South Yorkshire & Bassetlaw Local Maternity System Stakeholder Workshop

Sarah Winfield
Consultant Obstetrician
Clinical Lead for Y&H Maternity Clinical Network
Welcome & Housekeeping

- Fire Alarms & Exit
- Toilets
- Mobiles
- Breaks
- Photos
- Presentations
- Tweeting @YHSCN_CM #SYBmatvoice
- evaluate
Content of the day

• Current position for South Yorkshire and Bassetlaw Local Maternity System

• How to enable change through positivity and co-production?

• Group work:
  • Meeting the recommendations of Better Births
  • SY&B Community Hubs
  • Co-production and Engagement

• Next steps
Aims of the day

• To review the current position for SY&B LMS

• To contribute to the development of a SY&B LMS maternity transformation to support implementation of the Better Births recommendations

• To understand what role a Maternity Voices Partnership has and how we can all work together to improve maternity care for SY&B

• To consider how to work collectively in co-production
WE ❤️ OUR MIDWIVES.

Happy National Midwifery Week
OCTOBER 1st – 7th
Current position of South Yorkshire & Bassetlaw Local Maternity System (LMS) and the steps taken towards the Maternity Transformation Programme

Sharon Dickinson, Head of Midwifery, Doncaster & Bassetlaw Hospital
Content

• Maternity Service Drivers
  - Better Births
  - 5 Year forward view
  - Safer Maternity Care
  - Halve it campaign

• Sustainability and transformation Plans
  - Accountable Care Systems
  - Population circa 1.5 million
Maternity transformation

We are committed to addressing the aims of an accountable care system by ambitious thinking and co-production.

Our plans have three interlinked aims:

- Better health and outcomes
- Transformed quality of care delivery
- Financially and operationally sustainable
Local Maternity System

• Encompasses
  - Clinical Commissioning Groups
  - Provider Hospitals
  - Existing Clinical Networks

• Partnership working
  - 4 key Task and Finish groups
  - Supported by NHS England and Clinical Networks
SYB LMS Vision

• To join up our services, care and wider family support, intervening early within the maternity care pathway and providing as much care as possible outside of hospital

• Link with service users within SYB to coproduce a maternity transformation plan with mothers, babies and families

• To improve health outcomes, develop self-management choice and control and promote healthier lifestyles, while ensuring quality outcomes across SYB are met

• Jointly monitor our populations’ health outcomes, variation in provision and share information and learning on models of care

• Assess provision across the geography and ensure all populations have access to the range of choice of care outlined within Better Births and develop networked teams to support localities

• Develop common pathways, guidelines and behaviours across SYB through the development of a Clinical Networks, enabling increased homebirths and provision of midwifery-led care
LMS current structure and governance

- National Maternity Transformation Programme Board
- Maternity Transformation Programme Board (North)
- Yorkshire & Humber DCO
- South Yorkshire & Bassetlaw Local Maternity Board
- Local Maternity Offer T&F Group
- Clinical Governance T&F Group
- Quality Measures T&F Group
- SYB Accountable Care System (ACS)
- Maternity Voices Partnership T&F Group
- Commissioners, Providers, Local Authorities, Public Health England, Service Users, Health Education England & associated partners

Maternity Clinical Networks (North West Coast, Greater Manchester, Northern and Yorkshire and the Humber)
Update – key progress so far

• Gathering data and undertaken gap analysis against Better Births recommendations – identify current position

• Barriers identified for SYB shared; staffing, serious incident process, clinical and operational governance and IT processes – to identify how different organisations will interface with each other

• Work commenced scoping existing care plans and auditing care plan against Better Birth recommendation for personalised care plans
Maternity (LMS) Plan

Each LMS has been tasked with compiling a Maternity Plan to ensure they achieve the recommendations in Better Births by 2020/21.

The SYB Maternity Plan has been done in collaboration with Commissioners, Providers, Local Authorities, Public Health England, Service Users, Health Education England & associated partners.

The plan has gone through 2 assurance processes, with feedback and actions addressed by the task and finish groups.

The final draft of the plan will be submitted on the 6th October 2017.
Next steps

Implementation of the South Yorkshire & Bassetlaw Local Maternity Plan
Transformation

Your maternity services deliver a comprehensive offer for all women and families across South Yorkshire and Bassetlaw which reduces variation in care and choice is not dependent on geography or activity.
In short:

safe, sustainable, accessible care
Thank you

Any Questions?
Group Work 1

Sharon Dickinson, Head of Midwifery, Doncaster & Bassetlaw Hospital

Michele Clarke, Strategy and Delivery Manager, NHS Doncaster CCG
7 themes of Better Births

