

Public Document Pack

Supplementary information for Scrutiny Board (Health and Well-being and Adult Social Care) on Tuesday, 20 January 2015

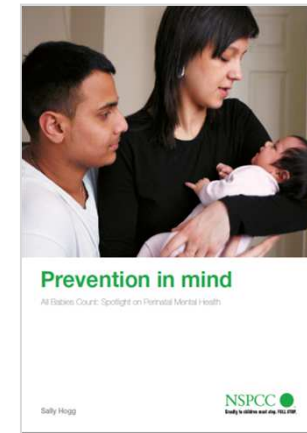
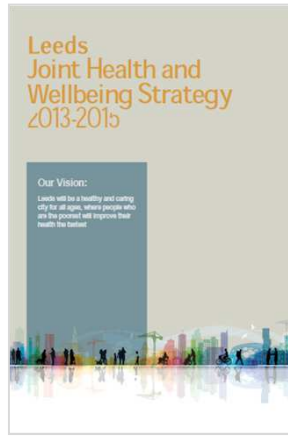
Pages 1-12: Agenda item 10 – PowerPoint presentation in relation to Developing a Maternity Services Strategy in Leeds

Pages 13-16: Agenda item 11 – Leeds Teaching Hospitals NHS Trust: Care Quality Commission Inspection and Identified Improvements – Update.

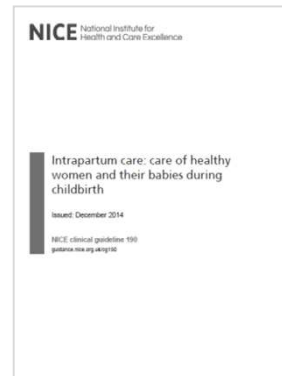
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Beginnings...

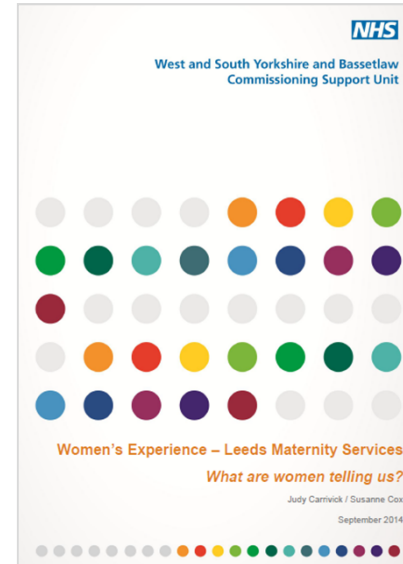
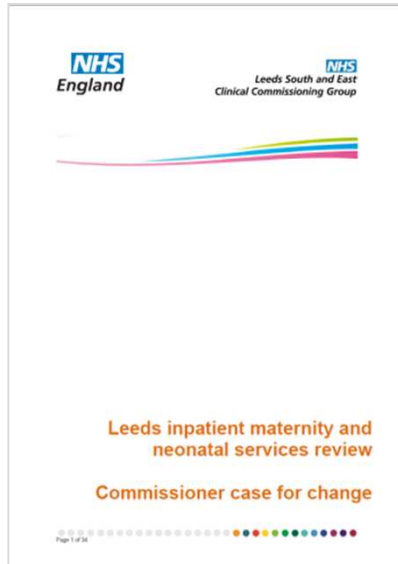
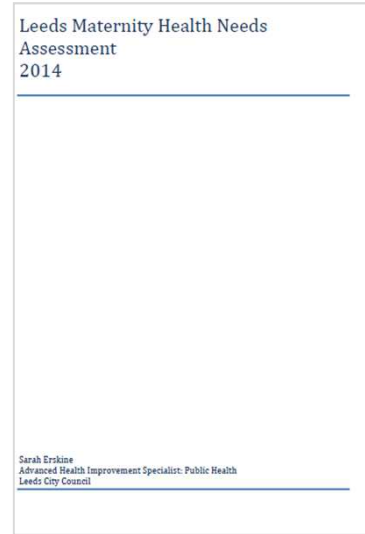
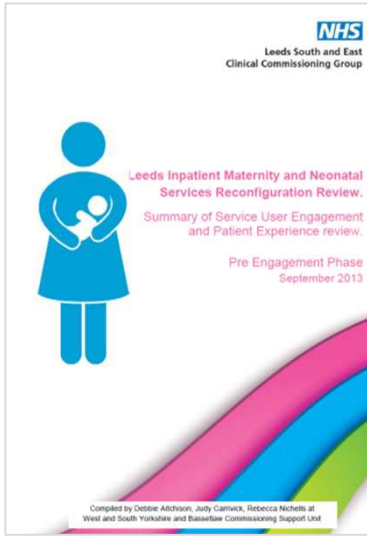




Gaps in mental health care for new mothers cost UK £8bn a year (The Guardian, 20 October 2014)



Midwife led delivery is safer than a labour ward for low risk pregnancies, says NICE guidance (BMJ, 03 December 2014)



Local demographics

- There is a need for effective, reliable and sensitive interpreting services and, within wider provision, of awareness of cultural issues as they pertain to pregnancy, birth and to family life.

