

Agenda Item 7

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Sustainability and Transformation Partnership

Report to	Health Scrutiny Committee for Lincolnshire
Date:	12 June 2019
Subject:	Women's and Children's Services - Case for Change and Emerging Options

Summary:

The paper sets out the Case for Change for Women's and Children's services and the proposed options for future services as set out within the Acute Services Review and the feedback to date from the Healthy Conversation 2019.

This paper sets out the key areas of action and success for both the Lincolnshire Better Births Programme and the Children and Young People's Transformation Programme; both aimed at supporting implementation of the Case for Change.

Actions Required:

Committee members are asked to note and comment on the report.

1. Background

1.1 What is Healthy Conversation 2019?

On 5 March 2019, the NHS across Lincolnshire launched its Healthy Conversation 2019. It is an open engagement exercise which will shape how the NHS in Lincolnshire takes health and the health service forward in Lincolnshire in the years ahead. It is a chance for everyone to learn more about the NHS's current thinking on the future of NHS services and is a way to get meaningful feedback from the public, their representatives, NHS partners and staff about what future services may

look like. It is planned that *Healthy Conversation 2019* will run into the autumn, with a wide range of engagement events and discussions across the county.

It is important to remember that this stage is not a public consultation – this engagement exercise will help shape the options for a full public consultation, without which no permanent changes can be made to services.

1.2 Case for Change for Women’s and Children’s Services

There are a wide range of services across acute and community settings including obstetrics (maternity care), neonatal (care of premature or sick babies), paediatric (care of children) and gynaecology (care for women and girls, especially related to the reproductive system).

Currently all these hospital services are delivered in both Lincoln and Pilgrim Hospitals. We have a Local Neonatal Unit (LNU) at Lincoln Hospital and a Special Care Baby Unit (SCBU) at Pilgrim Hospital. Babies born pre 29-weeks are currently treated out of county. Women in Lincolnshire have a choice of giving birth at home or in a consultant-led obstetrics unit at these two hospitals. Midwife services are available in the community and at home.

1.3 Why do we need to change?

As has been widely discussed in the public domain, we have significant hospital staffing issues, particularly at Pilgrim Hospital where we have a long-term issue recruiting middle grade doctors; we currently have one out of six in permanent employment and sometimes no temporary staff can be recruited. This issue is mirrored in nurse staffing with insufficient sick trained children’s nurses available to meet demand.

A shortage of medical and nursing staff also means a reduced ability to support junior doctors, because we are not able to provide the support and training that they need.

This has resulted in heavy reliance on agency staff, leaving the service fragile and subject to temporary changes.

Since August 2018 because of these issues, we have introduced temporary changes for safety reasons which are:

- closure of the paediatric in-patient beds and the opening of a paediatric assessment ward at Pilgrim Hospital with any child requiring a non-elective admission needing to stay over 23 hours or have planned elective care being treated at Lincoln Hospital; and
- any babies born pre 34-weeks at Pilgrim Hospital being transferred to our Lincoln Hospital site, where we have more staff equipped to handle their needs.

1.4 What are The ‘Emerging Options’?

There are two emerging options.

The first emerging option is to have the following services at the two hospital sites:

At Pilgrim Hospital

- To continue with a consultant led obstetric service with the addition of a co-located midwife-led unit
- The Boston special care baby unit currently cares for babies born from 34 weeks, this is the interim position. Prior to August 2018, it cared for babies from 30 weeks. In the preferred emerging option, Boston special baby care unit will care for babies from 32 weeks.
- To have a short stay paediatric assessment ward for children needing up to 23 hours of care
- To have low acuity paediatric in-patient beds overnight
- To have paediatric day case surgery.

At Lincoln Hospital

- To continue with a consultant led obstetric service with the addition of a co-located midwife-led unit
- To continue with a neonatal unit caring for babies born from 27 weeks
- To have a short stay paediatric assessment ward
- To have paediatric in-patient beds
- To have paediatric day case and planned surgery.
- We would wish to keep the gynaecology services the same as now on both Lincoln and Pilgrim Hospital sites with our clinicians
- Working as one team across these two sites.

This first option is currently the NHS’s preferred emerging option.

The second emerging option is to have consultant obstetric, neonatal and paediatric services at Lincoln Hospital and a midwife-led unit and short stay paediatric assessment ward at Pilgrim Hospital.

