

Healthy Staffordshire Select Committee

Date:	Monday 28 October 2019
Agenda item:	
Title:	Maternity, Children and Young People Programme
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Purpose of the Paper:	<p>This report provides progress of the Maternity Transformation Plan and an update on the priorities agreed for the STP Children and Young People programme.</p> <p>This paper outlines the key headlines identified in the NHS 10-year plan related to Maternity, Children and Young People.</p>
Executive Summary:	<ul style="list-style-type: none"> • The Pan Staffordshire Maternity Transformation Board and Maternity Transformation Plan has been in existence since 2016. • This Board has benefited from additional resources that has resulted in system change to the Local Maternity System, benefitting mothers and babies • The Children and Young People Programme has agreed three high level priorities to improve outcomes for children and young people across Staffordshire and Stoke • The 10-year NHS plan provides an opportunity for greater integration across the system to improve outcomes for mothers, babies, children and young people.
Action required:	DISCUSSION

Children and Young People Programme

1. Background

1.1 The Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) is one of 44 similar partnerships established by the NHS to transform services within its geographic boundary. In autumn 2016 the STP Plan was published, which highlighted a system deficit, across Staffordshire and Stoke on Trent of c£285m. Against this a range of transformational schemes were published as solutions to this challenge. Within that plan there were two references made to children and young people; reducing child obesity and deliver a new approach to Children and Adolescent Mental Health Services. (CAMHS). Children's mental health is currently picked up by the Mental Health programme. Since the development of the plan Leaders within the Sustainability and Transformation Partnership (STP) have since identified a priority area for maternity and a priority for children and young people. The Pan Staffordshire Maternity Programme is already in existence and has a clear structure and programme delivery. Children and Young People is a new programme for the STP and as such is still an emerging workstream.

1.2 In November 2018 Health Scrutiny received a report and presentation outlining the health needs of children and young people across Staffordshire and Stoke STP. It was agreed that the committee would receive a report which outlines the recommended priorities of the Children and Young People plan.

2. Maternity Transformation Plan

2.1 In response to the recommendations within the National Maternity Review (2015) and subsequent publications of Better Births (2016) and Saving Babies Lives Care Bundles the Staffordshire and Stoke on Trent Maternity Transformation Programme (MTP), in 2016 the Pan Staffordshire Maternity Transformation Partnership was formed so that all partners, including women who use the services, have a clear understanding of the vision for women and babies and how this will be met. A copy of the plan can be found in Appendix 1.

