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Date: 19 July 2022

Health and Care Overview and Scrutiny Committee - Monday 11th July 2022

Dear Sir/Madam,

I attach presentations provided to the Health and Care Overview and Scrutiny Committee on Monday 11th July 2022 relating to items:

4 – Integrated Care System
6 - Maternity Services update
7 – Staffordshire Healthwatch

John Tradewell
Director of Corporate Services

Enc

Staffordshire and Stoke-on-Trent Integrated Care System

Integration and innovation: working together to improve health and care for all

Peter Axon
Interim Chief Executive Staffordshire and Stoke-on-Trent Integrated Care Board (ICB)

11 July 2022

Core purposes of an ICS

- Improving outcomes in **population health and healthcare**
- Tackling **inequalities** in outcomes, experience and access
- Enhancing **productivity** and value for money
- Helping the NHS to support broader **social and economic development**.

Grounded on the following principles:

- Collaboration not competition
- Planning for populations and population health outcomes
- Reduction in unwarranted variation
- Building on the strong system and place
- Subsidiarity and local flexibility.

How is the system changing?

How is the NHS changing?

Integrated Care Board

- **One NHS organisation legally responsible** for buying and monitoring local healthcare services

Place

- Designing local services based on local needs
- Community focus
- Aligned to local authority boundaries
- Delegated budgets and responsibility

Place

- NHS providers are forming collaboratives (alliances) to improve access, efficiency and care

Neighbourhood working

- 25 x primary care networks – groups of practices

Culture change

- Focus on wellness rather than treatment (demand)
- Focus on prevention and the real causes of ill-health
- Evidence based – better use of data and local knowledge, combined with flexibility to respond to local needs
- Moving away from competition towards collaboration - focus on doing what is best for the citizen and not what's best for any one agency's bottom line
- Move away from silo working towards multi-provider collaboration and Place (community) working
- Equipping our providers, staff and clinicians with the tools and opportunities to work together
- Creating the right environment for innovation and transformation

Initial priorities and portfolios

- Population health, prevention and reducing inequalities
- Planned care
- Children and young people and maternity
- Urgent and emergency care
- Frailty and long term conditions
- Mental health and learning disabilities and autism
- Primary care

Operational plan

In January 2022, the national templates for the 2022/23 operational plan were published.
They relate to clear delivery requirements against 10 national priorities:

1. Workforce

- Invest in our workforce with more people
- Look after our people
- Improve belonging in the NHS
- Work differently
- Grow for the future.

2. COVID-19

- Delivery of the COVID-19 vaccine programme
- Continue to meet the needs of patients with COVID-19
- New treatments for COVID-19
- Post-COVID-19 services.

3. Elective care

- Maximise elective activity and transform delivery of services
- Improve performance against cancer waiting times standards
- Diagnostics
- Deliver improvements In maternity care.

4. Urgent and emergency care

- Improve the responsiveness of urgent and emergency care
- Transform and build community services capacity to deliver more care at home
- Virtual ward models
- Improve hospital discharge.

5. Primary care

- Improve timely access to primary care
- PCN Initiatives
- Direct enhanced services
- GP recruitment and retention
- Dental services, community pharmacy and optometry.

6. Mental health, learning disability and autism

- Grow and improve mental health services
- Maintaining continued growth in mental health investment
- Meeting the needs of people with a learning disability and/or autism.

7. Population health, prevention, health inequalities

- Develop our approach to Population Health Management
- Prevent ill-health and address health inequalities
- Using data and analytics to redesign care pathways.

8. Digital technologies

- Exploit the potential of digital technologies to transform the delivery of care and patient outcomes
- Achieving a core level of digitisation in every service across systems.