In this option both hospitals will have a midwifery-led units, at Lincoln this would be co-located to the consultant led unit, at Pilgrim this would be a stand-alone midwifery led unit.

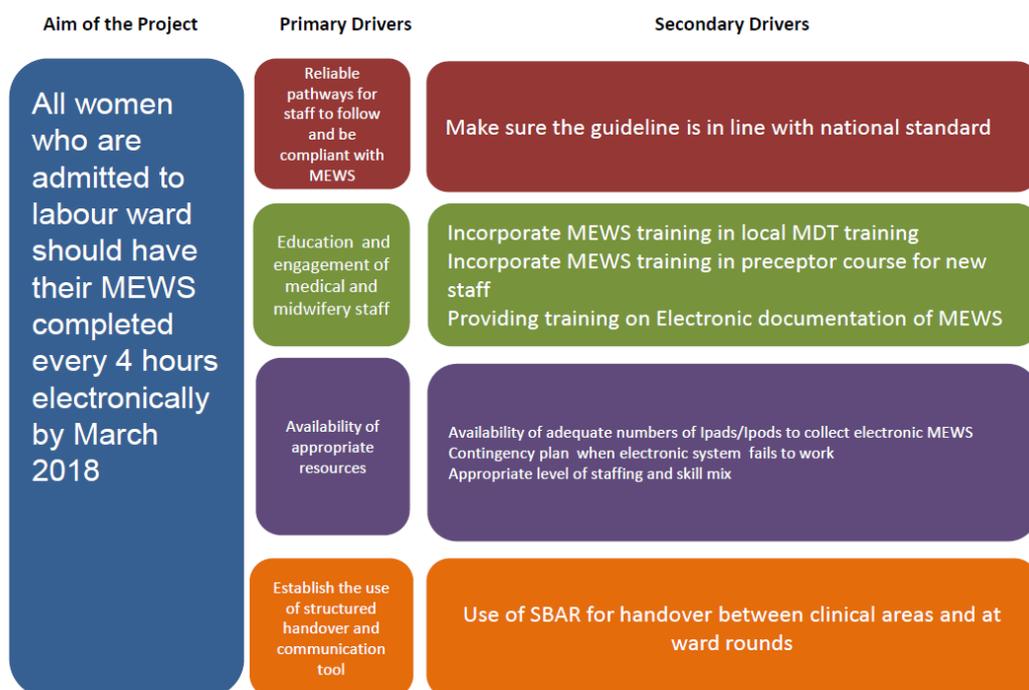
This option is not the NHS’s preferred option. The preferred option is to maintain two consultant led services at both Lincoln and Pilgrim, this is the preferred emerging option as this would ensure that fewer children, pregnant women and their families would need to travel for care

2.0 Current Actions and Activities

The following are the key activities that are currently taking place across Lincolnshire to support the development and transformation of this set of services:

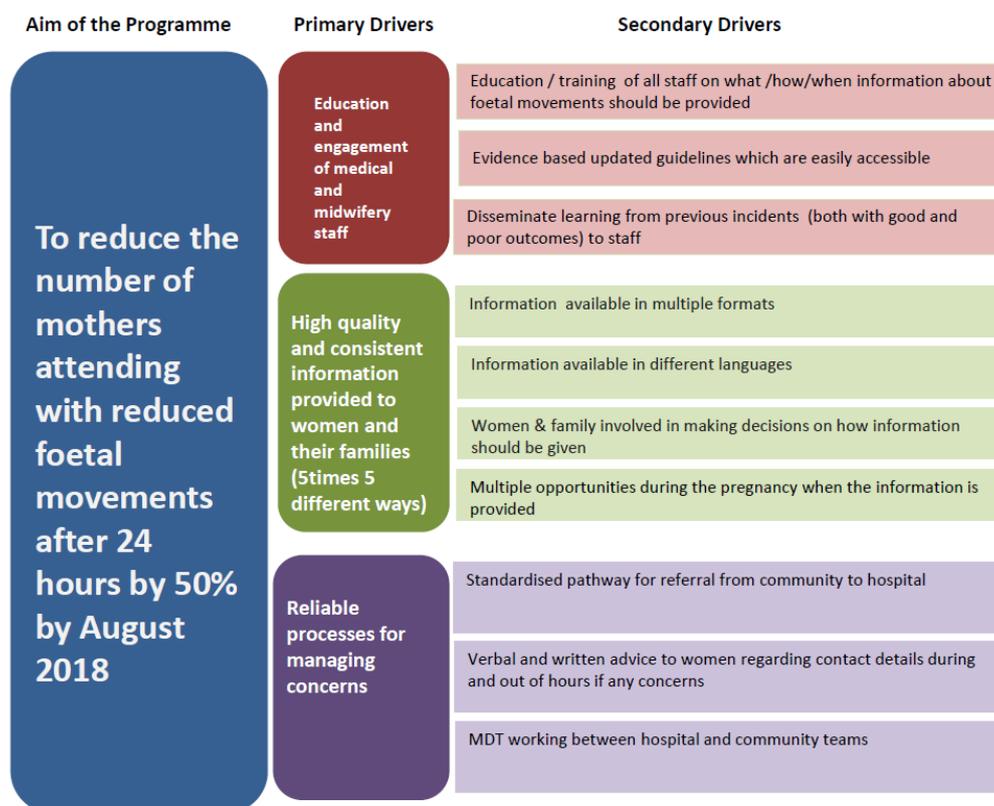
2.1 Improving Safety in Maternity Services

