

Health and Care Overview and Scrutiny Committee

Monday 9 August 2021

10:00

To be confirmed

NB. The meeting will be webcast live which can be viewed here -
<https://staffordshire.public-i.tv/core/portal/home>

John Tradewell
Director of Corporate Services
30 July 2021

A G E N D A

PART ONE

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the last meeting held on 5 July 2021** (Pages 1 - 8)
4. **George Bryant Centre** (Pages 9 - 30)
Report of the Clinical Commissioning Groups
5. **Maternity Services** (Pages 31 - 68)
Report of the Clinical Commissioning Groups
6. **Covid-19 Update**
A presentation will be given as an update on the current COVID situation at the meeting.
7. **District and Borough Health Scrutiny Activity** (Pages 69 - 72)
8. **Work Programme 2021-22** (Pages 73 - 78)
Report of the Scrutiny and Support Officer
9. **Exclusion of the Public**
The Chairman to move:-

That the public be excluded from the meeting for the following items of business which involve the likely disclosure of exempt information as defined in the paragraphs Part 1 of Schedule 12A Local Government Act 1972 (as amended) indicated below.

Membership

Jak Abrahams	Jill Hood
Charlotte Atkins	Barbara Hughes
Philip Atkins, OBE	Thomas Jay
Martyn Buttery	David Leytham
Rosemary Claymore	Paul Northcott (Vice-Chairman (Overview))
Richard Cox	Jeremy Pert (Chairman)
Ann Edgeller (Vice-Chairman (Scrutiny))	Janice Silvester-Hall
Keith Flunder	Colin Wileman
Phil Hewitt	Ian Wilkes

Note for Members of the Press and Public

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Scrutiny and Support Officer: Deborah Breedon
Deborah.breedon@staffordshire.gov.uk

**Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on
5 July 2021**

Present: Jeremy Pert (Chairman)

Attendance

Charlotte Atkins	Phil Hewitt
Philip Atkins, OBE	Jill Hood
Rosemary Claymore	Barbara Hughes
Richard Cox	David Leytham
Ann Edgeller (Vice-Chairman (Scrutiny))	Janice Silvester-Hall
Keith Flunder	Ian Wilkes

Apologies: Jak Abrahams, Martyn Buttery and Paul Northcott

PART ONE

9. Declarations of Interest

Councillor Ann Edgeller declared an interest in any item of the agendas that related to mental health as a Partner Governor for the County Council on the Midlands Partnership NHS Foundation Trust MPTF.

10. Minutes of the last meeting held on 7 June 2021

RESOLVED: That the Minutes of the meeting held on the 7 June 2021 be approved as a correct record and signed by the Chairman.

11. Restoration and Recovery

The Committee received a presentation from CCG and NHS providers to outline the restoration and recovery plans for services across three provider organisations, University Hospitals Midlands North (UHMN), University Hospitals Derby and Burton (UHDB) and Royal Wolverhampton Trust (RWT) Acute Trusts and also welcomed representatives from mental health and community health services.

The Accountable Officer for the 6 Staffordshire & Stoke on Trent CCGs assured the Committee that it was the right time to consider restoration and recovery in light of progress with the vaccine programme, he indicated that there was a need to look forward, whilst living with Covid and the pandemic to give confidence to the public to use the services available to them.

The Director of Strategy UHMN presented an overview of the current position referring to the planning guidance to stand services back up. She indicated that services had

been re-introduced in summer 2020 temporarily before second lock down resulted in services being stood down again, and that this had provided useful experience moving into this restoration and recovery phase.

The Director of Strategy presented the challenges for restoration, highlighting the demand for urgent and emergency care at the front door, capacity in critical care, work force resilience, winter pressures and mental health service demand. She indicated that the three biggest risks to recovery were workforce resilience, ability to restore activities and widening health inequalities.

It was reported that providers were starting to see increased referrals and were tackling the backlog list for procedures. All three provider organisations were looking at services that had been temporarily closed to agree what needed to happen next to stand them back up. In relation to Minor Injuries Units at Leek and Cannock which were temporarily closed due to the pandemic and staffing issues. Leek MIU was now open with limited hours, but Cannock Chase MIU remained closed. The Director of Strategic Planning & Performance at The Royal Wolverhampton NHS Trust gave a commitment to attend Cannock Chase DC to provide an update.

It was noted that the following processes were in place:

- Partners were working collaboratively across various Trusts to facilitate recovery.
- Work was ongoing to ensure existing workforce and facilities were deployed efficiently.
- It was important to look after staff, to ensure support mechanisms and communications were in place.
- Patients in need of care the most were prioritised and communication with patients on waiting lists was ongoing to advise if care could be deployed to independent sector and also to validate that patients still wanted to proceed with procedures.

Additional data was requested from each of the three provider organisations relating to:

- People waiting longer than 62 days for procedures
- Staff vacancies
- Restoration and recovery action plans
- Specialist services action plan on backlog

It was agreed that a letter be sent from Staffordshire County Council to thank the NHS for the work that had been carried out through the pandemic and to congratulate the NHS for being awarded the George Cross.

RESOLVED:

- a) That Committee note the progress and risks around restoration and recovery for the Staffordshire and Stoke-on-Trent Integrated Care System (ICS).
- b) That additional information and documents be requested from the provider organisations University Hospitals Midlands North (UHMN), University Hospitals Derby and Burton (UHDB) and Royal Wolverhampton Trust (RWT) acute Trusts to circulate to members in relation to the following:

- Number of people waiting longer than 62 days for procedures
 - Number of staff vacancies
 - Restoration and recovery action plan
 - Specialist services back log action plan
- c) That a letter be sent from Staffordshire County Council to thank the NHS for the work that had been carried out through the pandemic and to congratulate the NHS for being awarded the George Cross.

12. Access to GP Surgeries

The Committee received a report and presentation from the Director Family Care and Medicines Optimisation Strategy and Deputy Director of Primary Care to consider access to General Practice (GP) and respond to concerns in relation to access to GP surgeries. The presentation provided context, activities and actions put in place during the pandemic to support general practice, key activities in June 2021 and a detailed action plan for general practice access updated on 1 July 2021.

It was reported that GP surgeries had remained open 08:00 – 18:30 during the pandemic and that business continuity plans were upgraded during pandemic to include extended hours and total triage. Total triage was introduced to assess, using clinical criteria, if a face to face consultation was required or whether the issue could be addressed remotely.

At the peak of the pandemic 80% of consultations had been held remotely and it was noted that the ratio between telephone and face to face appointments at that time 20-80 was being addressed, and currently in the region of 50-55% of consultations were face to face. It was reported that there had been a variety of public responses to the use of telephone consultations and remote access to services, some patients had expressed a preference for telephone consultations. Members raised issues and concerns relating to equity of remote access for some people, the cost of long waits on telephone calls and that many people wanted a face to face appointment with a GP.

In response to concerns raised, members were informed that practices in Staffordshire were currently dealing with a substantial increase in demand caused by a variety of issues, such as delayed demand for services and people contacting the GP when they were not able to get through to other services such as 111. The increased demand had led to an additional 100,000 phone calls a week and an additional 15,500 appointments per week across Staffordshire. The increased numbers had left some practices struggling to meet demand.

It was considered that public expectation was for access to be 'back to normal' on 19 July in terms of people receiving same day appointments and access to practices. It was reported that many GPs wanted to do more face to face consultations but there were constraints and different issues for each practice to address, such as the time taken to clean and change PPE between consultations which limited the number of consultations per day and the size of rooms when socially distancing. Members were advised that some remote access measures would remain, additional telephone lines were being

added and some surgeries were moving to cloud based solutions to reduce call waiting times.

It was explained that there were a range of healthcare professionals available at practices, other than GPs, who may better suit the needs of patients. In the last 12-18 months an additional 225 healthcare professionals had been recruited into practices in Staffordshire and patients could contact a clinical pharmacist for advice, however people preferred to see a GP. A training programme for reception staff was progressing to advise patients who was available and how to access services. There was concern that the variability in GP practices had worsened during the pandemic and that health inequalities could be widening as a result.

The Deputy Director presented the action plans detailing the action areas to develop relating to: communications, access improvement programme (Time for Care), record keeping, digital solutions, quality, variation and resilience, training and development, workload and the need to ensure progress is monitored and the data is measured but also checking against patient feedback. Work was ongoing with the communication team and information was feeding back into the action plans.

It was highlighted that there was a need to promote the NHS APP, check record keeping and guidance and to look at population size and to ensure there was not unwarranted variation across practices. There would also be engagement around patient participation, reception training and call handling, and work with local pharmacies relating to GP referral service.

The following comments and responses were noted in response to questions:

- Trends - in April 8% growth was slightly higher as people could access GP again, this had dropped to 5% growth in May and it was anticipated 5% growth monthly throughout the year.
- There was to be a refresh of the Model of Care for GP practices with key stakeholders.
- There was no data about patient preference for telephone consultation however the soft intelligence indicated that some do like the convenience of a telephone appointment.
- Patient Choice – patients do have the choice for a face to face appointment and information about changing practices was available, a quality dashboard was on the website, also information was available through CG and PALS and CCG undertook to consider how the access agenda was supported and undertook to build that into the access plan and to check the website access plan.
- A briefing note was requested on consultation feedback from Healthwatch work on patient preference and information on work in practices with receptionists on what perceptions, challenges and barriers.
- It was confirmed that GP issuing vaccinations was in addition to the normal GP practice hours.
- It was confirmed that issues with practices was being addressed and CCG was working closely with practices in Rugeley.
- Issues raised for rural areas – infrastructure for additional housing, access to surgeries, GP facing recruitment challenges and having enough telephone lines in place to manage the massive increase in calls.

Members highlighted the need to develop GP practice sites to reflect the growth of housing development in the County. The Director Family Care and Medicines Optimisation Strategy advised that there was a lot of housing being built in Staffordshire CCG had recently undertaken a utilisation study of all GP practices, to look at where levels of demand did not match practice facilities. The estates function had been taken back by NHS England and this had impacted on ability to match local capacity needs to demand. CCG were now working with the Local Authorities to develop practice sites which was something they planned to do more work on. Members highlighted that the Council Strategic Infrastructure Plan (SIP) should ensure that developers contribute to infrastructure including doctors' surgeries.

The Chair encouraged all District and Borough Members to ensure local plans included a clear statement in local plans and neighbourhood plans regarding section 106 needing to support healthcare. The Director Family Care and Medicines Optimisation Strategy gave a commitment from the CCG to respond to consultations where more than 250 homes were being proposed, to be engaged and ensure the right capacity and access to primary care. It was confirmed that the NHS was appointing to a planning officer role to lead on s106 negotiations for the CCG. The Chair requested that when available CCG provide a briefing note to advise of the process to engage and be involved with the s106 process re healthcare, in order that Members could feed back into District Planning process.

The Director Family Care and Medicines Optimisation Strategy advised that CCG was at the beginning of developing community healthcare, 26 Primary care networks had been developed and more information on this could be presented at a future meeting. It was considered by members that the wider model of care with voluntary sector and social prescribing could be integrated into future access to services in the community. It was explained that there was a care training programme which trained receptionists to refer the patient to the right place first time, however this had paused during the pandemic. The receptionists would have to refresh the training and evaluation of that training could take place.

It was confirmed that a review of the public estate would take place to ensure that where more services were in the community CCG maximised use of the public estate.

The Committee welcomed the NHS App and other ways of introducing technical solutions, such as appointment booking on line and cloud based solutions to resolve some of the issues relating to incoming calls. The NHS App could be used as a mechanism for individuals to look at personal medical records and to make GP appointments.

In terms of population growth in Staffordshire the Primary Care Strategy had reduced the number of practices but increased the practice footprint to around 10,000 patients per list, this made practices more resilient and data could be accessed around number of patients each GP has on its list against doctor numbers.

The Chair welcomed an opportunity to meet with officers to consider the data available in the CCG dashboards which had been developed to consider holistic system approach and regional practices in Staffordshire to be able to see diagnosis levels across different areas. The Director Family Care and Medicines Optimisation Strategy indicated that

this related to health outcomes and health inequalities. She advised that there was a programme of work in primary care variation and inequality to look at where there were poorer outcomes and why, whether it was a deprivation issue, an access issue or potentially an issue with a GP, and a programme of work was being developed.

The Chair thanked officers for the comprehensive update on GP Access.

RESOLVED:

a) That the report be noted, and further information be circulated to members in relation to the following:

- CCG provide a briefing note to advise members of the process to engage and be involved with the s106 process relating to healthcare.
- CCG provide feedback from Healthwatch work with residents and general practices on 'what patients prefer - perceptions, challenges and barriers'.
- Chair to meet with officers to consider dashboards and data.

13. Covid-19 Vaccination Programme Update

The Programme Director Vaccination Programme presented an update report and presentation on the progress of the phases of the COVID-19 Vaccination Programme and the latest position.

