

Wiltshire Council

Health Select Committee

14 January 2020

Rapid Scrutiny Exercise: Maternity Service Redesign

Purpose of the report

1. To present the findings and recommendations of the rapid scrutiny (RS) exercise, for endorsement by the Health Select Committee (HSC).

Background

2. A joint rapid scrutiny of the proposal for public consultation with regards to the Maternity Transformation Plan, took place on 12 November 2018.
3. The HSC was informed of progress on the Maternity Transformation plan in 2018 and 2019.
4. At its 3 September 2019 meeting the HSC agreed to undertake a joint rapid scrutiny with Bath & North East Somerset and Swindon councils. The joint rapid scrutiny took place on 21 October 2019 and focused on the CCG's decision-making process for its proposal for the Maternity Service Redesign.
5. Following the announcement of the General Elections to be held on 12 December 2019, the CCG informed the Wiltshire HSC that decision-making regarding the Maternity Service Redesign would be suspended until January 2020.

Membership

6. The opportunity to take part in the rapid scrutiny was offered to all non-executive members of Wiltshire, Bath & North East Somerset and Swindon councils, the following were appointed:

Bath and North East Somerset Council representatives

- Cllr Grant Johnson
- Cllr Liz Hardman

Wiltshire Council representatives

- Cllr Chuck Berry, elected as lead member for the RS
- Cllr Gordon King
- Diane Gooch

7. Cllr Vic Pritchard, Bath and North East Somerset Council, also attended.

Evidence

8. The RS considered the following documents,
 - a) A summary presentation on the vision for the service redesign, the process followed and the proposal;
 - b) The agenda for the Decision-Making Business Case (DMBC) Review Meeting 9th October 2019 - item on BANES, Swindon and Wiltshire (BSW) Maternity Services Redesign;
 - c) The Pre-Consultation Business Case (Version 6, Final, 12 November 2018) of Transforming Maternity Services Together.

Aim of the meeting

9. For Bath and North East Somerset, Swindon and Wiltshire overview and scrutiny representatives to consider the evidence used to inform the Bath and North East Somerset, Swindon and Wiltshire (BSW) Local Maternity System (LMS) proposal made for the Maternity Services Redesign, comprising six elements:
 1. The number of Freestanding midwifery units;
 - 2 & 3. The creation of Alongside Midwifery units;
 4. The provision of antenatal and post-natal care
 5. Home birth service
 6. Post-natal beds

Witnesses

10. The RS group would like to thank the following CCG officers for attending the meeting on 21 November 2019, providing information and answering questions:
 - Lucy Baker, Acting Commissioning Director - Maternity, Children and Mental health, Wiltshire Clinical Commissioning Group. STP Programme Director Maternity.
 - Sarah Merritt, Head of Nursing and Midwifery, Royal United Hospital Bath

Summary of deliberations

11. The RS received a detailed presentation on the Maternity Services Redesign and noted the information within it; including the LMS journey, the NHS England seven stages of assurance, the six elements of the proposal, the analysis of the public consultation, the outcome of the review of the proposal by an independent expert panel, an independent travel impact assessment and the recognised risks and proposed mitigations.
12. Whilst being informed of the information and data taken into account to form the recommendation for the Maternity Service Redesign, the RS noted that:
 - a) the LMS were nationally mandated,
 - b) planned demographic growth (including planned housing development), vulnerability, deprivation and child-bearing age profiles had been considered;

- c) within the BSW area there was a good level of recruitment and retention of midwives;
- d) the CCG believed that it had the right number of midwives for the BSW area but that they were not currently in the right place at the right time;
- e) there had been a (welcomed) higher level of response to the public consultation than expected;
- f) the CCG's aim for the proposal was to establish better parity of choice and access for mums in the **overall** BSW area;
- g) there was strong clinical evidence to support the benefits of continuity of carer and midwife-led births.