Maternal demographics and birth outcomes

- The rate of Low Birth Weight (LBW) in Deprived and Non-Deprived Leeds is widening. This indicates a need for co-ordinated efforts across a range of sectors to address the issues that result in LBW – including smoking in pregnancy and poor nutrition.
- There is a year on year increase in the numbers of births at the LGI site. This has resource implications that require consideration.
- There is a significant gap in perinatal mortality rates between Deprived and Non-Deprived Leeds.
- Despite a downward trend, the Leeds teenage maternity rate remains above the England and Wales average.
- There is a slight ageing of the LTHT birthing population. This is associated with increased complexity of the maternity services caseload.

Health issues

- Maternal obesity and smoking in pregnancy rates are higher in more deprived communities, and breastfeeding rates are lower. This necessitates targeted work with women that understand motivation and barriers to change within different social and ethnic groups.

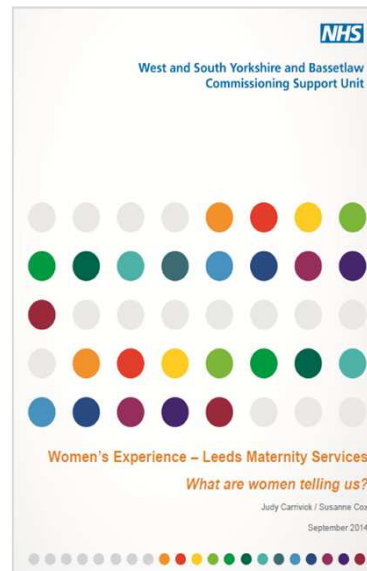
Key groups

- Some population groups in the city still experience poorer outcomes than the wider population. These groups include: African and Asian women, women with Mixed White and Black African or Black Caribbean ethnicity, and Gypsies and Travellers
- A high proportion of women who have their babies removed under age one have a learning disability or difficulty. Many women are identified late in pregnancy. There is therefore significant need to improve identification of women early, in order to be able to provide intensive support to families.
- Specialist support for women with mild/moderate perinatal mental illnesses in both the antenatal and postnatal period is limited.
- The threshold for providing support to women who use substances in pregnancy is very high.
- The evidence base suggests that drinking in pregnancy may be under-reported and therefore population level interventions that target women of child-bearing age may be useful.
- There is clear evidence to suggest that young parents prefer group based antenatal provision that is designed with/for young people. This provision is not currently available in the city.
- There is the potential to improve support for women to enable them to safely disclose domestic violence and abuse and for improved referral pathways to specialist services.

*Summary of Service
User Engagement and
Patient Experience
review – September
2013*