The Programme Director highlighted that the programme was moving toward the end of first phase of the programme, 83% adults had been vaccinated and two thirds of all adults had been fully dosed. She provided detail on the response to the new variant, the work with Public Health to identify outbreaks and measures in place to deliver the vaccinations, such as targeted vaccination service, walk-in weekend, locations and second doses pulled forward to 8 weeks.

The Committee noted the following comments and responses to questions raised:

- Inequalities were particularly relevant in relation to the difference in uptake rates and access.
- Targeted vaccination for homeless people in Staffordshire – The CCG carried out vaccinations of homeless people earlier than national guidance advised, they were carried out as part of the winter plan and took place in sheltered accommodation before people dispersed. The second vaccine dose data for homeless people was lower, and this was because they could not be located.
- A vaccine webinar was planned for all members across Staffordshire on 8th July 2021 to provide a COVID Vaccination update.
- A report relating to the Winter Flu and vaccine booster programme was scheduled for a meeting of this Committee 13 September 2021.

The Chair thanked officers for an excellent representation of the vaccine programme and he encouraged all Members to share this widely.

RESOLVED:

That the COVID-19 Update be noted.

14. Future Delivery of Residential Replacement Care Services in Staffordshire (learning Disabilities)

The Cabinet Member Health and Care presented the report highlighting that the report outlined the commencement of an options appraisal for the future provision of replacement care services for people with learning disabilities in Staffordshire, including engagement with service users, carers, and stakeholders. The results of which would be presented to Cabinet in the third quarter of 2021.

The Cabinet Member indicated that this was an opportunity to review and redesign services and carry out an options appraisal to find the best model for the future for people with learning disabilities. She advised that the report highlighted the process to be followed, the severe restriction of the premises and that the CQC had highlighted the need to review the care service at Douglas Road.

In response to questions the following comments and responses were noted:

- SCC aspire to support as many people as possible to live at home and independently.
- There may come a time when it was impossible for some people to stay on their own and it was no-longer viable to provide care from in-reach services or from relatives. At this time options would need to be looked at for their care, but care homes would be as a last resort.
- For people with learning disability that required a care home place, it would be in a main stream facility with specialist beds, rather than specialist homes.
- There was a lot of analysis to do in the future to consider the wider care market. A report was included in the committee work programme to look at the issue.
- In terms of the Community Impact Assessment, there was a need for regular engagement in the community and with relatives to move forward, to consult, talk, help parents and carers, and to help them to make a decision.
- Page 49 of the report – there was a table that indicated variability of cost between Woodlands Road and Silver Birch, the next report would carry a full impact assessment. Whichever option was the preferred option should be affordable.
- The costs were disproportionately high at Douglas Road due to the significant reduction in capacity but the need to carry paying the full overhead costs.

RESOLVED:

1. That the Health and Care Overview and Scrutiny Committee endorse the commencement of an options appraisal for the future provision of replacement care for people with learning disabilities in Staffordshire, including engagement with service users, carers, and stakeholders. The results of which are to be presented to Cabinet in the third quarter of 2021.

15. District and Borough Health Scrutiny Updates

The report was submitted, there were no updates provided verbally at the meeting.

RESOLVED: That the update report was noted.

16. Work Programme 2021-22

The work programme 2021-22 was presented and the following changes to work programme noted:

- The item relating to Care Market – Care Home Services would be presented to Health and Care O&S Committee in January 2022.
- There would be an additional meeting in July 2021 to consider health impacts arising from Walleys Quarry, the meeting will be held in Newcastle under Lyme.

Chairman

Local Members' Interest

**Health and Care Overview and Scrutiny Committee
Monday 9th August 2021**

George Bryan Centre update

1. Recommendation/s

- 1.1 To note the update around the temporary closure of George Bryan Centre, Tamworth
- 1.2 To note the contents of the report and to advise on any additional information that is required by members to feel assured that due process and sufficient involvement activity will be undertaken to inform the proposals contained within the business case.

Report of NHS Staffordshire and Stoke-on-Trent Clinical Commissioning Groups

Summary

2. What is the Select Committee being asked to do and why?

- 2.1 To note the update around the temporary closure of George Bryan Centre, Tamworth
- 2.2 To note the contents of the report and to advise on any additional information that is required by members to feel assured that due process and sufficient involvement activity will be undertaken to inform the proposals contained within the business case.

Report

3. Background

- 3.1 On 12 February 2019, a fire destroyed the west wing of the George Bryan Centre. At the time of the fire, the patients in the West Wing were transferred to St George's Hospital, Stafford. The fire damaged wing was demolished and the rest of the building made safe and secure.
- 3.2 The George Bryan Centre provided adult acute mental health services and older adult mental health services. Adult services were provided in the West Wing, a 24 hour inpatient assessment, care and treatment ward for people with a functional mental illness. A functional mental illness applies to mental disorders other than dementia. It was a 20-bed, mixed-sex ward in which the average length of stay was 21 days. Older adult services were provided in the East Wing, a 12-bed mixed-sex assessment and treatment unit for people over the age of 65 (majority of patients had forms of dementia).

- 3.3 The East Wing was not damaged by the fire, but the 12 older adult beds on the wing were temporarily closed on clinical safety grounds. As an alternative, an enhanced community pathway was developed to support older adults by the older adult teams in the community.
- 3.4 The fire that destroyed the George Bryan Centre means we have to consider how best to provide the services needed for the population of Southeast Staffordshire in the future. As a temporary measure, patients who need an inpatient bed are using St George's Hospital in Stafford. An enhanced community service is supporting people to remain in their own homes for longer.
- 3.5 The quality of the environments on these sites varies considerably. The George Bryan Centre is remote from other sites, making a rapid response to medical and psychiatric emergencies difficult. Service users who live close to the George Bryan Centre have always been admitted or transferred to St George's Hospital if they are assessed as having more advanced clinical needs.
- 3.6 The table below shows the total number of admissions to the two wards at the George Bryan Centre:

Admissions April 2017-March 2019		
	2017/18	2018/19
Older adult in-patient Dementia Ward	52	50
In-patient Mental Health Ward	220	189

- 3.7 The staffing establishment for West Wing was 33.55 WTE and for East Wing was 29.07 WTE. The majority of staff were registered mental health nurses or healthcare support workers on both inpatient wards. At the same point in time there were 7.26 WTE vacancies on West Wing and 4.93 WTE vacancies on East Wing. Post incident, staff were redeployed to either the inpatient wards on the St. George's site or into community mental health teams to enhance the community offer.
- 3.8 The aim of an effective acute care pathway for people with a functional mental illness is that as service users become more ill, intensive community support both enables them to recover without requiring acute inpatient admission and if an inpatient admission is unavoidable, intensive community support facilitates early discharge. A short-term inpatient admission is an option for a small minority of service users.
- 3.9 The aim of an effective acute care pathway for people with dementia is to maintain their independence in their usual place of residence and that there are a range of community support services able to respond to individuals' needs.

4. Understanding service change

- 4.1 The process for deciding the long-term solutions for the services formerly provided at the George Bryan Centre will be based on the best balance of clinical evidence and evidence

gained through public involvement. A clear audit trail to evidence how the decision was reached and the considerations taken, will be captured.

- 4.2 To inform assessment of proposals against the government's four tests of service change, and NHS England's best practice checks, a business case will be developed. Full guidance for planning and assurance of service change proposals can be found at <https://www.england.nhs.uk/wp-content/uploads/2018/03/planning-assuring-delivering-service-change-v6-1.pdf>
- 4.3 The business case will be informed by the outcomes of an involvement exercise. This business case will then identify the future proposals for consideration by MPFT and the Clinical Commissioning Groups and at this point we will be able to identify future involvement activity needed.
- 4.4 All future proposals will include full Quality Impact Assessment (QIA), Equality Impact Assessment (EIA) and travel time analysis to demonstrate the impact of any service change proposals. Consideration of the financial proposal in terms of both capital and revenue and its sustainability will be made and outlined within the business case.
- 4.5 The business case will also form the starting point for a Strategic Outline Case (SOC). Both the business case and SOC are technical documents, designed to support the decision making process. The former relates to the service change decision making process, and the latter to the capital investment decision making process. In terms of NHS capital investment, the two documents describe processes that together will support the determination of a preferred way forward.

5. What are the service changes that have happened?

- 5.1 The service changes are outlined with in the background information above.

6. Material service change

- 6.1 At this stage there are no material service changes. The arrangements for the patients affected by the temporary closure of the George Bryan Centre will remain in place. The Committee will be kept informed once final proposals are confirmed.

7. Understanding experiences during COVID-19

- 7.1 The Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership undertook a listening exercise in summer 2019 with patients, public and members of the workforce. This information was utilised to develop and refine the clinical model of care that was included in the options appraisal process which took place from November 2019 through to February 2020. A full report of the feedback compiled from these events, survey and correspondence was shared with commissioners and providers to inform the future models of care. The full report can be found at: <https://www.twbstaffsandstoke.org.uk/get-involved/health-and-care/our-journey/listening-exercise>
However, before work could progress further, the Transformation Programme was placed on hold in response to the COVID-19 challenge.
- 7.2 In addition to the system-wide listening exercise, MPFT undertook five events in September and October 2019. Excluding MPFT colleagues, there were 37 people who attended an event aimed at service users, their carers and interested stakeholders. All events (except the drop-in session) started with a short presentation on the process and the services under consideration. This is available on request. They were scheduled for three hours to ensure the majority of the

time was spent listening and engaging. For each of the two services formerly provided at the George Bryan Centre, participants were asked to complete a template to capture:

- What was good
- What could be improved
- What should stop

7.3 For those who didn't have experience of the centre, there was an option to tell us what they would expect from an outstanding health and care service. For those who could not attend an event, the presentation and template was published on the Trust's website, with a link from the home page. This included the leaflet used at the drop-in session. MPFT also received a number of emails and the service user on the planning group also provided feedback. A member of the public also provided a report on the exercise and is available on request.

7.4 Appendix 1 provides a summary of themes from 2019 George Bryan events.

7.5 We are now undertaking a full review of the clinical service models as a result of our response to COVID-19, which will determine the timelines for further involvement with the public. MPFT, working with system partners, is developing the business case which will outline proposals for the long-term solution for services previously delivered from the George Bryan Centre.

8. Transformation programme

8.1 As the business case is developed by MPFT and the CCGs, we are keen to keep service users, carers and staff informed and involved at every step of our journey to inform the development of long-term proposals.

8.2 Due to COVID-19 we recognise that our transformation programme had to pause, as a result we want to involve service users to understand if there is anything new we should consider since 2019 and people's experiences of the temporary service changes introduced since the fire.

8.3 We plan to hold a virtual sense check event for service users, casers and staff in September 2021 to inform our future model of care and proposals.

8.4 The feedback from this event will be shared with clinicians and staff at MPFT to inform the business case. A full involvement plan would be created and we would seek to keep the Committee informed and involved during Autumn 2021. The report of findings from this sense check involvement activity will be published on our website

8.5 Our approach to the sense check involvement during Autumn 2021 have been designed using MPFT's involvement for impact framework.

Framework	What it means	How we will achieve it
Principles	How we relate to each other	Respectful, honest, caring and compassionate, listen and engage
Purpose	Why we are involving people	To inform a business case that will find a long-term solution for the two services that were provided from the George Bryan Centre

Process	Who is involved	<ul style="list-style-type: none"> The League of Friends, staff, service user and carer representatives will be invited to develop the engagement plans The people involved in the previous engagement to share their experiences of the temporary arrangements Service users and carers living in Southeast Staffordshire who have experienced the temporary arrangements between February 2019 and July 2021 to provide feedback on them
Presence	How people are involved	<ul style="list-style-type: none"> Virtual events during September 2021 Online and telephone options for making a contribution
Impact	How can we tell we have made a difference?	<ul style="list-style-type: none"> The proposals set out in the business case are informed by the involvement activity undertaken

9. Summary

9.1 The information outlined above provides an update on the process we are undertaking to involve service users, carers and staff in relation to the Temporary closure of the George Bryan Centre.

10. Link to Trust's or Shared Strategic Objectives

10.1 The Together We're Better Partnership has an agreed vision: Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work:

Our purpose

- If you live in Staffordshire or 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.

11. Link to Other Overview and Scrutiny Activity

11.1 Since 2016 the partnership has attended Committee meetings to update on progress against the transformation programme. Today's meeting is a continuation of this ongoing conversation. The most recent update on restoration and recovery to the Committee was in July 2021.

12. Community Impact

12.1 To be determined at a future date once final proposals are confirmed.

13. Contact Officer

Name and Job Title:

Clare Neill, Associate Director of Communications & Strategic Partnerships, Midlands Partnership NHS Foundation Trust.

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14. Appendices/Background papers

Appendix 1 - Summary of themes from 2019 George Bryan Centre events

Appendix 1 - Summary of themes from 2019 George Bryan Centre events

There was lots of support for local mental health services. This extended beyond inpatients to community services. A lot of positive experiences were shared. This included staff being commended for being caring and the quality of the food was mentioned at a number of sessions. People expressed feeling safe and 'restful' at the George Bryan Centre. More than one person described the centre as saving their lives – or that of a relative.