- Personalised Care
- Safer Care
- Continuity of Carer
- Better Postnatal and Perinatal Mental Healthcare
- Working Across Boundaries
- Multi-Professional Working
- Payment System
<table>
<thead>
<tr>
<th>Better Births Recommendations</th>
<th>Work Undertaken</th>
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</table>
| **Personalised care**         | • Individualised birth planning  
• Maternity webpage  
• Birth place choices are discussed with all women early in the antenatal period |
| **Continuity of carer**       | • Midwives in each locality now work in small teams of between 5 and 6  
• Community hubs are being developed and services improved  
• Consultant working towards being part of community teams |
| **Safer care**                | • Implementation of all elements of saving babies lives  
• £45,000 from the Maternity Safety Training Fund |
| **Better postnatal and perinatal mental health care** | Maternal mental health pathway in place supported by Consultant with special interest in mental ill health and a Specialist Midwife |
| **Multi-professional working** | • Our teams train together  
• Working towards new computer systems that will allow for better integrated working with different professionals |
| **Working across boundaries** | Working in partnership with local maternity system and gaining learning from early adopter sites |
## Better Births

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Work Undertaken</th>
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| Personalised care                       | • Women have a personalised care plan for the antenatal period  
|                                         | • The birth plan is co-produced and personalised                                                                                             |
| Continuity of carer                     | • Focus has been in the antenatal and community care setting  
|                                         | • Planned pilot in 2018 for the whole pregnancy                                                                                           |
| Safer care                              | • Board level champions identified  
|                                         | • Central patient safety team  
|                                         | • Organisational learning including benchmarking both locally and nationally                                                               |
| Better postnatal and perinatal mental health care | We are collaborating with commissioners and other providers to secure funding to develop a PNMH service                                           |
| Multi-professional working              | Plans to release all members of the MDT to train together                                                                                   |
| Working across boundaries               | Active members in the ACS, clinical networks, LMS task and finish and LMS board                                                             |
### Rotherham

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<tr>
<th>Better Births Recommendations</th>
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<tbody>
<tr>
<td><strong>Personalised care</strong></td>
<td>All women have a factual unbiased written information in their handheld notes, also available as an app</td>
</tr>
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</table>
| **Continuity of carer**     | • Plans of care developed with the woman and appropriate professionals to meet the needs of the family  
• Community teams in place  
• Care is delivered from a range of joint service centres  
• Postnatal HUB now operational |
| **Safer care**              | • Serious incidents are investigated using RCA methodology  
• Rotherham are in wave 1 of NHSI Safety Collaborative which has brought extra funding for training  
• MDT learning and training in place |
| **Better postnatal and perinatal mental health care** | • TRFT offers a specialist mental health clinic lead by an obstetrician with a special interest  
• Postnatal care is tailored to the needs of the individual involving 3rd sector, Early Help and 0-19 services as required |
| **Multi-professional working** | • Peer review is now part of our learning and challenge process (e.g. full day Perinatal Reviews attended by lay person)  
• Live multi-disciplinary skills-drills  
• Digital care record in place which provides information to primary care |
| **Working across boundaries** | This is being progressed through Local Maternity Strategy |
### Sheffield

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<tr>
<td><strong>Personalised care</strong></td>
<td>All women meet with their named midwife and a personalised care plan is agreed. This is assessed at each subsequent antenatal visit and updated</td>
</tr>
</tbody>
</table>
| **Continuity of carer**      | • One staff and one service user survey undertaken around perceptions of continuity  
                                • Discussions with LA for Hub provision, Long term plans pending clarification on funding |
| **Safer care**               | • Jessop Wing provides specialist care across the region  
                                • RCA, Never Events and SUI investigations occur as part of incident investigations  
                                • Reports to the CCG on service improvement and quality issues |
| **Better postnatal and perinatal mental health care** | A recent survey of our service users found that all 586 respondents felt supported by MW or HV postnatally |
| **Multi-professional working** | • Our mandatory multidisciplinary training levels meet our Hospital target of 90%  
                                 • IT solutions are high on the LMS agenda for electronic sharing of information between Providers |
| **Working across boundaries** | STH are continuing their work with the Accountable Care Organisation board and the LMS |
Group Work One - How can we meet the recommendations of Better Births?

Each Hospital has just highlighted what work they have done so far towards meeting the recommendations of Better Births. On your tables discuss the work and answer the following:

1. Some good work is being undertaken within each hospital, what would you like to see rolled out across all areas in South Yorkshire and Bassetlaw?

2. Do you feel there is anything else we could do across South Yorkshire and Bassetlaw to improve maternity services and meet the recommendations of Better Births?
   - If so, what?
   - How could you support this?
   - What opportunities / barriers - solutions might there be to implementing the change?
Group Work Two - Community Hubs

On your tables discuss and answer the following questions:

• What services would you like to see within a Community Hub?

• Discuss on your tables and decide what your top 3 priorities are?
  • Explain why these are priorities?
  • How could you support this?
  • What opportunities / barriers - solutions might there be?

• What opportunities / barriers - solutions may occur in the implementation of a Community Hub?
Lunch!

#SYBmatvoice
Enabling Change Through Positivity and Co-production

Rachel Gardner; Chair of Forging Families
Helen Wyatt; Patient Participation Lead, Rotherham CCG
Content

• What is the role of an MSLC?