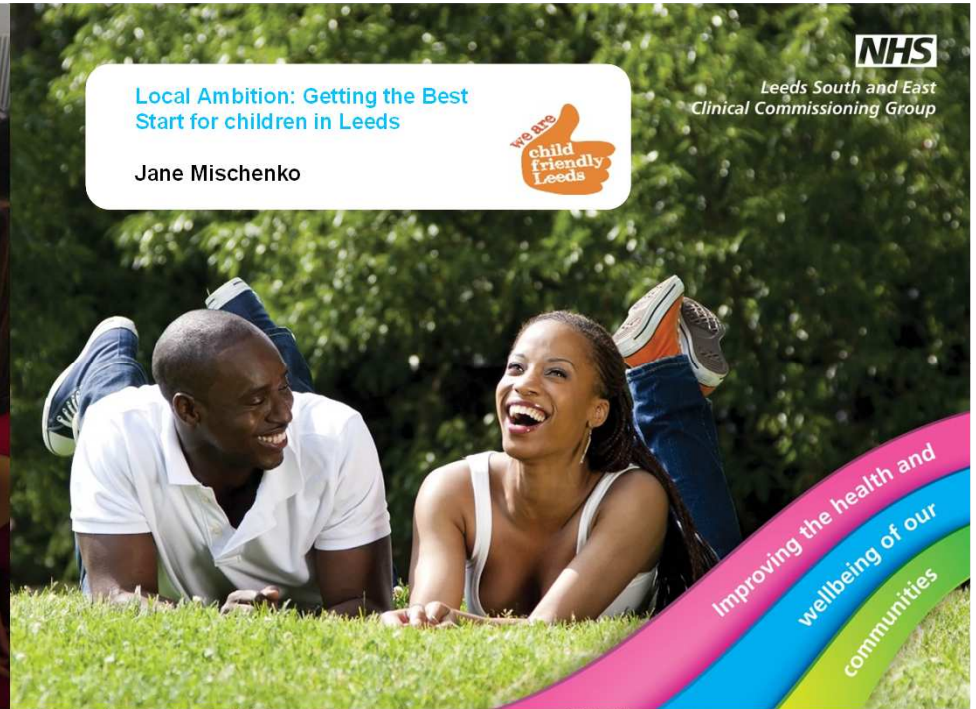
*Patient Experience data
2013-2014*

*Maternity Health Needs
Assessment 2014*



Recommendations
for consideration
by LTHT

Recommendations
for consideration
by the Leeds CCGs



Local Ambition: Getting the Best Start for children in Leeds
Jane Mischenko



NHS
Leeds South and East
Clinical Commissioning Group

Improving the health and wellbeing of our communities

Priorities for maternity services in NHS England

Catherine Calderwood Obstetrician and gynaecologist

NCD for maternity and women's health



"I assumed that my son's death would be in my notes, but I had to tell the midwife myself." (*Mental health service user*)

"Scary after the birth."
(*Teenage mum*)

"The most important thing was - I was the decision maker."
(*Service user with complex health needs*)

"I was not allowed to go to a birth group out of the area - why?" (*Service user with learning disability*)



"I wasn't aware of how to deal with my Caesarean - there was no opportunity to talk." (*BME service user*)

"We're a bit cautious about telling midwives who we are because we might get judged." (*Gypsy and Traveller service user*)

"I didn't know what the midwife was there for - I had no interpreter for my pregnancy." (*Asylum seeker/refugee service user*)

NHS

Maternity services in Leeds Questionnaire

NHS Leeds South and East Clinical Commissioning Group is looking at the way maternity services are provided in Leeds. As part of this review we would like to know about your experience and opinions about how the service could be improved.

If you or someone close to you is pregnant now or have had a baby in the last 12 months, we would be grateful if you could take a few minutes to answer the questions below.

What will happen to my views?
Your views are very important to us as we need to understand your thoughts on what good maternity care looks like. If you would like help to complete the questionnaire or would like it in another language or format please contact us by email: leedsouthandeastcc@nhs.net or by phone on 0113 8431660.

Please send us your views by 10 December 2014
If using a paper copy please return to:

FREEPOST RTGE - L JKA - KKBS
Leeds South and East Clinical Commissioning Group
2180 Century Way
Thorpe Park
Leeds, LS15 8ZB

NHS

Maternity Services in Leeds Questionnaire



Easy read


NHS

Improving the health and wellbeing of our communities

Leeds South and East
Clinical Commissioning Group

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Maternity services in Leeds

Getting involved

- Consultations and engagement
- Children with complex needs
- Best Start Project - Children with complex needs
- Help us shape your care services



