

Health Overview and Scrutiny Committee

Friday, 20 July 2018, County Hall, Worcester - 10.00 am

Present:**Minutes**

Mr P A Tuthill (Chairman), Ms P Agar, Mr G R Brookes, Mr P Grove, Prof J W Raine, Mrs M A Rayner, Mr A Stafford, Mr R P Tomlinson, Mr T Baker, Mr C Bloore, Mr M Johnson, Mrs F Oborski, Mr M Rouse and Mrs F Smith

Also attended:

Fay Baillie, Worcestershire Acute Hospitals NHS Trust
Cathy Garlick, Worcestershire Acute Hospitals NHS Trust
Michelle McKay, Worcestershire Acute Hospitals HNS Trust
Dr Frances Howie (Director of Public Health),
Sheena Jones (Democratic Governance and Scrutiny Manager) and Jo Weston (Overview and Scrutiny Officer)

Available Papers

The Members had before them:

A. The Agenda papers (previously circulated).

(A copy of documents A will be attached to the signed Minutes).

887 Apologies and Welcome

None.

888 Declarations of Interest and of any Party Whip

None.

889 Public Participation

None.

890 Confirmation of the Minutes of the Previous Meeting

This Item was deferred.

891 Vice Chairman

The Democratic Governance and Scrutiny Manager reported that Mrs Frances Smith from Wychavon District Council had been nominated as Vice Chairman by District Members.

The Committee supported their nomination and Mrs

892 Local Maternity System

Smith thanked colleagues for their continued confidence.

Attending for this Item from Worcestershire Acute Hospitals NHS Trust (WAHT) were:

Fay Baillie, Lead Consultant for LMS
Cathy Garlick, Divisional Director of Operations, Women and Children
Michelle McKay, Chief Executive.

By way of presentation, which was circulated as part of the Agenda, HOSC was provided with information on the Herefordshire and Worcestershire Local Maternity System (LMS), which was a workstream of the Sustainability and Transformation Partnership (STP).

A copy of the LMS Plan had also been presented in the Agenda and had been developed to deliver national strategies and targets, including:

- reduce still birth, neonatal death, maternal death and brain injury by 20% by 2020 and 50% by 2025
- reduce smoking at delivery to less than 6% by 2022
- reduce pre-term births (24-36 weeks gestation) to 6% by 2025
- increase in continuity of carer by 20% by 2019 (with a local target of 10%)
- midwife led care to 70% by 2022.

The LMS Board had been in place for 18 months, with agreed governance and terms of reference. The LMS Plan had been signed off by the Board and NHS England and both Counties had established Maternity Voices Partnerships. In addition, funding bids had been secured to improve services.

The LMS Plan included creating Maternity Hubs, with care closer to home, with two already established, in Kidderminster and Leominster, and further sites under development. Robust pathways would also result in the most appropriate care for women taking into account clinical need and personal choice. It was also important to retain specialist neonatal care within the STP footprint. Plans were also being developed by co-production to cover areas such as performance and maternity specification.

Nationally, and across the local LMS area, it was reported that birth rates were fairly static or falling slightly, with 6900 births predicted in both 2019/20 and 2020/21, compared to the 2015 baseline of 7783.

Challenges to meeting the stated targets included smoking in pregnancy, obesity, breastfeeding rates below national figures and generally working within a challenged health economy. Inconsistent perinatal mental health services and an inconsistent electronic patient record system were also risks to performance.

In the ensuing discussion, the following main points were made:

