

HEALTH AND WELLBEING BOARD: 22 JANUARY 2015

REPORT OF WEST LEICESTERSHIRE AND EAST LEICESTERSHIRE AND RUTLAND CLINICAL COMMISSIONING GROUPS AND LEICESTERSHIRE COUNTY COUNCIL

UPDATE REPORT ON MATERNITY AND CHILDREN'S BETTER CARE TOGETHER WORKSTREAM

Purpose of report

1. The purpose of this report is to update the Health and Wellbeing Board on the scope and progress of the work underway in the Maternity and Children's Workstream as part of Better Care Together (BCT).
2. At its meeting on 16th September 2014, the Health and Wellbeing Board agreed that the Leicestershire children's integrated commissioning role previously overseen by the Leicestershire Children and Young People's Commissioning Board could be subsumed into the Leicester, Leicestershire and Rutland (LLR) Child Health Strategy Group and linked into the governance system for the Health and Wellbeing Board. The LLR Child Health Strategy Group has oversight of the BCT Steering Group for the Maternity and Children's Workstream.

Policy Framework and Previous Decisions

3. Better Care Together is an unprecedented programme to reform health and social care across Leicester, Leicestershire and Rutland. The programme is a partnership of local NHS organisations and councils and is driven by a shared recognition that major changes are needed to ensure services can continue to meet the needs of local people. The aim is to use the major financial challenges faced by the system as an opportunity to improve outcomes and experience for patients. The Better Care Together five-year plan has now been published.
4. The Maternity and Children's Workstream is part of the overarching Better Care Together programme across LLR and will set out the future shape of services for women, families and children. This workstream has a financial saving of £708,000 to make over the 5 year period, £408,000 for maternity Services and £300,000 for Children's Services.

Background

5. The child health agenda is vast and complicated and the current health care system is not designed to address adequately the unique needs of children. The needs of children are dealt with by a range of organisations including health, social care, education and the voluntary sector. These services need to change because current services are fragmented, and suffer from poor coordination amongst teams and organisations. The service model varies across LLR and whilst some local variation will always be needed, greater consistency is essential to reducing duplication.

Current services lack a focus on supporting independence: children and young people need to be supported to self-care.

6. The case for changing maternity and neonates services is that LLR is currently not providing expectant mothers with as much choice as some other areas, and too many mothers are presenting to services late in their pregnancy. There are also concerns about the sustainability of running two obstetric-led maternity units in the city and concerns about the sustainability of the St Mary's Birthing Centre.
7. The changes will improve health and wellbeing for children, leading to improved life expectancy and independence, and more children and young people will benefit from joined-up personalised care. There will be reduced duplication in the system, greater productivity, reduced inpatient admissions and less hospital-based outpatient activity. The changes will also deliver a sustainable long-term model for acute paediatric provision across LLR and the local region that complies with national standards.
8. For Maternity and neonatal Services the changes will deliver greater choice for mothers in LLR about how they deliver their babies. Some groups will also receive targeted support, for example teenage mums and other hard to reach groups who may need help making the transition to parenthood. Ensuring services are accessible and mothers access services at an appropriate point, and working in partnership with agencies across LLR will improve perinatal outcomes, particularly in hard to reach groups. The changes will also deliver a sustainable long-term model for maternity and neonatology services in LLR that complies with national standards.
9. The above changes will be delivered through a number of key multi-agency projects listed below:-
 - **Joint Commissioning:** Health and Local Authorities are working together to jointly commission pathway and integrate commissioning processes.
 - **Emotional Health and Well-being Pathway:** - Providing a pathway of services for children and young people with emotional health and wellbeing problems across all agencies.
 - **Develop Integrated Work:** - This work will look at internal horizontal and vertical integration to reduce duplication and make best use of workforce capacity...
 - **Deliver a Sustainable long term models for Maternity:** - Explore options for ensuring a safe and sustainable service that offers women choice.
 - **Deliver a Sustainable long term models for Acute Paediatrics:-**Develop models of care across acute care providers within East Midland to provide networks of care for sustainable service with territory centres and DGH to ensure care is given closer to home.
 - **Improved access to maternity services and perinatal outcomes:** - Work with Public Health and Local Authorities to review and develop appropriate antenatal, intra partum and post natal provision.

- **Ensure Neonates are in the right cot at the right time:** - Ensure LLR has sufficient capacity and workforce and develop integrated pathways internally and externally to ensure babies are in the right cot at the right time.
- **Deliver Care Closer to Home:**-Identify pathways of care where duplication can be reduced and activity can be moved from acute care to community settings.

Consultation/Patient and Public Involvement

12. As part of the overarching Better Care Together Programme a communication strategy is being devised, however each work stream will need to have its own communication and Patient Participation and Involvement plan which will involve using existing structures, systems and personnel to consult and engage.
13. As key principle that has been agreed by the workstream that each project has meaningful engagement and user involvement as part of focus. It has been flagged that due to the breadth and complexity of some of the projects additional support and capacity is required in this area.

Resource Implications

14. The majority of this work will be delivered within current resources however the workstream has identified where additional support and capacity is required this includes:-
 - *Communication and Engagement*
 - *Project management*
 - *IT support (in relation to information sharing)*
 - *Administration*

Timetable for Decisions

15. The Better Care Programme spans a five year time period between 2014 – 2019. However it is anticipated some of the work within the Maternity and Children's workstream will be delivered as quick wins in shorter timeframes, these include:-
 - Constipation pathway
 - Hepatitis B pathway
 - On-line Counselling
 - Improved data flow between Maternity and Health Visiting.

Conclusions/Recommendations

16. This piece of work has the potential of improving the outcomes for women, families and children without increasing costs through integrated commissioning and working. The Board is asked to note this paper.

Officers to Contact

Mel Thwaites, West Leicestershire CCG
Melanie.Twaites@westleicestershire.ccg.nhs.uk
 Lesley Hagger, Leicestershire County Council
Lesley.Hagger@leics.gov.uk

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