐ No (move to question 3) ☐ Prefer not to state

Question 2:

Which maternity services have you ever used or had experience of? Please tick all that apply			
	Antenatal	Birth	Postnatal
Bath Birth Centre Royal United Hospital – Obstetric Unit			
Chippenham Birth Centre			
Frome Birth Centre			
Great Western Hospital – Obstetric Unit			
Great Western Hospital – White Horse Birth Centre			
Home			
Paulton Birth Centre			
Salisbury District Hospital – Maternity Unit			
Trowbridge Birth Centre			

Question 3:

If you are currently pregnant and using our maternity services - where are you planning to give birth?

Location

Bath Birthing Centre (RUH Obstetric Unit) ☐

Chippenham Birth Centre (Freestanding Midwifery Unit) ☐

Frome Birth Centre (Freestanding Midwifery Unit) ☐

Great Western Hospital – White Horse Birth Centre ☐

Great Western Hospital – Delivery Suite (Obstetric Unit) ☐

Home birth ☐

Paulton Birth Centre (Freestanding Midwifery Unit) ☐

Salisbury District Hospital Maternity Unit ☐

Trowbridge Birth Centre (Freestanding Midwifery Unit) ☐

Question 4:

What is your status?

☐ Single ☐ Married ☐ Divorced ☐ Prefer not to state

☐ Widow(er) ☐ Separated ☐ Co-habiting (living together) ☐ Other

☐ Civil partnership (same sex partnership)

Question 5:

What is your age? please write in the box below

☐ ☐ Prefer not to state

Question 6:

What is your gender?

☐ Male ☐ Female ☐ Prefer not to state

Question 7:

Do you/have you ever identified yourself as trans or transgender?

☐ Yes ☐ No ☐ Prefer not to state

Question 8a:

Are you a carer? (for a relative or friend)

☐ Yes ☐ No ☐ Prefer not to state

Question 8b:

Do you look after someone at home who needs support due to illness, disability or age?

☐ Yes ☐ No

Question 9:

Are you pregnant or have you had a baby in the last six months?

☐ Yes ☐ No ☐ Not applicable ☐ Prefer not to state

Question 10:

Do you have a child under 24 Months?

☐ Yes ☐ No (move to next question 12) ☐ Prefer not to say

Question 11a:

When thinking about where to have your baby, how satisfied are you that you had enough information about the choices available to you?

Very satisfied ☐ Quite dissatisfied ☐

Quite satisfied ☐ Very dissatisfied ☐

Neither satisfied or dissatisfied ☐

Question 11b: Why do you say that?

Question 12:

Which of the following best describes how you think of yourself?

☐ Heterosexual (attracted to the opposite sex)

☐ Bisexual (attracted to both sexes)

☐ Lesbian/Gay (attracted to the same sex) ☐ Prefer not to state ☐ Other

Question 13:

Do you consider that you have a disability?

☐ Yes ☐ No ☐ I don't know ☐ Prefer not to state

If yes, how would you describe your disability?

☐ Sensory ☐ Learning ☐ Mental Health ☐ Prefer not to state

☐ Physical ☐ Long-term illness ☐ Other

Question 14:

Do you have a religion or belief?

☐ Buddhism ☐ Islam ☐ Christianity ☐ No Religion ☐ Prefer not to state

☐ Judaism ☐ Hinduism ☐ Sikhism ☐ Other Religion/Belief

Question 15:

What is your first language? please write in the box below

☐ Prefer not to state

Question 16:

Please tell us your ethnic group

White

☐ British ☐ Irish ☐ Prefer not to state

☐ Gypsy, Romany or other traveller heritage

☐ Any other white background, please state

Dual-Heritage

☐ White and Black Caribbean

☐ White and Asian ☐ White and Black African

☐ Any other Dual-Heritage, please state

Asian or Asian British

☐ Indian ☐ Pakistani

☐ Bangladeshi

☐ Any other Asian background, please state

Black or Black British

☐ Caribbean ☐ African

☐ Any other black background, please state

Chinese or other ethnic group

☐ Chinese ☐ Any other ethnic background, please state

Question 17:

What is your occupation?

