

Strategic service change programme: Staffordshire and Stoke-on-Trent freestanding midwife-led birthing units (FMBUs)

November 2024



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Background

The Freestanding Midwife-led Birthing Unit (FMBU) services at County Hospital, Stafford, and Samuel Johnson Community Hospital, Lichfield, were suspended for births at the beginning of the Covid-19 pandemic. This was to ensure safe staffing of the consultant units at Royal Stoke Hospital and Queen's Hospital, Burton.

Prior to the units closing on a temporary basis 94 women (8 per month) gave birth at County Hospital in Stafford and 220 women (18 per month) gave birth at Samuel Johnson Community Hospital in Lichfield (2019/20 activity). The units were staffed by midwives on a 24/7 basis.

Whilst the initial closures were directly related to Covid 19, significant staffing challenges in the maternity workforce have prevented both Trusts from being able to safely reopen these units. Throughout this period, the home birth services for both Trusts have had both fixed term and intermittent (in line with escalation) periods of suspension and are also currently closed. As staffing has increased, attempts have been made to reinstate the homebirth services and although currently suspended, both Trusts began booking women into the home birth service during their early pregnancy from 01 April 2024.

The Staffordshire and Stoke-on-Trent ICB, along with colleagues from the neighbouring Derby and Derbyshire ICB, have been working with the University Hospital of North Midlands (UHNM) and University Hospitals of Derby and Burton (UHDB) to outline the current position in relation to the FMBU's and the home birthing services provided by each organisation. All parties recognised that the ongoing closure under the temporary service change arrangements could not continue and began to consider the next steps regarding service change proposals for future maternity provision across Staffordshire and Stoke-on-Trent.

In July 2023, the case for change on the future of intrapartum services at the FMBUs was presented to NHS England during a stage one assurance meeting. No issues were raised by NHSE during the meeting and the feedback from NHSE was that the case was well presented, and partners demonstrated a clear and robust understanding of the clinical model and the challenges the ICS is facing. As a result, the ICB alongside system partners reinstated the service change process that was paused due to the pandemic and began to reassess proposals for the future of birthing services at Samuel Johnson Hospital, Lichfield and County Hospital, Staffordshire.

At a technical event held in September 2023, clinicians reviewed seven potential proposals to develop a shortlist of viable proposals. These were assessed against six essential criteria. During the event it was recommended that only one proposal is viable at this stage - which is to make permanent the temporary closure of intrapartum birthing services at County hospital and Samuel Johnson hospital.

Following the technical event, a deliberative event with women and key stakeholders was held online in December 2023 to discuss the proposal for intrapartum services previously provided at County Hospital and Samuel Johnson Hospital. Further involvement was carried out with women who registered but were unable to attend the event. A report of findings was developed by the Midlands and Lancashire Commissioning Support Unit (MLCSU) following the deliberative event and further involvement and was presented to the Maternity Service Change Steering Group.

The group formally received the report of findings and confirmed they were confident with the process that had been undertaken. The group was also asked to consider whether anything further needed to be considered within the business case considering the feedback received.

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For complex service change commissioners should consider clinical senate advice. Clinical senates have been established to be a source of independent, strategic advice and guidance to commissioners and other stakeholders to assist them to make the best decisions about healthcare for the populations they represent.

In April 2024, the Case for Change and associated clinical evidence was presented to the West Midlands Clinical Senate. The Clinical Senate was of the view that the ICS articulated a credible case for change and the principles of the programme of work were in keeping with the needs of the population, and general NHS national policies and guidance. As such, the Senate supported the proposal to make permanent the temporary closure of the birthing/intrapartum service at the two Freestanding Midwifery Led Birthing Units (FMBUs) at Samuel Johnson in Lichfield and County Hospital in Stafford.

Current position

The ICS is now finalising the Business Case that will be presented to NHS England during a stage two assurance meeting. The purpose of the business case is to outline the needs of the population and set out the case for change, describe the process we have followed and how we have involved key stakeholders and the public.

The business case will also describe the clinical model and potential benefits thereof and include an analysis of any financial or workforce implications relating to the proposal. Finally, the business case will set out how we will assure and potentially implement our plans if a decision is made to move forward. It is anticipated this will take place in September 2024.

