Supporting a Transformation in Maternity Services through the STP

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One Gloucestershire
Transforming Care, Transforming Communities

Gloucestershire NHS
Health Community

Five Year Forward View #futureNHS
Background:
Registered population (2015)
622,000 + 90,000
Projected rise
Projected population (2031)
713,000

Current no. of people over 65 with a long term condition
47,500
Projected rise by 2030
77,000

Area covered by the STP
2653 km²

The increase in the 75–84 age group by 2021
20%

Gap over the next 4 years (from 2017/18) unless we change the way we deliver services and support
£226m*

Five Year Forward View
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How We Typically Work

Commissioners
Analyse, Consider, Plan

Service changes

Improved outcomes

Women’s views
Clinical innovation

Best Practice
Current provision

Health Visitors
Children’s Centres
Midwives
Voluntary and Community Sector
Mental Health Trust
Our Shared STP Vision:

“To improve health and wellbeing, we believe that by all working better together - in a more joined up way - and using the strengths of individuals, carers and local communities, we will transform the quality of care and support we provide to all local people”.

• The Gloucestershire Health Community has worked together to develop our shared work programme, financial savings plan and objectives

• Our shared transformation programme is focussed on ensuring we will have a sustainable health and care system for Gloucestershire – for now and for the future
Maternity Services in Gloucestershire

- Approximately 6000 births per year
- Good choice of home births, birth units (2 sites) or delivery suite
- Current priorities are:
  - perinatal mental health
  - community hubs
  - experience of postnatal care
  - ‘saving babies lives’ care bundle
  - improving engagement through ‘maternity voices’
Overview of Approach to Transformation

1. Using a ‘tried and tested’ approach to service transformation – the Clinical Programme Approach

2. Utilising the new ways of working required by the STP to bring clearer leadership and a shared vision across commissioners, providers and other partner organisations

3. Take advantage of uncomplicated commissioner/provider landscape in Gloucestershire
Plan on a Page:

STP Gloucestershire: Joining Up Your Care

System Development Programme

- Countywide OD Strategy Group
- Quality Academy
- STP Programme Development
- Governance Models

Enabling Active Communities
- Prevention and Self Care strategy
- Asset Based Community Models
- Focus on carers and carer support
- Social Prescribing / Cultural Commissioning

Clinical Programme Approach
- Transforming Care Respiratory, Dementia, Maternity
- Clinical Programme Approach developing pathways and focus towards prevention
- Mental Health FYFV

Reducing Clinical Variation
- Choosing Wisely: Medicines Optimisation
- Reducing clinical variation
- Diagnostics, Pathology and Follow Up Care

One Place, One Budget, One System
- Urgent Care Model and 7 day services
- People and Place - 30,000 Community Model
- Devolution & Integrated commissioning
- Personal Health Budgets / IPC

System Enablers

Joint IT Strategy
Primary Care Strategy
Joint Estates Strategy
Joint Workforce Strategy

Five Year Forward View

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Clinical Programme Approach - We will work together to redesign pathways of care, building on our success with Cancer, Eye Health and Musculoskeletal redesign, challenging each organisation to remove barriers to pathway delivery. Our first year will focus on delivery of new pathways for Respiratory, Maternity and Dementia to help us close the Care and Quality Gap.

Including:
- Reorganising care pathways and delivery systems to deliver right care, in the right place, at the right time.
- Additional focus on ‘Designing for Delivery’
- Ensure integrated approaches across our commissioning boundaries i.e. Specialised Commissioning
- Progress the Collaborative Commissioning Processes (NHSE) and plans for delegated commissioning.

Programme Leader: Deborah Lee
How will the STP Support Change

• STP provides a single strategic approach and delivery timeline
• Greater focus on partnership working
• Clearer leadership and accountability
• Provider CEOs have greater accountability for delivering transformation
• Shared resources between providers and commissioners to deliver change
• Shared ‘incentives’ re: need to meet performance and quality standards and financial challenges
• ‘Better Births’ focus on ‘working across boundaries’ should be directly supported
• Still at an early stage!
What are the Challenges?

• STP provides strategic framework for change but delivery remains complex and challenging

• Ensuring all voices are heard – strong focus on engagement

• Implementing the ‘Continuity of Carer’ recommendation

• Payment reforms may create uncertainty in financially challenged times and could lead to difficult relationships between system partners
An example: Perinatal Mental Health

In Gloucestershire:

- From March 2013- April 2014, 6054 women gave birth at Gloucestershire Royal (only Gloucestershire CCG responsible- actually 6354)

- From March 2013 to April 2014 463 (7.6%) perinatal women were referred to the ‘Lets Talk’ service

- From March 2013 to April 2014 320 (5.3%) women in the perinatal period were referred into 2gether mental health services.
Key messages

- Perinatal mental health problems are common and costly.

- They affect up to 20% of women at some point during pregnancy or in the year after childbirth and are a major public health issue impacting on both women and baby.

- The good news is that women recover when they get the right treatment. It is vital that all women, wherever they live get the specialist help they need.”
Our 4 Main Themes

Reducing stigma and increasing early identification

Providing accessible, community based support for all women and families with mental health needs

Providing a joined up response for women and their families with mild to moderate needs

Providing a joined up response for women and their families with high level needs
Providing accessible, community based support for all women and families with mental health needs

These services might be provided by voluntary sector organisations; by midwives or health visitors; as part of children’s centres, or by community mental health services. It is important that services are offered in accessible venues that women feel comfortable to attend, such as children’s centres.

We need to make good use of the third sector support that women may find easier to access. Need to make use of the social prescribing initiative in county to be “joined up” - Midwife

We as Children Centres could do a lot more around service provision. Responsibility lies with us as well as the health service.– Children’s Centres

The Homestart volunteer visited once a week – it was really helpful in supporting looking after my baby - Mother
Our Plan for Improving Perinatal and Infant Mental Health Outcomes in Gloucestershire

We are working across our health and social care community to make perinatal mental health a priority. These are the key elements of our strategy:

- Raise awareness of perinatal mental health issues in order to reduce stigma and increase early identification
- Empower a skilled workforce by providing them with additional training so that they can provide better care for women with mental health issues and their babies
- Offer a range of ways to access support in the community to meet the needs of women and their partners
- Introduce a Specialist Perinatal and Infant Mental Health Team so that women get expert help when they need it including pre-conceptual advice and support
- Ensure effective joined up working between all the professionals involved in the care of women and babies

Five Year Forward View #futureNHS
Conclusions

• The STP has potential to allow a different way of working which will allow partner organisations to work more collaboratively. Early signs are good.

• A tried and tested approach to service transformation is still vital. The logistical challenges don’t go away because of the STP.

• Requirements of ‘Better Births’ reflect current priorities and provide a stronger mandate for change

• In Gloucestershire the STP already feels like a ‘step change’ in joint working which will benefit changes in maternity and more widely