Voluntary Action Leeds

Enable · Support · Voice



LEEDS
involving
people



Womens Health Matters

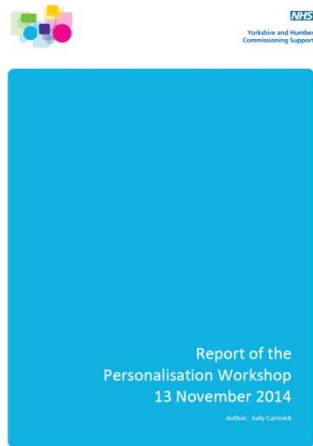


CHANGE

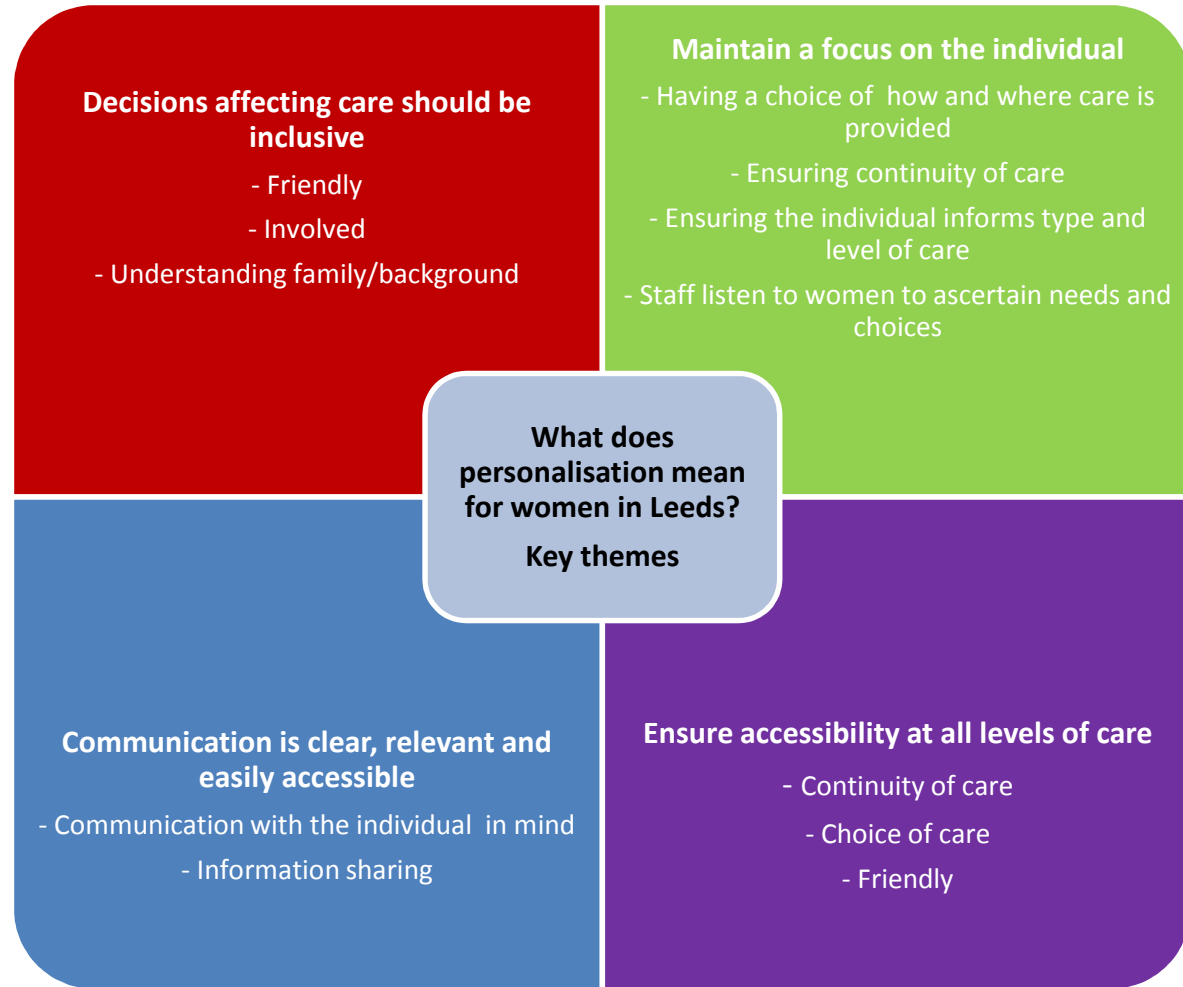


Leeds CITY OF SANCTUARY

<https://www.facebook.com/groups/LeedsHomeBirthFeedback/>



.....inclusive, consistent, continuous care which is flexible to the needs and preferences of women.



.....current financial climate requires us to work closer together and more effectively.




Yorkshire and Humber
Commissioning Support

Report of the Perinatal
Mental Health Workshop
27 November 2014

Author: Judy Carrivick

Antenatal

- Sensitive, responsive care – recognise diversity, women feel able to talk openly about mental health issues, staff training, approachable and willing to listen, de-stigmatise mental health
- Continuity – information sharing across teams and professionals, women involved and ‘in control’
- Holistic

Birth

- Continuity – clear communication and information sharing, one-to-one care, compassionate care, mechanism to flag women with history of mental health problems (anxiety, depression)
- Information – training, labour ward preparation, debrief post birth
- Other - protect caseload of specialist midwives

Postnatal

- Support – based on trust, peer support, bereavement care
- Continuity – pathway delivered consistently, handover of care
- Stigma – trust, normalise parents with mental health problems
- Assessment and accessibility – early assessments, easy and clear access
- Training – early identification and support, role of and impact on wider family, mental health midwives
- Co-ordination – joint working, mental health champions

