

Children, Adults, Health & Wellbeing Policy Development & Scrutiny Panel - extract from draft minutes of 28th January 2020

Maternity Service Reconfiguration Update

Lucy Baker, Director of Service Delivery, BSW CCGs introduced this item to the Panel, a summary of her presentation is set out below.

Future Vision

Our LMS vision is for all women to have a safe and positive birth and maternity experience and to be prepared to approach parenting with confidence.

Journey so far

- We began talking to women about their maternity experiences in 2017
- We have now worked with over 4,000 women and families, plus our staff and partner organisations
- Their feedback, together with national guidance such as 'Better Births', has led to these recommendations for future maternity services across the BSW region
- Partner organisations include Great Western Hospital Trust, Salisbury District Hospital, Royal United Hospital Bath, and B&NES, Swindon and Wiltshire CCGs

Assurance process

- NHSE - 7 stages of assurance & 5 Key Tests for consultation
- Clinical Senate Review
- Independent Travel Impact Analysis by NHS South Central & West CSU
- Independent analysis of public consultation responses by Bath Centre for Healthcare Innovation and Improvement (CHI2) School of Management, University of Bath
- Independent Expert Panel Review

Case for change

Current activity in relation to births across BSW were split between:

85% Obstetric Unit Births

6% Freestanding Midwifery Unit Births (provided by the RUH)

7% Alongside Midwifery Unit Births (GWH)

2% Home births

Complexity in obstetric care:

- Increase in complexity
- Impact of safety improvements
- Patient choice and expectation
- AMU provide opportunities for more women to access midwife led care

- Enables obstetric focus
- Decrease in transfer times

Benefits of midwifery led birth:

- Safe for mothers and babies
- Significantly fewer interventions No difference in caesarean birth rates between AMU and FMU
- Clinical evidence shows that a low risk woman birthing in an obstetric unit has a higher probability of an assisted birth

Staff experience and satisfaction

- Low number of births in FMUs impacting on maintenance of clinical skills and confidence
- Reduced need for short notice redeployment of staff - Improved staff satisfaction
- Flexible workforce will help to support improvements in continuity of carer models
- Right staff, right place, right time
- Improved utilisations of staff resource
- Opportunity for enhanced multi-disciplinary working

Our consultation in numbers

- 1,855 consultation responses over 15 weeks
- 662 face to face conversations
- 1,193 completed surveys were returned

Public Consultation - independent analysis

- 66% strongly agreed/agreed with creation of AMU
- 70% strongly disagreed/ disagreed with closure of postnatal beds
- 59% strongly disagreed/ disagreed with reduction in FMU. 40% Strongly agreed or agreed

The team listened to feedback and as a result 4 post-natal beds will remain open for a further 12 months in Chippenham to allow further time to co-create new pathways with mums and families.

Consultation feedback themes

- Improved infant feeding support. Particular focus on night time breast feeding support. More early identification of infant feeding issues and support
- Better screening and continuity of care for mental health both in pregnancy and postnatally
- People and staff to continue to be involved in co-design of community hubs and AMUs including parking provision at RUH

- More antenatal education for mums and families around choice of place of birth
- Development of clear information for mums and families
- Development of continuity of carer models that are co-created with mums and families
- Engagement work to understand potential location of community hubs

Decision Making Process

Steps taken

- Review of independent analysis from public consultation
- Assessment against original case for change
- Recommendation for change agreed by Acute Maternity Steering Group
- Independent Expert Panel added as additional assurance step

The Independent Expert Panel supported all Recommendations

Recommendations for change

- Create an Alongside Midwifery Unit at the Royal United Hospital
- Continue to support births in two, rather than four, of the Freestanding Midwifery Units
- Enhance current provision of antenatal and post-natal care
- Create an Alongside Midwifery Unit at Salisbury District Hospital
- Improve and better promote the Home Birth service
- Replace the five community post-natal in Paulton FMU and the four community post-natal beds in Chippenham FMU with support closer to, or in women's homes

NB. Births would cease at Paulton and Trowbridge

Key Risks / Mitigation

Risk: Capital funding for RUH AMU

- STP priority for securing national capital funding
- RUH Charity campaign to support funding requirements

Risk: Public opinion on recommendations for change

- Clear assurance process and governance
- Communication plan

Risk: Closure of FMUs before AMUs come on stream

- Average of 20 births per month across both Paulton and Trowbridge
- Robust capacity and demand modelling
- Full transition plan included in DMBC

Postnatal Care

- All FMUs to retain ante-natal and post-natal care provision
- Clarity re offer of 24/7 support for mums following removal of post natal beds
- Co-creation of new integrated community hubs – pilot site go live in Salisbury Dec 2019
- Priority co-design for Paulton footprint – Continuity of carer pilot commenced in Paulton Dec 2019. New hub to be piloted from April 2020.

An open public event will be held in Paulton on February 6th to answer any further questions. *Post meeting note*: This was delayed to Feb 18th 2020 as we had no responses to invites.

Councillor Liz Hardman commented that in her opinion there will be less choice and access to services for women in B&NES following this decision, particularly those in the South East area of the Council.

