Transforming Midwifery Care
in Shropshire, Telford & Wrekin

Midwifery Led Service Review in Shropshire, Telford and Wrekin

Draft pre-consultation engagement report (2017 – June 2019)

1. Introduction

This document summarises the engagement that has been carried out since 2017 around the proposed reconfiguration of midwifery led maternity services in Shropshire and Telford and Wrekin until early June 2019. It details how we have developed our proposed model and our consultation based on feedback from stakeholders, patients their families and carers, members of the public, clinicians and GPs.

Led by the Midwife Led Unit Review Programme Board, as well as women and their families, a range of key professionals have been well engaged throughout the review, including:

- Senior midwifery and obstetric staff
- Front line midwifery staff
- CCG commissioners
- Public Health commissioners
- Healthwatch

Our proposed model has been developed by co-production with both clinicians and local women and their families. We have also engaged with women belonging to one or more of the nine protected characteristics and have ensured that their views have been taken into account.

We have spoken to national clinical experts and have reviewed clinical models in other areas so that we can learn from best practice and what is working well and what isn't working so well in other midwifery led services.

Full details of the engagement with our different stakeholder groups are outlined below. This includes the feedback they have given and how this has influenced the development of our proposed model.

2. Stakeholder engagement

2.1 Engagement with national bodies, organisations and individuals

We have sought the views of a number of national organisations and individuals from outside Shropshire and have incorporated their feedback in the development of our proposals. This has included NHS England through its assurance process as well as Baroness Cumberlege, the peer who led on Better Births and who has visited the county on a couple of occasions to discuss maternity services. Professor Denis Walsh, Associate Professor in Midwifery at the University of Nottingham and expert midwife, Sascha Wells Munro, have also provided very helpful information in relation to research findings and national best practice.

We have received various communications from the Midwifery Unit Network, including letters, freedom of information requests and telephone conversations have also taken place with the Executive Manager of the Network.

We have also considered the findings of the Royal College of Obstetricians and Gynaecologists' review in developing our proposed service model:

https://www.sath.nhs.uk/wp-content/uploads/2018/07/12-RCOG-Report.pdf

In addition, the Acting Assistant Director of Nursing NHS England, North Midlands sits on the Midwife-led Unit Review Programme Board. More details of these meetings, conversations and correspondence, including any feedback given and how we have used this feedback, can be found in Appendix 1.

Details of our engagement with national charities can be found in section 2.8 and Appendix 8 below.

2.2 Engagement with neighbouring NHS organisations

Providers and commissioners of maternity services in neighbouring areas, particularly in Wales and Worcestershire, have been engaged during the pre-consultation phase to hear their views about our proposed model and also to review how services are delivered in their areas. Please see Appendix 2 for more information about the engagement that has taken place.

2.3 Engagement with clinicians

Significant engagement has taken place with clinicians locally to develop the proposed clinical model. This has included GPs, midwives (including expert midwives), women's support assistants, obstetricians, neonatal nurses and consultants and healthcare assistants. Clinicians from different clinical backgrounds took part in the engagement delivered by external organisation, the ELC Programme, in 2017. A broad mix of clinicians based in different parts of the county have also been involved in a number of stakeholder meetings and workshops, including the options appraisal workshops.

Clinicians including GPs and secondary care clinicians have also been involved due to their membership of the CCG governing bodies and also the Midwife-led Unit Review Programme Board. The following staff have attended and have provided feedback at the programme board meetings:

- Senior midwifery, neonatal and obstetric staff from The Shrewsbury and Telford Hospital Trust
- Heads of Nursing and Clinical Chairs at Shropshire and Telford and Wrekin CCGs
- Frontline midwifery staff
- Health visiting staff
- Network Manager/Lead Nurse Staffordshire, Shropshire & Black Country Neonatal Operational Delivery Network
- Acting Assistant Director of Nursing NHS England, North Midlands

At the outset of the review, the CCGs approached NHS England for recommendations of expert midwives who have experience of best practice nationally and would be able to inform thinking as a new model is developed. As a result of this an expert midwife was appointed to provide specialist midwifery insight at every stage of the development of the model. In addition, discussions took place with midwifery leaders in other areas, to understand the range of models of midwifery led care successfully operating in other areas.

A clinical review panel (West Midlands Strategic Clinical Senate) considered the proposals at a Clinical Senate on 28th March 2018 (Stage 1) and 4th June 2018 (Stage 2.) The findings of the clinical review panel are provided below. The full report can be found here: http://www.wmscnsenate.nhs.uk/files/8615/3553/8048/Shropshire_Midwifery_Led_Unit_Report_-_Final.pdf

> *"The panel concluded clearly that the proposals were with merit, and supported their implementation, with a range of observations and further consideration …. [The panel] believe that, once appropriately implemented, the proposals will contribute to the provision of safe, effective and sustainable care for expectant mothers, their babies and their families across Shropshire and beyond."*

More details about the involvement of clinicians in the review process and the development of the proposed clinical model can be found in Appendix 3.

2.4 Engagement with non-clinical staff

Staff working in our two local clinical commissioning groups, Shropshire CCG and Telford and Wrekin CCG, and our local provider organisations, including the Shrewsbury and Telford Hospital NHS Trust, have regularly been kept up-to-date about the midwife-led unit review through the organisations' normal communications channels such as e-newsletters and face-to-face staff briefings.

Regular updates have also been given at Board meetings where directors and other members of staff have been present. Some non-clinical staff have also taken part in the engagement work that has taken place with staff working in or associated with the midwife-led units. Commissioners of maternity services, communications and engagement staff, the local maternity system programme lead, the Maternity Voices Partnership development co-ordinator and a project support officer are all involved in the Midwife-led Review Programme Board. More information about engagement with non-clinical staff can be found in Appendix 4.

2.5 Engagement with Politicians/MPs

Our local MPs in Shropshire and Telford and Wrekin are:

- Shrewsbury and Atcham – Daniel Kawczynski

- North Shropshire – Owen Paterson
- Ludlow – Philip Dunne
- The Wrekin – Mark Pritchard
- Telford – Lucy Allen

Regular meetings take place with the accountable officers of the two CCGs in Shropshire Telford and Wrekin and local MPs to update them on the work of the CCGs and any projects of interest. This has included discussions about local maternity services including midwife-led services. The clinical chair of the Local Maternity System (LMS) has also attended meetings to discuss the midwife-led service review with MPs and has had a separate meeting with Philip Dunne in his Ludlow constituency. However, as no record of discussions at these meetings is kept, we are unable to provide further details on any feedback given and how this has influenced our proposals.

A written briefing was circulated to all MPs in November/December 2017, which talked about the outcomes from the engagement work and also the next steps.

In addition, the programme manager has attended a number of Oswestry Health Group meetings, chaired by Owen Paterson, to discuss the review.

2.6 Engagement with Councils

Joint Health Overview and Scrutiny Committee and Health and Wellbeing Board meetings at our two local authorities in Shropshire and Telford and Wrekin have been regularly attended to discuss the midwife-led service review. In addition, members from these bodies and representatives from the Public Health teams at the two councils have been involved in a number of meetings and workshops, including the options appraisal workshops. Public health representatives from both Shropshire Council and Telford and Wrekin Council are members of the Midwife-led Unit Review Programme Board and they are able to give any feedback they have at these meetings. Public health representatives have also participated in CCG board meetings. More details of engagement with our two local councils can be found in Appendix 6.

2.7 Engagement with Healthwatch

We have two local Healthwatch organisations – Healthwatch Shropshire and Healthwatch Telford and Wrekin. Representatives from both organisations have regularly been invited to stakeholder meetings and workshops and they have participated in the options appraisal process. They have also been involved through their participation in local authority meetings including Health Overview and Scrutiny Committee and Health and Wellbeing Board meetings.

Both Healthwatch organisations have also had representation on the Patient Reading Group. The purpose of the group is to provide a patient and public perspective on the development of the consultation plan and the materials to ensure that all relevant groups are being communicated and engaged with and that the language used in all communications is easy to understand.

Healthwatch Shropshire and Healthwatch Telford and Wrekin are both members on the Midwife-led Review Programme Board and their views have been included in the process by attendance at these regular meetings.

A letter submitted by Healthwatch Shropshire in December 2017 highlighted the following concerns:

- Reduction of inpatient postnatal care
- Safety of home birth service and availability of midwives
- Lack of parity of services in the north-east of the county

2.8 Engagement with the voluntary and community sectors

Local voluntary and community organisations from Shropshire and Telford and Wrekin have been updated and had an opportunity to give feedback on the review of midwife-led services through their involvement in a number of meetings and at workshops and events. This has included the Joint Health Overview and Scrutiny Committee for both councils and the Health and Wellbeing Board at Shropshire Council and Telford and Wrekin Council. Representatives have included the following organisations: Shropshire Partners in Care, Age UK, the Shropshire Voluntary and Community Sector Assembly (VCSA) and the Chief Officer Group for voluntary sector organisations in Telford and Wrekin.

In December 2017, Birthrights, a national charity “dedicated to improving women’s experience of pregnancy and childbirth by promoting respect for human rights” expressed some concerns about the midwife-led unit review to Shropshire CCG:

- Safety and increase in anxiety for women who have to travel further in labour and to unfamiliar surroundings
- Local hubs not offering births or immediate postpartum facilities
- Removal of patient choice
- Delays in midwives attending home births
- Weak commitment to MLU births

In December 2017, AIMS (Association for Improvements in the Maternity Services) wrote to key professionals in Shropshire, Telford and Wrekin asking for a case for change for rural midwife led units to be considered.

2.9 Engagement with patients

Local patients and the public have been fully involved in the review of midwife-led services in Shropshire, Telford and Wrekin since it started in 2017. An external company, The ELC Programme, which specialises in delivering engagement activities, was commissioned to obtain the views of pregnant women, women who have recently given birth and their partners from across the county. Much of the feedback from women living in rural and urban areas about what they value is very similar, for example:

- Postnatal care, particularly inpatient care in MLUs
- Continuity of carer
- Making friends with other mums

Women in rural areas, in particular, expressed concern about travelling while in labour, deliveries before arrival and also travelling back home again if they were advised that they weren't yet close to giving birth.

The primary target audience for our engagement work has been women of childbearing age (16-44), women who have recently given birth and their partners and families. However, other people not belonging to one of these groups have also had an opportunity to have their say through a number of meetings, workshops (including in relation to the options appraisal) and events and through written correspondence. Members of the public have also been able to ask questions and raise concerns at public CCG board meetings.

Other concerns expressed by members of the public included having enough midwives to cover home births, the increased risk for mothers and babies, the capacity of other maternity services, increased pressure on the ambulance service and the quality of the service.

We also completed a specific piece of pre-consultation engagement work with people belonging to one or more of the nine protected characteristics under the Equality Act 2010.

Outcomes of the pre-consultation engagement with seldom heard groups are included within a separate report.

Women of child-bearing age and/or women who have recently given birth from across the county have also been involved in the options appraisal process and in the Patient Reading Group. The purpose of this group is to provide a patient and public perspective on the development of the consultation plan and the materials to ensure that all relevant groups are being communicated and engaged with and that the language used in all communications is easy to understand.

We also had a patient representative on the Midwife-led Review Programme Board.

A summary of the feedback received through all of these methods is outlined in the table in Appendix 9.