13. For ease of reading the RS deliberations have been grouped under the six elements of the proposal.

Element 1 - Continue to support births in two (Chippenham and Frome), rather than four of the Freestanding Midwifery Units (FMU)

- 14. It was clarified that the proposal was for births to no longer be supported in Trowbridge and Paulton, however the ante and post-natal care would still be available in all four FMU.
- 15. The RS challenged the numbers given regarding the “low” use of the FMU and were informed that for the past two years midwives had been promoting the use of FMU and ensuring that mums were aware this was an option available to them.
- 16. One reason given by mums when asked why they had not chosen the option of giving birth in an FMU was a fear to have to be transferred to hospital during labour.
- 17. When considering the feedback from the public consultation there had been (expected) support for the FMU but it had to be balanced against the actual use of the FMU with less than 6% of births in the BSW area taking place in the FMU in 2017/18.
- 18. The RS pointed out that the way the feedback was presented could make it feel like the feedback had not been taken into consideration and that the services remaining at the Trowbridge and Paulton FMU should be detailed (to avoid any potential confusion over “closure of FMU”).

Elements 2 & 3 – Create an Alongside Midwifery Unit at the Royal United Hospital in Bath and at Salisbury District Hospital

- 19. Concerns were raised by RS members that the option to give birth at the Paulton FMU would be removed before funding for the Alongside Midwifery Unit (AMU) at the Royal United Hospital (RUH) had been secured, whereas funding has already been secured for the Salisbury AMU.

20. Reassurance was offered that work was underway to consider options to provide a midwife-led maternity journey and birth in the Paulton-Bath area prior to the Bath AMU being available.
21. AMU seemed to become more popular for mums who wished to have a midwife-led birth but with more available in terms of inducing birth and pain relief than FMU, as well as avoiding the risk of transport during labour.
22. The RS was informed that members of staff's preference and well-being were also taken into account in the service redesign and AMU provided flexibility in terms of staffing (working in the AMU or hospital depending on need) whilst avoiding last minute travelling / change of location for staff.
23. RS members remained concerned about the funding for the Bath AMU, especially as this would be a significant £5M (planned to include dedicated parking).

Element 4 – Enhance current provision of antenatal and post-natal care

24. The RS was informed that work was taking place to co-design the Community Maternity hubs (thereafter referred to as hubs) with families. There was currently no set number in terms of how many hubs would be provided but reassurance was offered that there would be as many hubs as needed. It was planned for a spatial analysis of women of child bearing age to be undertaken to help determine where to place hubs.
25. A commitment was made to provide, as a minimum, hubs in the areas where there is currently a Freestanding Midwifery Units (Chippenham, Frome, Trowbridge and Paulton) as well as anticipated military repatriation areas, with the first hub planned to “go live” in Salisbury on 1 December 2019.
26. The details of what services would be provided in the hubs had deliberately not been set yet to allow for the co-design process with families and the community, as well as to have time to review what is working well at the Salisbury “pilot” hub, in terms of what services are needed and used and what to consider when designing the other hubs.
27. It was expected that there would be a “core” of services provided at each hub and “add-on” services to specifically meet the needs of the local community.
28. The long-term plan would be to bring services such as GP, nurse, breastfeeding advice, Mental Health team, debt management, etc. into the same space to make access easier for mums and families, with flexibility for each hub to be designed and located to best meet the specific needs of its community.
29. The hubs would be an opportunity to retain and / or return a sense of community, i.e. including the “maternity journey” as part of community life. It was also hoped that the maternity hubs model may be used for other services

that would be better accessible to those who need it by being taken out of hospitals and provided in the hubs.

30. The hubs would also offer mums and families an opportunity to, when appropriate, de-medicalise the maternity journey.
31. Although the RS understood why there was currently no prescriptive list of services to be available in the hubs, it felt that more information would need to be provided to the public to better describe the hubs.
32. Taking into account the impression of loss that would be felt in the Trowbridge and Paulton area as the two FMU where births would no longer be supported, the RS felt that the CCG should consider developing the hubs in these two areas as a priority (based on learnings from the Salisbury hub).

Element 5 – Improve and better promote the home birth service

33. Following questions from RS members to understand the relatively low current rate of home births, the RS was informed that there has been a general decrease in births (with the average being 1.7 children in families now, no longer 2.1) and that due to a number of factors, including age, health, etc. 60 to 65% of pregnancies are considered as high risks.
34. It was explained that by releasing mid-wives from being assigned to the FMU there would be more opportunities for mid-wives to have time to explain and promote better the home birth service.
35. Whilst RS members understood the reasons for the CCG's improving and promoting home births they challenged the choice to prioritise home births above retaining the four FMU, as there was overall a lower rate of home births than births in FMU (respectively 2.1% and 5.6% of all births in 2017/18).
36. It was argued that improving and promoting the home birth service, whilst retaining two FMU and developing two further AMU, provided mums in the BSW area with more choices (i.e. four options available in the BSW area: FMU, AMU, home birth and Obstetric units).