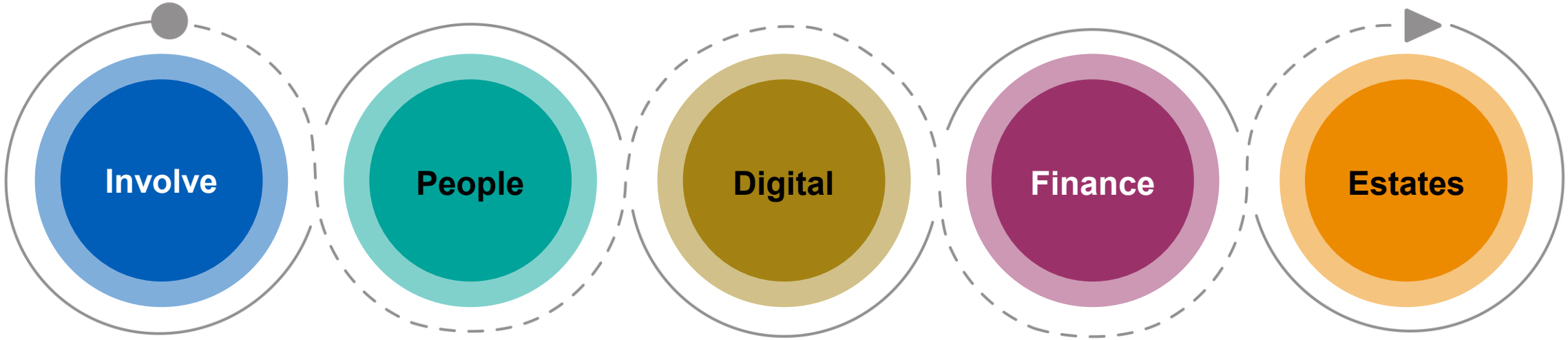
9. Resources

- Make the most effective use of our resources
- Moving back to and beyond pre-pandemic levels of productivity
- Financial framework.

10. Establish ICB

- Establish ICBs and collaborative system working
- Working together with councils and other partners across ICS to develop a five-year strategic plan.

Enabling change



To deliver these priorities and improve the care and treatment we provide for local people, we will need to change the way we work.

Working with people and communities

We are designing a new approach to working with people and communities that will support the four key aims of an ICS through integration and partnership working.

- A system-wide strategy has been produced in collaboration with partners and stakeholders. It will continue to develop alongside the ICP and ICB
- The guiding principles behind the strategy are to:
  - **recognise** the work that is already being done by partners and within communities to champion the public voice
  - **celebrate** and build on what is working well
  - **strengthen** our approach by identifying gaps and addressing inequalities
- Working together, we aim to increase our understanding of the population and build closer relationships with our communities to underpin partnership working
- We want to reset the relationship between public services and communities to one in which people are active partners rather than passive recipients of services.
- To view the strategy and take part in our online survey visit our new website: Our approach - Staffordshire and Stoke-on-Trent, Integrated Care Board (icb.nhs.uk) or phone 0333 150 2155

Next steps: one strategy for health and care

- The ICP is a statutory committee - membership will be inclusive and reflect the wider factors on health and social need (for example housing)
- First meeting is expected in Summer 2022 – a development session will focus on key objectives 2022/23 and evolution of strategy
- Setting the overall strategy across health and care for the long-term.

One strategy for the system:

- National NHS requirement for a single integrated strategy – by March 2023
- 5-year strategy focusing on long-term priorities that will tackle longstanding challenges, reduce inequalities and deliver better care
- Aligned with the local Health and Wellbeing Boards' strategies
- A collaborative approach will be taken to developing the strategy
- One strategy, but the engine room for delivery will be at a local level
- We will provide regular updates to the Scrutiny Committee to inform our approach to involvement on the strategy

There will be opportunities to get involved in shaping our strategy

Now the work begins...

If you live in Staffordshire and Stoke-on-Trent, your children will have the best possible start in life and will start school ready to learn.

Through local services, we will help you to live independently and stay well for longer.

When you need help, you will receive joined-up, timely and accessible care, which will be the best that we can provide.

Staffordshire and Stoke-on-Trent Integrated Care System

Questions

Staffordshire and Stoke-on-Trent Integrated Care System

Maternity Services in Staffordshire and Stoke-on-Trent

Staffordshire County Council

Health and Care Overview and Scrutiny Committee

11 July 2022

Agenda Item 6

Maternity services

Each year, there are over 11,000 births in Staffordshire and Stoke-on-Trent. Our midwives and obstetricians do an amazing job supporting parents and families along every step of their journey.

