

## SYS LMS Event – 4<sup>th</sup> October 2017

At the event we had 3 lots of group work activities.

### Group Work 1 - How can we meet the recommendations of Better Births?

During the event each Hospital presented their current position and explained what work they had undertaken so far towards meeting the recommendations of Better Births. Following on from this each table was asked, 'what would you like to see rolled out across all areas in South Yorkshire and Bassetlaw?' and '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?' The following suggestions were made:

#### **What could be done to achieve the recommendations in Better Births?**

##### Personalised care:

- Ensure care pathways suit individual needs (including women with learning disabilities, physical disabilities and all the vulnerable groups) and are the same across hospitals (x3)
- Make red book consistent across all areas.
- Involve members of the public, community teams, independent organisations who have work networks and contacts, early on to ensure services are what women want. (x2)
- Lack of choice re place of birth - there's a big need for stand-alone birthing unit, birthing centres and homebirths system or separate team (x5)
- Women should be given factual, unbiased information via a range of platforms, utilise emails, virtual tours and electronic methods to get what choice is available known, including awareness of places of birth. (x11)
- Workforce should recognise that delivery of personalised care involves care planning that is flexible, reactive and dynamic. Midwives need to be enabled to speak to mums about what is available (x3)
- The care plan should be created via co-production and reviewed at every antenatal visit (x3)

##### Continuity of carer:

- Having same guidelines and join up the borders to become one LMS, including neonatal care, transfers etc (x3)
- Peer support workers should be more readily available to help reduce gaps between women and clinical services and provide a better experience.
- Midwives should ideally travel to the women not the other way round - delivery teams. Mothers who have had a caesarean are asked to drive to a centre a few days after surgery. They are treated far differently to people who have had abdominal surgery who are seen by the District Nurse at home (x3)
- A local free-standing Birthing Unit should be available for straight-forward births, separate from hospitals (perhaps near Meadowhall for example) (x4)
- Create a governance group for each hospital to come together to confirm, challenge, self-assess continuity - be more robust and transparent (x2)
- People suffering from anxiety and depression; care in the same place would be much more reassuring.
- Expand current models that deliver some continuity, learn from early adopters and pioneers (x2)
- Need to have small teams of midwife, women would prefer 3/4 midwives that can become buddies to make them more comfortable and relaxed during their experience, the fewer the better. It would help midwives to pick up on things like domestic violence and post-natal depression as the mum will be more open about her feelings (x3)
- Need good handovers, communication and care that is accessible 7 days a week - Involve community midwives, Satellite clinics (x6)

##### Safer care:

- Social media campaigns, get midwives and other staff to be involved as social media champions / health advocates to start a 'pass it on' campaign (x6)
- Can we have safer / less risky births in other areas (e.g. community)
- Have one really good centre rather than multiple struggling ones (if a reduction in sites would make it safer then it would be accepted) (x2)

## What could be done to achieve the recommendations in Better Births?

- Could support workers (or doulas) support women from a lifestyle perspective?
- Facilities need to be close to home for complex care
- Involve service users and their views on safety
- Neonatal bed availability should be computerised, shouldn't have to be midwives ringing round to check on beds it should be instantly available on computer, saving staff time, relieving anxiety etc.
- Implement all elements from Saving Babies' Lives Care Bundle
- Deliver training on LMS level with MDT
- Central LMS patient safety team
- Robust SI investigations across the LMS
- Non-attendance at check-ups – should be followed up by phone to find out why, offer support etc.

### Better postnatal and perinatal mental health care:

- Multi-professionals should meet and work together, share learning and information to offer best services, with staff being well supported (x2)
- Massive holes in services for women struggling but not severely ill.
- Develop a pathway which gives everyone responsibility to refer to the correct services, build on Barnsley PNMH pathways supported by consultants and specialist midwives (x2)
- Awareness and signposting women – ensuring all women are aware of what's on offer – including voluntary sector help, maybe a hotline (x4)
- No local mother and baby units, we need a robust 7 days a week system – with more specialists available.
- Dads' mental health should also be a priority, but they are never asked about it so a good idea would be a new group perhaps at the community hub.