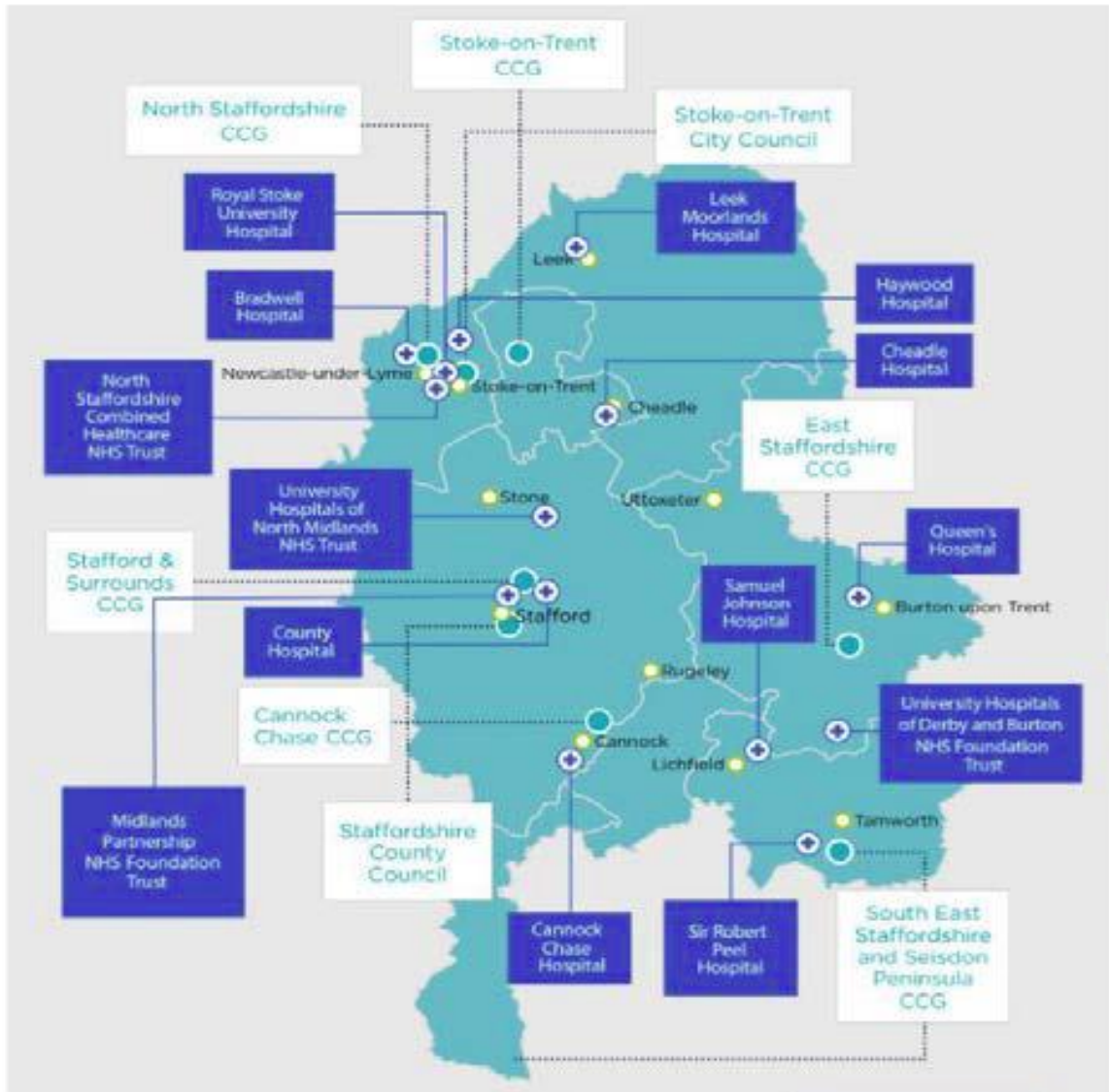
2.2 The plan recognises that Families continue to be the cornerstone on which our society is built; women and their children are important and their wellbeing and future is a priority for all. Women and their families should receive care that is safe and of a high quality whilst also feeling that they have choices in the services offered to them and have a positive experience throughout their pregnancy, birth and into the postnatal period.

2.3 Women want services that are local to where they live, particularly antenatal and postnatal services. Women were also concerned about inconsistency of services across Staffordshire and Stoke-on Trent and the information that was provided by healthcare professionals.

2.4 The plan aims to support women to make informed decisions about their care and for that care to be personalised in order to have positive outcomes for themselves and their babies.

2.5 There are approximately 12,000 births across Staffordshire and Stoke per annum and care is commissioned by 6 CCGs and delivered by three providers (University Hospitals of North Midlands NHS Trust, Burton Hospitals NHS Foundation Trust and The Royal Wolverhampton Hospitals NHS Trust).