In addition to the new information gathered, the following sources of existing patient feedback have been used to inform the proposed new model of care:

- Shropshire maternity services usage – survey by MLU campaign group (2017) (Analysis of results by campaign group and analysis of results by Healthwatch Shropshire have been used)
- Feedback from patients received by SaTH
- Feedback from patients received by Healthwatch Shropshire October 2016-May 2017
- Feedback from patients received by Healthwatch Telford & Wrekin July 2016-June 2017
- CQC survey of women's experiences of maternity services at SaTH (2015)

The majority of feedback received from patients in relation to MLUs has been positive.

In feedback to Healthwatch, women and their partners report positively in particular with regards to support provided postnatally with breastfeeding, confidence building and emotional support. Other positive feedback is in relation to the fact that services are close to home, women know the midwives and the environment in midwife led units is welcoming and relaxing. The negative comments received included those in relation to reduced access to services at midwife led units due to staff shortages and refurbishments.

The Shropshire maternity services usage survey identified that distance from home and continuity of carer are very important to women when choosing where to give birth. Women identified in-patient postnatal care as being very important to them in the Shropshire maternity services usage survey, with the top three reasons for women wanting a postnatal stay being; rest and recuperation, in order to establish breastfeeding and help and support to care for the new baby.

The results of the CQC survey about the whole of maternity services show that SaTH perform about the same or better than other trusts surveyed in relation to how positive patients reported about the service received, with most areas showing no statistically significant change in response compared to the same survey undertaken in 2013.

2.10 General stakeholder engagement

Many of the workshops and events organised as part of the review of midwife-led services in Shropshire, Telford and Wrekin have brought different stakeholders together, including patients and the public, clinicians and other stakeholders. It has therefore not always been possible to attribute specific feedback to specific groups attending these workshops and events although we have endeavoured to do so wherever possible. These have been highlighted in the tables relating to the different stakeholder groups above.

A launch event for the midwife-led service review took place on 7th September 2017. This table summarises key elements of improvement feedback and responses:

You said	We did
Maximise best practice where it already exists	Once the service model is better defined, we will undertake reviews to identify best practice to build on
FNP should be within health visiting service. They are not a specialist midwife.	Once this part of the review is completed, we will revisit the need to engage with health visitors. The report and slides will be amended to recognise this error
Social care needs to be involved in this	The commissioning team will make links with social care
Expand the breadth of participation	The engagement team will revisit novel ways to

	engage with the stakeholders within the maternity community
Quieten loud voices in the room	Lead facilitators and table top facilitators will ensure that participants are reminded of the understandings and manage participation so everyone feels they are heard
Noise impacts on some peoples' concentration	This will be recognised upfront so people expect noise from children in the room and agree to work with it

Following the launch event, a series of co-design workshops were organised at which women and their families, professionals and others with an interest in midwife-led units came together to discuss what the future model of midwife led-services may look like. The ideas described below were generated at a series of co-design workshops held across the county in September/October 2017. The table below summarises the locations and attendance for each co-design workshop:

Co design workshops	
Venue	**Attendance**
5/10/17 Shrewsbury (day time)	26
14/9/17 Oswestry	30
18/9/17 Ludlow	28
20/9/17 Bridgnorth	22
5/10/17 Shrewsbury (evening)	6
25/9/17 Telford	12
22/9/17 Market Drayton	7
Additional session Shrewsbury (evening)	1

The shared ambition developed through the co-design workshops responded to and built on the insights generated from in depth interviews and semi-structured feedback provided by over 100 families and over 80 frontline staff – mainly midwives and women's care support assistants in July 2017. The key elements of the shared ambition developed through the co-design workshops are described below.

The importance of healing history

Participants recognised that there has been a difficult shared history over the last few months, with significant loss of trust in the "system". There was a need to regain trust and start being respectful towards each other. All stakeholders agreed that it was time to heal recent history and move forward positively and together for the sake of the future maternity service and so that this shared ambition can be fully realised.

Overarching principles

Participants identified seven overarching principles for the service model that were especially important. They were:

- Safe births
- Equality and sustainability across the county
- Everyone being treated with respect and as an equal
- Family and community-centred care
- A more social and less medical model of care
- Partnership-working
- Maternity staff being fully involved in care model development

Specific elements of the care model

There was great synergy across all workshops, which suggests that the elements described here are the main ones to focus on. They also closely align with the insights generated from the previous engagement work.

Participants at the co-design workshops wanted both families and maternity staff to have a positive experience and be safe throughout their respective journeys. They described key elements of the care model that the community values most, and that any future midwife-led service design needs to incorporate. They said we want:

- Midwife-led care to support families to thrive
- Midwife-led care that is relationship-centred and builds community
- Midwife-led care responds to a 'family centred plan'

- Midwife-led care responds proactively and equally to physical and mental health issues
- Midwife-led care is provided in the heart of the community
- Support early in pregnancy
- Great perinatal mental health support
- Review risk classifications and management of high risk women
- A safe, familiar place to give birth
- Great postnatal care for everyone
- Well supported, trained staff; new workforce models
- Improved communication and joint working
- A model built on evidence and best practice
- New outcomes and measures of impact

More detailed feedback from these co-design workshops, and the engagement with staff and patients that preceded them, can be found at: https://www.shropshireccg.nhs.uk/media/1059/final-insight-report.pdf

From the various workshops and interviews that took place in 2017, led by ELC Works, the characteristics that participants felt make up good maternity care in Shropshire, Telford and Wrekin were presented as fifteen design principles below:

1. The system focus is towards becoming a family, with great antenatal and postnatal care valued alongside safe births
2. Staff understanding of the impact of unexpected things on women early in pregnancy and of miscarriage should be an always event
3. Relationship centred system design including continuity of care and supporting midwives to work in small teams is a really valuable aspect of our current maternity service that this maternity system needs to preserve
4. Our maternity service needs GPs to feel interested and involved in supporting ladies who are pregnant
5. Consultants and families sharing decisions about birth and feeling able to have positive and sometimes challenging conversations about the risks and birth options is a good thing
6. A good personalised approach to care planning includes a flexible birth plan that covers antenatal, and postnatal care and recognises that unexpected things are very likely to happen to most families at some point in their journey so that families are open to discussions about different options when things change
7. Because of the rural nature of this community, having local routine care and local contingencies in place to deal with maternity emergencies safely across Shropshire, Telford and Wrekin is critical to great maternity service

8. Really responsive triage that provides quick, effective, personalised reassurance when unexpected things happen and that supports women to judge their progress in labour as accurately as possible so they get to their chosen birth place in time are vital design features of our maternity triage service – especially in rural localities
9. Having flexible antenatal appointments close to home, with time for discussion, good explanations and the chance to meet mums with a similar birth dates is key to a good antenatal experience
10. Good, safe birth experiences in Shropshire Telford and Wrekin need to be preserved
11. Good postnatal care really matters. Even though most of the benefits are realised in other parts of the NHS system, because it helps build the foundation for happy, healthy families from the start, investment in great postnatal care that delivers the following benefits is really important for community resilience:
    - Really good support with breastfeeding
    - Having a safe space and support to reflect on and process the birth experience – especially when it has been traumatic for the mind and body e.g. an emergency caesarean or other difficult birth issues
    - Supporting bonding and connection with mum and the rest of the immediate family (partner and other children)
    - Transitioning to parenthood with confidence
    - Meeting and connecting with other women who often become life-long friends and a source of ongoing support
    - Design needs to recognise that good postnatal care is even more important after a highly medicalised or traumatic birth – especially one that involves surgical intervention or physical injury.
12. The design of all routine antenatal and postnatal maternity care and environments, including wards, should support mums to interact, meet and make friends with others who have children of the same or similar birth date.
13. How midwives and the maternity workforce feels really matters. The design of the maternity system needs to let midwives feel in control again, and involve staff in decisions, the planning and improvement of maternity care in Shropshire, Telford and Wrekin.
14. We very quickly need to design services and different ways of working that restore maternity staff resilience in Shropshire, Telford and Wrekin.
15. Maternity money flows, tariffs and outcome measures should all align better with what matters and support the creation of healthy, happy families alongside delivering babies so that other parts of the maternity journey are valued too. We need to measure different things within our maternity service in different ways, and in particular measure the things that staff and families have told us matter to them in these insights.

These design principles have been used to build the proposed future model for midwife-led services in Shropshire, Telford and Wrekin.

Appendices

Appendix 1

Engagement with national bodies, organisations and individuals

Name/type of meeting	Date	Location	Attendees	Summary of feedback	How did feedback influence the proposals or the process?
Telephone conversation and emails with Professor Denis Walsh, Associate Professor in Midwifery, School of Health Sciences, University of Nottingham	July 2017-February 2018	N/A	Dr Dennis Welsh/Fiona Ellis	The more viable smaller units work well as they are used for other purposes such as clinics, education etc and then opened up for births as required – achieved through caseloading/on-call arrangements. Few and increasingly fewer FMUs have postnatal inpatient facilities. Awareness-raising/constant engagement with women and their families about what FMUs are and what they can deliver is key in getting them used as much as possible.	Awareness-raising and constant engagement with women about midwife-led birth options will be delivered in the new model in partnership with the Maternity Voices Partnership. This work has already started through the Local Maternity System. The options appraisal process included service configurations in which the proposed maternity hubs would offer births on an 'on call basis'. Travel times and access implications have

				The vast majority of FMUs have midwives and MSWs, smaller FMUs (<100 births/year) more likely to have community midwives who go with women into the FMU for labour so don't have core midwifery staff in FMU +/- MSW as core staff in FMU. Suggest you contact Portsmouth who have this model. Best functioning AMUs always have core staff and some have slow rotation of Obstetric Units midwives through. Within 30 minutes travel time is more common for women to access MLUs or locations where additional clinics are delivered. Assume that all women will have a midwife led birth unless they 'opt out.' Have a target for midwife-led unit and homebirths. 35% of all births should be an aspiration	been taken account of through the options appraisal process, including through and access impact assessment. The proposed new model of care includes a midwife-led birth as the 'default' position unless there is a clinical reason or other reason why this is not appropriate for/preferred by a woman accessing maternity services. We have considered other models operating elsewhere, including Portsmouth. A target for increasing midwife led births is included within the Local Maternity System programme. Through increasing the health of women in pregnancy and

				and 30% achievable in the medium term. Have AMU immediately adjacent to CLU. Give it some core midwifery staff, with clinical lead who is not line managed by the labour ward. Staff it from community as well, caseload if you can or failing that, regular weekly shifts. Don't staff it with labour ward midwives. Delay decision about place of birth but flag it up at booking with a recommendation if low risk so women are introduced to the idea. Try and get women to visit the midwife-led units during pregnancy. The following are important: - Full choice of options available - Pathway of low risk - Continuity	improving the sustainability and attractiveness of midwife led units, the proposed model of care will increase midwife led births. The proposals include the need for the alongside MLU to be immediately adjacent to the consultant unit. This will be delivered through 'Future Fit'. The midwife-led units will have core staffing, linked to the consultant unit and community teams in order to deliver continuity of carer. Pathways have been changed so that the decision about place of birth is not made until later in pregnancy. A full choice of birth options has been retained. Low risk pathway is the 'default' in