### Multi-professional working:

- Promotion of other advocacy and peer support workers – make consistent (e.g. breastfeeding support).
- Peer support / MDT training across LMS. Skills should be shared across the patch to enable learning and improve local peer assessments - learn from our neighbours (x3)
- We have a large geographical area so we need to think about women (the same routes) accessing the care they need and where they need it.
- Needs to be communications training and advice on how professionals can positively support mums. Ask staff how it could be done better.

### Working across boundaries:

- Speak to my own networks and colleagues across the region about how we can better work together, e.g. why are some people seen and what can we do differently?
- Share specialist services
- Share bank staff / have a mobile workforce to help fill gaps.
- Look together at how we can recruit / make professions more attractive.
- One maternity strategy and better pathways to allow working across areas/systems

### Payment systems:

- National work
- Personal health budgets awaiting review - need to share information on how it works how is budget decided and assessed, ensure same pay across areas, no 'paying differently' can it be used on Hospitals or independent services?
- Devolvement key/core area for co-production in terms of support to access/information – as long as the systems are not set nationally/involvement where change is possible

## Group Work 2 - Community Hubs

Better Births says that "The NHS needs to organise its services around women and families. Community hubs should be identified to help every woman access the services she needs, with obstetric units providing care if she needs more specialised services. Hubs, hospitals and other services will need to work together to wrap the care around each woman." Tables were asked "What services would you like to see within a Community Hub?" the following suggestions were made:

- Add a little café with cakes!
- Pre-pregnancy counselling
- Bereavement services – community based, counselling
- Breast feeding support (x3)
- Rapid access clinics for postnatal care
- Screening and sonography services – fetal growth scans (x3)
- Health promotion and pre-conception care – smoking, dietician (x3)
- Health MOT for mum and babies
- Antenatal services – would take some pressures off hospitals
- Community midwives and independent support workers - more flexibility to carry-out home visits (x2)
- Well-equipped mobile teams – homebirths (x2)
- Parent Education
- Immunisation clinics and testing
- Contraception and sexual health (including emergency) (x3)
- Internet access
- Tele medicine
- Patient groups
- Childcare
- Benefit advice
- Doula services
- Domestic abuse services
- Minor injuries
- Perinatal mental health support
- Health visitor clinics (x2)
- Parent and infant therapy
- 24 hour care available

Tables were then asked to discuss and decide what their top 3 priorities would be, the following were selected:

<b>Priority</b>	<b>Support</b>	<b>Opportunities</b>	<b>Barriers - solutions</b>
Multi-disciplinary teams	<ul style="list-style-type: none"> <li>• Support needed from all areas and services across SYB</li> </ul>	<ul style="list-style-type: none"> <li>• Women more likely to have continuity of care</li> <li>• Everything all together</li> </ul>	<ul style="list-style-type: none"> <li>• Workforce</li> <li>• Buildings – bases</li> </ul>
Postnatal care	<ul style="list-style-type: none"> <li>• From all staff across SYB</li> <li>• Learning available</li> </ul>	<ul style="list-style-type: none"> <li>• Free up hospital and GP appointments</li> </ul>	<ul style="list-style-type: none"> <li>• Staffing</li> <li>• Finances</li> <li>• Access</li> </ul>
Expert Advise	<ul style="list-style-type: none"> <li>• Training</li> <li>• Robust guidance</li> <li>• Learning from good practice</li> <li>• Open to change</li> <li>• Transparency</li> <li>• Doulas</li> <li>• Physios</li> </ul>	<ul style="list-style-type: none"> <li>• Less parents making unnecessary A&amp;E trips</li> <li>• Advice on lifestyle choices</li> <li>• Low risk women stay low risk for longer</li> <li>• Better use of time</li> </ul>	<ul style="list-style-type: none"> <li>• Staff training</li> <li>• Staff cultures</li> <li>• Selling it to staff</li> </ul>
Accessibility	<ul style="list-style-type: none"> <li>• Support needed from all areas</li> </ul>	<ul style="list-style-type: none"> <li>• Utilising facilities out of hours</li> <li>• Use premises that close in evening and weekends</li> <li>• Open 7 days a week</li> </ul>	<ul style="list-style-type: none"> <li>• Culture</li> <li>• Practices</li> <li>• Base</li> <li>• Number of hubs</li> </ul>