At this point no decision has been made, and the business case will still need to undergo a robust assurance process and potential further involvement activity. This plan has been drafted to cover the period after the completion of the Business Case and the relevant corresponding governance steps required – it has been prepared in in case any further formal involvement activity is necessary. If required, any further involvement would include service users, staff, the wider public, and other stakeholders.

Scope of this work

This involvement activity will inform the decision-making about the proposal to make permanent the temporary closure of the birthing/intrapartum service at the two Freestanding Midwifery Led Birthing Units (FMBUs) at Samuel Johnson in Lichfield and County Hospital in Stafford.

The proposal needs to be considered alongside the maternity clinical model, which is:

- No change to the provision of consultant-led services,
- No change to the Midwifery-led care offered at Royal Stoke Hospital and Queen's Hospital, Burton,
- Reintroduce and grow the homebirth services,
- Develop and grow a continuity of carer model for the most vulnerable in the county,
- No change to the antenatal and postnatal care at County Hospital and Samuel Johnson.

Aims and objectives

If further involvement activity to gather views is required, the aims of this would be to:

- inform and involve staff, service users, carers, carer representatives and other stakeholders about the work to date and the proposal identified through the options appraisal process and wider involvement activity since 2019,
- articulate the current position and the proposal to make permanent the temporary closure of the birthing/intrapartum service at the two Freestanding Midwifery Led Birthing Units (FMBUs),
- reassure staff, service users, carers, carer representatives and other stakeholders about the scope of the proposal and the wider maternity clinical model, which is outlined above,
- understand views about the Business Case and the technical group's recommendation about the proposal detailed within it,
- review the views of the service users, carers, and carer representatives to date to inform our approach to involvement,
- inform decision-making, by listening to the views of:
 - people involved in the 2019 and 2021/22 engagement activity and others who were not involved at the time, to understand if there is anything new/additional that needs to be considered
 - service users and carers across Staffordshire and Stoke-on-Trent, but also targeting geographical areas that have experienced the temporary arrangements since the beginning of the Covid-19 pandemic
 - other stakeholders with views about the provision of maternity services.

We will seek to understand people's views on the proposal, and in particular:

- if there are any ideas we have not considered,
- if there is any positive or negative impact we need to plan for if we decide to go ahead with this proposal,
- how we can support people if these changes are agreed.

The objectives of this work will be to gather any further information needed to inform the decision by decision-makers to meet our statutory duties.

If further involvement activity to share information is required, the aims of this would be to:

- inform and involve staff, service users, carers, carer representatives and other stakeholders about the work to date and outcome of the involvement activity since 2019,
- articulate the current position and the proposal to make permanent the temporary closure of the birthing/intrapartum service at the two Freestanding Midwifery Led Birthing Units (FMBUs),
- communicate how the ICS strategic direction aims to meet the requirements of the national directives outlined in the 2024/25 priorities and operational planning guidance but also meets the need of our population, by:
 - empowering women, and their partners, by putting them at the centre of their care so they have the best support,
 - designing a service that supports women to access a team of midwives, who have worked with them to develop their own personal birth plan,
 - providing a network of places where women can choose to have their care, that are high quality and safe, have the right staff skill-mix and represent value for money,

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- providing continuity of carer during pregnancy, birth and beyond to those most vulnerable in our community,
- making the best use of our staff, allowing them to work more flexibly and really get to know the women and families in their local communities,
- developing and sustaining a culture of safety which reduces inequalities in outcomes.

This vision, coupled with the ICS commitment in the Joint Forward Plan to ensuring that all activities in the maternity and neonatal programme will support achievement of the four themes of the National Delivery Plan is the strategic backdrop to the proposals for the future of the FMBUs.

Key messages

- We're committed to an open and transparent dialogue with service users, carers and carer representatives, staff, and partners.
- Women would continue to receive most of their antenatal and postnatal care within the units.
- Staff-to-patient ratios would be the same across all units.
- Midwives can support the homebirth services and midwife-led units.
- Midwives can fully utilise their skills and experience to support other areas of maternity care.
- Patients who develop complications would no longer need to be transferred to a hospital unit during labour.
- There may be travel implications for women who are eligible to give birth at County Hospital or Samuel Johnson Community Hospital, who live close to the units and who would have chosen to give birth there. (The continued increase in case mix complexity means that more women are presenting with comorbidities and therefore requiring consultant-led care, substantially reducing the number of women suitable for low-risk care)
- The proposal requires the reinstatement of homebirth services to ensure full patient choice is offered.