				Particularly for first time mums, continuity of carer in home visits postnatally is really important. There is a trend for shorter and shorter inpatient postnatal stays. Every Trust in England should have an FMU and an AMU. In our report we are not commenting specifically on how many FMUs a Trust should have.	the proposed new model. The proposed staffing model will deliver continuity of carer.
Letter to Dr Simon Freeman (Accountable Officer, Shropshire CCG) from Midwifery Unit Network	7 December 2017	N/A	Mary Newburn, Executive Manager	Concern about closure of MLUs in Ludlow, Bridgnorth and Oswestry. Dismayed and perplexed by data showing that births in MLUs in Shrewsbury and Telford have been declining. Suggests lack of clinical leadership for maternity services and either ignorance of evidence or lack of commitment to provide evidence-based services. This works against the expressed needs of women and families.	No decision has been made on the future model of midwifery led care. The decision to carry out a review of the midwifery led services was taken after our local Trust provider, NHS Shrewsbury and Telford Hospital Trust, raised concerns about staff levels stretched across multiple sites. Our proposals will enable woman-centred, responsive,

				Maternity services must be managed so they are woman-centred, responsive, safe and personalised in line with national maternity policy, clinical guidance from NICE and the recommendations of the NMPA.	safe and personalised care to be delivered in line with national maternity policy, clinical guidance from NICE on choice of place of birth for women (CG190), and the recommendations of the NMPA. This is an evidence-based review, which has also been supported by an expert midwife specialist recommended to us by NHS England. The proposed new service model for midwifery led care will meet the needs of the population of Shropshire, Telford and Wrekin including rural communities and will fulfil the requirements of Better Births. Our service model proposes to retain a full choice of

					birth setting as defined in Better Births (Consultant led unit, alongside MLU, freestanding MLU and home birth) and this is currently only offered in 22% of trusts and boards (as reported by NMPA 2017).
Freedom of Information Requests from Midwifery Unit Network	January - February 2018	N/A	Mary Newburn, Executive Manager	Asked for copy of review carried out by midwifery expert and person specification for this role including their knowledge of rural maternity services and FMUs. Asked for detailed information on advice sought from "nationally recognised and respected associate professor of midwifery" and his response. How many women gave birth in 2013/14/15/16 and 17 who were registered with a GP in and around Ludlow, Oswestry, Bridgnorth, Shrewsbury and Telford? How many of these women, in each year and place, were assessed as having a straightforward pregnancy with	Detailed feedback provided as requested.

				low likelihood of complications?	
Email to Dr Simon Freeman (Accountable Officer, Shropshire CCG) from Midwifery Unit Network	10 February 2018	N/A	Mary Newbury, Executive Manager	Commendable plans to address expressed needs of women by providing services close to home, including realistic access to home birth services across the county, better cross-boundary working and access to services in Wrexham, Stoke and Hereford, as women prefer or need them. An increase in home births will of course require the midwife capacity and responsive on-call system to make this possible. Not clear, based on recent trends in Shropshire, how the proportion of women giving birth in midwifery-led settings will improve and at what price. ***'Increasing access to midwife-led birth settings is a national priority'.*** Concern about lack of investment in facilities and staffing for midwifery birthing services. Misguided to consider closing FMUs: evidence shows excellent outcomes for mothers and babies.	In our LMS plan, we have set a target to increase midwife led births to 25% by 2021, and plan to further increase to beyond 30% in the years following. We have taken the decision to set realistic and achievable targets, and to reset them as we achieve them. Whilst not specifically detailed in the model overview, Denis Walsh's advice regarding postnatal support and promotion of MLUs would be expected to form part of the service delivery plan from the provider and will be included once this more detailed service model is in place. The proposed model will increase midwife led births and "create and support the community to promote a positive narrative around MLU births."

				Evidence suggests it would be in the public interest and financially viable to run a midwifery birthing facility from each of the five sites. Take up of home births and MLU care is affected by the information women are given and by support from commissioners and midwifery leadership. Decline in MLU births may reflect management issues and a lack of corporate confidence in delivering for safety and quality in MLUs.	We are confident that these measures will help us meet and exceed our targets for midwife led deliveries,and reflect what we heard during our extensive engagement programme. We are also confident that by creating a model which is sustainable and deliverable, we will be able to improve confidence in the reliability of the service, which should further lead to increased usage.
Telephone conversation with Midwifery Unit Network	9 March 2018	N/A	Mary Newbury, Executive Manager Fiona Ellis, Programme Manager	Sad that we're seen to be 'closing' MLUs but understands how our proposals are a positive move forward in providing, sustainable, reliable services close to home that offer everything that Better Births suggests we do.	Birth facilities in hubs were considered during the options appraisal process. Delivery of Better Births objectives was a criterion in the options appraisal process.
NHS England visit – Baroness Cumberlege, Independent Chair, National Maternity	26 March 2018	Shrewsbury	Baroness Cumberlege NHS England	Feedback from Baroness Cumberlege - Concerns raised about:	

Review			Women who have used services Campaigners Healthwatch Midwives SaTH Chief Exec, Director of Nursing, Head of Midwifery and Clinical Director for Maternity T&W CCG AO and Executive Nurse Shrops CCG AO and Director of Nursing Shropshire CCG, Clinical lead for MLU Review LMS Programme Manager	Not clear how the proposed model will address the financial challenges. Unclear how continuity of carer would be achieved within the proposed model. On-demand staffing model for midwifery led births	This process has been driven by clinical sustainability and gaining the best possible outcomes for mothers and their babies and not by finance. Once our future model has been agreed, following consultation with our population, we will be ensuring our workforce is aligned to deliver continuity of care. This has been explored, however, having considered how such a model works in other areas and our local geography, demographics and demand, it was concluded that it is not appropriate for birth provision to be included in the maternity hubs.
NHS England Sense Check	18 October 2018	Rugeley	Representatives from:	Describe the hub model and the wider service offer to women	All of the feedback will be addressed in the Pre-

			NHS England Shropshire CCG Telford and Wrekin CCG Shrewsbury and Telford Hospital NHS Trust	and families clearly. Evidence the choice of location of the community hubs and their purpose as opposed to the current provision. Clarify the change in the resource base and that the envisaged service model is deliverable within the proposed resource envelope. Clearly demonstrate that there is sufficient bed capacity to manage birth through the revised clinical model. Clearly set out the current and future workforce assumptions and how these will improve the current workforce inequalities. Be clear on what is being consulted on, recognising the nature and type of locally accessible services that will be offered to women and families. Show examples of how engagement has shaped your	consultation business case.

				proposals. Consider the views of wider stakeholders and how the voluntary sector can contribute. Ensure local GPs have been involved in shaping the proposed model and the level of their support, in particular those practices close to the current midwifery led units. Demonstrate how patient choice has helped influence the development of the proposals. Financial information needs to be clear and consistent, comparing current cost with the cost of the proposed service on a like for like basis. Need to clearly articulate the level of funding through tariff and the system opportunity saving and a clear commitment for the system to fund the new model of care. The financial model needs to better articulate the overall cost/ benefit from the commissioner view in terms of	

				the investment maintained and the services offered or indeed improved within the financial envelope. Describe the impact on travel times for patients and families including the options on alternative transport opportunities and any potential mitigations. Demonstrate how engagement with the nine protected characteristics has shaped the proposals. Describe the impact (if any) on the other services run from the MLU sites. Clearly articulate the impact on **all** providers, including the impact on both the workforce and other services that will remain with the providers. Identify further actions to mitigate these impacts.	
NHS England visit – Baroness Cumberlege,	5 February 2019	Telford	Representatives from:	How does the proposed model meet the	The proposed new model includes more effective

Independent Chair, National Maternity Review			NHS England Shropshire, Telford and Wrekin STP Shropshire, Telford and Wrekin LMS Shropshire CCG Telford and Wrekin CCG Shrewsbury and Telford Hospitals NHS Trust	aspirations of women and make the best use of funds and assets? How will the model enable women to have continuity of carer?	deployment of staff in line with demand. It includes an increased skills mix, and more Maternity Support Workers providing a broad range of care, support and advice for women. This will enable midwives to focus on the care that requires their expertise. The CCGs will continue to pay the nationally set tariff and will endeavor to make sure that this model improves both financial and workforce efficiency for the whole system. The staffing ratios included for the community midwifery team in the proposed new model are in line with continuity of carer guidance and good practice. The Shropshire, Telford & Wrekin LMS has secured additional funding to support the continuity of carer agenda

				How have options including birthing facilities at the hubs been considered?	and is working in partnership with North West London LMS to increase the pace and scale of implementation. From the outset, as part of the research element of this review, a broad range of models of midwifery led care were explored, including 'open on demand' models. The Powys and Cheshire and Merseyside models were included amongst others in this research.
Telephone conversation with expert midwife (NHSE/NHSI) Sascha Wells Munro	11th April 2019	N/A	Fiona Ellis/Sascha Wells-Munro	Supportive of model and confirmed it is in line with good practice. Other feedback: Band 2 and 3 staff in the hubs should have a first on call midwife to contact in an emergency. Need clear boundaries about the length of time women can	We will ensure this is built in to the pathways. Agreed.

				stay in an MLU/hub after birth. The postnatal pathway needs to be clearly described to show what services will be available.	We will make sure that the postnatal pathway is clear at the point we go out to consultation in order to give women and their families clear information with regards to what will be on offer.

Transforming Midwifery Care
in Shropshire, Telford & Wrekin

Appendix 2

Engagement with NHS organisations in neighbouring areas

Name/type of meeting	Date	Location	Attendees	Summary of feedback	How did feedback influence the proposals or the process?
Betsi Cadwaladr University Health Board, Wrexham	10th November 2017	Wrexham	Fiona Ellis and Fiona Giroud, Director of Midwifery and Women's Services, Betsi Cadwaladr University Health Board	Need to ensure that we understand the impact any potential service changes may have on the number of Shropshire women accessing maternity services at Wrexham Maelor Hospital. Need to strengthen pathways between Shropshire maternity services and Wrexham maternity services in order to make it easier for staff working in Shropshire and Wrexham maternity services as well as for Shropshire women accessing services in Wrexham.	Activity levels and potential changes have been explored and are not considered to be likely to impact significantly on Wrexham maternity services. The importance of clear pathways with other areas is acknowledged in the proposed service model.
Betsi Cadwaladr University Health Board, Wrexham	November 2017 – February 2019	N/A	Fiona Ellis and Fiona Giroud, Director of Midwifery and Women's Services, Betsi Cadwaladr University Health	Concern about increase in activity due to closure of Oswestry MLU.	An increase in capacity is not reflected in the data received by Shropshire CCG. Potential data quality issues need to be resolved.

Various telephone conversations			Board		Meeting to discuss to be organised. When the consultant-led unit moves to Shrewsbury, there may be a decrease in women going to Wrexham.
Worcestershire Acute Hospitals NHS Trust – Visit to Meadows MLU	13th June 2017	Worcester	Cathy Garlick, Worcester Acute Trust Divisional Director of Operations/Fay Baillie, Worcestershire Acute Trust Divisional Director of Nursing and Midwifery/Fiona Ellis	Discussion around staffing models that could be considered and facilities that could be available.	Consideration of Worcester MLU model as an option for delivery in Shropshire.
Powys Teaching Health Board	To be updated	To be updated	To be updated	To be updated	To be updated
Powys Teaching Health Board - Visit to Welshpool Birth Centre	5th May 2017	Welshpool	Cate Langley, Head of Midwifery, Powys/Fiona Ellis	Birthing centres operate on an 'on call' basis. Women receive continuity of carer. There is no obstetric unit in Powys. Birthing centres are located in community hospitals.	Consideration of birth centre/continuity of carer model as an option for delivery in Shropshire.

