

Bath & North East Somerset Council

MEETING/ DECISION MAKER:	Health and Wellbeing Select Committee	
MEETING/ DECISION DATE:	21st November 2018	EXECUTIVE FORWARD PLAN REFERENCE:
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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	<i>List here any background papers not included with this report, and where/how they are available for inspection.</i>
Please contact the report author if you need to access this report in an alternative format	