Diagram 1 Local Maternity System

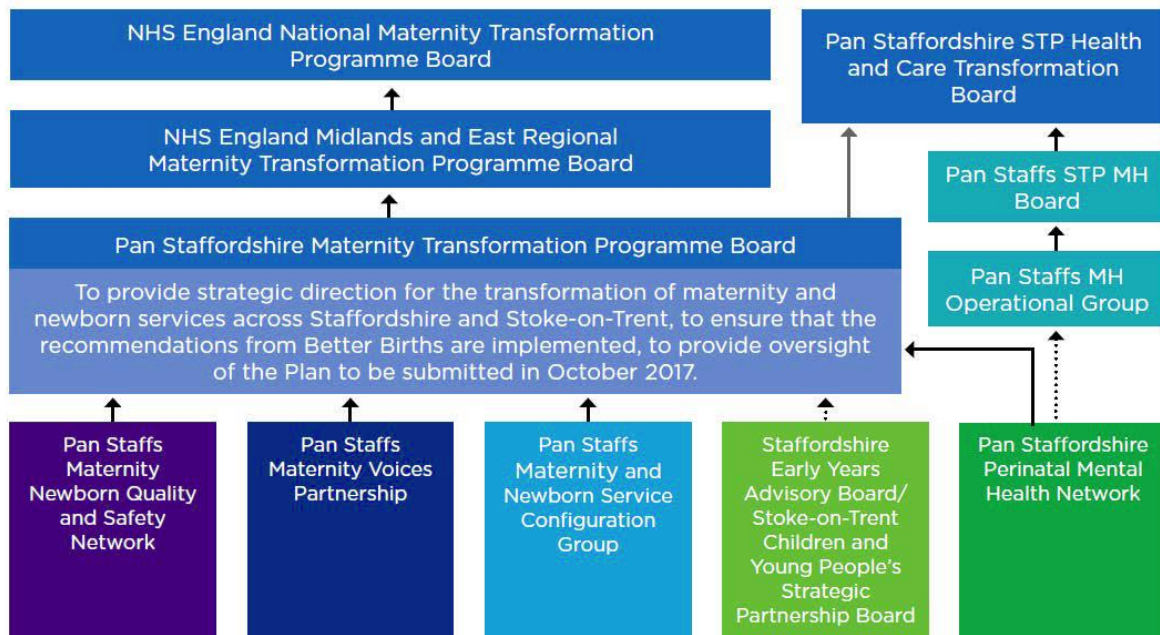


Not a geographical presentation

2.6 However, since April 2019, only one provider; University Hospitals of North Midlands NHS Trust, report to our Local Maternity System. Burton Hospitals NHS Foundation Trust and Samuel Johnson Hospital now report to Derby and Burton Local Maternity System.

Diagram 2 Governance Structure

2.7 A Senior Responsible Officer, Clinical Lead and Chair for the Programme have oversight of delivery and a lead for each work-stream



2.8 There are five key projects that sit beneath the Staffordshire and Stoke-on-Trent MTP which are;

- Enhanced Quality and Safety of Women and Newborns
- Authentic Engagement with Women and their Families
- Reconfiguration of Maternity Services
- Improved Health and Wellbeing of Women and their Newborns
- Increased Access to Perinatal Mental Health Services

NHS England have provided funding to support the system to deliver system transformation. This has included Tranche one funding (£390,000) and tranche two funding (£679,000).

2.9 Progress Against the Plan

2.9.1 Enhanced Quality and Safety of Women and Newborns (led by a consultant obstetrician)

- The Saving Babies' Lives Care Bundle (SBLCB) brings together four key elements of care based on best available evidence and practice, to help reduce stillbirth rates. It supports commissioners, providers and professionals in making care safer for women and babies.
- The Lead Midwife for Transformation, working with UHNM has developed an additional expert midwifery role for the SBLCB. This mirrors many other LMS's.
- Implementation of the SBLCBv1 is monitored via the MTP Programme Board, via representation from the Head of Midwifery to enable the LMS to monitor this progress via the regional highlight reports. As the only provider in the LMS, UHNM has fully implemented SBLCBv1 and is working towards implementing the updated version. Progress is encouraging, showing that so far in 2019, stillbirth rates have decreased.
- The provider has taken part in wave 2 of the Maternity & Neonatal Safety Collaborative establishing maternity safety champions and developing an improved pathway for the recognition and treatment of sepsis and the LMS has strong links with both the provider and the Maternity & Neonatal Safety Collaborative.
- The successful bid from LMS for funding for 12 months of MAMA wallets for all women at provider Trust means that every woman has her own MAMA wallet. These wallets contain essential information for women about the health and wellbeing of their babies and have been shown to decrease stillbirth rates.
- Better Births (2016) demonstrated that teams who work together and train together achieve better outcomes and therefore, the LMS have supported two teams of midwives, obstetricians and anaesthetists to attend PROMPT training for UHNM. This training is multidisciplinary training in dealing with obstetric emergencies.
- UHNM has implemented a term assessment care bundle which is a unique neonatal triage service for all term babies, managing jaundice on a 10-bedded transitional care unit and reducing hypothermia by effective skin to skin and temperature monitoring. Admission rates at the provider for term infants to the neonatal unit is consistently well below the national average of 6% (3.2% in 17/18 and 3.3% in 18/19).