Telephone conversation with: Herefordshire and Worcestershire, Local Maternity System Herefordshire CCG North Wales Maternity Services Powys Maternity Services	3rd April 2018	N/A	Fiona Ellis, MLU Review Programme Manager Fay Baillie, Herefordshire and Worcestershire Local Maternity System Richard Watson, Herefordshire CCG Fiona Giroud, North Wales Maternity Services Julie Richards, Powys Maternity Services	North Wales – need to improve communications e.g. information-sharing and paperwork, particularly re: safeguarding for chaotic families. Worcestershire – access to scans is problematic as there are different forms and protocols; it's difficult for midwives to access case notes. Need to consider the impact on health visiting. Need to ensure that the appropriate impact assessments are completed to understand the likely impact and measure change. Need to gather feedback from women and staff on their experience and measure the impact.	

Appendix 3

Engagement with clinicians

Name/type of meeting	Date	Location	Attendees	Summary of feedback	How did feedback influence the proposals or the process?
Staff interviews in different locations (delivered independently by The ELC Programme) in July 2017	11th July 2017 12th July 2017 13th July 2017 14th July 2017 17th July 2017	Royal Shrewsbury Hospital, Bridgnorth Community Hospital Princess Royal Hospital, Telford Royal Shrewsbury Hospital, Ludlow Hospital Oswestry Cabin Lane Church Park Lane Centre and Princess Royal Hospital, Telford	85 in total (54 work in an urban setting and 31 in a rural MLU or are community-based.) 40 participants work mainly in MLUs and 14 mainly in the consultant-led unit. 57 midwives, 10 health care assistants, 1 health visitor, 5 GPs, 4 Obstetricians, 1 special care baby unit staff member, 1 children's hospice nurse, 1 breastfeeding volunteer, 3 housekeepers, 2 maternity services managers	Relationships with colleagues beyond the immediate team are fractured; many people feel unsupported by management (mainly staff in MLUs.) Poor relationship between MLU and CLU staff. Pressure to discharge to health visitors. Lack of shared patient information between midwives and health visitors. Antenatal and postnatal care is time-pressured; antenatal care needs to be improved. Unrealistic expectations and lack of resources. Little voice in or control over	Proposed staffing model has taken this feedback into account including: - more integrated working/co-location of services/professions - increased skill mix in staffing to enable midwives to focus on what they are especially trained to do - staffing deployed flexibly in line with demand - continuity of carer Actions in relation to staff wellbeing were passed to the Workforce Workstream of the Local Maternity System to

				working lives. Poor communication from managers to frontline staff. Hierarchical decision-making about changes. Staff need to be more involved. Lack of robust processes to support staff with their emotional wellbeing. Women's mental health before conception and parity of mental health are important. Importance of relationship-centred care and continuity of care. Challenges with GPs, particularly in relation to prescriptions and appointments (midwives) Lost touch with pregnant patients due to midwives leading maternity care (GPs) Challenging relationships with the triage service (particularly	address. Since then an increase in staff numbers has been agreed and additional staff are being recruited as a result. The service provider has increased engagement with maternity staff. The proposed service model also includes: - enhanced services available for women antenatally and postnatally - improved access to perinatal mental health services - peer support - a more social, less clinical model of care - consideration of access for women including those who rely on public transport. - Pathway changes so that the decision

				MLU midwives) Concern about staff and families without private transport, particularly high risk women having to travel to CLU when in labour Not enough time for home visits and concern that early warning signs are being missed Review processes are prescriptive with a lot of box-ticking; fear of repercussions and litigation. Parents often find it easier to speak to other parents who have had the same experience if they are struggling to cope. Concern that they (midwives) don't have enough time to spot if women are struggling or that they didn't have time to support if they did spot something. Investment in postnatal care improves mums' and babies' health and resilience in the long	about place of birth is made later on in pregnancy.

				term. Mums under social care supervision with safeguarding concerns on the postnatal ward take up a lot of staff time. Working in different and unfamiliar environments is difficult and risky (MLU staff in CLU.) The care that families get before and after the birth is vitally important. Postnatal care is vitally important including breastfeeding support, a safe space to reflect on birth, support for bonding between baby and family, meeting other ladies with shared experiences. The current clinical risk thresholds limit midwife-led births. Personalised care is a core care model principle.	

				We need to demedicalise pregnancy and birth and normalise low intervention births. Midwife-led care needs to have a broader focus, value ante- and postnatal care and not just be about the birth. Services need to be joined up across maternity and early years. Routine antenatal and postnatal care could be delivered in group clinics. Parents should make their choice about place of birth later than they do now.	
Written feedback from staff at Oswestry MLU	October 2017	Oswestry	Two midwives	Risk to reputation due to current closure and staff shortages. Unable to offer same quality and quantity of ante- and postnatal care. Increased administration leaves	Detailed population information has been considered as part of the options appraisal process including population growth predictions. Travel and access data has been considered during the

				less time to care for women. Growing local population and also from areas nearby. Travel and affordability issues – most women from lower/middle socio-economic groups. Postnatal inpatient care missed most by patients and staff. Community shifts require longer visits. The on-call system doesn't work. Our buildings are expensive. The hub model won't work; we should only provide community care if we don't offer an inpatient service.	options appraisal process as well as deprivation indicators. Cost of buildings considered during options appraisal process.
Telford and Wrekin CCG Planning Performance	28th November 2017	Telford	Two GP board members	Concern about high risk women who are smokers. Fear that the relocation of the new service is being driven by	The new model will address this issue. The new model will work better wherever services are

and Quality Committee				Future Fit and that the provider won't change the location of planned clinics without permission from clinicians.	as they would be delivered from the same place enabling patients to get to know the building and staff.
Email feedback	4th December 2017		Midwife	Current single telephone number for making appointments is not working - can be 100 phone messages in a morning - need to use email.	The need for good access and triage has been considered in developing the proposed staffing model.
Email feedback	16th December 2017		Clinician, RJAH	12 hour opening appears problematical (for births) - does model exist elsewhere?	Models operating in other areas were explored.
Telford and Wrekin CCG Board Meeting	9th January 2018	Telford	Telford and Wrekin GPs	Women with the highest risk after booking live in Telford & Wrekin. In fact, the ratio of women in Telford & Wrekin converting to high risk was a factor of 1:1 of all other births in other parts of the County. Therefore, there is a group of high risk women living in Telford & Wrekin who cannot be identified. How will these high risk women be cared for with a low risk Telford & Wrekin midwifery unit if the obstetric unit were to move under the	The new model would bring a broad range of services together to identify that risk early on in pregnancy.

				Future Fit proposals? Of the 48 high risk conversion reasons, 24 can be identified but the other 24 cannot. Is the model clinically financially sustainable? Could the provider deliver this model at tariff without overspending?	There are two elements (1) impact on the financial sustainability of the CCG and (2) impact on the local health economy; financial modelling has not yet been carried out as this is still being worked on. However, initial reviews have been carried out and all of the options proposed reduce the cost of the service that is being delivered which is more financially sustainable than the current model. The model would be delivered at a lower cost than the current service and that tariff is a national average. Overall the proposed model is a financially affordable plan; the current model is significantly over tariff.
West Midlands	28th March	N/A		Agreed for Stage 2 review to	N/A

Clinical Senate – Stage 1 Clinical Assurance Review	2018			take place.	
West Midlands Clinical Senate – Stage 2 Clinical Assurance Review	4th June 2018	N/A	Professor Simon Brake (Chair) Alison Talbot, Head of Midwifery and Associate Director of Nursing for Women, Children and Safeguarding Peter Thompson, Consultant Obstetrician, Fetal Medicine Peter Fahy, Director of Adult Services Soili Larkin, Public Health England York Galloway, Clinical Team Leader Andrea Batty, Clinical Manager/Maternity Advisor, WMAS	Ensure sufficient flexibility in MLU reconfiguration plans to implement independent review recommendations. Be aware that potential changes to the Maternity Pathway Payment System may have a direct impact on financial sustainability. Promote the benefits of the new model of intrapartum care. Describe the antenatal and postnatal pathway with risk stratification of patient groups. Develop a detailed workforce plan across the whole pathway working with HEE and the LMS. Develop a comprehensive	Actions have been addressed and are reflected in the pre-consultation business case.

			Babu Kumararatne, Consultant Neonatologist Richard Mupanemunda, Consultant Neonatal Medicine Louise Griew, West Midlands Maternity Services User Representative Andy Whallett, Health Education England Peter Pinfield, Patient Representative Gillian Stewart, Patient Representative	implementation plan reflecting national guidance to achieve a safe and equitable service. More assurance required with regard to workforce modelling, particularly for midwifery and acceptability to staff of rotation between sites. Have an open discussion with staff. Post consultation and pre-implementation take proposed staffing and implementation model back to Clinical Senate.	
Shropshire Locality Meetings	22nd August 2018 18th October 2018 25th October 2018	South Shrewsbury and Atcham North	GPs	Why can't midwives use more up-to-date technology? The midwifery antenatal service has taken away patient contact with GPs.	On-going work is taking place with the STP IT leads to try and improve this. We will consider how the maternity department feeds back to GPs.
Midwife-led Unity Review	24th October 2018		26 People working in or with midwifery led services	Feedback was not categorised by stakeholder group but	Proposed new staffing model incudes an increase in skill mix

Stakeholder Briefing			including: MLU managers from Shrewsbury and Bridgnorth Community/voluntary support staff from Telford and Bridgnorth Midwives from Shrewsbury and Telford Health visitors	overall feedback included: Lack of equity in banding across midwifery; need to recognise specialist roles Need a home birth team Need a drop-in breastfeeding clinic Need a robust staffing model so staff from MLUs aren't taken by CLU Need more detail around staffing including band 3 development Need training for all midwives on birth trauma and perinatal mental health Need to consider travel and transport for staff	and enables staff to be deployed in line with demand. Appropriate response for home births is included in the staffing model. Breastfeeding support will be available at the hubs on a drop in basis. Travel and transport for staff has been considered in developing the workforce model. Training for midwives has been passed to the workforce workstream of the Local Maternity System to address.
Presenting the evidence behind the review	6th November 2018	Telford and Wrekin CCG	Fiona Ellis, Andy Inglis, Adam Pringle	Welcomed insight to evidence and agreed that the evidence reflected what they see in relation to needs of the	Three localities in Telford, including South Telford included in the appraisal of

proposals to Telford and Wrekin GPs				population. Recognised the need for a hub in South Telford.	possible hub locations.
Expert midwife - Fay Baillie	Frequent contact from 2017 and ongoing	Frequent contact from 2017 and ongoing	Various, including telephone, email and face to face contact.	Expert advice and guidance in relation to good practice, pathways, service configuration and staffing models.	The advice and guidance given has been built into the service proposals.
Midwifery leaders in other areas e.g. Powys and Seacombe	To be updated	To be updated	To be updated	To be updated	To be updated
Options appraisal workshop 1	6th February 2019		23 clinical staff including: Midwives from Telford, Oswestry, Shrewsbury, Bridgnorth and Whitchurch MLU managers (Bridgnorth, Shrewsbury and Telford) Women's support assistants (Oswestry and Bridgnorth) Health visitors (Telford and	This workshop was about shortlisting the possible options and therefore there was limited feedback given. Feedback was also not recorded by different groups of people e.g. staff.	The views of the clinicians who attended this workshop were used as part of the options appraisal process.