- ☐ Semi or unskilled manual worker (e.g. manual jobs that require no special training or qualifications, manual workers, apprentices to be skilled trades, caretaker, cleaner, nursery school assistant, park keeper, non-HGV driver, shop assistant etc)
- ☐ Skilled manual worker (e.g. skilled bricklayer, carpenter, plumber, painter, bus/ambulance driver, HGV driver, unqualified assistant teacher, AA patrolman, pub/bar worker, etc)
- ☐ Supervisory or clerical/junior managerial/professional/administrator (e.g. office worker, student doctor, foreman with 25+ employees, salesperson, student teachers, etc)
- ☐ Intermediate managerial/professional/administrative (e.g. newly qualified (under 3 years) doctor, solicitor, board director small organisation, middle manager in large organisation, principle officer in civil service/local government, etc)
- ☐ Higher managerial/professional/administrative (e.g. established doctor, solicitor, board director in large organisation (200+ employees, top level civil servant/public service employee), headmaster/mistress, etc)
- ☐ Student
- ☐ Retired
- ☐ Unemployed (for over 6 months) or not working due to long term sickness
- ☐ Prefer not to say

Question 18:

Which of the following best describes you?

- ☐ A patient or member of the public
- ☐ A staff member working in maternity services
- ☐ Healthcare professional (not currently working in maternity services)
- ☐ Another type of NHS colleague (e.g. management, administration)
- ☐ Organisation/group representing women and families
- ☐ Third sector/voluntary/charity worker
- ☐ Other (please state) ☐

Question 19:

What is the highest level of education that you have completed?

- ☐ No formal qualifications
- ☐ GCSE/CSE/O-level
- ☐ AS-level
- ☐ A-Level/Scottish Highers
- ☐ Degree (undergraduate qualification or equivalent)
- ☐ Masters/MBA/MSC (postgraduate qualification or equivalent)
- ☐ PHD (postgraduate qualification or equivalent)
- ☐ Prefer not to say

Thank you for sharing your views with us.

If you would like to know the outcome of the consultation, please leave your email address below (your email address will not be used for any other reason or passed to any third parties).


i love
mummy

Glossary

Activity levels: In documents, these are a measure of what is taking place in antenatal or post-natal clinics and birth units over a given time period.

Acute: This describes a hospital setting which provides facilities where procedures such as caesarean can be carried out.

Alongside Midwifery Unit: This is a unit which is located next to an Obstetric Unit and can sometimes also be referred to as a co-located unit. Care in these units is provided by midwives. If the support of a doctor is needed there is direct access to the Obstetric Unit.

Antenatal: This relates to the time before birth, during or relating to pregnancy.

Best practice: This is a method that is accepted as being correct or the most effective to use.

Better Births: The publication of 'Better Births, Improving outcomes for Maternity Services in England' provided a vision for maternity services in England. It sets out what this vision means for the planning, design and safe delivery of services; how women, babies and families will be able to get the type of care they want; and how staff will be supported to deliver such care.

Carter Review: Lord Carter's independent review of efficiencies in hospitals and recommendations to make the best use of resources, published in 2016.

Clinical Commissioning Group (CCG): A CCG is a clinically-led statutory NHS body responsible for the planning and commissioning of health care services for a local area. They are responsible for buying services on behalf of the population from the organisations who provide health services such as hospitals, clinics etc.

Community post-natal beds: These are beds where mothers who need more support before being discharged can stay with their new-born babies. Mothers who need medical care are cared for in an acute hospital.

Co-morbidity: The presence of one or more additional diseases or disorders, such as diabetes, in a woman who is expecting a baby.

Consultant led care: This is where maternity care is led by a consultant obstetrician.