Key spokespeople

The following key spokespeople will be media trained and will act as spokespeople for the ICB, UHNM and UHDB.

Clinical spokespeople:

- Paul Edmondson-Jones, Chief Medical Officer, ICB
- Heather Johnstone, Chief Nursing and Therapies Officer, ICB
- Alison Budd, Lead Midwife for Transformation Maternity Programme, ICB
- Sarah Jamieson, UHNM
- Sarah Noble, Interim Director of Midwifery, UHDB

Executive spokespeople:

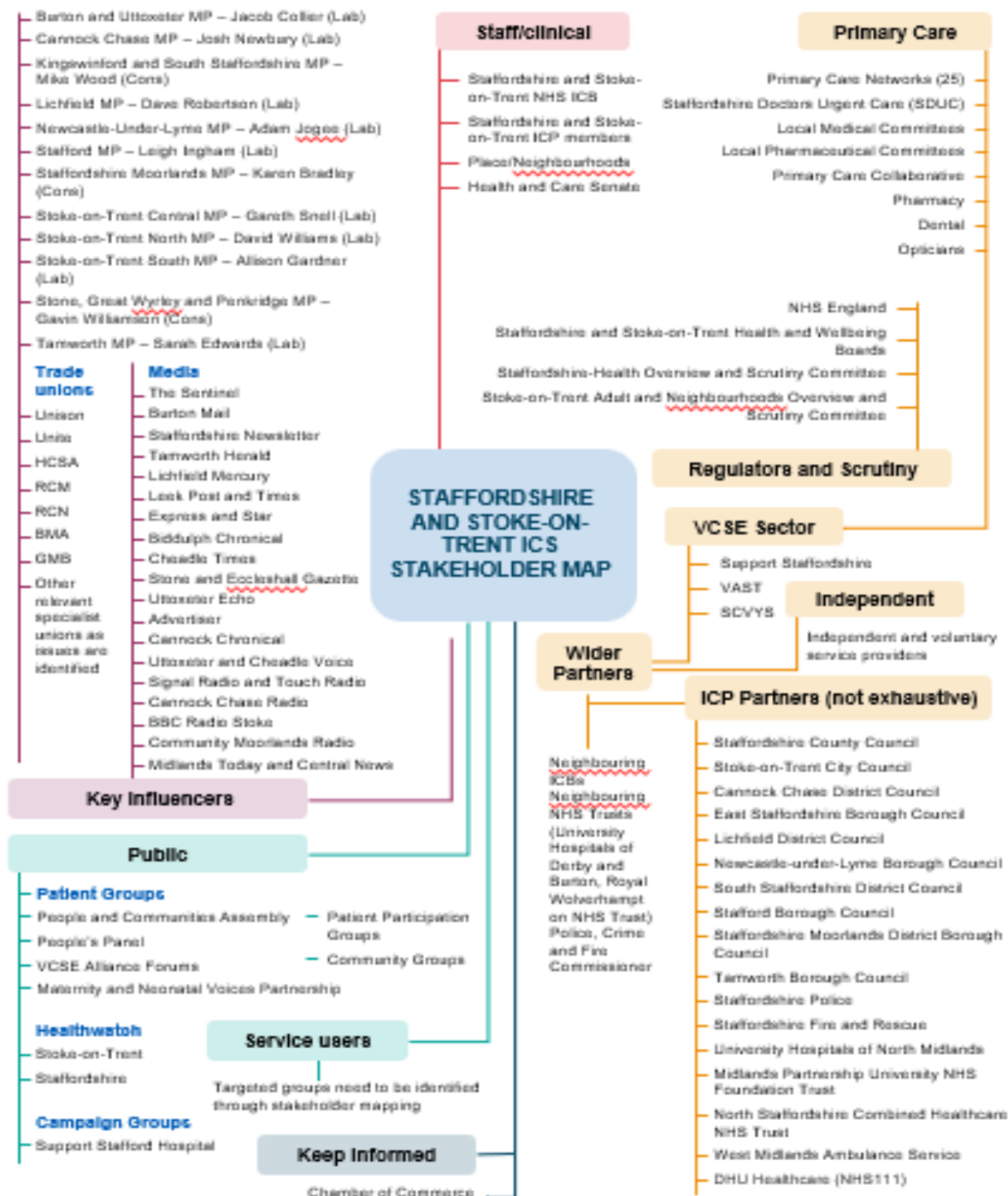
- Paul Edmondson-Jones, Chief Medical Officer, ICB
- Heather Johnstone, Chief Nursing and Therapies Officer, ICB
- Helen Ashley, Director of Strategy and Performance, UHNM
- Guy Tuxford, Divisional Director for Women's and Children, UHDB