• How to enable change through positivity?

• What is true co-production?

• Why we need to look at opportunities for co-production
What is a Maternity Services Liaison Committee (MSLC)?

• Bridge between the service user (our families) and the service providers

• Ensuring the voice of families is heard

• Provide support to families during the perinatal period (pre-conception, pregnancy and baby’s first year)
Why do we need MSLC’s?

Through the many voices of your service users, are a key voice in understanding changing needs and acknowledging the different needs of those within our local communities.
Forging Families - Change to Positivity

“Nothing affects employee morale more insidiously than persistent workplace negativity.”

Susan M Heathfield, a Human Resources Expert

“I have written about the overwhelming and increasing pressures of being an NHS midwife, and midwifery manager...how can midwives care and nurture others when they feel stressed, burnt out, and unable to do their work?”

Freelance midwifery consultant Sheena Byrom
more positivity……

• “Deena BF support worker on ward was amazing; she spent hours listening to me and providing emotional support through such a difficult time when my tiny baby was not latching on.”

• “I had the one-to-one team...Nicola helped me have a lovely homebirth that was wonderful”

• “I could kick myself because I didn't get the surnames of the midwife and student midwife who attended my homebirth late on 12th march. It was Anne and the student was Kate/Katie. I wanted to send a letter to Kate's superior to utterly praise her”

• “Both my daughter were born at Jessop's and I cannot thank everybody involved enough all truly amazing!”

• “At my lowest I was picked up by the perinatal mental team.”
....and more positivity!

Midwives and all maternity staff do incredible work and do much more than most people might realise as we can see from the thanks on this video, the compassion, the going that extra mile, the making women feel safe, for making women smile and for helping Dads feel included.

So this is a thank you to the Staff of Sheffield Maternity Services, from just a small glimpse of the many families who are so grateful for the work you do.

https://www.youtube.com/watch?time_continue=16&v=6a2T-Q47040
Debunking myths

Co-production

Debunking Myths

- **The rush of love**
  The rush of love that you get when you first see your baby that everyone tells you about - this is not true for so many Mums. For most Mums your love will grow over time, until you feel that amazing love everyone talks about. It will come so don’t worry - and if you are worried call your HV.

- **Dads are useless**
  NO! Dads are one half of the parenting team. You are a team together. Dads are capable. Dads are not babysitters. Communicate with each other. Support each other, learn together.
  All families are different and whoever you co-parent with support each other and work together. You do not have to feel alone.

- **You will forget all about birth**
  This is untrue and dismissive to your feelings. Every birth is different, every Mum’s experience is different and every experience matters. A birth is a huge emotional event as well as physical. If you need to talk about your birth or you are struggling with what happened then speak to your partner, a friend, your HV or ask to discuss your birth with a senior midwife.

- **It’s the happiest time of your life**
  Having a baby is wonderful but it is also very hard work and exhausting. Many women, and some men too, struggle emotionally and mentally, feeling quite low, anxious and sometimes isolated. If you feel like any of this describes you talk to someone you trust, your partner, family member, your Health visitor etc.

By Forging Families

www.forgingfamilies.org.uk
From Better Births-

“Local Maternity Systems need to ensure that they co-design services with service users and local communities”.
So, what is co-production?

• “Co-production is not just a word, it’s not just a concept, it is a meeting of minds coming together to find a shared solution.

• In practice, it involves people who use services being consulted, included and working together from the start to the end of any project that affects them.”
Co-Production - Long Term Relationship

- **Devolving**: You are the decision maker and in control of your experience, e.g., Personal Health Budgets and directly choosing which services you use.
- **Co-production**: Working as equal partners to make real changes with shared decision making.
- **Co-design**: Working in partnership to develop alternatives, new ways of working and preferred options. E.g., designing an approach together and you telling us how you want to be involved, or you proactively helping us design services and new ways of doing things.
- **Consulting**: Gathering feedback on potential changes to services (legal duty). This could include surveys, public meetings and focus groups. E.g., if in the future we proposed changes to maternity services we would open a full public consultation.
- **Informing**: Providing balanced information, facts and updates to help people understand what’s happening. E.g., You can keep up to date with the LMS via our website ([www.healthandcaretogethersyb.co.uk](http://www.healthandcaretogethersyb.co.uk)), newsletters and social media (Facebook, Twitter).
Barriers- and solutions

Not everything is and can be co-produced!
Thank you

Any Questions?
Group Work 3 – Coproduction and Engagement, Giving you a voice!

On your tables discuss and undertake the following activities:

• Using the Ladder of Participation and the areas of maternity services (labels available on tables), as a table decide what’s the right level of engagement you would like for each service or piece of work?

• Try to put at least one thing on each step of the ladder – but you don’t have to use all the labels.

• As a table discuss and decide 3 priority areas where we should start to look at opportunities for co-production.
  • Explain why these are priorities?
  • How could you support this?
  • What opportunities / barriers - solutions might there be?
Next Steps & Close

www.healthandcaretogethersyb.co.uk