



North Cumbria
Clinical Commissioning Group

Taking forward change in Maternity and services for children



Purpose of this session



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- To share what we are doing and planning to do
- To share how the maternity voice partnerships (formerly MSLC) has been instrumental in this work and young people have been involved in our children's work

Key areas of focus

For Maternity

- The implementation of 'Better Births'
- The consultation decision – mindful of the referral to the Secretary of State

For Children

- The consultation decision – the implementation of option 1

Option 1 – Children



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What is option one for children ?

- Short Stay Paediatric Assessment Units (SSPAU) on both sites - 85% of children will be seen on the day and discharged through the SSPAUs which will be open 14 hours per day. What is SSPAU ??
- Inpatient Paediatric services will be at Cumberland Infirmary only – approx 1 child per day may transfer to CIC (the numbers will vary by season)
- There will be low acuity beds at West Cumberland Hospital for those children who need a bit longer for observation and who don't need In patient care
- There will be a Special Care Baby Units (SCBU) on both sites
- There will continue to be a need to transfer very sick children and babies to Newcastle as now
- Consultant Paediatricians will be on call at night – not on site
- We will have a dedicated ambulance vehicle (DAV) for paediatric transfers (and some maternity transfers if required)

Option 1 - Maternity

What is option one for maternity ?

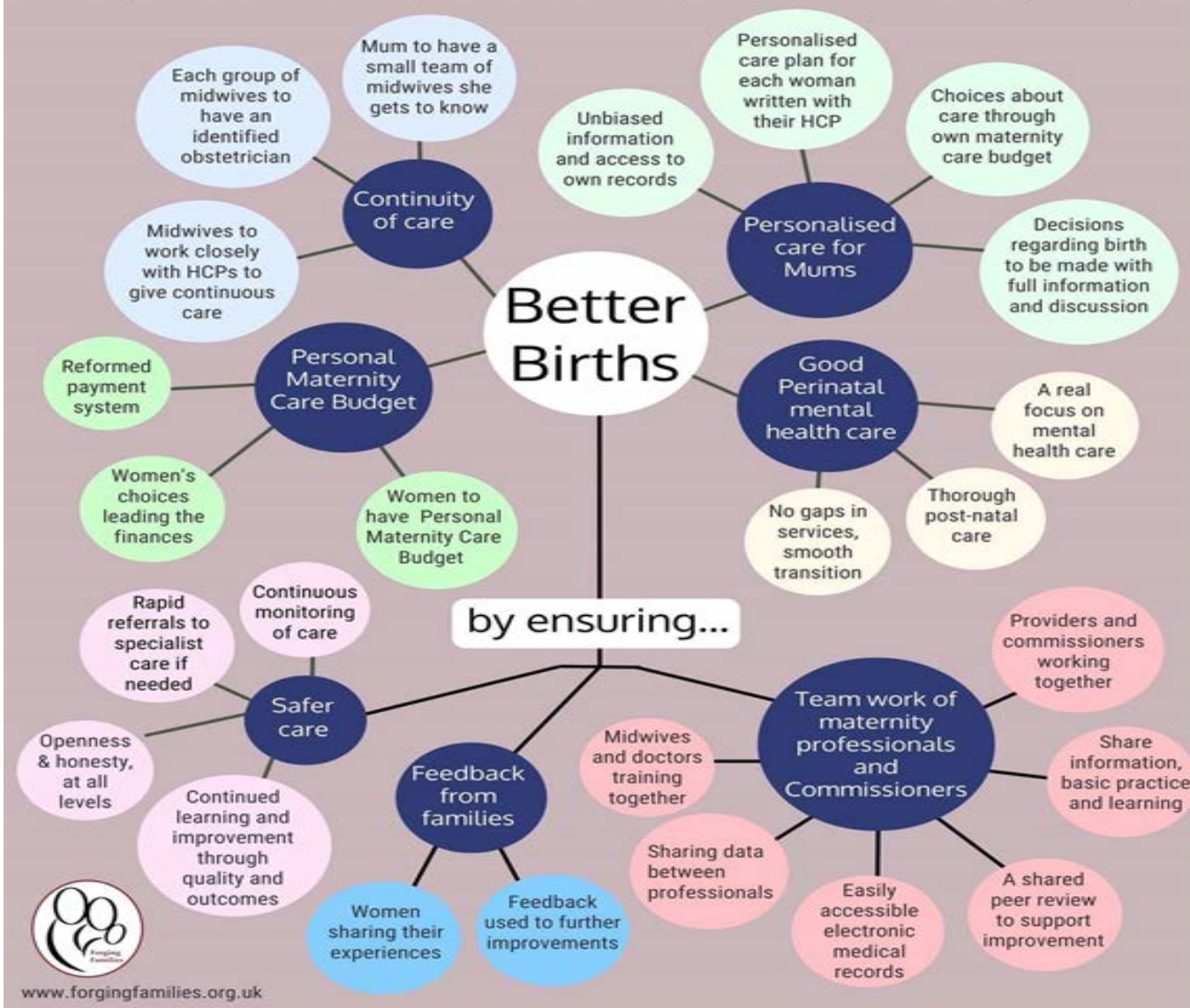
- To have Consultant Led Maternity Units on both sites
- 100 – 200 more complex births from West Cumbria will take place at CIC. This needs to happen where it is likely that the baby will need more intervention from a consultant paediatrician.
- This will all be complimented by the development of midwifery led care on both sites giving more choice of birth environment to local women