2.9.2 Authentic Engagement with Women and their Families

The Maternity Voices Partnerships (MVPs) is the vehicle for coproduction of maternity services. There has been significant engagement with the local community to build the Maternity Voices Partnerships and so far, 15 MVP Champions have been supported and developed from local women and families. The partnership includes local women and families, provider staff, local authorities, universities and lay members. The MVP works together to review and contribute to the development of local maternity care; chaired by a service user or lay representative. The champions have embraced the concept of the 15 steps approach which been carried out in a number of provider areas. Findings from the 15 steps approach have been fed back to providers by the MVP champions to help improve care for women.

2.9.3 Reconfiguration of Maternity Services

- Work is underway with UHNM to implement additional roles which will support continuity of carer (CofC).
- Evaluation of existing models at UHNM has demonstrated excellent continuity of carer for antenatal and postnatal care. The LMS is working with the Provider to explore new models to implement CofC for intrapartum care. UHNM Birth-rate Plus assessment of workforce demonstrated significant midwifery staffing deficit.
- The LMS has been identified as one of the LMS's who will be delivering less than 10% continuity of carer and therefore will be subject to the additional support offer (yet to be defined).
- The LMS is working closely with provider to develop plans for implementation of CofC models, with funding secured from LMS for a 12-month pilot project for CofC.
- The Lead Midwife for Transformation is working with local universities to ensure Better Births and SBLCB ethos is included in the midwifery curriculum.
- The LMS have funded some additional, key clinical roles such as: Continuity of Carer Project Midwife, Saving Babies Lives Care Bundle Midwife and 6 Continuity of Carer Midwives. These posts are all currently being recruited to, the overarching aim being to improve outcomes for women and babies.

2.9.4 Improved Health and Wellbeing of Women and their Babies

The LMS is working in partnership with both the Staffordshire Early Years Advisory Board and Stoke-on-Trent Children and Young People's Strategic Partnership Board to ensure all prevention and wellbeing objectives are highlighted and included in the relevant annual plans.

A gap analysis has been proposed across Staffordshire and Stoke on Trent, to identify gaps in provision of breastfeeding support, which will consist of an independent report involving the MVP and will require approval from the MTP Board.

2.9.5 Improved Access to Perinatal Mental Health Services

The Perinatal Mental Health Transformation additional funding bid was successful, with the LMS securing an additional £222,000 development fund which will secure:

- Continuation of GP champion role to enable a cascade of learning to other GP colleagues within the STP area
- Development of a pathway with CAMHS for U18 year olds, including a nurturing and attachment programme
- Developing clear pathways with neighbouring geographical borders to ensure mothers and their families receive seamless care
- De-stigmatisation campaign

2.9.6 Digital Enabler

There are various digital projects that support patient access to their notes and personal information.

1. A two-way maternity notes system to enable service users to both view their electronic pregnancy record and input into them.
2. UHNM is one of the few units to capture the entire maternity journey electronically which patients can freely access.

3. Children and Young People

3.1 In October 2018 the first workshop was held bringing together a wide range of stakeholders and partners (including clinicians). The purpose of this workshop was to review and share data, insight and knowledge. As a result, a small task and finish group was set up to identify up to three priorities to improve outcomes for children and young people which would culminate in a Children and Young People Plan across Staffordshire and Stoke.

