

The journey so far...

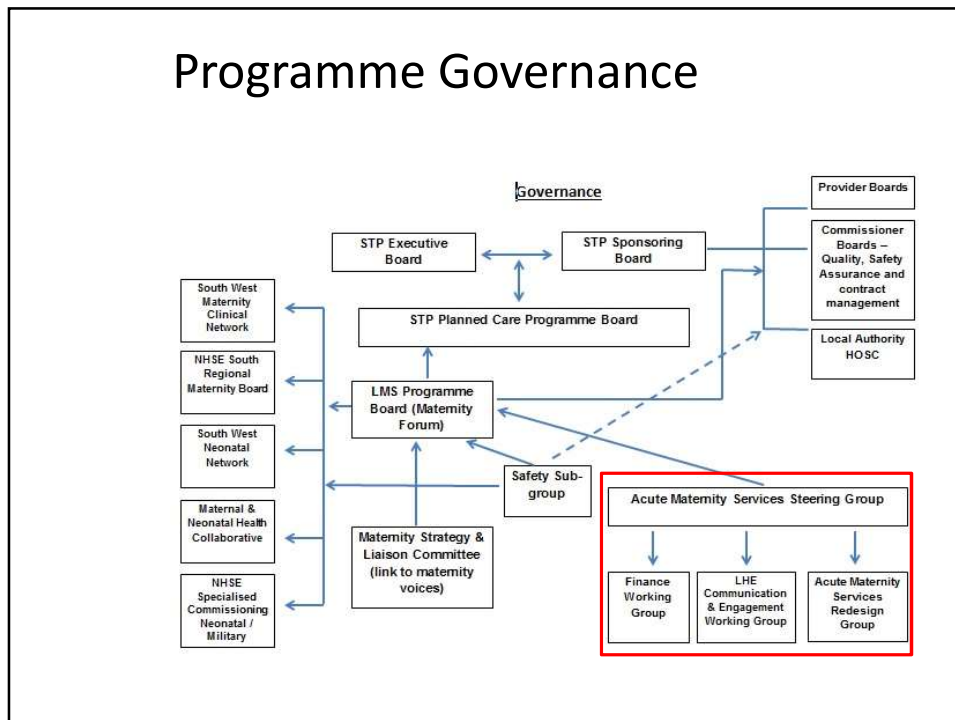
- Local Maternity System created
- Maternity Transformation Plan developed to confirm vision and assured by regional and national team
- Alignment of service reconfiguration with vision
- Engagement and co-creation of service reconfiguration options
- STP wide but full engagement with Somerset CCG



Our Local Maternity Transformation Plan
BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE LOCAL MATERNITY SYSTEM (LMS)

May 2018

Programme Governance



Case for change

LMS vision: ***“All women to have a safe and positive birth and maternity experience and to be prepared to approach parenting with confidence.”***

- Nationally led improvement work e.g. Better Births.
- Local drivers – LMS Transformation Plan, RUH Maternity Services Redesign.
- Rationale for this redesign work is that the current choice of place of birth for women and families is resulting in:
 - Underutilisation in some care settings
 - Mismatch between workloads and staffing levels
 - Current variation in LMS provision and birth environments
- Key aims of the LMS Maternity Transformation Programme are:
 - Improved outcomes and experience across STP
 - Continued delivery of a safe and consist service
 - Parity of access
 - Value for money

Proposed Service Reconfiguration

- Initial impact assessment undertaken at provider level across LMS – greatest impact expected to be RUH facing
- Public and user consultation around elements of the pathway:
 - Alongside Midwifery Units
 - Home births
 - Freestanding Midwifery Units
 - Community hubs (ante and post natal) – volume and locations

Stakeholder involvement



Stakeholder involvement

Service users:

- Informal engagement on current RUH services Jan-Mar 2017:
 - Community focus groups Included seldom heard groups
 - Online survey - 789 responses
- MSLC place of birth survey (900 responses in two weeks)
- Involvement in developing long list of options
- Members of working groups undertaking non-financial appraisal and financial appraisal Members of service redesign working group
- Service user forum to discuss short listed options being held April 25th 2018

HOSCs: Updates to be provided



Healthwatch:

- Attended informal engagement on current RUH services Jan-Mar 2017
- Member of group undertaking non-financial appraisal Sep-Nov 2017
- Future service user forum to discuss short listed options

Dedicated communications and engagement working group in place which includes a service user representative.