After Stoke-on-Trent, Tamworth has the largest population in Staffordshire and population growth was also mentioned (new housing in Fazeley, specifically). There was support to re-build the George Bryan Centre like-for-like.

"Would like to see the GBC built like for like in the location, not Stafford or Derby" Lichfield event

"Stop thinking Stafford should take the role of George Bryan. Stafford should continue its inpatient mental health care in addition to full time inpatient mental health care at a new future George Bryan unit in Tamworth" Tamworth event (2-5pm)

Additional beds was also suggested.

"More not less inpatient beds in Tamworth to continue the good work of the George Bryan Centre before the fire" Tamworth event (2-5pm)

There were also suggestions about using the centre as a base for community-based services that included young people and all aspects of the mental health pathway.

"Why doesn't the Trust make the George Bryan a community base for all the current mental health services for the local area?" Sir Robert Peel drop-in session

Some extended this to other health services and the voluntary sector.

"Support for third sector organisations to manage increased contact" Lichfield event

"More service delivery alongside the voluntary sector" Tamworth event, 2-5pm

"Voluntary sector – should tie up" Glascote Patient Participation Group

At the Burton event, there were representatives of the housing and voluntary sector and the idea of jointly bidding for services was discussed. There were also comments about the centre's relationship with the Sir Robert Peel Hospital.

"Cross training between the two types of nurses to care on wards at Sir Robert Peel on a temporary basis and vice versa" Sir Robert Peel drop-in session

"Samuel Johnson Hospital why can't we support & work with this hospital – too many different set ups" Lichfield event

The greater range of services in Stafford was mentioned. At the Burton event the difference was described as "night and day". Art, music and occupational therapy were all available in Stafford and not at the George Bryan Centre.

Travel was the most common theme. The distance, cost and accessibility of public transport options between Tamworth and Stafford were all part of the most common theme. This related equally to visitors, who were recognised as being vital to recovery. It was also stated that visitors may be upset after a visit, which may make driving difficult.

"Issue with visiting & travel to Stafford feel it would be too traumatic to get there"

“19.50 last train from Stafford to Tamworth” Tamworth event 2-5pm

“50-mile round trip”

“As an inpatient – visits from family when in Stafford were vital for the recovery process”

At the drop-in session at the Sir Robert Peel one person commented “Since the fire in February I think it is better for people to be sent to a specialist hospital, yes there are difficulties with travel, however every condition has its specialist hospital, mental health should not be any different. I also feel that having an isolated unit must be difficult to manage when there are risks involved.

A number of mitigating actions were suggested:

- Financial support for transport
- A hospital bus that picks up from the train station
- “Group of volunteers to visit patients who maybe do not see their relatives because of the distance they have to travel”
- Need to ensure appointments for people who use public transport are booked after 10am (so they can take account of free bus travel)
- Extend the times of the bus from Tamworth to Stafford (and back)
- Pre-book transport to coincide with visiting times

A number of ideas for improvements were identified, which will be reviewed by the care group to inform any long-term solutions. This included:

- Social prescribing and financial/benefit support
- Help people with health promotion
- Longer consultations with psychiatrists
- Better discharge planning
- Community teams giving more information about support available in the community
- Improved communication between GP and hospital (medication, blood results).



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The provision of mental health services for South East Staffordshire

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9th August 2021

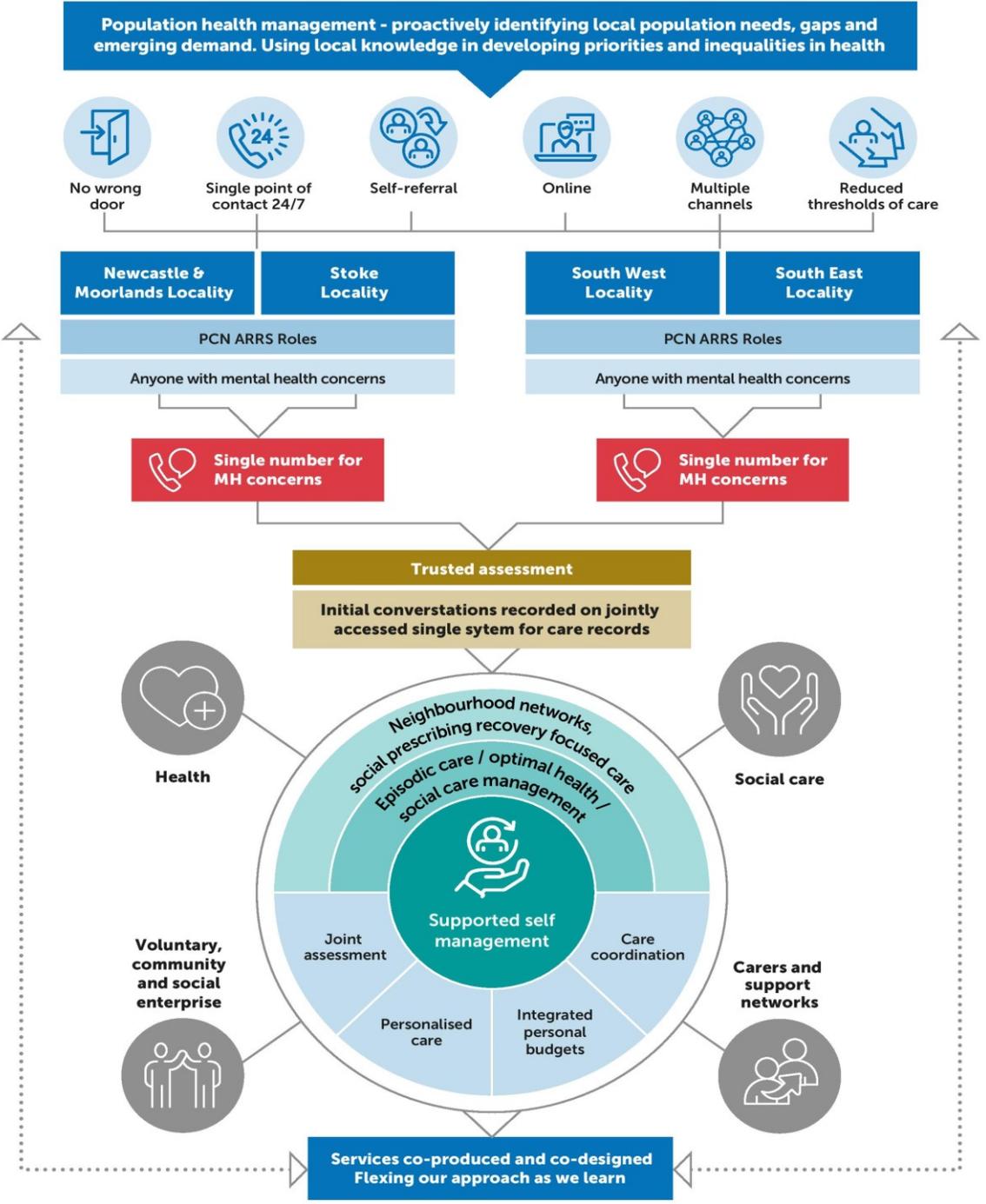


Staffordshire and Stoke-on-Trent Community Mental Health Transformation

Glossary

- PCN – Primary Care Network (group of doctor’s practices)
- ARRS – Additional Roles Reimbursable Scheme (additional roles on doctor’s practice; such as clinical pharmacist, social prescriber, physician associate, first contact physiotherapist, care co-ordinator, dietitian, occupational therapist, mental health practitioner)
- MH – mental health

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George Bryan Centre Temporary Closure

West wing

Mixed sex 24 hour in-patient assessment, care and treatment ward for people who are in an acute state of mental illness

- St George's Hospital Stafford

East wing

Older person's (over 65) assessment unit for people with dementia

- Those not requiring admission are being supported and cared for in their usual place of residence by enhancing existing teams
- Those requiring acute mental health admission will be supported and cared for at St George's Hospital in Stafford.

Enhancing existing teams

The existing community teams have been enhanced to support older adults in their usual place of residence.

This includes

- Enhanced crisis home treatments with skilled, experienced older adult specialists
- Addition of a nursing/therapy lead
- New clinical psychologist to focus on older adults
- A training plan for the team



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Finding a permanent solution

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Engagement to date

- Together We're Better (summer 2019)
 - Used to develop and refine the clinical model of care
 - Options appraisal process (November 2019 to February 2020)
 - Resulting in a draft short list and key considerations
- Midlands Partnership NHS Foundation Trust (Sept & Oct 2019)
 - Five engagement events across South East Staffordshire
 - All material posted online to facilitate contributions outside of an event
 - Targeted at those who had experience of George Bryan Centre and the same services provided from St George's in Stafford

Outcome of MPFT engagement

- There was support to re-build the George Bryan Centre like-for-like
- Additional beds was also suggested
- There were also suggestions about using the centre as a base for community-based services that included young people and all aspects of mental health
- Some extended this to other health services and the voluntary sector
- There were also comments about the centre's relationship with the Sir Robert Peel Hospital
- The greater range of services available in Stafford was mentioned
- Travel to Stafford was the most common theme

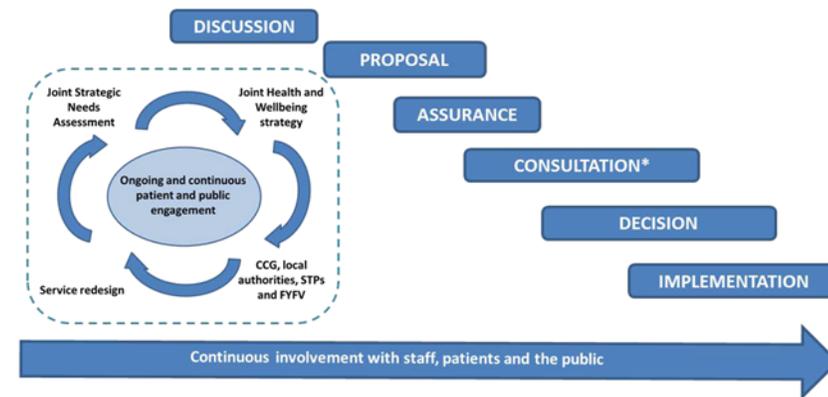
The business case process

- To inform assessment of proposals against the government's four tests of service change, and NHS England's best practice checks, a business case will be developed.
- The business case will also form the starting point for a Strategic Outline Case (SOC).
- Both the business case and SOC are technical documents, designed to support the decision making process. The former relates to the service change decision making process, and the latter to the capital investment decision making process.
- In terms of NHS capital investment, the two documents describe processes that together will support the determination of a preferred way forward.