Priority	Support	Opportunities	Barriers - solutions
Standardising of care	<ul style="list-style-type: none"> <li>• Support needed from all areas</li> <li>• Shared governance processes</li> </ul>	<ul style="list-style-type: none"> <li>• Standardised guidelines across SYB</li> <li>• Same facilities, equipment, choices</li> <li>• Patients notes same system</li> </ul>	<ul style="list-style-type: none"> <li>• Culture</li> <li>• Practices</li> <li>• Staff cultures</li> </ul>
Buildings	<ul style="list-style-type: none"> <li>• Practical buildings</li> <li>• Financial sustainability</li> <li>• Multipurpose rooms</li> <li>• Good access</li> <li>• Appropriate and friendly environment</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery services close to women and families</li> <li>• Attached to primary care services</li> <li>• Could be included with Birthing Centre</li> </ul>	<ul style="list-style-type: none"> <li>• Suitable locations / sites</li> <li>• Funding</li> <li>• Sustainability</li> <li>• Who will manage building?</li> <li>• Reaching women in rural areas</li> </ul>
Personalised Services	<ul style="list-style-type: none"> <li>• Maternity needs assessment</li> <li>• Co-production with women</li> </ul>	<ul style="list-style-type: none"> <li>• Regular review and feedback from women and staff</li> <li>• Link women with other services / voluntary sectors</li> </ul>	<ul style="list-style-type: none"> <li>• How to please everyone and suit needs of diverse population?</li> <li>• Engagement of medical staff</li> <li>• Paying service users for involvement</li> </ul>
Safe and Quality Services	<ul style="list-style-type: none"> <li>• Where families start</li> <li>• Confidence in professionals</li> <li>• Building confidence and relationships in being referred to other services</li> <li>• Joint working with local authority</li> <li>• Training</li> <li>• Service user support</li> </ul>	<ul style="list-style-type: none"> <li>• Increase continuity of care</li> <li>• Targeting women with long term conditions to engage</li> <li>• Promote collaborative working and learning</li> </ul>	<ul style="list-style-type: none"> <li>• Workforce capacity and capability</li> <li>• Budgets</li> <li>• Estates</li> <li>• Communication</li> <li>• Diverse needs of areas</li> </ul>
Midwifery teams	<ul style="list-style-type: none"> <li>• Standard working across SYB</li> <li>• Involvement and agreement needed from all</li> </ul>	<ul style="list-style-type: none"> <li>• Midwife teams in each hub to release stress on hospitals</li> <li>• Offer more choice of births</li> <li>• Obstetrician links</li> </ul>	<ul style="list-style-type: none"> <li>• Culture change</li> <li>• Capacity</li> <li>• Safety issues</li> </ul>

The tables were then asked 'What opportunities / barriers - solutions may occur in the implementation of a Community Hub?'

Opportunities / Enablers	Challenges / Barriers
<ul style="list-style-type: none"> <li>• Would relief capacity and ease pressure on the Hospitals</li> <li>• Better patient experience</li> <li>• Continuity of care</li> <li>• More efficient – timely care</li> <li>• Affective risk assessments of patients</li> <li>• Patient transport</li> <li>• Peer support and collaborative working</li> <li>• Record sharing – having one joint computer across all hubs</li> <li>• Workforce sharing across hubs if all standardised</li> </ul>	<ul style="list-style-type: none"> <li>• Access between community hubs</li> <li>• Access to obstetric care</li> <li>• Impact on other services</li> <li>• Space – buildings</li> <li>• Equipment</li> <li>• Cost – sustainability</li> <li>• Not close to everyone – which area?</li> <li>• Local authority engagement and joint commissioning</li> </ul>

## Group Work 3 - Co-production and Engagement, Giving you a voice!

Better Births says that maternity services should be co-designed with service users and local communities. At the even tables were asked to use the Ladder of Participation (Fig.1) and the areas within the SYB Maternity Plan, to decide what's the right level of engagement for each service or piece of work?