- Workforce issues continued to be a concern, with Councillors very aware of difficulties in recruitment at WAHT. It was reported that although there was a risk, the Trust was fairly confident as midwifery training places were increasing nationally and the Trust had agreed to take on additional student midwives. They were also working very closely with the University of Worcester, with a jointly funded position of Consultant Midwife. There were no midwife vacancies and job satisfaction was high, with flexible working being part of an attractive package
- The reported £10m financial gap for the LMS was huge, however the Trust felt it was ahead of other LMS areas as the Plan was already supported by all the Clinical Commissioning Groups and the Sustainability and Transformation Partnership, with a workstream already established. In addition, the Plan was supported by clinicians and midwives and was felt to be sustainable
- Discussions were being held nationally on the Maternity Tariff (monies paid to the two Acute Trusts) and it was felt that this would need to increase if targets were to be achieved
- One of the barriers to continuity of care was that electronic records were only available for inpatients and this would need to be resolved at an early stage
- One Member asked about the role of GPs, to be informed that a GP was on the LMS Board and women would continue to be referred by their GP once pregnancy was confirmed
- The Committee was keen to know how the County Council, in particular public health, could help with achieving the stated targets. The Director of Public Health reported that teenage pregnancy rates were currently at their lowest, but acknowledged that more had to be done to tackle obesity and smoking as these were putting pressure on services. For example, obese patients need an additional three scans and

increased monitoring overall. The Committee was keen to support any targeted approach to reduce smoking in pregnancy although the Director of Public Health reported that it was difficult to reach those who were in effect addicted to smoking

- It was acknowledged that a lot of time was spent on women first presenting and in fact prevention was needed. The Committee generally agreed that more could be done, in a targeted way
- In relation to predicted birth rates, large scale housing developments were taken into account, but overall the numbers were fairly static. However, birth rates were rising in deprived areas, where the public health need was also the greatest. It was reported that a child was 27 times more likely to die in the first year if the mother was obese or smoked
- The Presentation referred to ambulance response times, which was clarified to mean that when a midwife was lone working, a 999 priority call was placed and responded to as such
- All of the Maternity Hubs would need to be established within a year and a clear communication plan was being developed. Members were reminded that the Meadow Birth Centre at Worcestershire Royal Hospital won the award for national Birth Centre of the Year 2017 and the Kidderminster Hub had also won an innovation award for its work
- A Member referred to the Maternity Hub at Redditch and sought further details about the services available there. Members were reminded that the review of acute hospital services had resulted in the maternity unit being relocated to the Worcestershire Royal Hospital site as a result of safety concerns. Resulting improvements to the service and feedback from Mothers from Redditch and Bromsgrove about their experience in Worcester was very positive
- One Member challenged whether the cross county approach would mean Worcestershire residents would subsidise Herefordshire residents and whether the Hubs were affordable. Officers reported that the ability to deliver the Plan in challenging times applied to both Counties
- Maternity services in Worcestershire were an example of success and had improved over the last two years due to the right leadership and vision. It was suggested that having one consistent system would drive improvement across the STP footprint

**893 Health Overview
and Scrutiny
Round-up**

- The cost of running the Maternity Hubs would not cost more as the change in working arrangements would lead to more efficient use of resources, for example midwives would no longer need to travel to appointments and scans could be carried out locally
- It would be difficult to know whether outcomes were being achieved as there was not enough data in some areas, such as continuity of care, where the target was to increase by 20% by 2019. Nationally, this was not likely to be achieved and if expectations were lowered to 10%, then locally this target would be met
- One Member asked about the link between care closer to home and the role of Special Care Baby Units (SCBU) and Neonatal Intensive Care Units (NICU). The Plan aimed to secure the current system of specialist Level 1 support in Hereford and Level 2 support in Worcester. It was noted that higher level support (Level 3) would continue in Hubs like Birmingham
- The number of caesarean sections was slightly lower (26%) than the national figure of 27%
- Learning was taken from Countries who outperform the UK, however, it was known that generally, the fitter a woman presents, the more successful the pregnancy.

The Chairman and a Director from Healthwatch Worcestershire were invited to comment on the discussion and stated that Healthwatch welcomed the vision to improve services and were pleased to note it was by co-production. It shared HOSC's concerns about the financial challenges ahead and hoped for resolution in seeking a review of the Maternity Tariff.

The HOSC Chairman thanked everyone present for an informative discussion and requested regular updates on the LMS Plan and performance as the service developed.

Some Councillors had recently attended Worcestershire Health and Care NHS Trust's Annual General Meeting (AGM). In addition, the Healthwatch Worcestershire Annual Conference was reported to have been a successful event with an especially in depth question and answer session.

It was noted that work was ongoing in Wyre Forest to tackle drug abuse.

The meeting ended at 11.50 am

Chairman