Key stakeholders

Our work to map stakeholders has been an iterative process throughout this programme of involvement activity and continues to be so. We have developed a comprehensive database of stakeholders. This is a live stakeholder management system which is updated as details change, and new or additional stakeholders are identified. This is the high-level stakeholder map.



Appendix one: Stakeholder map



Approach to involvement

Recognising that this phase follows involvement activity in 2019, 2021/22 and 2023, we will seek to build on the relationships already established and previous conversations with stakeholders as well as giving people who have not participated so far, the opportunity to have their say. We will continue to involve the Staffordshire Health Overview and Scrutiny Committee (OSC) in developing our approach to involvement and information activity.

This plan is an iterative document and sets out our initial thinking, subject to the views of the HOSC and the ICB Board. We have reflected on all previous engagement activity and are based on the recommendation of Staffordshire HOSC, we are proposing a 12-week consultation period. We believe this will give sufficient time for people to participate and provide an informed response – but is balanced against the demand on our clinicians and the potential for ‘involvement fatigue’. A midpoint review will guide whether there is a need to undertake more targeted activity with certain groups and whether there is a need to extend this timeline.

We would be looking to launch a range of activities, including but not restricted to:

- Survey – To gather views about the proposal and understand if there is anything else that should be taken into consideration. The survey will also allow us to understand any potential impact of the proposal to make permanent the temporary closure of the birthing/intrapartum service at the two Freestanding Midwifery Led Birthing Units (FMBUs). We would also seek to understand if there are any alternative considerations to this proposal that are viable
 - Traditional responses – In addition to our online survey, people will be invited to phone our Involvement Team or to send a survey to our freepost address to be received by the closing date. People can request a paper copy of the survey or can request support in completing the survey.
- Targeted engagement with service users, carers, carer representatives and other stakeholders via the Maternity and Neonatal Voices Partnership (MNVP).
- Offer a meeting with campaigners/campaign groups – To seek their views on the proposal, the impacts and the mitigations.
- Online meetings – Two meetings (one in working hours and one during an evening). These will include a presentation from the ICB, UHNM and UHDB and a series of breakout sessions to seek views on the proposal.
- Drop-in roadshow events – These would be face-to-face in the key towns of Stafford and Lichfield. They will be promoted through traditional media, digital channels and through stakeholder channels.
- Break-out rooms – These would be provided at both face-to-face and online events and meetings to allow space for one-to-one discussions or to support people requiring time away from the main meeting.
- Targeted focus groups/one-to-one interviews – We recognise that for some seldom heard groups, alternative channels may be needed. We will work closely with Healthwatch and the voluntary sector to identify existing community and voluntary groups that we can attend.

Provisional timeline

Milestone	Anticipated Date/Timeline
Update to Staffordshire County Council Health and Care Overview and Scrutiny Committee Present Business Case outline to Staffordshire OSC	29 July 2024
Summary of assurance and governance process to Derbyshire County OSC members	July 2024
Summary of assurance and governance process to Stoke-on-Trent OSC members	08 August 2024
NHSE Stage 2 assurance meeting	2025 (TBC)
Return to Staffordshire OSC to confirm the approach to further public involvement (if not covered in July/August)	Follows on from above, TBC 2025
ICB Board for approval of Business Case and all recommendations for further involvement	TBC but likely 20 Feb 2025
Potential further involvement activity	Mon 5 May 2025 (owing to pre-election period w/c 17 March to 2 May)
Analysis of outputs from involvement activity	June to August 2025
Develop decision making business case	Summer/Autumn 2025