			Ludlow) GP from Shropshire Obstetrician, neonatologist and neonatal nurse		
Options appraisal workshop 2	27th February 2019	Shrewsbury	Clinical staff in different roles including: CCG medical director Matron MLU manager Midwives (Whitchurch) Women's support assistant (Oswestry) Health visitors	Feedback was not recorded by specific groups at this workshop but general feedback from this workshop can be found below: • Consider a mix of MLUs with births and without births, not only 3 or 4 units with or without births. • If we have a mix of births and no births, this isn't equal. • They need to be at the same distance. • We need to look at demographics – depends where the hubs are located. • Need to look at transport availability.	Access impact assessment and Equality Impact assessment undertaken.

				• Need more midwives if there are births in more hubs. • Fragility and stability of service – more hubs. • Hubs with co-location of services are important for stability. • Need to change idea that care needs to be offered in a building. • Midwives are concerned how they will do it all. • Have you looked at other places for best practice e.g. Angus in Scotland? • Comfortable with scores following sensitivity analysis. • Ellesmere is covered by Oswestry but this is included in the North Shropshire figures. The data is skewed. • Roads from Ellesmere	

				are difficult to Whitchurch. • Need to consider the business of the hubs – have you looked at workload now? • In Oswestry, I saw 10 patients before I left for this meeting. In Whitchurch, they see 7 patients a day. • I have done a similar piece of work looking at fertility rates in Shropshire and the results would be the same. • Issue of transport in Shropshire. • Lakeside South and Hadley Castle aren't far from PRH so might not need births in hubs there. • A higher percentage of women in Telford would go to the	

				consultant-led unit due to their high level of risk so we wouldn't need births at Lakeside/Hadley Castle. • We see a lot of Powys ladies in Oswestry – it's a long way for them to travel to Whitchurch. • These women are giving birth in Wrexham. • Need to consider where the best place is for the freestanding MLU – not in a hospital. Would need a bigger unit if were including births. • It feels like we're saying that all the MLUs would be based in the middle of the county. • Equality is about meeting need. Lakeside South has the most deprived population and it has difficulties in travelling.	

				• Everybody identifies with where they live – "place." We need to think more about the geography and people who might be less willing or able to seek help. • There's more need in the middle of the county. • Shropshire is very rural – we are ignoring rural areas. • It has taken me 50 minutes to get to Shrewsbury from Ludlow today. • Need to be careful how we describe this to the public. It's important to explain the community approach and that appointments will be available in local places if there's not going to be a hub in Ludlow.	

				• There's only a small difference in the data results for South and North Shropshire. • At the RCM conference in 2017, Shropshire was described as a wonderful case. This is about finance. • The model looks lovely but there are not enough women giving birth in the MLUs. • People need to change their mindset about where they receive care. • If you can't provide the service now, how can you staff 4 hubs? • It's easier to look after a lot of people in one place if you are short-staffed rather than travelling around the county. • Midwives are currently	

				duplicating work, not using HSAs effectively and not working in a multi-disciplinary way? • Midwives are leaving small units because they're not able to deliver babies. • We can't take everything away in rural areas.	
Stakeholder workshop	29th April 2019	Telford	7 clinical staff including: 2 MLU managers (Shrewsbury and Bridgnorth) 2 Matrons 1 health visitor (Hadley Castle/North Hadley) 1 women's support assistant (Oswestry) 1 midwife sonographer	Location of care if there's no hub Need to check if Ellesmere women who are looked after in Oswestry have been included in North Shropshire figures It's taking a long time. We need to make the changes ASAP. Who would cover the	It could be different locations, a GP practice, community centre or a health visitor hub, for example. We will look into this. There are certain processes we need to follow but we recognise the need and are working as quickly as possible. A community team including

				Bridgnorth area? Integrated care records Have the consultation events at different times of the day Engage with women in the outpatient departments at RSH and PRH and leisure centres/gyms	home births would be deployed county-wide. This is a key piece of work for the LMS. We will ensure we have a broad mix of times for our events. We will include these in our consultation plan.

Appendix 4

Engagement with non-clinical staff

Name/type of meeting	Date	Location	Attendees (type and number)	Summary of feedback	How did feedback influence the proposals or the process?
Shropshire CCG Executive team meeting	6th November 2017	Shrewsbury	To be updated	To be updated	To be updated
Shropshire CCG Clinical Commissioning Committee meeting	15th November 2017	Shrewsbury	13 people including CCG Lay Members, GPs and CCG Directors	It was noted that the proposed model includes pre-pregnancy care, healthy lifestyle and mental health support in a consistent manner in line with Better Births guidance. It is proposed that the choice of options for care is retained but the number of free-standing MLUs is reduced along with the number of long inpatient stays. Pathways with Out of County Hospitals will also be improved. It was suggested that the transport section of the proposal is revised as longer-term discussions will need to be held around public transport, parking etc. It was also requested that the location of the 2 proposed MLUs is made clearer in the document.	Detailed access and impact assessment undertaken.

Telford and Wrekin CCG Planning Performance and Quality Committee	28th November 2017	Telford	Accountable Officer Chief Finance Officer Executive leads for commissioning, governance and engagement and nursing and quality Two GP board members	Why will hubs be open 12 hours and not 24 hours? Concern about high risk women who are smokers. Fear that the relocation of the new service is being driven by Future Fit and that the provider won't change the location of planned clinics without permission from clinicians. What about workforce issues? Would the new service be part of a block contract or a standalone specification?	A 24 hour service isn't sustainable. The new model will address this issue. The new model will work better wherever services are as they would be delivered from the same place enabling patients to get to know the building and staff. The hubs would be appropriately staffed to meet demand. It would be a standalone specification.
Shropshire CCG Board meeting	13th December 2017	Shrewsbury	CCG chair Deputy chair/clinical director, women's and children's Accountable	Issue around expectant mothers giving birth before arrival. Would there be sufficient midwife cover for home births? How is access being taken into account?	The rate of birth before arrival is in line with the national average. There are no changes proposed to the current community midwife cover. It would still be 24/7 with a midwife a maximum of one hour away. Safety is the priority and although some mothers might have to travel slightly

			Officer Chief Finance Officer Two GP board members Three locality chairs/GPs Three CCG directors Three lay members		further to give birth, there would be additional ante- and postnatal services locally.
				What consideration has been given to patients in north-east Shropshire?	The preferred option is for a minimum of 5 hubs as they need to be reliable and sustainable.
				Have discussions taken place with the Director of Children's Services?	Discussions are taking place about potentially delivering early years' services from the hub.
				Welcome use of maternity support workers to assist with postnatal care. How quickly can they be recruited and what training do they need?	Maternity support workers are already embedded in secondary care and any posts advertised are recruited to quickly. There would be on the job training through an NVQ.
				Have the views of service users who aren't normally forthcoming been considered?	Interviews were conducted at ante- and postnatal clinics where service users would be.
				Anxiety that not all public and patient views have been considered.	The views of everyone who has come forward during phases 2 and 3 of the review have been considered. The trends and themes from the engagement work have been used to develop the model.
				What are the plans for further consultation on	The model is not fully developed. This will

				the proposed model?	be developed as part of the consultation phase.
				Has any information been gathered in relation to outcomes in the options appraisal?	Historically the focus has been on demand and activity but in future the proposed model was designed with patient outcomes as the key driver.
				Has there been any feedback to the Trust about the low staff morale identified in the review?	The outcome of the review has been shared with SaTH's director of nursing, head of midwifery and head of workforce.
				Is there any research showing that midwives need to attend a minimum number of births to ensure their skills are maintained?	Research by Professor Denis Walsh shows that an average of 250 births a year in a freestanding MLU tends to be the viability threshold for standalone MLUs.
				<u>Public and patient views</u> Hubs should be in the most deprived areas. Concern that local births in Ludlow, Oswestry and Bridgnorth are being removed. Safety of home births for first-time mums. Awareness of alternative models e.g. Powys, with small number of births. Issues of unreliable maternity service delivery	

				and staffing problems – SaTH had reduced number of WTE midwives. Four recent "delivery before arrival" births in Ludlow. Have the two letters from national maternity leaders raising concerns about the proposed model been shared with governing body members? Have the proposals been rural-proofed? There's a feeling that women in rural areas aren't being heard. Has the potential population increase been considered? Concern about discrepancies in financial figures. Significant areas of deprivation in Telford and Wrekin need to be considered.	
Telford and Wrekin CCG Board Meeting	9th January 2018	Telford	CCG Chair CCG Chief Officer Three executive	Women with the highest risk after booking live in Telford & Wrekin. In fact, the ratio of women in Telford & Wrekin converting to high risk was a factor of 1:1 of all other births in other parts of the County. Therefore, there is a group of high risk women living in Telford & Wrekin who cannot be identified. How will these high risk	The new model would bring a broad range of services together to identify that risk early on in pregnancy.

			leads Two lay members Two secondary care clinicians Four GPs/board members	women be cared for with a low risk Telford & Wrekin midwifery unit if the obstetric unit were to move under the Future Fit proposals? Of the 48 high risk conversion reasons, 24 can be identified but the other 24 cannot. From a Telford & Wrekin perspective a lot of rural access issues have been identified in the report. Would the Telford & Wrekin Unit be on the PRH site? If so, it is not recognising some of the issues that the families face as PRH is too far from where they live and what access would there be in terms of public transport? We are building inequity in terms of access to the maternity hubs if there is only going to be one in Telford & Wrekin at PRH. The report did not give a sense of how many hubs are affordable as there did not appear to be sufficient information on this point. Is the model clinically financially sustainable?	The key aim is to ensure sustainable services. It has not been decided where the hubs should be located although it does make sense for MLUs to act as hubs also. A discussion regarding location and access of the hubs will be carried out later on in the review. There are two elements (1) impact on the financial sustainability of the CCG and (2) impact on the local health economy; financial modelling has not yet been carried out as this is still being worked on. However, initial reviews have been carried out and all of the options proposed reduce

					the cost of the service that is being delivered which is more financially sustainable than the current model.
				Could the provider deliver this model at tariff without overspending?	The model would be delivered at a lower cost than the current service and that tariff is a national average. Overall the proposed model is a financially affordable plan; the current model is significantly over tariff. There is no financial impact on the CCG but on the sustainability of the local health economy.
				The hubs should be located where they are most needed. Wouldn't expect to have the hub locations specified now but these should be looked at following consultation.	
				The document isn't clear to the public. More work needs to be carried out in relation to costings.	This will be put in place and shared with the Board for approval.
				Is a synopsis of the public consultation available?	Each hub will operate for 12 hours with an additional service 24/7 for hospital births and home births.
				<u>Feedback from members of the public</u> SaTH has shown no commitment to community	

				midwife services and a balance between the available times of midwives is needed to cover the hubs. Telford and Wrekin has communities who are not able to travel and we need to be careful that these people aren't prejudiced. We need to look at where most births are before there's a decision about the locations. No more than two hubs are needed, one in the south of Shropshire and one in the north. They need to be nearest to working class communities and the poorest women who need them most.	