The business case will include

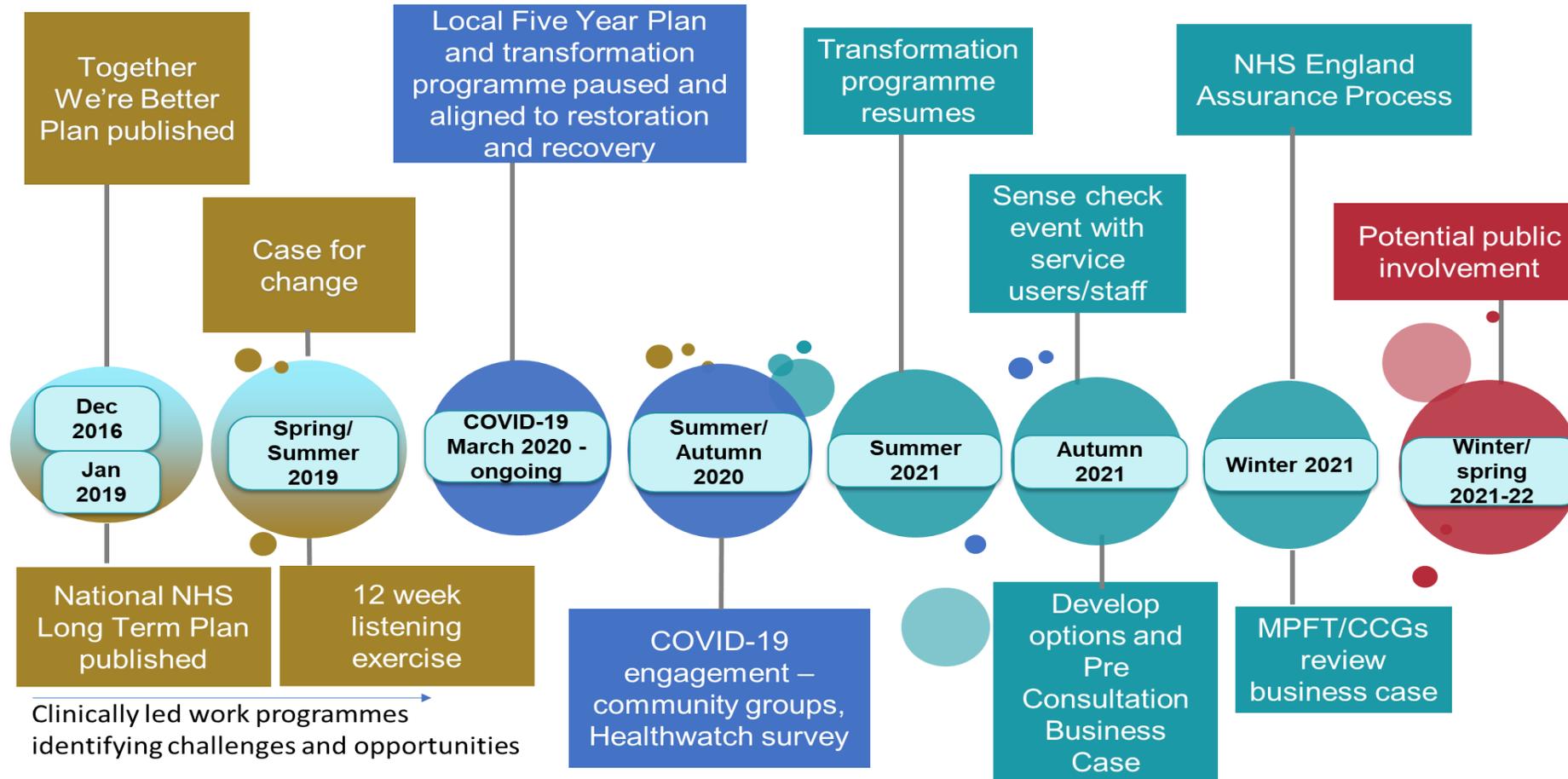
- The case for change by demonstrating the links to relevant JSNAs and JHWSs, ICS and CCG and NHS England commissioning plans.
- Information regarding the number of people affected and the benefits to them;
- Information on how the proposed service changes will promote equality, tackle health inequalities and demonstrate how the commissioners have met the public sector equality duty (PSED);
- Analysis of travelling times and distances;
- Impact in terms of outcomes (Quality Impact Assessment and Equality Impact Assessment);
- Detail on how stakeholders, patients and the public have been involved, proposed further approaches and how their views have informed options;
- Governance and decision making arrangements;
- Indicative implementation timelines;
- Demonstrate how the proposals meet the governments four tests and NHS England's test for proposed bed closures (if appropriate);
- Explanation of how the proposed changes impact on local government services and the response of local government;
- Information governance issues which have been identified by the privacy impact assessment;
- Identification of any clinical co-dependency issues, including any potential impact on the current or future commissioning or provision of specialised or other services; and
- show that options are affordable, clinically viable and deliverable:
 - Demonstrate evaluation of options against a clear set of criteria.
 - Demonstrate affordability and value for money (including projections on income and expenditure and capital costs/receipts for affected bodies) and satisfaction of any applicable return on investment (ROI) criteria.
 - Demonstrate proposals are affordable in revenue and capital terms, proposals are deliverable on site, and transitional and recurrent revenue impact have been robustly identified.

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The business case process

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The engagement process to inform the business case

Targeted engagement on the two services previously provided at the George Bryan Centre

- Delivered by Midlands Partnership NHS Foundation Trust
- Oversight provided by the clinical commissioning groups
- The clinical commissioning groups will retain the responsibility for consulting the committee
- The outcomes of the engagement will be received by Together We're Better

Draft engagement plan

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Framework	What it means	How we will achieve it
Principles	How we relate to each other	Respectful, honest, caring and compassionate, listen and engage
Purpose	Why we are involving people	To inform a business case that will find a permanent solution for the two services that were provided from the George Bryan Centre
Process	Who is involved	<ul style="list-style-type: none"> The League of Friends, staff, service user and carer representatives will be invited to develop the engagement plans The people involved in the previous engagement to share their experiences of the temporary arrangements Service users and carers living in South East Staffordshire who have experienced the temporary arrangements between February 2019 and July 2021 to provide feedback on them
Presence	How people are involved	<ul style="list-style-type: none"> Virtual events during September 2021 Online options for making a contribution
Impact	How can we tell we have made a difference?	<ul style="list-style-type: none"> The proposals set out in the business case incorporate feedback from the engagement exercise

Draft agenda for engagement events

1. A presentation covering

- Context and scene setting – business case process
- Engagement under-taken to date and the outcomes
- The national model of community mental health

2. Three breakout rooms (people with experience of adult service, people with experience of older adult service, people with an interest in mental health but no experience of the services)

For people with experience of services since February 2019

- What has been good since February 2019
- What could be improved
- Anything new we should consider?

For people with an interest in mental health

- What would a good mental health service look like in South East Staffordshire?
- Anything new we should consider?

3. Feedback from breakout rooms

4. Another round of breakout rooms that consider the feedback from the earlier session

Local Members' Interest

**Health and Care Overview and Scrutiny Committee
Monday 9th August 2021**

Maternity Services update

1. Recommendation/s

- 1.1 To receive the update around the Temporary Closure of Free-Standing Midwife-led birthing Services.
- 1.2 To review the contents of the report and to advise on any additional information that is required by members to feel assured that due process and sufficient involvement activity will be undertaken.

Report of NHS Staffordshire and Stoke-on-Trent Clinical Commissioning Groups

Summary

2. What is the Select Committee being asked to do and why?

- 2.1 To receive the update around the Temporary Closure of Free-Standing Midwife-led birthing Services.
- 2.2 To review the contents of the report and to advise on any additional information that is required by members to feel assured that due process and sufficient involvement activity will be undertaken.

Report

3. Background

- 3.1 The Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) undertook engagement activity in summer 2019 with patients, public and members of the workforce. This information was utilised to develop and refine the clinical model of care that was included in the options appraisal process which took place from November 2019 through to February 2020. A full report of the feedback compiled from these engagement events was shared with commissioners and providers to inform the future models of care. However, before work could progress further, the associated Transformation Programmes were placed on hold in response to the COVID-19 pandemic.

- 3.2 In March 2020, in response to the COVID-19 pandemic and Phase one guidance, both University Hospital North Midlands NHS Trust (UHNM) and University Hospitals Derby and Burton NHS Trust (UHDB) made the decision to temporarily close the freestanding midwife-led birthing units (FMBUs) at County Hospital, Stafford and Samuel Johnson Community Hospital, Lichfield in order to consolidate their workforce and service provision on the acute sites at Royal Stoke University Hospital and Queen's Hospital, Burton. In addition to the closures of the FMBUs, there were temporary service closures to the home birth service each provider delivered through the community midwifery teams.
- 3.3 This involved redeploying birth centre staff, who were senior midwives, in order to consolidate resource into the main maternity units. These changes impacted a small cohort of low-risk women who would previously have been offered a birth at the FMBU. Previous year (19/20) data shows that (from Staffordshire and Stoke on Trent) 95 women gave birth at County FMBU and 163 at Samuel Johnson FMBU, out of a total 11,283 births across all settings. Throughout the pandemic, all antenatal and postnatal services delivered at the respective trusts have continued and have remained at their original location.
- 3.4 Both UHDB and UHNM completed their respective Trust's Quality Impact Assessments (QIAs) for the temporary closure of their FMBUs and their homebirth services. Homebirth services were later re-introduced at both trusts. The UHDB homebirth service was suspended on 13/03/20 and reintroduced on 25/05/20. The UHNM home birth service was suspended on 23/03/20 and reintroduced on 15/06/20.
- 3.5 The Trust QIAs indicated no significant impact on quality, safety, patient experience and protected characteristic groups from the service changes. All QIAs for temporary closures were reviewed by the CCGs' Quality and Nursing Directorate and recorded internally for audit purposes, in order for a full QIA to be undertaken post COVID-19.

4. Understanding service change

- 4.1 Local Maternity and Neonatal Systems (LMNS) were asked to move back to delivering a more complete range of objectives to make maternity care safer, more personalised and more equitable. Operational Planning Guidance of 25th March 2021 set out key priorities and deliverables for LMNS' for 2021/22. The first LMNS deliverable outlined in a letter dated 7th May 2021 is to reopen any services that have been suspended because of COVID-19, in line with pandemic recovery. There is no specific date outlined in the letter for when services should be reinstated by.
- 4.2 All maternity services within Staffordshire and Stoke-on-Trent have been reintroduced other than the re-opening of both FMBUs in Lichfield and Stafford. It is important to reiterate that all antenatal and postnatal care continues to be delivered by providers from County Hospital and Samuel Johnson Community Hospital, however the birthing element available to only low risk women is currently suspended.
- 4.3 Despite the easing of the lockdown restrictions, both UHDB and UHNM are continuing to report significant staffing pressures as a result of COVID and non-COVID related absences. Staff who were redeployed from the FMBUs during the first phase of the pandemic continue to be essential within the acute units, enhancing the senior

midwifery presence and supporting Ockenden safety recommendations. The full Ockenden report can be found at: [OCKENDEN REPORT - MATERNITY SERVICES AT THE SHREWSBURY AND TELFORD HOSPITAL NHS TRUST \(donnaockenden.com\)](https://www.donnaockenden.com) .

- 4.4 Both providers describe recruitment strategies which take into account the reinstating of FMBU services and the ambition to provide a continuity of carer service model as the default for all pregnant people.
- 4.5 The LMNS has advised the regional NHS England/Improvement team of the current situation locally regarding the temporary closure of the FMBUs and continue to update them at regional maternity meetings.
- 4.6 The Staffordshire and Stoke-on-Trent LMNS Board has been working with both trusts to agree a timeline to reinstate the intra-partum (birthing) service at both FMBUs as soon as possible.

5. What are the service changes that have happened?

- 5.1 The service changes are outlined within the background information above.

6. Material service change

- 6.1 At this stage there are no material service changes. The two freestanding midwife-led birthing units (FMBUs) remain temporarily closed at present. The Committee will be kept informed once final proposals are confirmed.

7. Understanding experiences during COVID-19

- 7.1 People who have accessed maternity services, and their support partners, along with maternity staff and other support groups were invited to share their experiences and views at an online event via Microsoft Teams on Friday 16 July 2021.
- 7.2 The event provided an opportunity to understand people's experiences during COVID-19 and seek views on potential ways of restoring services through an on-demand service that also meets the national ambitions for continuity of carer. It enabled the team to recap and sense check the previous involvement work, to understand any potential negative impact of the proposed model of care.
- 7.3 A short survey has also been developed, to support anyone who could not attend the event to take part in the conversation. An Issues Paper and short video have been produced to help explain the model of care to support people to complete the survey. These are available on the Together We're Better website: <https://www.twbstaffsandstoke.org.uk/get-involved/maternity-services-transformation>. The survey closes on Sunday 8 August and can be completed online or by phoning 0333 150 2155.
- 7.4 We are also working with the trusts to promote the survey within maternity units and to maternity users, within current social distancing measures. Our Communications and Engagement team are continuing to contact community and voluntary sector groups to promote ways to get involved, in particular to seldom heard groups.

- 7.5 Feedback from the event on 16 July and the survey will support the trusts in looking at how they could potentially reinstate services following the COVID-19 pandemic.
- 7.6 A copy of the Issues Paper/Fact sheet from the event have been attached with this report.

8. Transformation programme

- 8.1 As a system we recognise that the ongoing impact of the pandemic particularly on staffing is a risk to the timeline for reinstating services at the FMBUs. Through this process we also recognise that it is likely that there was a shortfall in staffing senior midwifery establishment prior to the pandemic, which coupled with the above has an additional impact on the restoration of services.
- 8.2 Both trusts have reliance on additional recurrent transformation monies to support the roll out of the Continuity of Carer model. Staffordshire and Stoke-on-Trent LMNS will liaise with Derbyshire LMNS in order to explore potential pooling of funds to support UHDB and will continue to support UHNM as described above.
- 8.3 Following the involvement activity, both the LMNS and providers will receive a report of findings outlining the feedback from women, families and workforce which will be formally received and discussed at a system meeting taking place on Tuesday 24th August.
- 8.4 The expectation from the CCGs is that the trusts will then provide revised business cases on how they could reinstate the birthing services to the Staffordshire and Stoke-on-Trent Maternity and Neonatal Programme Board in Autumn 2021. To support the necessary development and workforce training, the earliest the on-demand model of care could go live is Autumn/Winter 2021.

9. Summary

- 9.1 The CCGs will continue to monitor the quality impact of the temporary closures via the CCGs' Quality Impact Forum. In addition, from September, the revised Maternity and Neonatal Quality and Safety Oversight Forum will be operational and will also monitor quality impact and escalate to the Regional Perinatal Quality Group as required.
- 9.2 The CCGs will provide the Staffordshire Health and Care Overview and Scrutiny Committee with further details of the proposals for reinstatement for the birthing services in Autumn 2021.