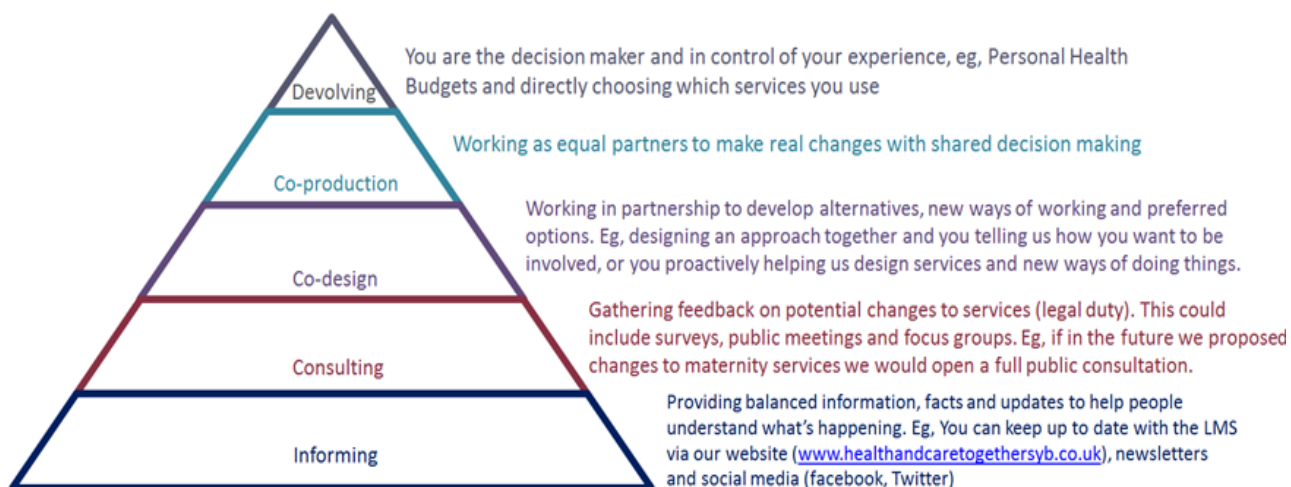


Fig.1 – South Yorkshire and Bassetlaw developed Ladder of Participation

	Devolving	Co-production	Co-design	Consulting	Informing
Choices available		5		1	
Safe care is delivered every time		2	1	2	1
Developing a more flexible workforce	2	3		3	
Developing of Community Hubs		5	1		
Developing personalised care plans	1	4			
Development of communication & engagement plan		4	2		
Development of a SYB serious incident processes		3		2	1
Hospital maternity safety plans – to improve safety		1	2	2	1
How information will be accessed and shared		7			
Improving Mental Health Services		3	2		
Looking at midwifery care		1	5		
Looking at public health issues		4	1	1	
Looking at services for newborn babies; transfers		2	1	3	
Models for continuity of care		2	3	1	
Models to reduce the rates of still birth etc		2	1	2	1
Patient pathways of care		4	1	1	
Payment systems and tariffs	4	1			1
Safeguarding procedures	1	1	1		3
Serious incident peer review and sharing of learning		2		1	2
Standardising electronic maternity systems	1	1	2		2
Technology currently available		3	1	1	1
Workforce training and recruitment		3		1	1
Bringing together all the maternity forums across SYB to develop a central SYB MVP		1			

Tables were then asked to discuss and decide 3 priority areas where we should start to look at opportunities for co-production, the following were identified:

Priority	Support	Opportunities	Barriers - solutions
Information sharing and good communication	<ul style="list-style-type: none"> <li>Engage with all stakeholders, use social media, family meetings, community groups, info boards, forums</li> </ul>	<ul style="list-style-type: none"> <li>Information on quality can be used to develop services</li> <li>Hospital websites can be improved to include all information</li> <li>Same information from staff to staff as staff to patient, consistent</li> </ul>	<ul style="list-style-type: none"> <li>no jargon</li> <li>not too much info, links to sources of info rather than having everything</li> <li>Need up to date and relevant communication which is clear and concise</li> <li>No duplication</li> </ul>
Development of service models	<ul style="list-style-type: none"> <li>Should be supported by service users</li> <li>Time is limited but look at what is working across the region</li> </ul>	<ul style="list-style-type: none"> <li>Offering affordable and sustainable services</li> <li>Inform all other pieces of work</li> <li>Models to reduce rates of still births</li> </ul>	<ul style="list-style-type: none"> <li>Ensuring it fits with the needs of the area and what people want</li> </ul>
Perinatal mental health	<ul style="list-style-type: none"> <li>Need robust processes, funding, quick delivery and effective provision. Not just face to face but over the phone services as well</li> <li>Develop more openness</li> </ul>	<ul style="list-style-type: none"> <li>Offer safety around the woman and availability of service to ensure mother and babies stay together and close to home</li> <li>Desired for people using the service because it's important that the service is right</li> </ul>	<ul style="list-style-type: none"> <li>Significant burden that affects whole families and families aren't currently engaged</li> </ul>
Developing community hubs	<ul style="list-style-type: none"> <li>Need to develop a plan that is co-produced</li> <li>Give everyone an opportunity to say what they want.</li> <li>People need to have an opportunity to say what they need in their community</li> <li>Rotherham Community Transformation Work</li> </ul>	<ul style="list-style-type: none"> <li>Look at different models of services and what works well and can be delivered locally</li> <li>Need to identify challenges</li> <li>Make the system more effective</li> <li>GP surgeries could feed into community hubs although this is not always possible and not sure GP's would be involved.</li> </ul>	<ul style="list-style-type: none"> <li>Cost effective, accommodation, engaging everyone and not those that just shout the loudest. Good communication matching model against needs</li> <li>Informed choice/education</li> <li>Local accessible services are really important – people cannot afford bus fares etc. Definitely not more than two bus journeys. Could be a real issue i.e. long journeys/costly etc.</li> </ul>
SI's and investigations	<ul style="list-style-type: none"> <li>Need to develop a plan that is co-produced</li> </ul>	<ul style="list-style-type: none"> <li>Look at different systems and processes in use and learn from lessons of other processes and high profile cases</li> </ul>	<ul style="list-style-type: none"> <li>Complicated to understand and easy to exclude some people - time consuming</li> </ul>
Developing a flexible workforce	<ul style="list-style-type: none"> <li>Co-production with the workforce predominately</li> <li>Work with service users</li> </ul>	<ul style="list-style-type: none"> <li>Tackling challenges as they arrive</li> <li>Changes won't be imposed but gently developed</li> <li>Develop new training packages for staff</li> </ul>	<ul style="list-style-type: none"> <li>Management and existing work practices could act as barriers</li> <li>Perceptions and cultures of staff</li> <li>More flexible working needed to provide more personalised care i.e. ensuring people see the same midwife.</li> </ul>

Priority	Support	Opportunities	Barriers - solutions
			<ul style="list-style-type: none"> <li>• Unfamiliar / change</li> <li>• Difficult if micromanagement is taking place.</li> </ul>
Personalised care plans	<ul style="list-style-type: none"> <li>• All maternity staff needed to be on same page</li> </ul>	<ul style="list-style-type: none"> <li>• To identify needs, safety, better outcomes and experiences</li> </ul>	<ul style="list-style-type: none"> <li>• Standardises across the patch</li> <li>• Women being involved in creation</li> <li>• Staff unwilling to change</li> <li>• Time – other duties and priorities</li> </ul>
Development of a communication & engagement plan	<ul style="list-style-type: none"> <li>• From across the region needed</li> </ul>	<ul style="list-style-type: none"> <li>• key to set out early as this determines and sets out mechanisms and support for all other work</li> </ul>	<ul style="list-style-type: none"> <li>• Working together</li> <li>• Achieving engagement</li> </ul>