Appendix 5

Engagement with politicians/MPs

Name/type of meeting	Date	Location	Attendees	Summary of feedback	How did feedback influence the proposals or the process?
MP meeting	9th December 2016	Shirehall, Shrewsbury	Daniel Kawczynski Owen Paterson Philip Dunne	All agreed with rationale of review, findings to date, proposed model. No one raised objections.	N/A
MP meeting	6th April 2017	Ludlow	Philip Dunne	Discussion around data, underutilisation of current service model, case for change and structure of engagement plans	N/A
MP meeting	19th January 2018	Shirehall, Shrewsbury	Daniel Kawczynski Owen Paterson Philip Dunne	All agreed with rationale of review, findings to date, proposed model. No one raised objections.	N/A
Oswestry Health Group	26th January 2018	Oswestry	Owen Paterson MP (Chair) Fiona Ellis, Programme	"Many challenging questions were then directed around statistics and the need for certainty going forward which is currently affecting family decisions in	Further in-depth analysis was undertaken in order to inform the final proposal.

			Manager David Preston, Oswestry Town Clerk and three town councillors	terms of birth options."	
Oswestry Health Group	8th March 2019	Oswestry	Owen Paterson MP (Chair) Fiona Ellis, Programme Manager David Preston, Oswestry Town Clerk and three town councillors	"The removal of maternity in terms of clinics of GPs was discussed. Concern was also voiced at the number of surrounding villages that have large populations that require access to future hubs."	Access impact assessment has been undertaken. Communities across the county will continue to receive planned antenatal and postnatal care close to home including at GP practices, children's centres and other community venues as well as at home.

Appendix 6

Engagement with Councils

Name/type of meeting	Date	Location	Attendees (type and number)	Summary of feedback	How did feedback influence the proposals or the process?
Shropshire Council Health and Wellbeing Board	16th November 2017	Shrewsbury	6 members including: PFH Health and Adult Social Care Director of Public Health Director of Children's services Clinical Chair, Shropshire CCG Chief Executive, Healthwatch Shropshire	Members commented generally that workshops had been well attended and that the review and engagement undertaken thus far had been excellent. Congratulations were extended for a brilliant piece of work.	N/A
Telford and Wrekin CCG Planning Performance and Quality Committee	28th November 2017	Telford	Consultant in Public Health, Telford and Wrekin Council	No specific feedback recorded but general feedback from the meeting can be found in section 2.4.	See section 2.4 above.
Joint Health Overview and Scrutiny Committee	5th December 2017		17 attendees including: Shropshire Councillors: Karen Calder (Co-Chair), Madge Shineton Telford and Wrekin Councillors:	CCG Boards need to consider where the gaps are e.g. North Shropshire. A strong and clear vision is needed.	Further in-depth data analysis was undertaken as part of the options appraisal process.

			Stephen Burrell Shropshire Co-optees: David Beechey (Healthwatch), Mandy Thorn (Chair, Shropshire Business Board; MD of Marches Care Ltd; vice-chair of Shropshire Partners in Care and trustee of Healthwatch) Telford and Wrekin Co-optees: Carolyn Henniker (Healthwatch), Hilary Knight (Deputy chief executive, Age UK Shropshire Telford and Wrekin) Director of Public Health, Shropshire Council	Impact of the proposals on resources and whether they would prevent outreach services closing when staff are off sick. It's obvious that services are under extreme pressure and are only standing due to the goodwill and professionalism of staff. The time for a review is right.	
Shropshire CCG Board Meeting	13th December 2017	Shrewsbury	Director of Public Health, Shropshire Council	What consideration has been given to patients in north-east Shropshire? Have discussions taken place with the Director of Children's Services?	The preferred option is for a minimum of 5 hubs as they need to be reliable and sustainable. Discussions are taking place about potentially delivering early years' services from the hub.
Telford and Wrekin CCG	9th January	Telford	Assistant Director of Health and	From a Telford & Wrekin perspective a lot of rural	The key aim is to ensure sustainable services. It has

Board Meeting	2018		Wellbeing, Telford and Wrekin Council and an observer	access issues have been identified in the report. Would the Telford & Wrekin Unit be on the PRH site? If so, it is not recognising some of the issues that the families face as PRH is too far from where they live and what access would there be in terms of public transport? We are building inequity in terms of access to the maternity hubs if there is only going to be one in Telford & Wrekin at PRH. The report did not give a sense of how many hubs are affordable as there did not appear to be sufficient information on this point. The document isn't clear to the public. More work needs to be carried out in relation to costings.	not been decided where the hubs should be located. A discussion regarding location and access of the hubs will be carried out later on in the review. The decision the Board is asked to make is whether to go out to consultation and decisions regarding access should be discussed during the consultation. There is no financial impact on the CCG but on the sustainability of the local health economy.
Email	5th February 2018	N/A	David Preston, Town Clerk, Oswestry Town Council	Strong view the midwife-led services should be retained	View acknowledged. Further in-depth analysis to inform hub locations was

				in Oswestry.	undertaken as part of the options appraisal process.
Telford and Wrekin Council Health and Wellbeing Board	7th March 2018		12 members including: Cabinet Member – Communities, Health & Wellbeing, TWC Chair, Telford & Wrekin CCG W Condlyffe, Chief Officer Group Representative Sustainability & Transformation Plan Representative Assistant Director, Adult Social Care Director of Children's & Adult Services Director of Public Health Telford & Wrekin Healthwatch Cabinet Member – Children's & Adult's Early Help & Support	The Cabinet Member for Children and Adult's Early Help & Support reinforced the need for social economic differences across the county be addressed appropriately.	Socio-economic indicators were considered as part of the options appraisal process.
Joint Health Overview and Scrutiny	22nd March	Shrewsbury	Shropshire Councillors: Karen	Would there be at least 5 hubs as mentioned in the	Five hubs would be

Committee	2018		Calder (Co-Chair), Madge Shineton Telford and Wrekin Councillors: Andy Burford, Stephen Burrell Shropshire Co-optees: David Beechey (Healthwatch), Ian Hulme (Shropshire Patients Group) Telford and Wrekin Co-optees: Hilary Knight (Deputy chief executive, Age UK Shropshire Telford and Wrekin), Dag Saunders (Chair, Healthwatch) 6 Members of Shropshire Health and Adult Social Care Overview and Scrutiny Committee Public Health, Shropshire Council	presentation? Would there be just one hub in Telford with a growing population and areas of deprivation? Need to consider public transport challenges to PRH. If services are being levelled up, why won't there be a hub in North Shropshire? What will happen to midwives currently based in Whitchurch? Are the proposals in line with Better Births? How is the local maternity system working together to deliver transformation and	sustainable. The proposal is for a hub in Telford with outreach to meet local needs. Areas of deprivation have been considered and a hub and spoke model would strengthen antenatal care. The new model would change so that each hub would provide the same service and outreach would be designed around the needs of communities. Their base would change to Oswestry but the service provision in the north of the county wouldn't change. Yes, they will increase the number of midwife-led births. CCGs are legally responsible for transformation. The LMS has a programme board

				who is driving this?	including the local authorities, the CCGs, service providers, service users, WMAS, neonatal and mental health service representatives.
				Why is staff morale so low? Have staff been fully engaged?	Staff have been under pressure as there has been a need to distribute staff differently and suspension of MLU services had often been ad hoc. Midwives wanted clarity and they are fully supportive of the proposals.
				What will be the impact on health visitors?	This is a matter for the local authorities.
				What does 24/7 community care mean?	A phone call, video link or face-to-face contact depending on patient needs.
				How's recruitment progressing?	Recruitment to band 6 and 7 posts and newly qualified midwives has been successful.
				Why is there trend to give birth in the consultant-led unit? Is this due to the	This is a national trend but

				uncertainty of the MLUs?	uncertainty about the MLUs and high profile sad cases have impacted on patient choice.
				How has West Midlands Ambulance Service been involved?	WMAS now has a midwifery lead who is well engaged in the maternity system.
				Will there be a clear pathway between Shropshire services and out-of-county services?	Work is underway to build better links with neighbouring areas and to improve cross-border pathways. We are also looking at digital technology to see how patient records can be shared more easily.
				Is there enough capacity to facilitate home births?	A lot of work has been done about capacity and the proposal would deliver the service needed.
				How does the NHS assurance process work? When would the Clinical Senate be involved?	The Clinical Senate is part of the NHS assurance process. The Clinical Senate checks if a proposal is safe and offers the appropriate care.

				Where does the JHOSC fit in the consultation plan?	We will keep Chairs updated on progress.
Shropshire Council Health and Wellbeing Board	24th May 2018	Shrewsbury	8 members including: Director of Public Health Clinical Chair, Shropshire CCG Director of Children's Services VCSA Chairman, Shropshire Partners in Care Shropshire Community Health Trust PFH Health and Adult Social Care	Report presented. No feedback given.	N/A
Joint Health Overview and Scrutiny Committee	3rd December 2018	Shrewsbury	Shropshire Councillors: Karen Calder (Co-Chair), Heather Kidd, Madge Shineton Telford and Wrekin Councillors: Andy Burford, Stephen Burrell, Rob Sloan Shropshire Co-optees: David	SATH has recently agreed to extend closure of MLUs for a further year – how will that impact on proposals?	Closure of the MLUs on safety grounds did not impact directly on the review which was a distinct process. However, the inability to staff the current model had been a driver for the review. The MLUs did not currently have births and postnatal

			Beechey, Ian Hulme Telford and Wrekin Co-optees: Carolyn Henniker, Hilary Knight, Dag Saunders Rod Thomson, Director of Public Health, Shropshire Council	What will the public consultation look like? Was it envisaged that there would be a preferred option set out in the consultation? The number of hubs was likely to be a key issue of debate with rural Shropshire and high levels of need in some Telford areas with critical issues around maternity.	stays but were open to provide other services. Advice on the consultation was being sought from the STP Communications and Engagement Team and the intention was to conduct as exhaustive a consultation as possible. The consultation plan would be presented to the Joint HOSC for its input. A preferred option would be identified but all clinically and financially viable options would be included. This is yet to be confirmed. It was hoped that discussion around hub locations would not be divisive. The review area was all part of the same system within the STP footprint. A huge amount of information had been collected for over 10 years

				Was data likely to be skewed on use of Consultant Led Units (CLU) and Midwife Led Units (MLU) as many had not booked in to a MLU due to availability being unreliable? The list of services to be offered from hubs includes areas covered by Public Health funding, for example, obesity and smoking cessation. What will be consulted on if Public Health funding no longer covers these areas? Could there be long term risks to health safety and welfare if the proposed cuts to the Public Health budget take place?	on trends for birth preferences, before temporary closures had become necessary and also on the level of need in Telford and Wrekin and Shropshire. All recommendations would be evidence based. It was also pointed out that the current configuration was inequitable. Public health funding is a key concern for CCGs in keeping women and babies healthy and well, particularly in relation to smoking and obesity. It is not clear yet how this would be resourced but there is a joint programme and care would be taken to ensure there is no duplication. All of these issues would be considered together. The reporting date for the