10. Link to Trust's or Shared Strategic Objectives –

- 10.1 The Together We're Better Partnership has an agreed vision: Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work:

Our purpose

- If you live in Staffordshire or 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.

11. Link to Other Overview and Scrutiny Activity

11.1 Since 2016 the partnership has attended Committee meetings to update on progress against the transformation programme. Today's meeting is a continuation of this ongoing conversation. The most recent update on restoration and recovery to the Committee was in July 2021.

12. Community Impact

12.1 To be determined at a future date once final proposals are confirmed.

13. Contact Officer

Name and Job Title:

Alison Budd, Lead Midwife, Maternity and Neonatal Transformation Programme, Staffordshire and Stoke-on-Trent CCGs

Jenny Fullard, Communications and Engagement Service Partner, NHS Midlands and Lancashire Commissioning Support Unit

Telephone No: 07394559626 and/or 0333 150 1602

Address/e-mail: Alison.Budd@StaffsStokeCCGs.nhs.uk and/or jenny.fullard@nhs.net

14. Appendices/Background papers

1. TWB Maternity 2021 Factsheet

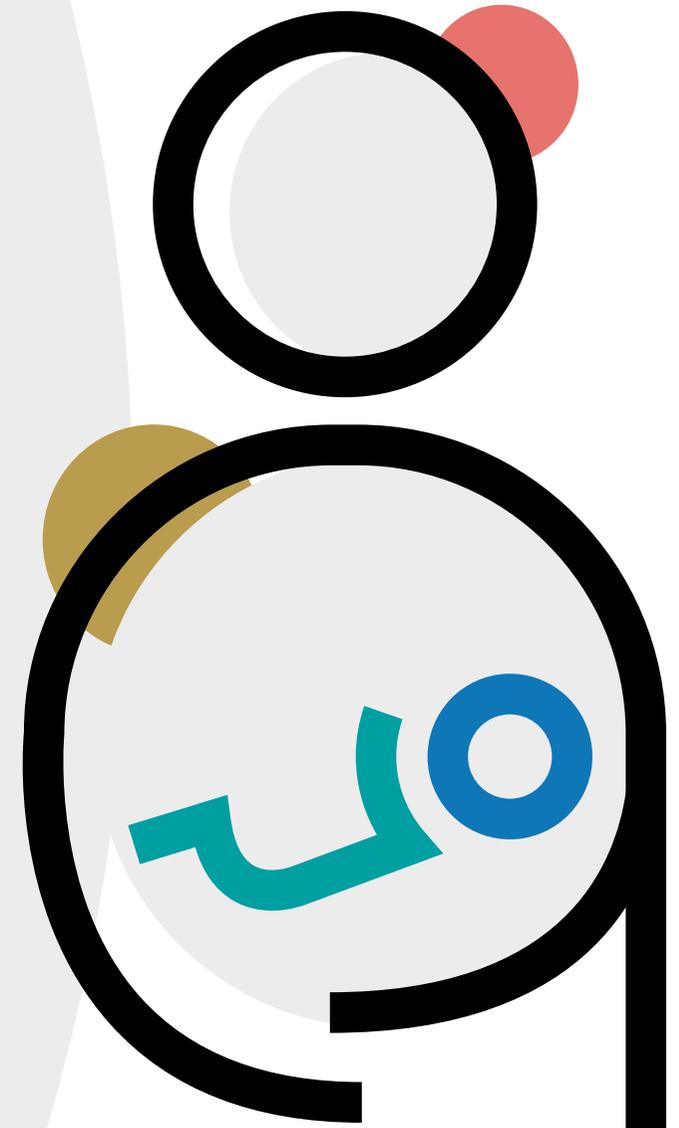
Improving maternity services in Staffordshire and Stoke-on-Trent

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We want to help everyone to have the best start in life, with high quality maternity services that offer choice and personalised care.

By listening to the experiences of people who have had a baby, are pregnant, or are thinking of becoming pregnant, we can build better services for the future. At every step of the way we want to involve our workforce who will help us drive forward innovation.

July 2021



Welcome

Since forming in 2016, Together We're Better, the local health and care partnership, has been working to make Staffordshire and Stoke-on-Trent the healthiest places to live and work. We have a lot to be proud of in health and social care, with a strong focus on quality, use of new technology and investment in new services. However, we know there is more that can still be done to make services better.

Now that COVID-19 restrictions are easing, it is the right time to continue our ongoing conversation on maternity services that started in 2019. However, we recognise the world is different now, and we want to take time to listen to people's experiences.

During the pandemic we needed to work differently – to protect our staff and the people giving birth – and to deliver a quality service with higher levels of staff absence. This meant we had to

temporarily suspend births at County Hospital in Stafford and Samuel Johnson Community Hospital in Lichfield. Homebirths were also temporarily suspended, but we're pleased to say they are available once again.

We are grateful to the staff who worked tirelessly to keep services running during the pandemic, and to the families who were so understanding of the challenging situation.

COVID-19 is still with us and we're still having to use our workforce in a different way to help deliver safe services for all. We're exploring possible solutions, to help restore services, but also how we make them better for the long-term.

We've also seen improvements and innovative working through the pandemic, that are delivering better care for maternity users. We don't want to lose this energy or innovation, and want to take forward the best practice to offer fair and quality services for all.



Maternity care in Staffordshire and Stoke-on-Trent

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

In 2019/20, 93 women gave birth at County Hospital Freestanding Midwife-led Birth Unit (FMBU). The unit is staffed 24 hours a day, but only sees **an average of 8 births a month**. It is similar at Samuel Johnson Community Hospital in Lichfield, with 252 births in 2019/20. National guidance recommends a **minimum of 350 births** to help midwives maintain their skills and ensure value for taxpayers' money.

By working differently, we can make better use of our midwives, with more support within local communities.

For women who have had a baby before, homebirths and Midwife-led Units are equally safe. If you're giving birth for the first time your midwife will discuss your preferences and choices with you.

There are a number of places that will be considered, as part of your birth plan:

	Current location (see map)	Suitable for high-risk pregnancy	Other benefits
Consultant-led Unit	<p>1 Royal Stoke University Hospital</p> <p>2 Queen's Hospital, Burton</p>	Yes	<ul style="list-style-type: none"> ✓ Doctors and specialists will be on-hand for you and baby ✓ An epidural (pain relief injection) can be given
Midwife-led Unit/service	<p>3 Royal Stoke University Hospital</p> <p>4 Queen's Hospital, Burton</p>	No	<ul style="list-style-type: none"> ✓ Non-clinical environment ✓ Low-risk births only ✓ Less likely to need intervention ✓ Close to Consultant-led Unit for ease of transfer
Midwife-led Unit (temporarily suspended)	<p>5 County Hospital, Stafford</p> <p>6 Samuel Johnson Community Hospital, Lichfield</p>	No	<ul style="list-style-type: none"> ✓ Non-clinical environment ✓ Low-risk births only ✓ Less likely to need intervention
Homebirth	At patients' homes throughout Staffordshire and Stoke-on-Trent	No	<ul style="list-style-type: none"> ✓ Familiar environment, with family around you ✓ Less likely to need intervention – especially if had a baby before
Out of area hospitals	Neighbouring hospital trusts providing maternity services.	-	-



Low-risk births

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). You are unlikely to be low-risk if you have a history of diabetes or other long-term conditions.

If you are low-risk, then you could be offered the choice of giving birth at the Midwife-led Units. Your midwife will discuss options with you when developing your personal birth plan, this is usually assessed at week 36/37.

Did you know...

Not everyone is able to give birth at the Midwife-led Units at County Hospital or Samuel Johnson Community Hospital?

This is because only low-risk births will be able to happen at home or at the County Hospital or Samuel Johnson Community Hospital sites. Your risk level will be assessed at week 36/37.

Similar to other units across the country, these units provide the same level of care as a homebirth. You have access to birthing rooms, pools and trained midwives - however this doesn't give access to epidurals (pain relief injections) and other specialist treatment.

80-89% of people in these areas give birth at the Royal Stoke Hospital or Queen's Hospital, Burton*. This may be through choice or because they are high-risk. *This does not include people who give birth at hospitals out of area.



CASE STUDY: How it was before COVID-19



Nina works as a midwife in the maternity unit in Stafford. But not a lot of women were able to or were choosing to give birth there, and Nina felt that she wasn't using her skills and knowledge as well as she could be. Her morale was low and she was thinking of applying to work somewhere else. On the days that there were no births, Nina would keep busy with admin or other tasks, not suitable for her senior experience.



CASE STUDY: How it was before COVID-19



Abby from Lichfield is expecting her second baby. She has been assessed as low-risk, but wasn't keen on a homebirth or the local unit as she was worried about what would happen in case of complications. She hasn't seen the same midwife twice during all her pre-natal appointments, so doesn't feel like she can discuss her concerns with anyone.

So, Abby chooses to have her baby in the Burton Midwife-led Unit – as she could easily move to the Consultant-led Unit in case anything went wrong.

What's new?

How services changed during COVID-19

The COVID-19 pandemic meant a lot of services had to work differently to keep staff and patients safe. Our maternity staff were working in small teams across several sites, so we had very little flexibility if anyone needed to self-isolate.

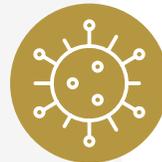
In March 2020, low-risk births were temporarily suspended at Samuel Johnson Community Hospital in Lichfield and County Hospital in Stafford with the closure of the Midwife-led Units at these hospitals.

There have been no quality and safety issues during the closures.

The staff from these units were able to support the larger units at Royal Stoke University Hospital and Queen's Hospital in Burton. Homebirth services were also suspended, but are available once again - supported by our community midwifery teams.

Whilst COVID-19 restrictions are easing for the public, this is not the same for hospitals and we are still facing high numbers of staff that are self-isolating. Our priority remains the safe care of women and babies – and this can only be done with good staffing levels. As a result, we will need to continue to keep the units in Stafford and Lichfield temporarily closed, whilst we deal with these COVID-19 pressures and enhance our community midwifery services.

The various health and care services that had to pause or work differently during the pandemic are now restarting, this is also an opportunity to do things differently – rather than just going back to how things used to be. We want to make sure that the services we provide today will also be able to meet future needs.



CASE STUDY: How it was during COVID-19



The Maternity-led Units at Stafford and Lichfield closed during the pandemic, as midwives like Nina were needed in the larger hospital units. She felt her skills were being better used to deliver more babies, but under more pressure when some of her colleagues had to self-isolate.



CASE STUDY: How it was during COVID-19



Abby gave birth at Burton. She stayed in hospital for one night after the birth, but only her husband was able to visit her and their new baby. The family are all now together at home.



Preetpal lives in Burntwood, and her second baby is due soon. She is 37 weeks pregnant, and she is still low-risk. As the unit in Lichfield is closed, Preetpal could have gone to Burton, but she has chosen a homebirth.



Her friend Leticia lives in Stone and is expecting her first baby. Leticia wanted to give birth at Stafford, but it is closed. Her midwife discussed options and travel plans with her, and as it is her first baby she is going to the unit in Stoke as she is not suitable for a homebirth.

Both Preetpal and Leticia are able to go to their local units for their antenatal appointments and follow-up appointments.

The Ockenden review

The high profile Ockenden review into maternity services at Shrewsbury and Telford Hospital NHS Trust published interim findings in December 2020.

It sets out clear recommendations which all maternity services should 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.

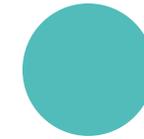
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Thanks to our staff, we are confident that our local services are safe.

The learning from Ockenden is being considered and implemented by our hospitals to see if we can deliver better care.

Both COVID-19 and Ockenden have reinforced our view that we need to work differently and use our community midwifery teams to offer more personalised care.

Our vision



A key priority for us is to help everyone to have the best start in life. Before the COVID-19 pandemic, we were already working to improve the quality of maternity and newborn services in the county.

We want to:

- **Empower women**, and their partners, by putting them at the centre of their care so they have the best support possible. This means helping them to make informed choices, leading to a positive pregnancy and birth experience and a healthy baby.
- 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.
- Give every woman a **personal birthing plan**, which includes care after the birth. The midwives will agree a schedule of clinics and home visits for those that need them.
- 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.

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We think we can do this by:

- Establishing **'on-demand midwife-led units'** to allow women a choice of the equivalent of a homebirth in a different setting. Small teams of midwives would be community-based and have the flexibility to meet you when you go into labour. They would have everything ready for when you get there.
- Enhancing our **homebirth model** – potentially through a joint joint Staffordshire and Stoke-on-Trent homebirths team
- Providing diagnostics (tests), antenatal and postnatal care at the community maternity hub level.

There would be **no change to Consultant-led services**, so these would remain at Stoke and Burton. **Homebirths would continue** to be an option for low-risk pregnancies – but we want to do more to support families to have a homebirth if they want to.

Why do we need to work differently?