Challenges to delivery

- Recruitment - Anaesthetics, Obstetrics , Paediatrics , Midwives
- Working differently than now
- One team covering two sites – change in culture required
- Better links to the North East

'Better Births' and you

A quick guide for families, showing 'The National Maternity Review's' new plan to make maternity services safer, more personalised, kinder, professional and more family-friendly.



Maternity



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Progress to date:

- We have started to develop the idea of Alongside Midwifery Led Units (AMLU) on both sites.
- Phase one – further development of midwifery led care on both sites using designated rooms : Started at WCH in May , and CIC in July .
- Phase two – implementation of AMLU's on both sites .

Maternity



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Progress to date:

- Clinical and women's experience audits agreed with Maternity Voice Partnerships (MVP previously MSLC) for phase one.
- We have a date to start the development of the next part of the audit which is looking at what would have happened to women using the MLU if there was no CLU.
- Lots of input from MVP including visits to the units and involvement in design proposals.
- Staff engagement sessions will take place on ongoing basis .

Maternity Voices (MVP)

Planning for Implementation

Implementing Better Births: Maternity Voices Partnerships (MVP)

- Main areas of work presently:
 1. Ongoing service user feedback – gathered going out to existing user groups such as Tot Spot, Baby Café's, postnatal reunions and social media.
 2. Running a short survey on pregnancy Apps online, results will inform personalisation of care plans
 3. Seeking views on co-production & working together
 4. We are collecting user feedback on Community Hubs at MVP meetings, and face to face visiting groups

Implementing Better Births: Maternity Voices Partnerships (MVP)

Working together on design of Midwifery Led Care rooms. We want to create a less clinical, calm more home-like atmosphere helping Mum's & partners relax helps birth hormones to work effectively! Mum's (and a grandma) from West Cumbria Twin's and Multiples Group discussing Community Hubs



Implementing Better Births: Maternity Voices Partnerships (MVP)

This is the second Midwifery led care room (part of phase one) which service users have been working together with staff to design improvements



Maternity

How we are using feedback:



2.3.2 Quantitative findings

57% of respondents identified preferred options; over a third (37%) chose not to rank any options but added comments to explain why they did not agree with any of the proposed options; and 6% did not answer either part of the maternity services section (see Table 13).

Of those who expressed preferences, 85% of respondents selected maternity Option 1 as their preferred option (see Table 14). Maternity Option 2, the preferred option for the purpose of the consultation, was the second preference for most respondents.

Table 13: Preferences for maternity service options

Responses	Total (%)	Total (actual)	First preference expressed		
			Option 1	Option 2	Option 3
Number who expressed first preferences for the options	57%	2097	85% (1782)	11% (231)	4% (84)
Number who did not express preferences but commented on proposals	37%	1366			
Number who did not respond to the question	6%	234			
Total number of respondents	100 %	3596			

Table 14: Preferences for maternity options (by percentage of each preference)

Maternity services options	First preference	Second preference	Third preference
Option 1	85%	13%	5%
Option 2	11%	75%	7%
Option 3	4%	7%	88%
Total responses by preference	2097 (100%)	1479 (100%)	1463 (100%)

A similar pattern of preferences is shown when looking at responses examined by different demographic and lifestyle variables (see Table 15). When looking at responses from residents who live across West, North and East Cumbria, people from Copeland District have a stronger preference for Maternity Option 1 than residents from other areas. Since this is the only option which offers to maintain the current provision of a consultant-led maternity unit at West Cumberland Hospital in Whitehaven, which is located in the Copeland district area, this response is not unexpected.



Views collected by MVP on community hubs.