Communication channels

We recognise there is a need to keep people informed throughout this journey and will use the following channels to keep people informed:

Channel	Stakeholder	Frequency/timeline
Newsletters / intranet / team meetings, and dedicated focus groups	Staff	Monthly
Stakeholder bulletin – using existing bulletins through ICS UHNM and UHDB	Partners/other health and care professionals	Monthly

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One-to-one virtual briefings/correspondence	MPs/Council Leaders/OSC	As required
Virtual briefings/targeted engagement	MNVP	Ongoing
Website – the dedicated website page will be updated to provide the latest information about the programme	All (including service users and public)	Ongoing
Media– we welcome the support of the media in helping us to deliver balanced information that will support patients to participate and share their views.	Media/public	We commit to providing regular and timely press releases that are written in plain language and, where appropriate, giving advance notice to reporters. We will launch an ongoing dialogue through the local media, including press releases, social media posts and radio interviews. We will respond to media enquiries in a timely manner, recognising the deadlines that reporters operate within
Social media – promotion of opportunities to have say	All	At key milestones
In-depth interviews with representatives or and members of seldom heard groups to gather people’s experiences and views as appropriate	Service users / interested public and seldom heard groups (targeted engagement)	Ongoing
Workshops to be organised to gather people’s experiences and views (as appropriate)	Service users/ interested public/seldom heard groups	TBC
Survey tool to seek feedback from people who cannot attend events	All	TBC

Communications and Engagement resources

We will develop a range of resources to support the planned involvement activity. The resources will support stakeholders who are interested in the subject matter and will be used as required and as appropriate. Resources could include but are not restricted to:

Public Information Products:

- Integrated consultation document and survey – online. Including videos or animations where applicable
- Printed consultation document and survey. Links to online resources provided to facilitate access to videos/possibly animations etc
- Summary consultation document
- Accessible consultation document and survey

Promotional Information Products:

- Website content (including the Business Case and further information)
- Handout flyer for events
- Poster to promote consultation and/or events. To include QR code to facilitate online access to materials. Translated posters to also be made available
- Videos/possibly animations
- Toolkit to support partners to promote on social media channels
- Press releases and media briefing
- Stakeholder updates (letters, emails and telephone scripts).

Event Products:

- Event registration form
- Event participation form, including demographic profiling questions
- Facilitator briefing notes and note-taking templates for events
- Presentations for deliberative online events
- Presentation for focus groups and voluntary sector events
- Voluntary sector collateral – presentation, facilitator booklet, and copies of printed promotional materials

Supporting seldom heard groups

An Equality Impact Assessment (EIA) will be produced that outlines the approach to involving seldom heard groups. We will work closely with the ICS' People and Communities Assembly and the voluntary sector to identify opportunities to involve and empower these groups to get involved.

We will ensure our communications are accessible by:

- Writing in plain language
- Using visuals (including diagrams, animations and accessible documents)
- Providing access to other languages, other document formats (large print, Braille, etc) and British Sign Language (BSL) interpretation when needed
- Arranging events to be at various times and days of the week to maximise attendance
- Asking people if there are any reasonable adjustments needed when attending virtual events and offering alternative ways for people to share their feedback (for example by phone)
- Providing reasonable adjustment and support, for example using interpreters or offering smaller focus groups with existing networks where appropriate.

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We will build on our relationships with the voluntary and community sector, to utilise existing networks and their knowledge of working with seldom heard groups. Using these networks, we will work with trusted advocates, for example liaison officers for the homeless or the Gypsy, Roma and travelling communities to support conversations in a way that is approachable and understandable.

Next steps

A detailed analysis report will be produced by MLCSU on the comments from the involvement activity; this will include a thematic breakdown of comments received and demographic analysis from participants, subject to them sharing this information.

These reports will be shared with the programme team to conscientiously consider the findings to inform the next steps and any decision-making resulting from the findings.

The proposals will be reviewed by the relevant governance routes within UHNM, UHDB and ICB (with statutory responsibility for decision making). The findings will be shared with the Staffordshire Health Overview and Scrutiny Committee for discussion. The full report of findings and a public summary will be published on our ICB website.