Doctors, midwives, women and their families have told us what challenges they face locally, that we need to plan for now:

- There is a national **shortage of midwives**.
- Before COVID-19, **our midwives at County and Samuel Johnson Community hospitals were being underutilised**. Not enough babies were being born to support the midwives to be there 24/7 and to maintain their skills. Following COVID-19, these staff are needed to support the larger units in Stoke-on-Trent and Burton to provide quality care for all parts of the county.

- We also have a shortage of midwives to support the **Stoke-on-Trent unit, which sees the vast number of babies born**. This is because they are higher risk or the woman has chosen to give birth there.
- To deliver the national best practice, for every woman to have continuity of carer, with a team of midwives around her birth plan, we need to have **more of our midwives available to work in the community**. This will allow them to do more home visits and antenatal appointments, as well as supporting births either at home or at our community 'on-demand' centres.



What is continuity of carer?



At every birth there are two midwives, whether at home, through an on-demand service or in the larger sites. Ideally, our midwives should work as a team, who regularly meet with every woman and help develop her birthing plan.



This means that if your midwife is off sick, or on leave that you still know and trust your midwife when you give birth. We can also spot early signs, if your birth is high-risk and can get you the specialist support and after care.

We can only deliver this, if we help our midwives to work flexibly so they can see more people in the community.

So what will be different?

We are working hard to be able to offer a network of birthing units across the county, including at County Hospital and Samuel Johnson Community Hospital. To do this we will need to use our workforce differently to be able to cover all these sites, support homebirths and meet the national requirements to deliver personalised care.

You should not notice a difference to your maternity care, as many of these changes will happen behind the scenes and are more about the way we use our midwives to best support your needs.

As happens now, at 36/37 weeks you will be assessed by your midwife, if you still meet the criteria for low-risk births you will be given a choice of where to give birth – at the Consultant-led Unit, Midwife-led Units in Stoke or Burton and a homebirth.

We are also exploring ways to restore low-risk births at County Hospital and Samuel Johnson Community Hospital and are hopeful we will be able to offer a service by late autumn/winter 2021.

What can I expect?	Before 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



CASE STUDY: How it could be – in the future



With the new on-demand units, Nina doesn't spend her whole shift on site, waiting for someone to go into labour. Instead, she can be out in the

community supporting local women and families on her caseload. More of her time will be spent on clinical work, which is what she became a midwife to do.



CASE STUDY: How it could be – in the future



As Leticia's named midwife, Nina really got to know her well throughout the pregnancy, and her family. When her waters broke, she called Nina.

Nina called her team to make sure everything is ready for when Leticia and her partner get there. Leticia had also met her second midwife throughout the pregnancy, so felt she was in safe hands.

What will the on-demand units offer?

The on-demand units will be led by our community midwife teams and have access to the birthing rooms and birthing pools. Similar to the current Midwife-led Units before COVID-19, they offer the **same level of care** as a homebirth.

So why are we talking about this?

We want to be open and transparent with local people. We are currently reviewing all possible ways that we can restore services to offer low-risk births in the Stafford, Lichfield and surrounding areas.

Listening to our midwives, and taking into consideration the workforce challenges we are facing, **our emerging proposals include re-opening the units as an on-demand service.**

This means that our midwives will not be there waiting 24/7, but are out **in the community supporting their women.** They will act as a team, within a local area, to support you to give birth at home or at your chosen unit. We will also use support staff at the centres, to ensure that **everything is ready** in the birthing rooms for when you arrive.

As happens now, you will ring your midwife when you go into labour, so we will know when to expect you. Importantly, by freeing-up our midwives to do more appointments in the community, it will mean you have **developed a relationship** with the midwives who understand your personalised birth plan and are there at your birth.

What happens if I develop complications?

The on-demand units will provide the same level of service as the Maternity-led Units do now – **there is no change for people who develop complications.** It is the equivalent of a homebirth, which is why at 36/37 weeks we assess all women and only low-risk women can be offered a homebirth or on-demand birth.

Sometimes, women who have been assessed as low risk need to be transferred from a homebirth or Midwife-led Unit to the Royal Stoke University Hospital or Queen's Hospital in Burton. Some of these women may have needed a short stay in hospital after the birth, which can only be done in Stoke-on-Trent or Burton.

This will not change, and **we work closely with the ambulance service to safely transfer people** who need to go to the Consultant-led Units.



We know babies arrive in their own time, which is why we work with you to develop a birth plan – so you are ready and have a travel plan in place.



A birthing room and your trusted midwives will be ready and waiting for you.



Because we know your history and your personal needs, we can better advise you when it comes to the birth.

Listening to you

Over the last few years, we have been listening to service users, staff and local community groups about their experiences of using our services and their ideas for how things could be improved. We have considered this feedback as we have thought about how services could look in the future.

As part of our 12-week listening exercise in 2019, we spoke to over 2,000 people, about lots of different health and care services in Staffordshire and Stoke-on-Trent. Focus groups were also held to get more in-depth feedback about particular services.

In January and February 2020, we held six focus groups with a total of 25 new and expectant mothers, and staff who work in maternity services. 40 surveys were also completed. We shared our emerging models of care and asked attendees for their views on the desirable criteria. No decisions were made.



What's working well:

- In 2019, people said that waiting times were generally good, and we had fantastic staff. 76% rated maternity services as 'excellent' or 'good'. At the 2020 focus groups, they said maternity staff were supportive and compassionate.
- The facilities and care received at County Hospital and Royal Stoke University Hospital were particularly praised.

What could be improved:

- In 2019, people said that health visitor clinics, after care and shared records needed improvement. The distance / access to hospital was also an issue. New mothers at a breastfeeding support group told us that there was a lack of continuity of care and a need for better access to support services after birth.
- At the 2020 focus groups, continuity of care and access to support services were again raised as issues, along with communication, medical records and access to services close to home.

Deciding where to give birth:

- At the 2020 focus groups, we asked what was important to women when deciding where to give birth. Most said that safety was the main factor, and some preferred to give birth at hospital in case something went wrong.
- Many said they wouldn't consider a homebirth because they would be worried about complications, or simply because they didn't know much about it. Most said they would consider a community birth, as they liked that they could be closer to home, in a non-clinical environment, with familiar staff.



Next steps

Our clinicians and staff are working to develop proposals to support an on-demand model – this includes exploring how we can restore births at County and Samuel Johnson Hospitals. There is more work for us to do, behind the scenes before we can confirm this model will happen:

- We will need to listen to our staff as we look to develop a continuity of carer rota.
- We will need to train and recruit new midwives to support this community model.

We are listening to the views of people who use, work in or support maternity services to inform our proposals. Thank you to everyone who attended our virtual event on 16 July 2021. People can also share their views through a survey which is available on our website and closes at midnight on the 8 August 2021. You can view the survey online at: twbstaffsandstoke.org.uk/get-involved/maternity-services-transformation

If you need printed copies of the documents, need documents in different formats or languages or need help to complete the survey, please call us on **0333 150 2155**.

Through this involvement activity, we aim to:

- Seek views on what may have changed as a result of the pandemic.
- Find out what people's experiences have been of maternity services during COVID-19.
- Understand if there is anything else we need to consider when designing the continuity of carer service and to safely reinstate low-risk births.
- We will aim to keep you informed and involved as we develop our proposals. The feedback from our survey and event will be considered by the hospital trusts and the CCGs and will be published on our website.

We hope that by autumn/winter 2021 we will be able to offer this model – subject to the COVID-19 situation. We will continue to work with people using maternity services, to develop birth plans and offer advice on their options.



Want to get involved in shaping local maternity services?

Join our Maternity Voices Partnership. Visit our website, or contact us on the details below to find out more.

Contact us

Visit our website:

www.twbstaffsandstoke.org.uk

Phone: **0333 150 2155**

Email: twb.comms@nhs.net

Follow us on Facebook: **TWBStaffsandStoke**

Tweet us: [@TWBstaffsstoke](https://twitter.com/TWBstaffsstoke)

Temporary Closure of Free-Standing Midwife-led Birthing Services

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9th August 2021



Continuing our ongoing conversation

Over the past few years, we have been working to make Staffordshire and Stoke-on-Trent the healthiest places to live and work.

- **Summer 2019:** public conversation to understand what is working well and what could be improved in health and care services.
- **Jan/Feb 2020:** focus groups to talk in more detail about maternity services.
- **March 2020:** involvement work paused to allow partners to respond to COVID-19.
- **Summer 2021:** with COVID-19 cases reducing, now is the right time for this transformation programme to progress.

We want to hear from:

- People who have had a baby in the last three years or are currently expecting
- People who are thinking of starting or expanding their family in the next few years
- Anyone working in maternity services and organisations that support people who access maternity services.

**We recognise the world has changed –
and we need to sense-check our work before progressing**

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	<ul style="list-style-type: none"> Royal Stoke University Hospital Queen's Hospital, Burton 	Yes ✓	<ul style="list-style-type: none"> Doctors and specialists will be on-hand for you and baby An epidural (pain relief injection) can be given
Midwife-led Units/ service	<ul style="list-style-type: none"> Royal Stoke University Hospital Queen's Hospital, Burton 	No ✘	<ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> County Hospital, Stafford Samuel Johnson Community Hospital, Lichfield 	No ✘	<ul style="list-style-type: none"> Non-clinical environment Low-risk births only Less likely to need intervention
Homebirths	At patients' homes throughout Staffordshire and Stoke-on-Trent.	No ✘	<ul style="list-style-type: none"> Familiar environment, with family around you Less likely to need intervention – especially if have had a baby before

Maternity care during COVID-19



How services changed during COVID-19

Our maternity staff worked in small teams across several sites – gave little flexibility to manage self-isolation and sickness.

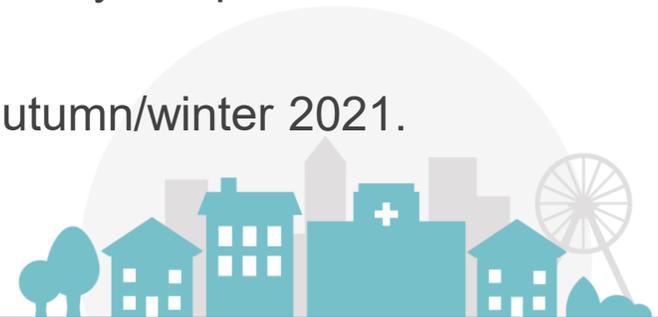
- In March 2020, low-risk births were temporarily suspended at Samuel Johnson and County Hospital. During the closures, there have been no quality and safety issues.
- Antenatal and postnatal clinics continued at the County and Samuel Johnson hospitals during the pandemic.
- The consultant and midwife-led units at Royal Stoke University Hospital and Queen's Hospital in Burton remained open.
- Homebirth services were also suspended, but we are pleased to say they are available once again.
- Improvements in how we use senior staff to better co-ordinate care – opportunity to take this forward for long-term.

Thank you to our amazing staff who have continued to deliver safe and quality services in the toughest circumstances.

Thank you to the families and women, who have shown their support and understanding through this time.

When will we be able to reopen services?

- COVID-19 is still with us, and we are having to work differently.
- Staff sickness and self-isolation are increasing in the NHS.
- The core staff from the southern midwife-led units are still needed in the larger units/community teams – as 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 services.
- We're exploring ways to improve care, including offering low-risk births at County Hospital and Lichfield, and we want to discuss these with you today.
- Given the workforce challenges, we are hoping to restore services by late autumn/winter 2021.



Maternity care following COVID-19 and the future

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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.

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



Long-term why do we need to work differently?