				To what extent would Independent investigations into Maternity Services influence thinking? Clarity of the role of GPs would be required.	Ockenden review has been moved back several times already as the investigation has expanded. It had been decided not to delay the CCGs' MLU review to await an outcome but if any changes were subsequently needed then they would be addressed at that time. Patients have told us that they want GPs to be more involved in maternity care and they have a key role in co-ordinating health and liaising with services on behalf of mother and baby patients. In recent years there had been a shift in maternity care being provided exclusively by midwives and this had led to GPs not being as confident in delivering these services. Although it was not envisaged that GPs would be located in hubs, better

				Would the public consultation fall within the summer holiday period. Were there any lessons to learn from the timing of the Future Fit consultation?	communication was envisaged. A key message had been that there was now too much emphasis on the birth plan and not enough on becoming a family. If the consultation falls within the summer holiday period, this will be taken account of in terms of the length of the consultation period.
Options Appraisal Workshop 1	6th February 2019	Telford	Joint HOSC Chair and one other JHOSC representative (observers) 2 representatives from Telford and Wrekin Council and 1 from Shropshire Council Public Health teams	This workshop was about shortlisting the possible options and therefore there was limited feedback given. Feedback was also not recorded by different groups of people.	The views of the JHOSC and Public Health staff who attended were taken into account as part of the options appraisal process.
Options Appraisal Workshop 2	27th February 2019	Shrewsbury	One JHOSC representative 1 representative from each of the Councils' Public Health teams.	A higher percentage of Telford women would go to the consultant-led unit due to the high level of risk so we wouldn't need births in Lakeside South or Hadley	Options with and without births have been evaluated. The needs of the local population have been evaluated in both the options appraisal process and

				Castle. (Public Health, Telford and Wrekin.) Equity is about meeting need. Lakeside South has the most deprived population. Most feedback was not recorded by different groups of people. However detailed feedback from the group as a whole can be found in section 2.3 above. Where known, specific feedback has been highlighted above.	through the equality impact assessment. The views of the JHOSC and Public Health staff who attended were taken into account as part of the options appraisal process.
Stakeholder Workshop – update on options appraisal	29th April 2019	Telford	One JHOSC chair 1 representative from Public Health at Telford and Wrekin Council.	Have you considered Welsh women? Most feedback was not recorded by different groups of people. However detailed feedback from the group as a whole can be found in section 2.3 above. Where	Welsh women wouldn't be impacted on by these proposals as they only come to Shropshire for consultant-led maternity care. The views of the JHOSC and Public Health staff who attended were taken into account as part of the options appraisal process.

				known, specific feedback has been highlighted above.	

Appendix 7

Engagement with Healthwatch

Name/type of meeting	Date	Location	Attendees (type and number)	Summary of feedback	How did feedback influence the proposals or the process?
Joint Health Overview and Scrutiny Committee	5th December 2017	Shrewsbury	David Beechey (Healthwatch Shropshire) Carolyn Henniker (Healthwatch Telford and Wrekin)	See section 2.6 above	See section 2.6 above
Letter from Healthwatch Shropshire	6th December 2017	N/A	N/A	We absolutely welcome the approach taken to the review with respect to the engagement activity and review of current intelligence. We also appreciate your response to our earlier comments about the public documentation and the development of the 'You Said, We Did' sections to give more clarity to the decision making.	The service model takes account of feedback gathered in all phases of the service review. Phase 1 of the review analysed existing information, including activity data. Through Phase 2 new qualitative information was gathered through in-depth interviews with women and staff. Phase 3 brought commissioners, women, staff and other community members together to think about what

					a future model of care may include. The number of inpatient postnatal beds included in the proposed new model has been calculated using a nationally well regarded bed-modelling tool (Northwick Park Model). The proposed new model includes provision for women to stay where they have given birth for a period of time before they go home. This period of time has not been defined, as this will be different depending on the needs and choices of each woman. If a woman needs a longer postnatal stay than the MLUs can accommodate, she will be able to access inpatient postnatal care at Princess Royal Hospital.
				However, we are concerned that the response is lacking with regards to the reduction of inpatient postnatal care. We believe that you need to specifically address why postnatal beds will not be provided across the county. We are concerned that under the new model currently proposed there will not be enough postnatal beds at the CLU for short term stays. We would like to propose that there are post-natal beds at the MLUs in Shrewsbury and Telford. We would like to register our concerns now about the	In undertaking the review, we have employed an expert

				safety of the home birth service and the availability of midwives to cover all areas of the county in a timely manner. We are also concerned about the lack of parity of services for the North East of the county. The hubs stated in the model will cover the previous MLU sites but we would welcome more capacity in provision for the women in Market Drayton, Whitchurch and surrounding areas.	midwife with decades of experience in midwifery, including at Director of Nursing and Head of Midwifery level to ensure that the proposed model is safe and sustainable. The proposed model has been designed to include a safe and sustainable home birthing service 24/7 across the county. Included in the options appraisal for the proposed service model, was an option for an additional maternity hub in the Market Drayton/Whitchurch area. Through working with the expert midwife in relation to the safety and sustainability of the proposed service model, it was identified that the option of an additional hub in the Market Drayton/Whitchurch area would negatively impact

					upon the sustainability of the service and therefore has not been put forward as the preferred option.
Telford and Wrekin Council Health and Wellbeing Board	7th March 2018	Telford	Telford & Wrekin Healthwatch	No feedback recorded.	N/A
Joint Health Overview and Scrutiny Committee	22nd March 2018	Shrewsbury	David Beechey (Healthwatch Shropshire) Dag Saunders (Chair, Healthwatch Telford and Wrekin)	See section 2.6 above	See section 2.6 above
Options Appraisal Workshop 1	6th February 2019	Telford	Chief Officer, Healthwatch Shropshire General Manager/Chief Officer and Engagement Manager, Healthwatch Telford and Wrekin	This workshop was about shortlisting the possible options and therefore there was limited feedback given. Feedback was also not recorded by different groups of people.	The views of the Healthwatch staff who attended were taken into account as part of the options appraisal process.
Options Appraisal Workshop 2	27th February 2019	Shrewsbury	Chief Officer, Healthwatch Shropshire General Manager/Chief Officer and Engagement Manager, Healthwatch Telford and Wrekin	We need to be careful how we explain this to the public. It's important to explain the community approach and that local appointments will	This will be taken into account in the content of the consultation materials and the consultation. communications.

				be available. People need to change their mindset about where they receive care. Suggest the hubs are called "community hubs" Most feedback was not recorded by different groups of people. Detailed feedback from the group as a whole can be found in section 2.3 above.	The views of the Healthwatch staff who attended were taken into account as part of the options appraisal process.
Stakeholder Workshop – update on options appraisal	29th April 2019	Telford	Chair, Healthwatch Shropshire	How were the localities derived? Link of maternity services to other children's services We need to be clear about the model and what it will look like	These are the same localities that were used for Future Fit. We are already talking to the Councils about family and children's hubs and we will link up wherever we can. We are working to develop a clear model and will ensure that this is described in a patient-friendly way in our consultation materials.

Appendix 8

Engagement with voluntary and community organisations

Name/type of meeting	Date	Location	Attendees (type and number)	Summary of feedback	How did feedback influence the proposals or the process?
Joint Health Overview and Scrutiny Committee	5th December 2017	Shrewsbury	Mandy Thorn (Chair, Shropshire Business Board; MD of Marches Care Ltd; vice-chair of Shropshire Partners in Care) Hilary Knight (Deputy chief executive, Age UK Shropshire Telford and Wrekin)	See section 2.6 above	See section 2.6 above
Email from Birthrights to Dr Simon Freeman, Accountable Officer, Shropshire CCG	7th December 2017	N/A	N/A	Closure of MLUs raises safety issues and creates anxiety for women who have to travel further in labour, away from their family and unfamiliar healthcare professionals. Local community hubs that do not offer birth and immediate postpartum facilities are not a viable alternative whatever	The principles of the proposed model include the retention of the full range of birth settings for women in Shropshire, in line with the recommendations of 'Better Births'. This includes births continuing to be available in the following settings: - Consultant Led Unit

				else they offer. Removal of patient choice – concern about women having a home birth waiting up to two hours for a midwife and that this will discourage first time mums and women who have had a short labour before from having a home birth. How will you improve the on call system to change this? Why have births in the FMU and AMU fallen despite the closure of 3 rural MLUs? This suggests they are not seen as realistic alternatives or a weak commitment to increasing births in midwife-led settings. How does this fit with Better Births and the goals of the Maternity Transformation Programme to ensure women are offered a full range of birth options including giving	- Alongside Midwife Led Unit (on the same site as the consultant led unit) - Freestanding Midwife Led Unit (not on the same site as the consultant led unit) - Home Birth available 24/7 This proposed new service model also includes the introduction of maternity hubs, in line with the requirements of 'Better Births'. The proposed five maternity hubs across the county would include antenatal and postnatal care which would be far more comprehensive than what is currently offered, meaning women will make fewer journeys through their pregnancy than they do

				birth in local communities?	under the current system. It would also have an equal offer at all hubs – something that is not the case currently. The hubs would include a broad range of services for up to 12 hours a day. This would include midwifery care, mental health and emotional wellbeing services, obstetric clinics, scanning and day assessment, including CTG monitoring, as well as other services including healthy lifestyle services, support from women's support assistants, and peer support. You will note that paragraph 4.30 of Better Births states that '….in some community hubs there may be birthing facilities'. Indeed, in our service model we included a proposal for the maternity hubs in Shrewsbury and Telford to be on the same

					site as the MLUs, which will offer births 24/7. An expert midwife from a different area reviewed the on-call arrangements. Following her findings, a new on call system has been put in place considering staff travelling times balanced against where they live and the rotation of midwives across the whole midwifery service. This new model meets the needs of the staff in terms of geographical distance to travel when on-call so they can get to a woman within an hour. The reduction in births in Midwifery Led Units is in line with the increase in need of pregnant women in Shropshire, Telford and Wrekin. The percentage of women giving birth in our Consultant Led Unit is in line

					with the findings of 'Better Births' where 87% of babies are now born in Consultant Units nationally, compared to 85% of Shropshire babies. The evidence shows there is no increase in the number of women giving birth before a midwife arrives due to the closure of rural MLUs. The evidence also shows that our rate of births without an appropriate medical professional present are in line with the national average. Our proposed new model would increase the proportion of women giving birth in midwifery led settings by: - Over time, increasing the health of women during pregnancy - Changing pathways in antenatal care so

					that all women receive care that plans for a midwife led birth, unless this won't be safe for the women or her baby or she chooses consultant led care for another reason - Enabling women during pregnancy to get familiar with the midwife led units and staff who work there - Enabling women to make a decision about their preferred place of birth later in pregnancy - Moving the alongside MLU closer to the consultant led unit in order for a different level of risk to be safely managed. The proposed model is safe. The proposed model matches midwife presence to activity and demand so that

					every woman gets 1:1 care from a midwife during labour.
Christmas Card from AIMS	21st December 2017	N/A	Debbie Chippington Derrick, Chair of AIMS Trustee, on behalf of AIMs	Harm is being done to women by denying them FMU care e.g. unnecessary caesarean, forceps, ventouse, serious perineal trauma, blood transfusions, admission to a higher level of care, general anaesthetic, episiotomy. Dreadful for women and families but also puts unnecessary strain on other services including the ability of the obstetric unit to care safely for women who need to be there. Support letters sent by Birthrights and MuNet.	The proposed model includes midwifery-led care in both free-standing and alongside midwife-led units in Shropshire, Telford and Wrekin.
Telford and Wrekin Council Health and Wellbeing Board	7th March 2018	Telford	W Condlyffe, Chief Officer Group Representative	Report presented. No feedback given.	N/A