The Lincolnshire Better Births, Public Health and United Lincolnshire Hospitals NHS Trust (ULHT) have been working together to improve safety which has involved ULHT being involved in the Wave One of the NHS Improvement Safety Collaborative. As a result of this initiative the project team implemented electronic Modified Early Warning Score (MEWS) scoring system to ensure rapid detection of either mother or babies that deteriorated in condition during labour. The full project plan is outlined below



The project team succeeded in implementing electronic MEWS with midwives using I-PADS to document the observations. Improvements were made over 2017/2018 in the Postpartum haemorrhage rates over 2 Litres (2.06 to 1.5%).

The team have also been working to implement a reduction foetal movements project as outlined below: -



As part of the Safety Work stream, ULHT maternity service has implemented the Saving Lives Care Bundle, which brings four elements of care together to reduce still birth rates:

1. Reducing smoking in pregnancy
2. Risk assessment and surveillance for foetal growth restriction
3. Raising awareness of reduced foetal movement
4. Effective foetal monitoring during labour

2.2 Improving Personalised Care and Choice

Women’s maternity care should be personalised to their needs and those of her baby and family. Every woman should therefore have access to information to make informed decisions and access support centred on their individual needs and circumstances. Integral to delivering this ambition across Lincolnshire was the development of community hubs which has enabled women and families to access care closer to home, in the community from their midwife and from a range of other services, particularly for antenatal and postnatal care.

The Local Maternity System have been working in collaboration with the local authority in developing and implementing the community hub model across Lincolnshire, there are now six community hubs operating in the following locations: Boston, Grantham, Lincoln, Mablethorpe, Skegness and Spalding, with another two in the planning stages. These sites were chosen as they were considered to be some of the county's most deprived communities.

The table below outlines the additional services that were implemented as part of the community hub programme

Additional Services Being Delivered at the Community Hubs

Pre-existing Services	Additional Services
<ul style="list-style-type: none"> • Baby Massage • Breastfeeding Support 	<ul style="list-style-type: none"> • Addiction Action • Citizen’s Advice Service – Boston • Early Years • Health Visiting • Midwifery – antenatal and postnatal • Smoking Cessation • Voluntary Services for Debt and English Language Support • Weight Management

2.3 Development of Continuity of Carer

A key development in maternity care is the ambition that women should have continuity of the person looking after them during their maternity journey, before, during and after the birth. This continuity of care and relationship between caregiver and receiver has been shown to lead to better outcomes and safety for the woman and baby as well as offering a more positive and personal experience. In Lincolnshire the first Continuity of Carer team, COCOS (Continuity of Carer Offers Outstanding Support) in Gainsborough was officially launched on the 30 April 2019, although the team had formed earlier in the year, and had started to work on delivering continuity of care for women. In Lincolnshire we achieved 14.6% of women were booked onto a continuity of carer pathway by the end of March 2019, and work is now ongoing to develop more teams across the County to support the delivery of 35% by the end of March 2020, to ensure women across Lincolnshire receive the benefits of continuity of care.