- 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
- Not enough babies being born at County and Samuel Johnson to support midwives to maintain their skills and to have staff waiting 24/7.
- 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

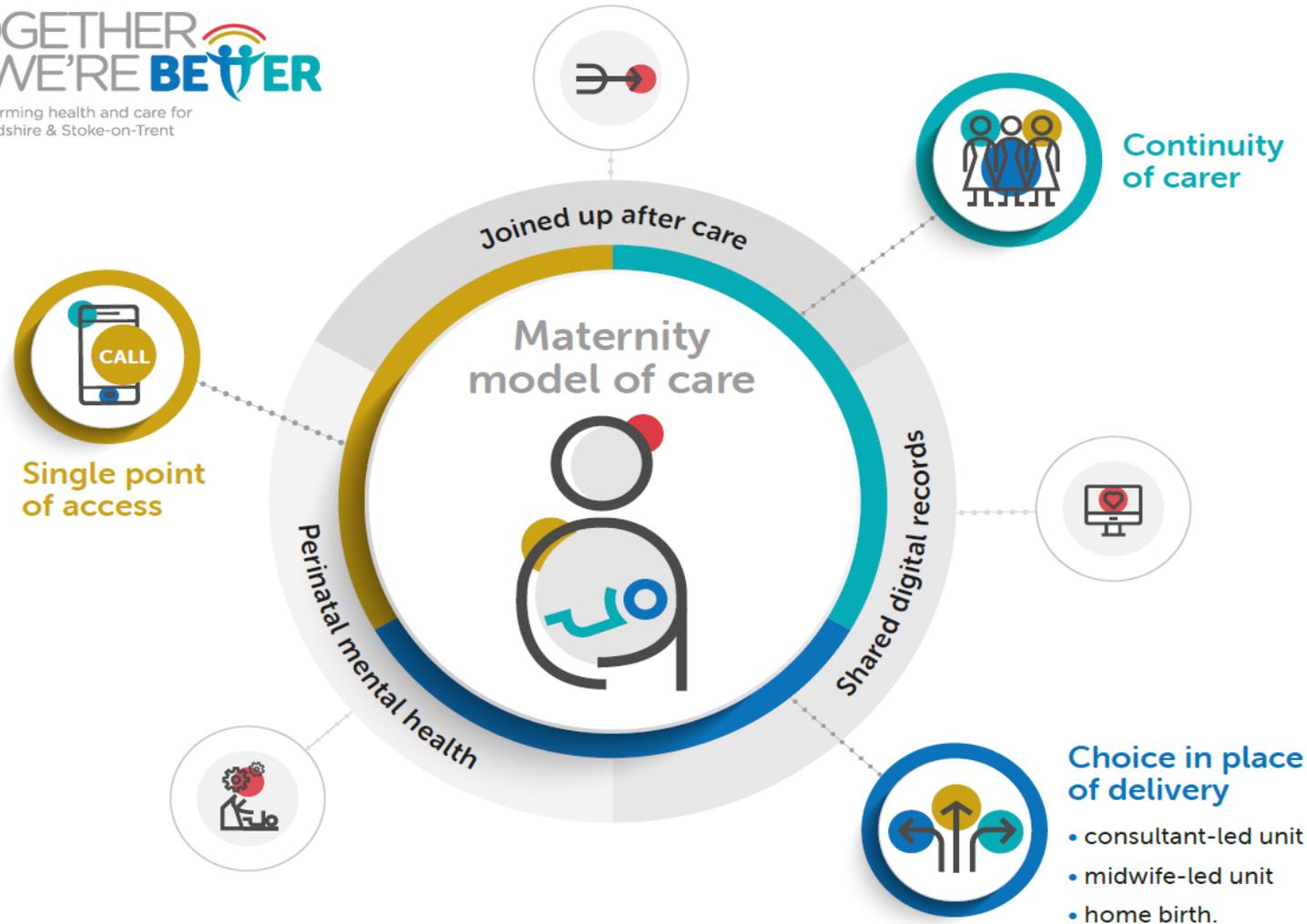
We want to:

- 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.

Community-led maternity care



Transforming health and care for
Staffordshire & Stoke-on-Trent



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.
- Midwives 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.

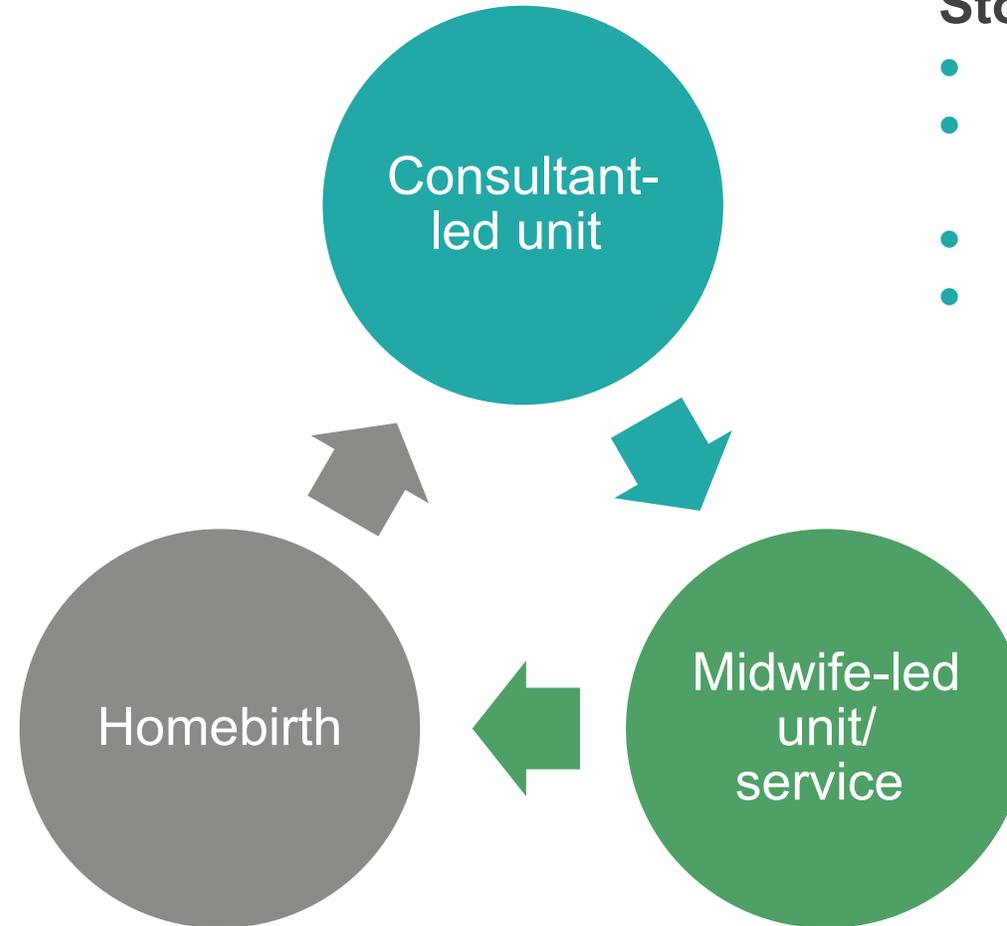
To support this model of care, we will need our midwives to be out in the community rather than waiting in empty wards



Choice of birth locations

We want to build a network of locations where you can give birth:

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Countywide

- Midwife-led
- No travel
- In your own home
- 24/7

Stoke-on-Trent and Burton

- Access to obstetricians
- Access to neonatal, anaesthetics / epidural / surgery
- 24/7
- After care in hospital

Stoke-on-Trent, Burton Stafford, Lichfield

- Same as a homebirth
- Midwife-led
- Birthing rooms and pools
- Discharge within 3 hours
- 24/7

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.

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 ✓

Why are we having a discussion?

- We want to be open and transparent
- Changes are small, but important
- Birthing rooms available 24/7
- Midwives travel to the units, rather than waiting 24/7
- As now, midwives develop birth plans so people know to ring their midwife at the point of labour.

How do you plan for the unexpected?

- Giving birth is natural and our midwives are highly trained
- Through your birth plan, we prepare you for what will happen
- You ring us when you go into labour, so we can assess your progress and get ready for your arrival
- We help you to plan your journey/transport in advance – as most babies are delivered in our larger units, our midwives can help advise on how much time you should leave
- We only support low-risk births at the midwife-led units.

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However, babies arrive when they want to, and we have processes to manage this:

- A small number of babies arrive in car parks/ambulances or on the way. Our midwives are trained for this – by phoning the midwife, we can plan and support you through the labour
- Some women may not know they are pregnant and go to A&E or a walk-in clinic. This would be a high-risk pregnancy so will be transferred to a consultant-led unit (potentially by ambulance)
- A midwife-led unit gives the same level of care as a homebirth. If you develop complications or need to be admitted to hospital after the birth, we have tested pathways to transfer you (this is rarely blue-lighted, because only low-risk births are supported in these units).

Next steps

- Our clinicians and staff are working to develop proposals to support an on-demand model – this includes exploring how we can restore births at County and Samuel Johnson
- There is more work for us to do, behind the scenes before we can confirm this model will happen
- We will need to listen to our staff as we look to develop a continuity of carer rota
- We will need to train and recruit new midwives to support this community model
- We hope that by autumn/winter 2021 we will be able to offer this model – subject to the COVID-19 situation
- We will continue to work with people using maternity services, to develop birth plans and offer advice on their options.



You can also share your views through a survey which is available on our website and closes at midnight on the 8 August 2021. You can view the survey online at:
<https://www.twbstaffsandstoke.org.uk/get-involved/maternity-services-transformation>

We will aim to keep you informed and involved as we develop our proposals. The feedback from this event and the survey will be considered by the hospital trusts and the CCGs and will be published on our website.

Get involved in our work

- Visit our website:
www.twbstaffsandstoke.org.uk
- Phone: 0333 150 2155
- Email: twb.comms@nhs.net
- Follow us on Facebook: TWBStaffsandStoke
- Tweet us: @TWBstaffsstoke
- Share your views through the survey which is closes at midnight on the 8 August 2021. You can view the survey online at:
<https://www.twbstaffsandstoke.org.uk/get-involved/maternity-services-transformation>

If you need printed copies of the documents, need documents in different formats or languages or need help to complete the survey, please call us.

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 – Helen Carr: 07928 525377
- For more information Visit our website:
www.twbstaffsandstoke.org.uk
- Follow us on Twitter: [@SaSoTVOICES](https://twitter.com/SaSoTVOICES)
- Follow us on Instagram: [mvp_staffs_stokeontrent](https://www.instagram.com/mvp_staffs_stokeontrent)



Local Members' Interest
N/A

Health and Care Overview and Scrutiny Committee – 9 August 2021

District and Borough Health Scrutiny Activity

Recommendation

1. That the report be received, and consideration be given to any matters arising from the Health Scrutiny activity being undertaken by the Staffordshire District and Borough Councils, as necessary.

Report of the Scrutiny and Support Officer

Background

2. The Health and Social Care Act 2001 confers on local authorities with social services functions powers to undertake scrutiny of health matters. The County Council currently have responsibility for social services functions but, to manage health scrutiny more effectively, they have agreed with the eight District/Borough Councils in the County to operate joint working arrangements.
3. Each District/Borough Council has a committee in which holds the remit for health scrutiny matters that have a specifically local theme. The Health and Care Overview and Scrutiny Committee will continue to deal with matters that impact on the whole or large parts of the County and that require wider debate across Staffordshire.
4. District and Borough Councils each have a representative from the County Council Health and Care Overview and Scrutiny Committee as a member of the relevant committee with remit for health scrutiny matters. The County Councillors will update the District and Borough Councils on matters considered by the Health and Care Overview and Scrutiny Committee. A summary of matters considered by this committee is circulated to District and Borough Councils for information.
5. It is anticipated that the District and Borough Councillors who are members of this committee will present the update of matters considered at the District and Borough committees to the Health and Care Overview and Scrutiny Committee.
6. The following is a summary of the health scrutiny activity which has been undertaken at the District/Borough Council level since the last meeting of the Health and Care Overview and Scrutiny Committee on 5 July 2021.
7. **Cannock Chase District Council**

Cannock Chase District Council's Wellbeing Scrutiny Committee last met on 15 June 2021 an update was provided to the last meeting 5 July 2021.

 - a. Date next meeting: 14 September 2021

8. **East Staffordshire Borough Council**

East Staffordshire Borough Council's Scrutiny Community Regeneration, Environment and Health and Well Being Committee East Staffs are completing a review that has looked into the role of volunteering during the COVID-19 pandemic and considers what lessons have been learned and what benefits can be sustained in the voluntary sector as a result. The final report is expected to be completed in quarter 2.

Date of next meeting: Monday 2 August 2021

9. **Lichfield District Council**

Lichfield District Council's Overview and Scrutiny Committee met on 15 July 2021.

10. **Newcastle-under-Lyme Borough Council**

Newcastle-under-Lyme Borough Council's Wellbeing & Partnerships Scrutiny Committee provided an update to the last meeting 5 July 2021.

Date of the next meeting: Monday 13 September 2021.

11. **South Staffordshire District Council**

South Staffordshire District Council's Wellbeing Select Committee provided an update to the last meeting 5 July 2021.

Date of the next meeting: Tuesday 7 September 2021.

12. **Stafford Borough Council**

Stafford Borough Council Community Wellbeing Scrutiny Committee met on 22 July 2021:

a. Health related matters considered:

- **Health and Care Overview and Scrutiny Committee** - a report back on previous meetings of the Health and Care Overview and Scrutiny Committee held on 16 March, 7 June and 5 July 2021.
- **Performance Update Report** - a detailed analysis of the performance monitoring of those services within the remit of the Scrutiny Committee for the quarter 4 period ending 31 March 2021
- **Business Planning Report** – a review the programme of business considered by the Committee during 2019/21
- **Work Programme** – a report outlining the Committee's Work Programme for meetings up to March 2022.

b. Date next meeting: 21 September 2021

13. Staffordshire Moorlands District Council

Staffordshire Moorland District Council's Health Overview and Scrutiny Panel met on 23 June an update was provided to the last meeting 5 July 2021.

Date next meeting: 15 September 2021.