3.2 Prioritisation Process

The following methodology was used to agree a set of priorities;

- Review of the data using the Staffordshire and Stoke Children's Joint Strategic Needs Assessment
- Mapping existing CYP actions across partnerships and STP work programmes
- Identifying emerging themes through a stakeholder workshop, one to one consultations and feedback from Staffordshire OSC (Appendix 1)
- Set up a Task and Finish group which agreed to use a validated prioritisation tool

3.3 Recommended Priorities

3.3.1 Reducing demand across both Health and Social Care services with a focus on the most vulnerable (Looked after Children in Need).

3.3.2 Embedding preventative approach with a focus on early years, positive parenting and early interventions.

3.3.3 Work across the system to improve pathways and transition points for children with Complex Health Needs

3.4 The following issues were not considered a priority for the Children and Young people STP work programme

3.4.1 Education attainment Children with disabilities (including SEN)

The Local Area Review for SEND have developed robust arrangements which ensure statutory duties on health, education and children service partnerships to work together with parent to co-produce the local offer.

3.4.2 Emotional wellbeing and mental health

Improving emotional mental health of children and young people, is of concern for many partners across Staffordshire and Stoke. The mental health programme of the STP already has an established programme focusing on improving children's mental health outcomes. It was therefore felt important that it would-be more beneficial to develop links between these two work programmes rather than duplicate effort.

3.4.3 Childhood obesity

The evidence suggests that reducing childhood obesity should be incorporated into a wider prevention strategy led by Prevention STP programme

3.4.4 Infant mortality, Smoking in pregnancy and Breastfeeding

These are included and have deliverable actions as part of the Maternity Transformation Plan

3.4.5 Young Carers

A strategic approach to Young Carers would be considered through the Carers Strategy

3.4.6 Reducing child poverty and Teenage Pregnancy

Recognised as important, but acknowledged that the wider work around improving aspiration would support both agendas

3.5 Engagement

- **Clinical engagement group** – Good engagement and support to needs of CYP and the need to recognise the interdependencies with other STP work streams such as: cancer, long term conditions, urgent care and the developing Primary Care Networks.
- **Staffordshire Children and Young People** – the recommend priorities were shared with representatives from Staffordshire Children and Young People Forum (April 2019). Whilst the young people shared their experiences on emotional and mental health, overall they wanted to see a more preventative approach to the children's work programme with an emphasis on early intervention.

3.6 Governance

3.6.1 Currently, governance for this work programme has been via a small task and finish group chaired by Jacquie Ashdown. STP scrutiny of this programme has been via a quarterly assurance process.

Children and Young People STP Task and Finish Group

Name		
Helen Riley	Senior Responsible Officer	Deputy Chief Executive and Director Families and Communities, SCC
Jacquie Ashdown	Programme Director	Director of Public Health, Stoke CC
Tilly Flanagan	Programme Lead	Children and Young People STP lead, SCC
Dr Mona Arora	Primary Care Lead	GP, Newcastle
Caroline Groves	Clinical Lead	Paediatrician, UHNM
Melissa Hubbard	Clinical Lead	Paediatrician, UHNM
Phil Pusey	Staffordshire VCS rep	Director SCVYS
Wendy Hocking	Stoke VCS rep	Director, Ginger Bread
Claire Bailey	Provider rep	Managing Director Children and Families, MPFT
Jonathan O'Brien	Mental Health rep	Director of Operations / Deputy Chief Executive, North Staffordshire Combined Healthcare NHS Trust
Amanda Tomlins	CCG rep	Senior Strategic Lead Strategic Commissioning
Natasha Moody	SCC rep	Strategic Commissioning Lead

3.6.2 Further work is required to agree governance arrangements that encourages alignment to the Children and Young People sub groups of the Staffordshire and Stoke Health and Wellbeing Boards.