Choice

Organisation	Maternity care and birth provision				
	Antenatal and postnatal care	Obstetric Unit	Home birth	Freestanding Midwifery Unit	Alongside Midwifery Unit
Royal United Hospitals Bath NHS Foundation Trust	✓	✓	✓	Trowbridge Chippenham Frome Paulton	
Great Western Hospitals NHS Foundation Trust	✓	✓	✓		✓
Salisbury Hospitals NHS Foundation Trust	✓	✓	✓		

- Choice currently not equitable across the LMS footprint
- Proposals for change will ensure choice options are met for majority of population across the LMS footprint

Clinical model

Principles:

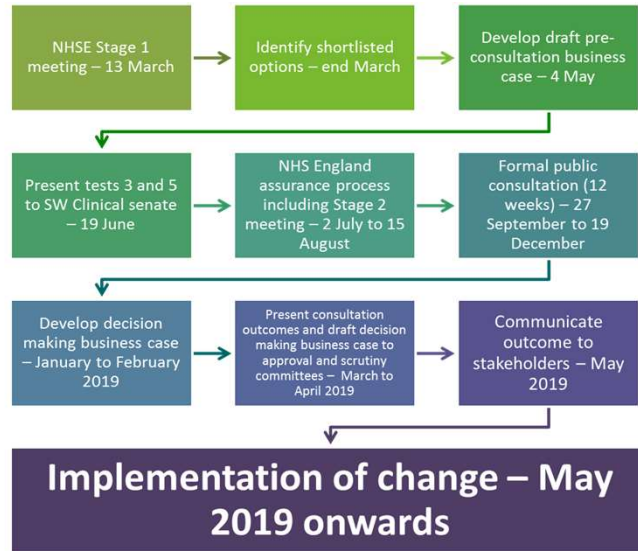
- High quality, responsive and personalised safe care for women, babies and families as a priority that is efficient and effective
- Integrated seamless care regardless of location
- Promotes ability to provide continuity of care and carer
- Staff available where the demand for care is
- Local clinical hub model across antenatal, birth and postnatal pathway
- Equitable service that is sustainable now and for the future
- Workforce satisfaction

Defined through engagement

Overarching Benefits

- Continued delivery of safe, patient-centric and efficient maternity services for our local population
- Delivery of MTP vision and associated response to Better Birth recommendations
- Co-design of future model across service providers and service users to identify additional benefits i.e. procurement, workforce and estate provision
- Patient focused benefits – improvements in:
 - One to one care
 - Equity of choice
 - Access to local antenatal and postnatal care
- Organisational benefits – improvements in:
 - Service efficiency
 - Effective use of resources – staffing and money
- Specific benefits of each option will be described in the pre-consultation business case

Indicative timeline



Health and Wellbeing workstream

1. Confirm priority areas of population need and inequalities that need to be addressed.
2. Identify impact of H&WB strategy on future demand for care and confirm impact of demographic change
3. Identify H&WB priorities for each specific service group, and those which need to be addressed through other mechanisms

Work focus Phase 1

Urgent and emergency
Proactive care/elderly frail
Planned care
Children's and maternity
Mental health and learning disability

Service area pathways workstreams

1. Need, demand and capacity implications
2. Case for change
3. Future service model options and H&WB proposals
4. Proposed future model(s)
5. Implications for different settings of care in terms of what services need to be provided where with what staffing

Work focus Phase 1 and early stages of Phase 2

Acute and specialist inpatient *

Community (including primary care**)

Settings of care workstreams

1. Current service baseline (area/location) of resource and capacity (including workforce)
2. Case for change – key issues for future
3. Cumulative impact of the services models for each service area – demand and capacity implications
4. Options for service models/configuration – benefits and costs
5. Proposed way forward

Work focus Primarily phase 2 but items 1 & 2 commence in Phase 1

* There may be separate physical and mental health groups looking at this setting as they are not interdependent

** Primary care will be considered as a core part of integrated services within a community setting. However, there will be a discrete Primary Care workstream within this focussed on the challenges facing GP practices