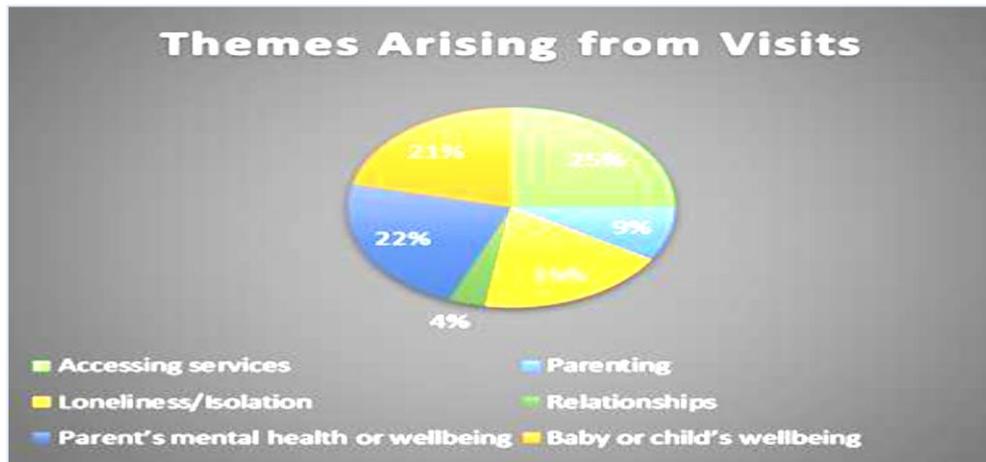
2.4 Improving Mental Health Services

Mental health problems are relatively common at a time of significant change in life. Depression and anxiety affect 15-20% of women in the first year after childbirth, but about half of all cases of perinatal depression and anxiety go undetected. Almost one in five women said that they had not been asked about their emotional and mental health state at the time of booking, or about past mental health problems and family history. Many of those with mental health problems that are detected do not receive evidence-based treatment. The latest confidential enquiry into maternal death highlights the continuing trend of too little too late for women with mental health issues during and after birth.

In recognition of these factors there is a national programme which is focused on improving mental health services for women and their families. Lincolnshire Partnership Foundation Trust (LPFT) applied for and was successful for Wave 2 National Perinatal Mental Health Funding which has enabled Lincolnshire to offer a multi-professional service for women with high perinatal mental health needs, which was launched in December 2018.

To meet women with low mental health needs, Lincolnshire Better Births have been working in partnership with National Childbirth Trust in the Grantham area as part of their national project Birth and Beyond Community Supporters (BBCS), a peer support programme delivered by volunteers and targeted at parents in more diverse, vulnerable populations – those at greater risk of isolation. The project in Lincolnshire is looking specifically at the Lincolnshire area, we are tackling rurality, so the volunteers will be focused on getting out into the villages to meet up with mums who are feeling isolated.

Key themes arising so far are show in the graph below



2.5 Improving New Born Care Services

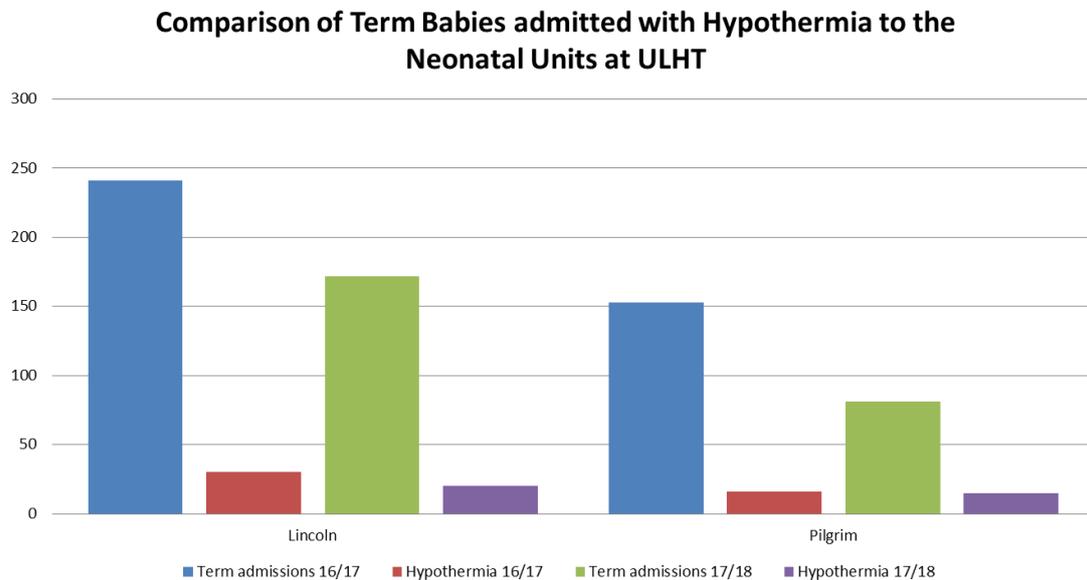
There is overwhelming evidence that separation of mother and baby so soon after birth interrupts the normal bonding process, which can have a profound and lasting effect on maternal mental health, breastfeeding, long-term morbidity for mother and child. This makes preventing separation, except for compelling medical reason, an essential practice in maternity services and an ethical responsibility for healthcare professionals.