	Current location	Suitable for high-risk pregnancy	Other benefits
Consultant-led Units	• Royal Stoke University Hospital • Queen's Hospital, Burton	Yes ✓	• Doctors and specialists will be on-hand for you and baby • An epidural (pain relief injection) can be given
Midwife-led Units/ service	• Royal Stoke University Hospital • Queen's Hospital, Burton	No ✗	• Non-clinical environment • Low-risk births only • Less likely to need intervention • Close to Consultant-led Unit for ease of transfer
Midwife-led Birth Units (temporarily suspended)	• County Hospital, Stafford • Samuel Johnson Community Hospital, Lichfield	No ✗	• Non-clinical environment • Low-risk births only • Less likely to need intervention
Homebirths	At patients' homes throughout Staffordshire and Stoke-on-Trent.	No ✗	• Familiar environment, with family around you • Less likely to need intervention – especially if have had a baby before

Maternity services and COVID-19 currently

Although initial closures were in response to the pandemic, the continued closures have been further impacted by:

- Looking after high numbers of pregnant women very sick with COVID-19
- Staff sickness and self-isolation are increasing in the NHS; still a requirement to still isolate when staff are COVID-19 positive
- High rates of staff on maternity leave; most choose to take 12 months off post-delivery
- Our pregnant staff needing to finish working in a patient facing capacity at an earlier gestation than pre-COVID-19
- Action required following the Ockenden review in terms of safe staffing – all systems have reviewed staffing
- Inability to fill vacancies despite proactive recruitment

COVID-19 is still impacting maternity services and we need to continue to work differently.

The Ockenden review

The high-profile Ockenden review into maternity services at Shrewsbury and Telford Hospital NHS Trust resulted in an interim report published in December 2020 and the full report on 30 March 2022.

It sets out clear recommendations which maternity services elsewhere must consider and implement, including:

- Enhancing patient safety
- Better listening to women and families
- Developing more effective staff training and ways of working
- Managing complex pregnancies and risk assessments throughout pregnancies
- Monitoring fetal wellbeing
- Ensuring patients have enough information to make informed consent.

To deliver best practice and more personalised care, we will need to support more visits in the community and deliver continuity of carer

Maintaining current services

- Liaising with West Midlands Ambulance Service University NHS Foundation Trust (WMAS) regarding ambulance response times. All women planning a home birth notified of any actual or potential delayed response times for ambulance services
- All women requesting/planning a home birth were notified of the circumstances in which the home birth can and may be suspended in the future (e.g. escalation, serious staffing shortages, inability to maintain one-to-one care in labour)
- Since its re-launch, UHNM have supported two home births
- Home birth service was re-launched at University Hospitals of North Midlands NHS Trust (UHNM) (21 February 2022), following a another temporary closure in July 2021. All women requesting/planning a home birth notified by community midwife
- Home birth services have been temporarily suspended by University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) since August 2021
- UHDB are hopeful that by July 2022, home birth service will be reinstated

Why do we need to work differently long-term ?

- National best practice – Better Births and NHS Long Term Plan
- There is a national shortage of midwives
- Higher numbers of stillbirths and infant mortality
- Most babies are born in the Royal Stoke Hospital or Queen's Hospital Burton, because they are high-risk births or the person chooses to give birth there
- Still a vision and desire to provide low-risk model at birthing units
- We need to work differently to support pregnant women and deliver maternity services safely
- Not enough midwives to support all midwife-led units, without working differently
- To provide personal care - we need to build a team of midwives around the woman (continuity of care)
- Building relationships helps to reduce the loss of babies, identify risks and offer mental health support.

In 2019/20:

93 women (8 per month) gave birth at County Hospital in Stafford

252 women (21 per month) gave birth at Samuel Johnson Community Hospital in Lichfield

Our vision

We want to:

- Empower women, and their partners, by putting them **at the centre of their care** so they have the best support
- Provide a **network of places** where **women can choose** to give birth, that are high quality and safe, have the right staff skill-mix and also represent value for money
- Design a service that supports women to access a ‘team of midwives’, who have worked with them to develop a birth plan to provide **continuity of carer** during pregnancy, birth and beyond
- Make **the best use of our staff** who can work more flexibly and really get to know the women and families in their local communities
- Develop **two-way digital records** which both women and staff can update
- **Connect services**, including health visitors, social care, mental health support, housing and voluntary services to help families after the birth.