(January WCVoices fb discussion group comment) a Mum:

"1) I would love a community hub to be developed in my area. I think it would be most successful if coordinated and consulted through the teams based with community midwives, health visitors, NCT and MSLC.

3) Breastfeeding support (postnatal in the early weeks in particular), ultrasounds (for reduced travel to Whitehaven), play/activity area for my other small children so that the experience is more supportive of my needs.



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Services for children and Young people

The model

Building health with children and young people

Sam is a fictitious child or young person of any age, sex, ethnic origin with any condition or health need.

key

Vision

Goals

What children and families tell us they want

Essential foundations and partnerships

Working with children, young people, families and communities to help children and young people have a healthy future and ensuring access to local, high quality, safe and sustainable services

Our health care services will ensure:

Children who need healthcare will be seen by the right person quickly

Children can get care as locally as possible using hospitals as little as possible

Children, young people and their families will have as good an experience as possible

Health care professionals will work together across the health system

As young people reach adulthood their health needs will be met in a planned and safe way

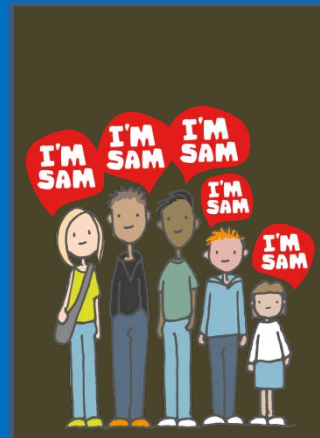
Personalised care and seeing familiar faces so that we can build trust – not different doctors and nurses every time.

Faster access to see a GP, a hospital appointment or to see someone if we come to A&E.

Only having to travel to hospital when this is necessary with as much of our aftercare provided close to home.

Waiting areas, treatment rooms and wards that are child and family friendly and where we feel comfortable.

Staff who are competent and skilled in caring for children and who can put them and their parents/carers at ease.



Good communication at all times. Staff using words that we understand and being honest with us if something has gone wrong.

Accepting that for more serious problems we may need to travel to see specialist consultant.

Feel listened to and involved in care decisions.

Staff in different organisations working better together to give us joined up care, including when our children move into adult services.

We will work with families and wider communities to:

Support families to keep healthy

Support families to manage when children are ill

Support families and young people to be healthy and resilient

Work across organisational boundaries to meet the needs of children, young people and their families

Effective partnerships that provide children and young people with;

A high quality education

A safe environment to live and grow up in

Better health outcomes for children and young people

Emotional resilience and wellbeing

Here are the themes from the engagement (via Cumbria Youth Alliance) linking to Sam's House.

- Staff able to communicate with children and young people
- Child friendly waiting areas
- Faster access to GP, A&E and hospital consultants
- Personalised care – not seeing lots of different people
- Feel listened to and involved in own decisions
- Care as close to home as possible
- Staff are skilled to work with children, young people and families
- Joined up care with staff working across organisations
- Accept that for more serious problems may have to travel

Children's Stories

We are working with children, young people and their families to collect a range of patient stories using the six patient segments. Recent stories include:

- 8 year old girl with asthma
- 20 year old male with asthma
- 3 year old girl with complex health needs
- 19 year old female with rheumatology condition
- 4 year old girl with meningococcal septicaemia

The purpose of the patient stories is to learn from the experiences of children and young people who have a range of health needs

Healthy Child

Vulnerable child with social needs

Child with single long-term conditions

Child with complex health needs

Acutely mild-to-moderately unwell child

Acutely severely unwell child

Paediatrics



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Progress to date:

Developing the Short Stay Paediatric Assessment Units (SSPAU)

- Current clinical assessment processes on both sites have been mapped
- Clinical workshops to define how the SSPAU will work in line with Royal College of Paediatrics and Child Health standards on both sites – this work will continue for some time
- Children's story work underway to add to voice of service user as we change services
- Research to identify written protocols in other trusts about emergency response where no Paediatric Doctors are physically on site out of hours
- Reviewing environment at WCH and CIC giving SSPAU own defined area

Paediatrics

Progress to date:

Workforce

- Detailed work taken place to improve recruitment of paediatric staff – new pack and job description will be shared for comment and will go on line next week
- Development of nurse practitioners – 2 current and 2 applied for training
- Possible development with UCLAN which will provide a research base for our remote model and aid recruitment.

ICCs

- Discussion with ICCs re Consultant / GP and Multi Disciplinary team clinics - pilot in Brampton underway – other pilots under discussion in Workington and Penrith