She added that she felt that those who had responded to the consultation from Paulton had been ignored and said that the closure of the FMU had been opposed by the local midwifery union.

She further stated that the planned AMU at the RUH, that is proposed to replace the Paulton FMU, is not even at the planning stage and has no funding assigned to it. She called for an interim arrangement to be sought to plug the gap in provision.

Lucy Baker replied that it was important to remember that this decision is not about saving money and that it has not been taken lightly. She said that Paulton mums were not choosing to give birth in Paulton Hospital.

She added that she was confident of incoming funding in order to facilitate the changes proposed. She said that she was very aware of the feelings expressed during the consultation and that there is a commitment to work with local communities as the changes take place.

Dr Ian Orpen added that midwifery led births have always been an option for mums to choose at the RUH (albeit not as part of an Alongside or Freestanding Midwifery Unit) but he recognised the disappointment from some residents who might otherwise have used Paulton, but said these were very small numbers (average of 6 per month over the last 3 months).

He said that the enhancement in the overall service spanning from antenatal care through delivery to postnatal care and support will be significant following these changes. He added, from his personal experience of delivering babies, that if things should not go as planned during a birth then you do need the correct amount of support in place. He assured the Panel that this decision

had been taken following a great deal of discussions and planning with a majority of clinicians present on all the respective CCG Governing Body.

The Chairman commented that he saw the proposals as transforming the service and that he acknowledged that potential parents were choosing hospitals with more available support because of a fear of possible transfer either during or after giving birth.

He asked where the 4 post-natal beds that will be retained for 12 months will be sited.

Lucy Baker replied that the beds will be in Chippenham.

Councillor Jess David said that she supported the rationale behind the decision but shared the concerns raised in relation to the potential 2-3 year gap in provision and asked if Paulton could be retained as an interim solution.

Lucy Baker replied that this had been considered as an option, but it was not the right decision to retain, in particular in terms of staffing. She added that there is a commitment to work with communities as the changes are implemented.

Councillor Ruth Malloy said that she welcomed the proposal of Community Hubs and asked if the facility in Paulton would be a new build or a conversion of the hospital.

Lucy Baker replied that part of Paulton Hospital would be transformed into the Community Hub and appropriate modifications made codesigned with local mums.

Councillor Malloy asked would it be possible to reverse these actions if trends change.

Lucy Baker replied that as part of the programme, five and ten year growth and previous birth choices had been mapped. She added that the thoughts of mums will continue to be listened to.

Councillor Paul May said that Paulton Hospital serves North East Somerset very effectively and that he understood the concerns raised and would support moves to retain it if possible.

Councillor Liz Hardman proposed the following recommendations;

This Panel:

- 2.1 Notes the update and next steps;
- 2.2 Notes that the proposed Alongside Midwifery Unit (AMU) at the Royal United Hospital in Bath does not yet have capital funding and, even if the funding is secured, this unit will not be open until 2022/2023;

- 2.3 Expresses its regret that, once Paulton Maternity Unit has closed in April 2020, for a period of at least two and potentially more than three years there will be no midwife-led unit within Bath and North East Somerset;
- 2.4 Asks that the BSW Governing Body reconsiders its decision to close Paulton Maternity Unit in light of this; and
- 2.5 Refers this matter to Full Council for its consideration.

Councillor Paul May seconded the proposal.

The Chairman said that he would not support these recommendations.

Dr Ian Orpen stated that an in depth conversation took place at the BSW Governing Body meeting on January 16th and that the proposals were supported by all three governing bodies. He explained that the decision was neither political nor financial.

He pointed out that he had chaired the governing body meeting in common last week where, after a lengthy and thorough debate, the decision was made unanimously to support all 6 recommendations by each of the 3 governing bodies. The likelihood of such a decisive outcome being overturned in such circumstances was negligible in his opinion. He also reminded the Panel that these proposals had been to a joint Health Overview & Scrutiny meeting of the B&NES, Swindon and Wiltshire councils where the recommendations had been agreed to with some comments in a variety of places to strengthen a few aspects.

Councillor Rob Appleyard questioned the powers that a meeting of the Council committee could have in light of the above.

Councillor Michelle O'Doherty said that Council may wish to comment on the proposals and may wish to express their collective regret on some aspects of the changes.

Councillor Ruth Malloy proposed an amendment that recommendation 2.4 be removed as the BSW Governing Body had already made its decision.

The Chairman seconded this amendment.

Councillor Hardman accepted this amendment.

The Chairman asked the Panel to vote on recommendations 2.1, 2.2, 2.3 and 2.5 as originally proposed by Councillor Hardman.

The Panel voted 7 in favour, 1 against and **RESOLVED** to:

- (i) Notes the update and next steps;
- (ii) Notes that the proposed Alongside Midwifery Unit (AMU) at the Royal United Hospital in Bath does not yet have capital funding and, even if the funding is secured, this unit will not be open until 2022/2023;

- (iii) Expresses its regret that, once Paulton Maternity Unit has closed in April 2020, for a period of at least two and potentially more than three years there will be no midwife-led unit within Bath and North East Somerset;
- (iv) Refers this matter to Full Council for its consideration.