Continuity of carer: Part of the vision of Better Births is that every woman should have a midwife who knows her and her family and who can co-ordinate her care, working with her throughout her pregnancy, birth and postnatally.

Critical success factors: These are the elements that any change to maternity services must deliver: strategic fit, equitable (fair) and effective use of resource, high quality of midwifery care in the community and affordability.

Equality Impact Assessment: This is a review designed to assess the impact of the proposed change in service on people with protected characteristics (age, gender reassignment, religion or belief, pregnancy and maternity, sexual orientation and, in certain circumstances, marriage and civil partnership) with the aim that any negative impacts may be mitigated.

Freestanding Midwifery Unit: This is a unit which is based in the community rather than at a main hospital site. Care in Freestanding Midwifery Units is provided by midwives and maternity care assistants.

Health Overview and Scrutiny committees: These are organisations that look at the work of NHS organisations to ensure the quality and effectiveness of health services in their area.

High risk: A high risk pregnancy is one where the mother and/or unborn baby have a higher risk of complications, either due to pre-existing medical conditions such as high blood pressure, diabetes or a condition that arises during pregnancy such as pre-eclampsia. A woman's age, weight, previous pregnancy history and whether she is expecting twins will all determine whether her pregnancy will be categorised as high risk. Women with a high risk pregnancy are usually recommended to give birth in an Obstetric Unit.

Home birth: This is when a woman gives birth at home, usually with the support of a midwife.

Informal engagement: This is a period of working with stakeholders to listen to and discuss views to help in planning for the future. This can be done in a number of ways, including questionnaires, focus groups and other meetings.

Interventions: When a midwife or doctor undertakes a medical procedure to help in the delivery of a baby, for example an induced labour or the use of forceps or a vacuum (ventouse) cup.

Local Maternity System (LMS): A local maternity system has been created across the Bath and North East Somerset, Swindon and Wiltshire (BSW) area. The LMS is hosted by Wiltshire Clinical Commissioning Group and includes those who use maternity services, those who provide maternity services and those who commission maternity services. Its aim is to deliver the vision set out in Better Births (see glossary reference above).

Long listing: This is a list of all the options of different ways that maternity services could be provided which was developed using feedback from service users, staff and others. In this case there were 58 options, including a 'do nothing' option, where there were no changes, to use as a comparison.

Low risk: A low risk pregnancy is one where no particular medical risk factors, such as certain long-term medical conditions, infections or complications with previous pregnancies, have been identified before labour starts.

Maternity Care Assistant (MCA): MCAs assist and support midwives in the clinical care of women and their babies.

Midwife led care: This is where maternity care is led by midwives.

NHS Five Year Forward View: the vision for the future of the NHS and how the health service needs to change to meet current and future challenges. Published in October 2014.

Obstetrician: A doctor with special training in how to care for pregnant women and help in the birth of babies.

Obstetric Unit: This is a maternity unit that is staffed by a multidisciplinary team including midwives, maternity care assistants, obstetricians, anaesthetists and support staff. Care for women giving birth is often provided by midwives but doctors may be involved if needed.

Perinatal: This relates to the period immediately before and after birth.

Place of birth: This is where a woman chooses to have her baby, whether it is in an obstetric unit, alongside midwifery unit, freestanding midwifery unit or at home.

Post-natal: This relates to the period of time following birth.

Post-natal care: Care provided to a mother and her newborn baby immediately after birth and in the first six weeks of life.

Pre-Consultation Business Case: In this case this is a document where the Bath and North East Somerset, Swindon and Wiltshire Local Maternity System (BSW LMS) sets out its vision for future maternity services across their area.

Preferred option: This is the proposal for how maternity services across our Local Maternity System could be provided that scored highest after the short listing process.

Protected characteristics: These are the nine groups protected under the Equality Act 2010: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

Public consultation: A formal process to involve people in decision making about services.