3.7 Delivery

The delivery plan is still emerging, however there has been some progress and delivery.

- Staffordshire and Stoke were awarded £800k from the Early Outcomes Fund to improve communication outcomes in early years. This will support a number of initiatives including:
 - Parenting Training for professionals
 - Strategy development
 - Parenting campaign
 - Workforce training
 - Engagement with senior leaders
 - Cascade HV training improving communication and speech and language

- The End of Life programme has now included children and young people in their work programme but will continue to link in with lead clinicians for the Children and Young People programme. In addition, the Children and Young People programme has brokered discussions between the Acorns Hospice and CCG commissioners to identify for sustainability options for the Acorns Hospice (Walsall).
- Staffordshire and Stoke are developing joint plans to improve the uptake of the Measles Mumps and Rubella vaccine
- Early discussions are underway, with a small number of Primary Care Networks, to identify opportunities to align place based working models and to pilot social prescribing approach that focus on parents, carers, children and young people.

4. NHS 10 Year Plan commitment for maternity, children and young people

4.1 The STP is currently responding to the ambitions set out in the 10-year NHS Plan.

This plan has continued to identify the needs of maternity provision, to improve the outcome for babies and mothers.

4.2 The local maternity system (LMS) is now working towards implementing the Maternity & Neonatal Commitments of the NHS Long Term Plan. The LMS are working with the STP to plan and implement the four key elements. The LMS will now build on the work of Better Births and incorporate the Long-Term Plan commitments. These include:

- Saving Babies' Lives Care Bundle
- Neonatal critical care
- Targeted and enhanced continuity of carer
- Perinatal mental health
- Maternal Medicine Network
- Maternal smoking
- Postnatal physiotherapy
- Infant Feeding

4.3 Moreover the 10 Year plan contains a number of funded measures which will, make a real difference to the health and wellbeing of children including:

- create a Children and Young People's Transformation Programme which will, in conjunction with the Maternity Transformation Programme, oversee the delivery of the children and young people's commitments in this Plan
- move to a 0-25 years' service and towards service models for young people that offer person-centred and age appropriate care for mental and physical health needs, rather than an arbitrary transition to adult services based on age not need
- publish a workforce implementation plan in 2019 and establish a national workforce group to ensure that such workforce actions agreed are delivered

quickly

- strengthen its contribution to prevention and tackling health inequalities, basing its five-year funding allocations to local areas on more accurate assessment of health inequalities and unmet need.
- accelerate action to achieve 50% reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury, by 2025
- invest in expanding access to community-based mental health services, to meet the needs of more children and young people
- improve its understanding of the needs of people with learning disabilities and autism and work together to improve their health and wellbeing, including piloting the introduction of a specific health check for people with autism, which if successful will be extended more widely
- increase investment in intensive, crisis and forensic community support, which will also enable more people to receive personalised care in the community, closer to home and reduce preventable admissions to inpatient services.

5 Conclusion

5.1 Following the publication of Better Births (2016), the Maternity Transformation Programme Board has successfully implemented a Local Maternity System, building a team within the LMS and implementing various work streams and enabling sub-groups to deliver the intended outcomes of Better Births. The implementation of Better Births is an on-going and iterative process and is now moving towards integration with the Long-Term Plan. There have been several very positive outcomes; the setting up of a Maternity Voices Partnership, giving our women and families a voice in the future of maternity services; working with partners to implement a digital single point of access and personalised care record and establishing funding to pilot continuity of carer; the aim of which is to further improve outcomes and reduce stillbirths and neonatal deaths. The LMS team has been developed and funding is in place to strengthen the clinical leadership across the system.

5.2 The Children and Young People Programme to date has not received the same level of infrastructure support afforded to other STP programmes. However, following the publication of the 10 Year NHS Plan there is a greater impetus to build on the groundwork developed to date and maximise future funding and wider opportunities of that will flow through the system. The intent is to develop stronger integrated working across the whole system to improve outcomes.