14. Tamworth Borough Council

Tamworth Borough Councils Health & Wellbeing Scrutiny Committee met on 13 July 2021

The following is a summary of relevant business transacted at the meeting of Tamworth Borough Council's Health & Wellbeing Scrutiny Committee held on 13 July 2021 - link to Agenda and reports pack:

<http://democracy.tamworth.gov.uk/ieListMeetings.aspx?CommitteeId=209>

Minute No.	Title
15.	<p><u>Partnership Working to Support Mental Health Community provision in Tamworth</u></p> <p>The Assistant Director Partnerships and a representative from Midland Partnership Foundation Trust (MPFT) attended the meeting and provided an overview of:</p> <ul style="list-style-type: none">• Current configuration of mental health services, including those in community, in-patient services and social care• The Community Mental Health Framework, and the transformation model journey, including identifying local population needs, gaps and emerging demand, and the engagement and co-production approach. <p>The Committee focussed on how to improve mental wellbeing locally and sought information about the extent of the involvement in the transformation journey of local voluntary groups, service users and others and where details of local issues identified could be found and details of plans to address such issues.</p> <p>The Committee agreed that one key challenge was to communicate the transformation underway and the services available and to ensure that this communication reached all relevant groups / service users.</p>
	Additional matters relevant to HCOSC
1.	The Committee had identified food vulnerability / healthy eating / social prescribing as issues of interest and noted that there could interact with the County wide item planned on wider determinants of health. Committee would want any work to tie in with County consideration / timescales.
2.	Strategic Transformation Programme (STP) – nature / extent / timing of any Committee consideration aimed to tie in with County consideration.

	Date of the next meeting is 23 September 2021

Appendices/Background papers

Council	District/ Borough Representative on CC	County Council Representative on DC/BC
Cannock Chase	Cllr Martyn Buttery	Cllr Phil Hewitt
East Staffordshire	Cllr Colin Wileman	Cllr Philip Atkins
Lichfield	Cllr David Leytham	Cllr Janice Sylvester-Hall
Newcastle	Cllr Ian Wilkes	Cllr Ian Wilkes
South Staffordshire	Cllr Joyce Bolton	Cllr Jak Abrahams
Stafford BC	Cllr Jill Hood	Cllr Anne Edgeller
Staffordshire Moorlands	Cllr Barbara Hughes	Cllr Keith Flunder
Tamworth	Cllr Rosey Claymore	Cllr Thomas Jay

Contact Officer

Deb Breedon, Scrutiny and Support Officer

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WORK PROGRAMME – 9 August 2021

Health and Care Overview and Scrutiny Committee 2021/22

This document sets out the work programme for the Health and Care Overview and Scrutiny Committee for 2021/22.

The Health and Care Overview and Scrutiny Committee is responsible for:

- Scrutiny of matters relating to the planning, provision and operation of health services in the Authority's area, including public health, in accordance with regulations made under the Health and Social Care Act 2001 and subsequent guidance.
- Scrutiny of the Council's work to achieve its priorities that Staffordshire is a place where people live longer, healthier and fulfilling lives and In Staffordshire's communities people are able to live independent and safe lives, supported where this is required (adults).

Link to Council's Strategic Plan Outcomes and Priorities

- Inspire healthy, independent living
- Support more families and children to look after themselves, stay safe and well

We review our work programme from time to time. Sometimes we change it - if something comes up during the year that we think we should investigate as a priority. Our work results in recommendations for NHS organisations in the county, the County Council and sometimes other organisations about how what they do can be improved, for the benefit of the people and communities of Staffordshire.

Councillor Jeremy Pert

Chairman of the Health and Care Overview and Scrutiny Committee

If you would like to know more about our work programme, please get in touch with Deborah Breedon, Scrutiny and Support Officer on Deborah.breedon@staffordshire.gov.uk

In Staffordshire, the arrangements for health scrutiny have been set up to include the county's eight District and Borough Councils. The Health and Care Overview and Scrutiny Committee is made up of elected County Councillors and one Councillor from each District or Borough Council. In turn, one County Councillor from the Committee sits on each District or Borough Council overview and scrutiny committee dealing with health scrutiny. The Health and Care Overview and Scrutiny Committee concentrates on scrutinising health matters that concern the whole or large parts of the county. The District and Borough Council committees focus on scrutinising health matters of local concern within their area.

Health and Care Overview and Scrutiny Committee Work Programme 2021-22

Date	Topic	Background/Outcomes	
Committee Meetings, Reviews and Consultations			
		Background	Outcomes from Meeting
Monday 7 June 2021 at 10.00 am	<ul style="list-style-type: none"> Health Scrutiny Arrangements Work Programme Planning Covid Update 		Awareness of the background, scope and role of health scrutiny in Staffordshire. Work programme items to be prioritised and work programme to be submitted to the meeting on 5 July 2021
Monday 5 July 2021 at 10.00 am	<ul style="list-style-type: none"> Restoration and Recovery Access to GP surgeries Future Delivery of Residential Replacement Care Services in Staffordshire (learning disabilities) (21/07/2021) Covid Update 		<p>R&R: highlighted the work carried out through pandemic, noted the progress and risks around R&R and work planned to address current issues and move forward. Requested additional data and actions plans.</p> <p>Access to GP : noted the actions planned and requested detail of process to engage re s106 agreement relating to healthcare and feedback from consultation work with residents and practices on patient preference - perceptions, challenges and barriers.</p> <p>RRCS: Endorsed the commencement of the option appraisal. Pre-decision report requested.</p> <p>Covid update was noted members to share the update and representation of the vaccine programme widely.</p>
Monday 26th July at 2.00 pm	<ul style="list-style-type: none"> Walleys Quarry Landfill site - Health Implications 		<p>Health and wellbeing implications : Questioning of strategic partners relating to the health and wellbeing implications of odour emissions from Walley's Quarry Landfill Site resulted in a recommendation to write to Government relating to the length of time the issues had been going and the adverse impact on the health and wellbeing of residents in Staffordshire and to request intervention in this matter. Other recommendations related to requests for further information about health and safety of employees, air quality monitoring reports, data relating to mental health impact. Also recommendations to EA to maintain monitoring, share data with PHE and to suggest investigate technical monitoring of emissions at landfill sites and recommendations to CCGs relating to referral pathways for those requiring support for mental health and wellbeing issues associated with Walleys Quarry Landfill Site. EA was requested to provide monthly written briefings of emission levels and a report to this committee in October 2021 to detail the range of works completed.</p>
Monday 9 August 2021 at 10.00 am Scheduled	<ul style="list-style-type: none"> Maternity Services George Bryant Centre Covid Update 	Work planning (7.6.2021) SCC PH	
Monday 20 September 2021 at 10.00 am Scheduled	<ul style="list-style-type: none"> Difficult Decisions – Hearing aids, Bariatric surgery, IVF Phase 3 vaccination programmes 	Work programme (14.09.2020) Work planning (7/6/21)	<i>Planning ongoing to agree timeliness of the proposed items. The rise in Covid infections rate and impact on NHS services has impacted on proposed timelines for some items on the work programme.</i>

	<ul style="list-style-type: none"> • COVID update • Urgent and Emergency Care Programme 	Triangulation (2020) & Work planning	
September 2021 Date to be confirmed	<u>Awareness Workshop</u> <ul style="list-style-type: none"> • Mental Health and Wellbeing – overview of services from mild to acute provision 	Work Planning (7.6.2021) NSCHC MPFT ASC	
4 October 2021 Chair Lead holding to Account	<ul style="list-style-type: none"> • Scrutiny of Corporate Plan (Single item) Focus on Health and Care 	Work planning (7.6.2021) Corporate O&S 29 July 2021 officers to prepare performance data,	
Monday 25 October 2021 at 10.00 am Scheduled Page 75	<ul style="list-style-type: none"> • Transformation Programme - how Community Diagnostic Policy fits into every service • Review of independent in-patient mental health hospitals in Staffordshire • Dashboard of proposed Health and Care KPIs • Walleys Quarry Update (26/7/21) • COVID update 		<i>Note also to be scheduled late summer :</i> <ul style="list-style-type: none"> • <i>Review of impact of COVID on dentistry and access</i> • <i>Winter plan NHS</i> • <i>Future delivery of residential replacement services – pre-decision scrutiny (5.7.21)</i>
22 November 2021 VC Scrutiny Lead	<u>Inquiry Day</u> - wider determinants of Health <ul style="list-style-type: none"> • AM – Healthy you - Diet/ obesity/ activity healthy life expectancy. • PM – Healthy Environment impact – housing, planning, food outlets 	Full day 2 sessions Role of partners including community support and Parish Councils Involve DC/BC, Parish Councils, healthwatch and voluntary sector	
Monday 29 November 2021 at 10.00 am Scheduled	<ul style="list-style-type: none"> • Integrated Care Strategy – vertical integrated • Health & care pathway – walk through of resident pathway to ensure optimum pathways used seamlessly • COVID update 	Residents can access the services they need and can move seamlessly through health and care services without deconditioning	
Monday 31 January 2022 at 10.00 am Scheduled	<ul style="list-style-type: none"> • Care Home services – review of market and health and care plan for sector medium term • Impact of Long COVID • Health and Care post COVID – lessons learned 		

Tuesday 15 March 2022 at 10.00 am Scheduled	Inquiry Day - use of advances in technology in Health & Social Care		
Tuesday 19 April 2022 at 10.00 am Scheduled	Environment Day <ul style="list-style-type: none"> Climate change – what is Staffordshire’s health and care partners doing Impact of air pollution on Staffordshire 		
Working Party VC Overview Lead Scope meeting PN August 2021	<ul style="list-style-type: none"> Role and impact from school’s mental wellbeing counsellors, including the Healthy Schools Programme 	Report to HCOSC to agree Scope and membership Sept 20	

Working list of items		
Suggested Items	Background	Possible Option
The Role of Community Hospitals within the Wider Health Economy (CCGs, MPFT, D&BUHFT)		
‘Long’ Covid-19 - Reponse by Health (CCGs and Accute Hospital Trusts)	Agreed at Committee meeting on 14 September 2020	January 2022
Workforce Planning (Accute Hospital Trusts)	Requested by Chairman at Committee meeting on 26 October 2020	
SCC Mental Health Strategy (SCC)	Requested by Richard Deacon 21 October 2020	September 2021 – Awareness session
ICS and Urgent Care configuration engagement (CCGs/ICS)	Requested by Chairman in correspondence with CCGs Accountable Officer 5 March 2021	September 2021
Wider Determinants of Health – Inquiry Day (CCGs and SCC).	Requested at pre-Agenda preview on 28 August 2020	Mid November 2021
Staffordshire Healthwatch Annual Report and Contract (Healthwatch and SCC)	Requested at meeting on 16 March 2021	briefing in August – schedule early 2022
Covid-19 Annual Vaccination Programme (CCGs)	Requested at meeting on 16 March 2021	Regular updates
Going Digital in Health (CCGs)	Requested at meeting on 16 March 2021	15 March 2022
Care Homes – Future Strategy and Key Issues including Future Demand (SCC)	Requested at meeting on 16 March 2021	January 2022
Social Care IT system procurement		March 2022
Work programme potential items to be scheduled	07.06.2021	
Mental Health: Community	To be scheduled	
Mental Wellbeing Children: engage with education providers	To be scheduled	
Mental Health : Acute – shortage of childrens beds	October 2021	
Loneliness and Isolation – elderly/wider determinant	Schedule November 2021	
Childrens Dentstry – Flouridisation/ orthodontic access	To be scheduled	

STP	Scheduled October 2021	
Womens Health Strategy	To be scheduled	
Environment Climate Change – NHS as employer delivering net zero	Scheduled April 2022	
Diabetes / obesity	Scheduled November 2021	
Application funding for Adult Social Care	TBC	

Membership

Jeremy Pert Chairman)
Paul Northcott (Vice-Chairman - Overview)
Ann Edgeller (Vice-Chairman – Scrutiny)

Jak Abrahams
Charlotte Atkins
Philip Atkins
Richard Cox
Keith Flunder
Thomas Jay
Phil Hewitt
Jill Hood
Janice Silvester-Hall
Ian Wilkes

Borough/District Councillors

Jill Hood (Stafford)
Martyn Buttery (Cannock)
Rosemary Claymore (Tamworth)
Barbara Hughes (Staffordshire Moorlands)
Colin Wileman (East Staffordshire)
Joyce Bolton (South Staffordshire)
David Leytham (Lichfield)
Ian Wilkes (Newcastle-under-Lyme)

Calendar of Committee Meetings

at County Buildings, Martin Street, Stafford. ST16 2LH
(at 10.00 am unless otherwise stated)

Monday 7 June 2021 at 10.00 am;
Monday 5 July 2021 at 10.00 am;
Special meeting - Monday 26 July 2021 – Castle House NuLBC
Monday 9 August 2021 at 10.00 am;
Monday 20 September 2021 at 10.00 am;
Monday 25 October 2021 at 10.00 am;
Monday 29 November 2021 at 10.00 am;
Monday 31 January 2022 at 10.00 am;
Tuesday 15 March 2022 at 10.00 am;
Tuesday 19 April 2022 at 10.00 am.