NHS improvement have identified that over 20% of admissions of full term babies to neonatal units could be avoided through providing services and staffing models that keep mother and baby together. Additionally, NHS Improvement through review of patient safety reports, neonatal hospital admission data and litigation claims data, four areas of significant potential harm to babies have identified that could be avoidable which are:

- Respiratory conditions
- Hypoglycaemia
- Jaundice
- Asphyxia (perinatal hypoxia-ischaemia)

The Better Births team have an experienced neonatal nurse leading this work stream. Together with the Neonatal Team at ULHT, focus has been on reducing term admissions. To reduce unnecessary admissions, ULHT have implemented a multidisciplinary (MDT) local reviews as a useful starting point for understanding why

a term baby was been admitted to the neonatal unit and for identifying service improvements. The MDT reviews are undertaken on all unexpected term admissions to a neonatal unit for medical care and are reported through the internal governance processes. Over a 12 month period, the number of admissions has reduced with Lincoln term monthly admissions has reduced from 29 to 12 and at Pilgrim Hospital, the admissions have reduced from 14 to 9. The graph below shows this reduction by site with a focus on hypothermia



This has been achieved through a return to basics, so reviewing temperatures of labour ward rooms, hat on babies and in different colours to denote risk factors. Reviews are also being undertaken on babies experiencing hypoxic ischaemic encephalopathy.

Listening events have been undertaken with a parent champion in place who will be a neonatal voice and link with maternity voices. Following that engagement, named health visitors are now in place, perinatal mental health services are also engaged and services are being reviewed so that they are more responsive to the needs of the neonatal mother though creating a neonatal hub. The Better Births Website now includes Neonatal Services which will be expanded over the next couple of months.

2.6 Co-Producing Improvements in Care

A fundamental aspect of the transformation programme is the ensuring service changes are co-produced with users of the services, the programme has established a very strong maternity voices partnership which has also developed a neonatal branch to reflect the different needs of this group of families, this is an area again that Lincolnshire is leading nationally. At each transformation board meeting, a women's story is shared with the group, there is also a full programme of stories on the transformation web pages.

3 Developments in Children and Young People's Services

Within the NHS Long Term Plan states that there will be a Children and Young People's transformation programme, which is anticipated to be aligned to the Maternity Transformation Programme and the Critical Care Review. In order to pre-empt the need to establish such a programme locally work has already commenced.

3.1 Development of the Children's Health Strategy

To underpin the Lincolnshire Sustainability and Transformation Partnership Transformation Programme, a local strategy has been drafted following consultation with a wide range of stakeholders including children and families.

A stakeholder day was held in November 2018 with the vision, priorities and outcomes agreed as outlined below which summarises the plan on a page. All seven priorities have underpinning work plans reporting to the system Children and Young People Transformation Programme Board and up to Women's and Children's Board; thus providing system level governance oversight.