Scrutiny: This is the act of examining something (in this case the proposed change in how maternity services are provided and the processes undertaken to reach that proposal) to ensure its validity.

Service users: The people who use maternity services.

Short listing: The long list of service change options was scored using benefits criteria to develop a list of options (15) which scored the same, or greater than the current way services are provided. These were then further narrowed down using staffing and financial models to come up with the preferred option.

Stakeholders: These are people or organisations that have an interest in or can affect or be affected by a project's actions, objectives or policies – for example mothers, staff who work in maternity services and organisations with an interest in maternity services.

Sustainability: The ability to continue to provide high quality services in the future, usually within five to ten years.

Transfer: This is when it is necessary for a woman to be relocated from a community birthing centre or home to an obstetric unit.

Travel Impact Assessment: This is an analysis of the possible impact a proposed change in service could have on roads, public transport and travelling times of patients, staff and ambulances.

Women and families: We use this phrase many times in this document to include dads, siblings or other family members and friends. We know everyone women's situation is unique, so 'women and families' is a short way of describing any of the people who are involved in the antenatal, birth or postnatal experience.

In partnership with:

Royal United Hospitals NHS Foundation Trust
Great Western Hospitals NHS Foundation Trust
Salisbury NHS Foundation Trust
BaNES Clinical Commissioning Group
Wiltshire Clinical Commissioning Group
Somerset Clinical Commissioning Group
Swindon Clinical Commissioning Group
Bath & North East Somerset Council

Bath & North East Somerset Council

HEALTH AND WELLBEING SELECT COMMITTEE

This Forward Plan lists all the items coming to the Panel over the next few months.

Inevitably, some of the published information may change; Government guidance recognises that the plan is a best assessment, at the time of publication, of anticipated decision making. The online Forward Plan is updated regularly and can be seen on the Council's website at:

http://democracy.bathnes.gov.uk/mgPlansHome.aspx?bcr=1

The Forward Plan demonstrates the Council's commitment to openness and participation in decision making. It assists the Panel in planning their input to policy formulation and development, and in reviewing the work of the Cabinet.

Should you wish to make representations, please contact the report author or, Democratic Services (01225 394458). A formal agenda will be issued 5 clear working days before the meeting.

Agenda papers can be inspected on the Council's website and at the Guildhall (Bath), Hollies (Midsomer Norton), Civic Centre (Keynsham) and at Bath Central, and Midsomer Norton public libraries.

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
21ST NOVEMBER 2018				
21 Nov 2018	**HWSC**	**BSW Maternity Transformation Plan**	Deborah Forward, Tamsin May Tel: 01225 395305, Tel: 01225 831861	Director of Integrated Commissioning
30TH JANUARY 2019				
30 Jan 2019	**HWSC**	**Preventative Health Work**	Bruce Laurence Tel: 01225 39 4075	Director of Public Health
20TH MARCH 2019				
ITEMS YET TO BE SCHEDULED				
	HWSC	**Local Care Home Staff Provision**	Vincent Edwards Tel: 01225 477289	Director of Integrated Commissioning
	HWSC	**Update on the Transfer of Services from the RNHRD to the RUH (Pain Services)**	Emma Mooney Tel: 01225 825849	Tracey Cox
	HWSC	**Integrated Urgent Care Procurement**	Catherine Phillips Tel: 01225 831868	Tracey Cox
	HWSC	**Dentistry Services**	Ruth Bartram Tel: 01138 251522	

Ref Date	Decision Maker/s	Title	Report Author Contact	Director Lead
	HWSC	**Non-Emergency Patient Transport Service**		Tracey Cox
	HWSC	**NHS 111 update**		Tracey Cox
	HWSC	**Loneliness**		Director of Integrated Commissioning
	HWSC	**Homecare Review**		Director of Integrated Commissioning

The Forward Plan is administered by **DEMOCRATIC SERVICES**: Mark Durnford 01225 394458 Democratic_Services@bathnes.gov.uk

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