Element 6 – Replace the five community postnatal beds in Paulton and the four community postnatal beds in Chippenham with support closer to, or in women's homes

37. It was explained that mums were not offered a postnatal bed in hospital if there had been no complications with the birth.
38. Following a review of the existing postnatal beds it was believed by the CCG that the services accessed by mums in these postnatal beds could be better offered (and accessed) elsewhere and in a different format.

39. The RS was informed that postnatal beds were no longer considered as efficient a model of care and the clinical panel had recommended the immediate removal of all the postnatal beds in the BSW area.
40. However, based on the feedback received from the public consultation, the CCG had made the decision to phase its approach, with the postnatal beds being maintained for a maximum of 12 months whilst co-designing with mums and families how the services and support which had been accessed when using the postnatal beds would be delivered.
41. Following questions, the RS was also reassured that risks and vulnerability had been taken into account and that mums would be referred to postnatal care beds in hospital (available at Salisbury District Hospital, Royal United Hospital and Great Western Hospital) where required.
42. RS members raised a further issue of transport, especially for vulnerable families, if postnatal care was provided further away from home.
43. RS members also raised concerns over timing of the decision-making and ensuring that services are in place (staffed and financially secured) before the postnatal beds are removed.

Conclusion

44. Based on the information it received the RS concluded that the CCG had based its recommendation on the evidence it had available, had engaged in public consultation and challenged its own process (independent panel of experts); therefore the RS could find no fault in the CCG's decision-making process. It should be remembered that the RS only had the power to review the validity of the decision-making process, not the recommendation itself.
45. Based on the concerns it raised during the meeting the RS members would suggest that some areas are amended, or expanded, when the proposal is presented to the public. (*Recommendation ii*)
46. Whilst the RS members were satisfied that the CCG's decision-making process was based on the evidence available, they would strongly recommend that the CCG should take care when proceeding with the implementation of the new service.
This would especially apply for services where funding has not been agreed yet for the proposed replacement, and for which the RS would welcome the CCG's consideration of altering the timeline of the maternity service redesign to allow for funding for the replacement service to be in place, or at least agreed, before the original service is stopped. (*Recommendation iii*)

Recommendations

Based on the evidence it received, the rapid scrutiny exercise recommends that:

- i) This report be presented to Lucy Baker, Acting Commissioning Director - Maternity, Children and Mental health, Wiltshire Clinical Commissioning Group, STP Programme Director Maternity to inform the CCG's decision-making process with regards to the Maternity Services Redesign, especially taking into account the conclusions reached;**
- ii) The following areas of the proposal, and / or supporting documents, are amended, or expanded, when the proposal is presented to the public:
 - a. The feedback from the public consultation is presented in a way that separates the responses between actual (and recent, e.g. in the last year) service user and non-user, as well as including numbers in terms of "use" for the different birth options (home birth, FMU, AMU, Obstetric Unit);**
 - b. To detail the services that would still be provided at the Trowbridge and Paulton FMU (to avoid any potential confusion over the FMUs being closed);**
 - c. To better describe the Community Maternity hubs, for example including a description of what is on offer at the Salisbury hub and listing other "add-on" services that may be considered for the other hubs;**
 - d. To include the Community Maternity hubs on the "recommended changes geographically" map;**
 - e. To include a timeline for the development of the Community Maternity hubs;**
 - f. Further explain the evidence considered and mitigations in place with regards to deprivation, including issues of transport;****
- iii) The CCG governing body take the following into account when developing its implementation plan of the service redesign:
 - a. The next community maternity hub pilots to be in the Trowbridge and Paulton areas;**
 - b. That the services currently accessed in the postnatal beds are available in the Community Maternity hubs (or elsewhere) are tested and financially secured before the postnatal beds are removed.****
- iv) The relevant Overview and Scrutiny committees for Bath and North East Somerset, Swindon and Wiltshire councils be informed of the CCG's proposal and continue receiving regular updates at key points of the implementation of the Maternity Service redesign, including funding of the Bath AMU and co-design of the services replacing postnatal beds.**

Cllr Chuck Berry, lead member for the rapid scrutiny exercise – Maternity Service Redesign

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Appendices None

Background documents None