The Plan on a Page		
Vision To improve the health and wellbeing of children and young people in Lincolnshire and to reduce health inequalities through: <ul style="list-style-type: none"> • a focus on early intervention and prevention (including children with mental health conditions) • integrated delivery and commissioning with specialist care capacity supporting children in Neighbourhood Teams ; • Prevention of avoidable admissions for children, including those with mental health problems and; • Sustainable hospital services that are configured to deliver optimum quality and safety standards 		
Principle 1 Health Care that is responsive to the needs of children and young people	Principle 2 Services that are accessible , respectful and engage children and young people	Principle 3 Workforce that is safe, effective and makes the best use of resource
Outcomes	Outcomes	Outcomes
Health Needs are assessed in a holistic way and vulnerable children and young people are identified	There are a choice of personalised high quality services, where and when needed, free at the point of access	The right staff with the right skills, provide care in the right place
Children and young people’s health needs are responded to and they are supported to make informed decisions	Children, young people and their families are supported to navigate health services	Workforce plans are based on population need and the best available evidence
Children and young people and their families are supported to make choices about their health and wellbeing	Children, young people and their families are respected and have a positive experience when accessing health care	Children and young people have their safety, health and wellbeing addressed through coordinated integrated workforce provision
Priorities	1: Developing the neighbourhood team model for children and young peoples’ health care	
	2: Developing new pathways of care which focus on prevention and early intervention	
	3: Developing skills, knowledge and capacity in primary and community care- Making Every Contact Count	
	4: Developing services to promote care at home for children with long term conditions and non-acute illness	
	6: Preventing avoidable admissions for children who are mild to moderately acutely unwell, including those with mental ill health	
	7: Developing inpatient care for acute and planned admissions	
Enablers	Governance and accountability	
	Partnership working to promote integration and deliver person centred care	
	Developing a confident and skilled workforce	
	Digital health information services and systems	

3.2 Paediatric Assessment Unit, Pilgrim Hospital

In March 2018, United Lincolnshire Hospitals NHS Trust highlighted the fragility of the paediatric Service given the medical and nursing workforce challenges the organisation was experiencing. In response to this, and to try and ensure that there was local access to a paediatric service at Pilgrim Hospital a new model was developed which resulted in the temporary change of service model at Pilgrim which is the Paediatric Assessment Unit. The service was implemented in August 2018 and to date the clinical team have assessed and treated 1,869 children, of which 203 have been transferred primarily to Lincoln County Hospital (150 Children) and 53 to a range of other hospitals including 21 children who required regional care (this is normal practice and not as a result of the new model). In addition to the numbers,

the new model has led to a reduction in length of stay from 43 hours to 7.5 hours. No serious incidents have been reported.

This model of care, also supports the delivery of the neonatal unit at Pilgrim, the unit age that is could take babies from was changed from 30 to 34 weeks to reflect the change in workforce force model. In the longer term model developed for Pilgrim it is proposed that this age range is changed to 32 weeks, this would also fit with the national recommendations for neonatal services.

3.3 Rapid Response Physiotherapy Service

As part of the development of different service models for caring for children with complex conditions, a new specialist service has been developed to support disabled children with respiratory conditions which will help treat their needs. The service has been developed with Lincolnshire Community Health Services NHS Trust (LCHS) and is referred to as the Children's Rapid Response Respiratory Physiotherapy service,

The service provides specialist assessment, treatment and management of children with complex physical disabilities who have additional respiratory problems. Working in the community the service aims to reduce hospital admissions for these children. It is made up of two parts – a preventative service including specialist respiratory physiotherapy assessment – and rapid response to children when they are acutely unwell with a chest infection.

This new service, which started in February 2019, helps to reduce hospital admissions for these children by managing them in the community and at home where they have all their specialist equipment when they become acutely unwell with chest infections. In the first three months of operation the rapid response service has avoided children going into hospital with acute chest infections on 15 separate occasions as well as helping to reduce pressure on A&E with a further 51 attendances prevented. 39 routine G.P. / Consultant Paediatrician appointments have also been avoided.

4. Feedback from the Healthy Conversation Sessions

To date there has been little direct feedback regarding the emerging options for Women and Children's services set out at the beginning of this report, despite the relatively high response rate to our events and surveys from Boston and the surrounding areas.

At the Boston session there was a request for more regular information and up-dates regarding the changes to the Paediatric service to ensure local families were aware of what was happening.

As a result of this ULHT hold regular events and circulate frequent updates on their website and on social media with regards to the temporary service currently in place at Boston. This engagement exercise is ongoing.

5. Consultation

This is not a formal consultation item. However, the Committee may wish to submit initial comments on the case for change and the emerging options to the Lincolnshire Sustainability and Transformation Partnership.

6. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

The health and wellbeing of both women and children are embedded within the broader joint health and wellbeing strategy.

7. Conclusion

This report has been provided to the Health Scrutiny Committee to detail the work currently being undertaken to develop and improve maternity, neonatal and children and young people's services in Lincolnshire. In relation to the building future models of care across Lincolnshire, the emergent models of care have been shared as part of the healthy conversation 2019 programme.

8. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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