Joint Health Overview and Scrutiny Committee	22nd March 2018	Shrewsbury	Hilary Knight (Deputy chief executive, Age UK Shropshire Telford and Wrekin)	See section 2.6 above	See section 2.6 above
Shropshire Council Health and Wellbeing Board	24th May 2018	Shrewsbury	VCSA Chairman, Shropshire Partners in Care	Report presented. No feedback given.	N/A

Appendix 9

Engagement with patients and members of the public

Name/type of meeting	Date	Location	Attendees	Summary of feedback	How did feedback influence the proposals or the process?
Patient interviews in different locations (delivered independently by The ELC Programme)	July - September 2017	5 MLUs Consultant-led unit wards Antenatal and postnatal clinics Mother and baby groups	132 women and mothers who are pregnant or have a baby up to the age of two years, and partners of these women 108 – rural areas 24 – urban areas	<u>Women in urban areas</u> If women require help and support or investigations early in pregnancy, they can feel patronised and some GPs and consultants are unhelpful. Experiences of planned antenatal care are positive. Postnatal care needs to be improved, with chaotic wards, a clinical experience and women feeling	The views gathered through the patient interviews have been integral in informing the service model. The proposed new model includes enhanced services during the antenatal and postnatal periods. Peer support has been included in the new service model. The proposed new staffing model will deliver continuity of

				isolated and "pushed out" of the ward quickly. <u>Women in rural areas</u> Same feedback as above plus: Anxiety about travelling a distance to hospital in labour Challenge of being told to go home when they were in labour due to long journey Positive experience of postnatal care in an MLU <u>General</u> Mum friends are important; it's easier to make mum friends on an MLU ward than on a CLU ward.	carer. There will be an increased skills mix in the proposed new staffing model, including more women's support assistants. The proposed new model encourages professionals in different services to work more closely together. Planned antenatal and postnatal care will continue to be available in communities across the county in a range of settings including GP practices, children's centres, community centres

				Being cared for by a small team of midwives is important; continuity is valued. High quality postnatal care and support from women's care assistants is valued e.g. help with breast feeding and bonding between mum and baby. Mixed relationships with GPs; struggle to get appointments and some disinterested. Mixed experiences of consultants; women felt like they had no choice in the pace of birth. Antenatal and postnatal care close to home and midwives	and at home.

				nearby is important. Having someone local to call and a place to go at anytime when they go into labour is valued. Emotional resilience after the birth is influenced by having time and space to recover on an MLU ward, meeting mum friends, open access for visitors and support from midwives. Better access to ultrasound would improve the experience. Need improved communication at the CLU and more time to care.	

				Clinical protocols to measure baby movements and the bump need to improve.	
Shropshire CCG board meeting	13th December 2017	Shrewsbury	Shropshire Patient Group representative Members of the public attending board meeting	Issue around expectant mothers giving birth before arrival. Would there be sufficient midwife cover for home births? Hubs should be in the most deprived areas. Concern that local births in Ludlow, Oswestry and Bridgnorth are being removed.	The rate of birth before arrival is in line with the national average. There are no changes proposed to the current community midwife cover. It would still be 24/7 with a midwife a maximum of one hour away. In determining the location of the hubs, a number of factors have been considered, including deprivation.

				Safety of home births for first-time mums. Awareness of alternative models e.g. Powys, with small number of births. Issues of unreliable maternity service delivery and staffing problems – SaTH had reduced number of WTE midwives. Four recent "delivery before arrival" births in Ludlow. Have the two letters from national maternity leaders raising concerns about the proposed model been shared with governing body members? Have the proposals	Other models of care have been explored and have informed the proposed new model of care.

				been rural-proofed? There's a feeling that women in rural areas aren't being heard. Has the potential population increase been considered? Concern about discrepancies in financial figures. Significant areas of deprivation in Telford and Wrekin need to be considered.	
Correspondence received by letter and email from a number of groups and individuals (16)	August 2017 – June 2018	N/A	Individual members of the public/patients, campaign groups	Proposed model contradicts what was overwhelmingly supported in previous meetings. Axing of local postnatal care and birthing facilities in Oswestry is unacceptable and not	Views have informed the proposed service model, including through the more in-depth analysis taking consideration of population, deprivation and access factors. The elements of MLU

				in line with feedback from service users. Closure of Ludlow MLU endangers lives of mothers and babies, will drive young people away from rural communities and is the result of manipulation as staff have been moved to RSH and PRH. Concern about closure of Ludlow and other maternity units. Closure of birthing unit at Ludlow is a cost-saving measure and risky for mothers and children having to travel to the consultant unit. What plans are in place to increase numbers of	care that women most value have been taken account of and have informed the offer available at the proposed maternity hubs as well as the MLUs.

				community midwives and improve ambulance services? Closure of rural MLUs in Shropshire would cause increased pressure on the system, being due to cost cutting and affecting rural women. Sad to learn Ludlow MLU is closing permanently - suggesting other funding routes (tourist tax or crowd funding) Concern about travel time/difficulty from Ludlow or Whitchurch to Shrewsbury or Telford. Lack of communication between neighbouring trusts resulting in inadequate patient	

				safeguarding (based on personal experience of giving birth at Leighton). Proposals leave rural areas at a disadvantage. Open letter from 559 local people - local service users want rural MLUs to remain and believe that plans are dangerous and driven by cost-cutting. Strong disagreement with the statement that 'everyone wants to demedicalise birth' - not everyone wishes to give birth in an MLU. Need equity of provision for rural and urban communities and support retention	

				of rural MLUs. Agree with transfer of care to MLUs including births for low risk women. More homely environment and personalised care in MLUs. Women like to give birth in MLUs, particularly rural MLUs. Inpatient postnatal care in MLUs is most valued by women. Need to promote (rural) MLUs. Many service users have lost confidence in SaTH. Midwives aren't respected by their	

				employer: staff shortages, long working hours, bullying, stress, increased travel times. Specialist care in an obstetric unit is important if things go wrong. Long waits at obstetric unit for delivery bed and being pushed out of postnatal care before feeling ready. Obstetric unit struggling to cope with demand and care for higher risk women being compromised; not enough capacity for postnatal care. Travel and transport costs for partners if inpatient postnatal	

				care at obstetric unit. Fear of travel for women from rural areas while in labour; increased distance, road closures. Increased pressure on ambulance service; ambulance delays. Lack of public transport and increased cost; need to consider travel from home to maternity unit. Need a woman-centred service where women are respected and heard. Rural MLUs need to reopen. Women want an MLU that's open when they	

				go into labour, 24/7. Concern about fast deliveries and unassisted births. On-call arrangements are unrealistic. Support continuity of care model but only if it can be adequately staffed and supported. Need joined up care, closer links with obstetric unit and an allocated obstetrician for each midwife team. MLU midwife teams need structure, support, training and rotation of staff to different environments. Need clear and up-to-	

				date emergency protocols. Need to deal with issues re: cross-border working. Suggest development of MLUs to provide wider range of services e.g. mental health drop-in, peer support groups, mother and toddler groups. Need to improve service delivery in Whitchurch and Market Drayton. Building maternity hubs doesn't reduce need for 24/7 maternity care. Suggest use of pregnancy app.	

				High public concern about quality of Shropshire maternity services; neonatal deaths. Increased risk to mother and baby's health. Need a neonatal ICU in Shropshire. Deliveries in freestanding MLUs fallen much less than MLUs at RSH and PRH. Local support in towns is valued. Midwife-led care perceived less negatively by population. Closure of MLUs in Oswestry and Ludlow is dangerous and	

				unacceptable. Lots of very positive experiences in MLUs, particularly Bridgnorth. Ante- and postnatal care (including overnight stays and help with breastfeeding) in MLUs are important. There will be an increase in postnatal depression if women aren't supported. Bridgnorth is a growing town. Stress of not knowing if MLUs will be open when go into labour. Need to consider women living on border with Worcs	

				who used to go to Kidderminster. Capacity of PRH and RSH to cope with increased demand.	
Telford and Wrekin CCG Board Meeting	9th January 2018	Telford	Members of the public	SaTH has shown no commitment to community midwife services and a balance between the available times of midwives is needed to cover the hubs. Telford and Wrekin has communities who are not able to travel and we need to be careful that these people aren't prejudiced. We need to look at where most births are before there's a decision about the locations. No more than two	A range of factors has been considered in deciding the hub locations including in relation to deprivation, population and access.

				hubs are needed, one in the south of Shropshire and one in the north. They need to be nearest to working class communities and the poorest women who need them most.	
Joint Health Overview and Scrutiny Committee	22nd March 2018	Shrewsbury	Ian Hulme (Shropshire Patients Group)	See section 2.6 above	See section 2.6 above
Midwife-led Unity Review Stakeholder Briefing	24th October 2018	Shrewsbury	7 women who have recently used or are using maternity services	Feedback was not categorised by stakeholder group but overall feedback included: Consider additional/alternative hub locations e.g. Oswestry Need mini hub/outreach services in Oswestry and other rural areas	Hub locations have been evaluated based on need and access. Each hub will have outreach into other areas in line with the particular needs of

				Review travel times and consider public transport Need to consider rural areas and growing populations Need more detail on: 1. Staffing 2. Hub and community services 3. Link to Better Births 4. IT Need improved communication with pregnant women and mothers	that area.
Options Appraisal Workshop 1	6th February 2019	Telford	4 women who have recently used SaTH services	This workshop was about shortlisting the possible options and therefore there was limited feedback given. Feedback was	The views of the clinicians who attended this workshop were used as part of the options

				also not recorded by different groups of people e.g. members of the public.	appraisal process.
Options Appraisal Workshop 2	27th February 2019	Shrewsbury	2 women who have recently used SaTH services	Shropshire is very rural. You are ignoring rural areas. Everything seems to be focussed in the middle of the county. Journey times should be considered e.g. from Ludlow to Shrewsbury. It's easier to look after a lot of people in one building rather than travelling around the	As part of our options appraisal process and the equality impact assessment, we have reviewed the number of women who use the services in the different locations as well as if certain population groups have any specific needs. A travel impact analysis is being completed, which will highlight any issues and we will take these into account. However, our proposed community model means that women will be able to

				county. Most feedback was not recorded by stakeholder group. However, the patients who attended this meeting participated in the feedback that is detailed in section 2.3 above.	receive most maternity care close to their homes. The views of the patients who attended were taken into account as part of the options appraisal process.
Stakeholder workshop – update on options appraisal	29th April 2019	Telford	2 women who have recently used SaTH services (1 from Ludlow and 1 from Telford)	Ludlow – journey time to Shrewsbury, South Shropshire hub wouldn't necessarily have to be in Ludlow You could engage with student midwives at Staffordshire University	The access impact assessment includes two South Shropshire locations (Craven Arms and Ludlow). We will incorporate this in our engagement plan.