Maternity clinical model

The maternity clinical model aims to improve outcomes and benefits for women and their babies

- No change to the **provision of consultant-led services** – therefore these would remain in place (Stoke, Burton)
- Midwife-led units would continue to be offered alongside consultant-led units at Stoke and Burton
- **'On-demand midwife-led units' at County Hospital and Samuel Johnson** to allow low risk women a choice of the equivalent of a home birth in a different setting
- Over time, as the continuity of carer rota develops – all midwife-led units would become 'on-demand'
- **Enhance the homebirth model** – potentially a joint Staffordshire / Derby homebirths team
- **Antenatal and postnatal care** continue at the midwife-led units, including County and Samuel Johnson.

Continuity of carer

National ambition for all births to be supported by continuity of carer model – April 2023

Now:

- The community midwife that develops your plan might not be with you when you give birth in hospital
- Different teams of midwives work in units or in the community
- Midwives are in fixed locations, which means they can't support the rota.

In the future:

- Team of midwives (usually 6-8) on a rota, that together manage caseloads
- 2-3 midwives involved throughout pregnancy – allows for leave/sickness
- Midwifes follow the pregnant woman – deliver the birth in hospital or at home
- Builds trust
- Safer for the mother and baby – midwife can spot early signs when something may be wrong.

To support this model of care, we will need our midwives to be out in the community rather than waiting in empty wards

What does choice mean?

- Your midwife will work with you to develop a personal birth plan.
- At 36/37 weeks you will be assessed whether you are still low-risk.
- If you are high-risk, you will need to give birth at a consultant-led unit.
- If you are low-risk, you can choose either:
  - Consultant-led unit
  - Midwife-led unit
  - Homebirth.

Who is low-risk?

If you're expecting a baby, you are considered to have a low risk of complications if you are healthy and you have had a straightforward pregnancy, or if you've had a baby before with no complications (such as a Caesarean birth or heavy bleeding after birth).

If this is your first baby, your midwife will discuss if you are able to give birth at a midwife-led unit.

When will we be able to reopen services?

- Providers need to concentrate on providing current services safely following Ockenden and internal reviews before implementing the new model of care
- The core staff from the southern midwife-led units are still needed in the larger units/community teams – the majority of births are delivered there
- We're confident our services are safe, but this is because we are working differently. If we reintroduce additional sites, we will need to adapt
- Our workforce has changed, with staff taking on new roles, retirements, and the usual vacancies/turnover –we will need to train and restructure our midwife-led teams to restore on-demand services
- We're exploring ways to improve care, including offering low-risk births at County Hospital and Lichfield
- Both trusts remain committed to re-opening County Hospital and Samuel Johnson Hospital as on-demand units as soon as it is safe to do so

New ways of working: on-demand service

Current challenges:

- **Not enough births** – most people are not able to, or choose to use the larger units. **Best practice** is to see 350 births a year so midwives maintain skills and value for money
- **Skilled midwives** are in high demand – before COVID, spending time on admin, cleaning and mandatory training, whilst waiting for a birth
- **Different teams** to support wards 24/7 – only limited opportunities to use midwives for other clinics
- **Lack of flexibility** and unable to support **out of hours rota** – staff present in units 24/7, which means midwives can't support births at home or other midwife-led units
- **Lack of relationships** – midwives do not have caseloads, which means they don't have relationships with women and families
- **Low staff morale.**

Future opportunities:

- **Low-risk births** still offered at County and Samuel Johnson 24/7
- As now, you **ring your midwife when in labour** – if no risks, you come into the unit
- **Birthing rooms and pools** will be ready and waiting
- **Midwives travel to the unit** to support birth
- **Midwives from the community team** supporting the continuity of carer rota
- Midwives **maintain their skills** – delivering more births at home and midwife-led units
- **Improved staff morale**
- **Improved relationships** with women and families with personal birth plans for all.

Our future aspiration is for all midwife-led units to work as an on-demand service, to support continuity of carer

What will be different?

- More personalised care, with a team of midwives and birth plans in place
- You recognise and trust your midwives at the birth
- Increased confidence in having a homebirth
- Safer care – helping midwives to spot any early warning signs at the birth
- Highly skilled midwives, delivering better care through job satisfaction.