Maternity strategy 2015/2020 – key priorities

- § Delivering a more personalised service
- § Improving perinatal mental health - in particular earlier identification and intervention for women with low to moderate mental health needs
- § Improving women's whole experience of maternity care
- § Reducing inequalities and improving outcomes for specific groups of women
- § Offering women real choice



**SCRUTINY BOARD
(HEALTH AND WELLBEING AND ADULT SOCIAL CARE)
20 JANUARY 2015**

**ITEM 11: Leeds Teaching Hospitals NHS Trust: Care Quality Commission
Inspection and Identified Improvements – Update**

NHS Leeds Clinical Commissioning Group

**Statement re Progress and Monitoring of Actions Undertaken by Leeds
Teaching Hospitals in Response to CQC Inspection**

Following the Care Quality Commission's (CQCs) inspection of Leeds Teaching Hospitals in March 2014 and the publication of the associated report in July 2014, Leeds West Clinical Commissioning Group (CCG) has maintained oversight of the action plan drawn up by the Trust in response to the 17 'must do' recommendations. At the Quality Summit where the CQC presented their findings, it was agreed that the Trust Development Authority would be the primary body responsible for monitoring the plan and associated actions. However, as the lead commissioner of the Trust on behalf of the three Leeds CCGs and associate CCGs across the region, Leeds West CCG also has a responsibility to seek assurance that the recommendations have been addressed and that the Trust provides safe, effective care.

In support of this the Trust's action plan and response has been presented to the joint Leeds West CCG/Leeds Teaching Hospitals Quality Group on a number of occasions, providing opportunity for the CCG to seek assurance that the actions have been implemented and the issues highlighted have been addressed.

The Quality Group convenes on a monthly basis and examines a wide range of quality issues and indicators, and is the prime CCG mechanism for quality assurance at the Trust. This meeting is a high-level meeting held as part of the contract arrangements with LTH, and it is chaired by the Leeds West CCG Director of Nursing and Quality. Membership includes medical and nursing directors of the CCG and Trust as well as senior quality, governance, commissioning and contracting managers from both organisations. The purpose of the group is also to monitor local and nationally published quality-related reports and to monitor the associated action plans where relevant. As such the CQC inspection action plan was presented to the July and September meetings and is also scheduled for discussion at the January Quality Group Meeting. An update was also provided to the Leeds Quality Surveillance Group, a high-level multi-agency group whose function is to have oversight of healthcare quality in Leeds and act as a mechanism to share issues, concerns and good practice. This group includes representatives from the CQC, Healthwatch and the Local Authority.

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The CCG is satisfied that the Trust has responded to and addressed the ‘must do’ recommendations made by the CQC, and continues to receive information in relation to issues highlighted in the inspection report. For example the Trust has a major recruitment initiative underway and the CCG receives regular updates on the number of new staff entering the Trust. The CCG also receives a detailed report on staffing levels and other safety indicators on an individual ward basis so is sighted of staffing issues across the organisation.

Ongoing assurance of other issues highlighted in the inspection report will also continue to be sought as part of the reporting/assurance mechanisms outlined above. This includes the recommendations highlighted as ‘should do’, which have been assimilated into the Trust’s ongoing work programmes.

The CCG believes that the arrangements described above allow for continued oversight and robust assurance of the issues highlighted as part of the inspection, and we are assured that the Trust has responded to the inspection report comprehensively and sustainably.

**Russell Hart-Davies
Head of Quality
Leeds West Clinical Commissioning Group**

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**ITEM 11: Leeds Teaching Hospitals NHS Trust: Care Quality Commission
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NHS Trust Development Authority (TDA)

**Statement re Progress and Monitoring of Actions Undertaken by Leeds
Teaching Hospitals NHS Trust in Response to CQC Inspection**

Prior to the formal submission to the CQC LTHT submitted their Chief Inspector of Hospitals visit action plan to the TDA for review. Following this review, comments on specific areas were sent to the Trust who revised sections of their plan accordingly and then submitted to the CQC.

The TDA currently has good assurance with the Trust's progress against their plan and is confident that the Trust is progressing areas whilst also being aware of any risks to current delivery.

The TDA continues to monitor the Trust against key quality measures on a monthly basis at integrated delivery meetings which include TDA North members and the Trust's executive team. The progress and actions against the Trust's CIH action plan are monitored here.

**Robert Hakin
Delivery and Development Manager
Delivery and Development NTDA North Team
NHS Trust Development Authority**

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