What can I expect?	Pre COVID-19	Future
I can give birth 24/7 at County or Samuel Johnson	Yes ✓	Yes ✓
I need to ring my midwife as I go into labour, she will check that nothing has changed in my risk level and will agree whether I need a home assessment or if I go straight to the unit	Yes ✓	Yes ✓
If I am able to give birth at the on-demand unit, I will be met by two midwives who are expecting me	Yes ✓	Yes ✓
The birthing rooms will be clean and ready for use	Yes ✓	Yes ✓
I can use the birthing pools/baths (as long as they are not already in use)	Yes ✓	Yes ✓
I will be discharged when it is safe, and usually home after birth	Yes ✓	Yes ✓

Keep informed

- Visit our website: https://staffsstoke.icb.nhs.uk/
- Phone: 0333 150 2155
- Email: ssotics.comms@nhs.net
- Follow us on Facebook: StaffsStokeICS
- Tweet us: @StaffsStokeICB
- You can view information about maternity services transformation online at: https://staffsstoke.icb.nhs.uk/our-work/transformation/maternity-transformation/

If you have any feedback you would like to share regarding your experiences of Maternity Services you can contact the **Maternity and Neonatal Voices Partnership (MVP).**

How to get involved

- Email us: sasot.mvp@nhs.net
- Contact the Project Support Officer/MVP Lead – Jen Docherty: 07928 525377
- For more information Visit our website: https://staffsstoke.icb.nhs.uk/
- Follow us on Twitter: @SaSoTVOICES
- Follow us on Instagram: mvp_staffs_stokeontrent

We will aim to keep you informed and involved

Healthwatch Staffordshire update

Vision: To help people get the best out of their local health and social care services; both to improve them today and helping to shape them for tomorrow.

Support Staffordshire awarded contract to run a new Healthwatch Staffordshire from 1st April 2022

Mobilisation of Healthwatch Staffordshire

- Independent **Healthwatch Committee** established (as part of the Support Staffordshire governance). Holds delegated decision-making powers to set the Healthwatch agenda.
- Four (unpaid) Support Staffordshire trustees and at least two independent lay members will form the committee.
- **Healthwatch Team:** Healthwatch Manager – Baz Tameez, 4 x Engagement Officers (Southwest, Southeast, North and a Social Care focussed post). And 1 x Project Worker/Data Analyst

healthwatch Staffordshire

Healthwatch approach and 2022-23 Priorities

- Volunteers – To increase the number of volunteers and diversify
- Collaborative working – Building on current and new partnerships
- Engagement and Healthwatch Intelligence Network (HWIN) - Support Staffordshire VCSE Locality Forums/Patient Participation Groups (PPGs)/grant fund/Social Care Engagement/Staffordshire Observatory
- Best practice and two way engagement and learning – HWE and NHS

healthwatch Staffordshire

Enter and View use and review

- Healthwatch Staffordshire is covered under legislation to Enter & View a range of care establishment to view the quality of care that is provided (within the local Government and public Involvement in Health Act 2007 and the Health and Social Care Act 2012).
- The guidance principle under Health and Social Care Act 2012 are premises where health and social care services are being funded through public purse
- These include: NHS Trusts, NHS Foundation Trusts, Local Authorities, Primary services (GP's and Dentists), Opticians and Pharmacists, Adult Care Homes and Day-care services.

healthwatch Staffordshire

Focal Investigations – Long List

1. Health in parents of young children (0-4)
2. Root causes of good and poor teenage mental wellbeing
3. Health outcomes when you've been in care as a child
4. Healthy and unhealthy places of work
5. My health isn't just my disability/diagnosis
6. Being an LGBTQI+ patient/resident in the health and care system
7. Accessing primary care face to face - when I want to and when I need to
8. The role of and accessibility of residential care by friends and family
9. How and why we ignore the inevitability of death and dying
10. Frailty
11. Older people accessing services
12. Transitions in/out of hospital

- Root causes of good and poor teenage mental wellbeing
- Health outcomes when you've been in care as a child
- Older people accessing services
- Seldom Heard Groups/LGBTQI+ patient in the health and care system

- Rurality and Safeguarding being a running theme in above investigations

healthwatch Staffordshire

Patients and public feedback/Engagement

- Communicating our role and our outcomes to the public
- IAG (Information, Advice and Guidance)
- Website
- Social Media – 3651 following
- Events and face to face
- Systems change

healthwatch Staffordshire

Thank you

healthwatch Staffordshire