

Caring for people; keeping people well

Shaping Our Future Wellbeing –
Developing the UHB's Clinical Services Strategy

Maternal Health Workshop

14th January 2014



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

www.cardiffandvaleuhb.wales.nhs.uk/home

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Agenda

- 10:00am **Welcome Service Users and 3rd Sector Groups**
Introduction to the day and each other, discussion of personal experiences
- 10:45am **What do the Clinical Services Principles mean to you?**
Service users describe and discuss what the Principles mean to them
- 11:30am **Lunch**
- 12:00pm **Welcome to Clinical Staff**
Clinical staff welcomed to the workshop and background discussed
- 12:10pm **Setting the Scene**
Miss Pina Amin, Consultant Obstetrician and Gynaecologist
- 12:20pm **What does it feel like to use the UHB's services?**
Service user story
- 12:30pm **Working together, what could the services of the future look like?**
Putting the service user at the centre, attendees draw a service model of the future, considering the impact of technology and new ways of working
- 13:45pm **Sharing the service models developed by each table**
Attendees present and debate their service models of the future
- 14.20pm **Next Steps**

Introduction

- It was fantastic to welcome such a variety of people; service users, staff and 3rd sector partners, to our recent Shaping Our Future Wellbeing, Maternal Health Workshop.
- The aim of the afternoon was to begin to describe what, if we work together, Maternal Health Services of the future could look like. Ultimately, the output of the session will support the development of a Shaping Our Future Wellbeing – Clinical Services Strategy for Cardiff and Vale University Health Board.
- Having had the scene set by Daniel Rigler, Shaping Our Future Wellbeing Clinical Fellow and Miss Pina Amin, Consultant Obstetrician, the session really began to build momentum as those in the room who have experienced our Maternal Health Services described their journeys.
- This report, the presentations from the day and the storyboards generated during participants discussions, will shortly be available on-line. The website will also provide an insight into the breadth of engagement work underway and track progress through to the publishing of Shaping Our Future Wellbeing – Clinical Services Strategy in September 2015.



Rachel Rayment

Clinical Lead, Shaping Our Future Wellbeing

Why are we here today?

We are working on **getting our house in order** but we need to build a new house for the future

The challenges we face aren't going away

- Demographic changes
- Epidemiology
- Financial climate
- Workforce
- Changes in clinical practices
- Innovation



How will we
Care for people and keep them well ?



Maternal Health Services

Outcomes that matter to People

Prevention

Planned Care

Unplanned Care

End of Life Care

Challenges:

1. Britain's birth rate is rising by 18% in a decade

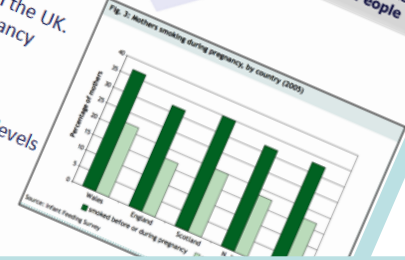


Cardiff and Vale:
2005 → 5,500 births
2014 → 6,200 births
2015 → 6,400 births



Maternal Health

- **Smoking in pregnancy:**
 - Wales highest incidence in the UK.
 - Need to stop before pregnancy
- **Alcohol and substance use:**
 - 50% of women drink during pregnancy
 - 8% drink above recommended levels
- **Obesity:**
 - Lifestyle change advice
 - 'Slimming world' sponsorship
- **Teenage pregnancies (<18 yrs old):**
 - More counseling services and contraception advice



Maternal Health

Prevention Planned Care Unplanned Care End of Life Care

Outcomes that matter to People

- **Planned pregnancies have better outcomes**
- Community based midwifery/consultant led clinics
 - User friendly advice on optimal timing for pregnancy
 - Especially women with pre-existing medical conditions
- Relocating antenatal clinics to the community
- Increasing home birth-information and support
- Reduction in planned caesarean section rate, educating women and staff
 - C & V has lowest rate in Wales (21.2%)



Maternal Health

Prevention Planned Care Unplanned Care ~~End of Life Care~~

Outcomes that matter to People

- Beginning of a new life and a new family.
- Support/education to the family, to give the child a 'flying start' in life.
- Improving access to experienced staff when necessary.
- **Robust Electronic database** -essential for integrated and continuity of care



Service User Experiences



Clinical Services Principles



What do the Clinical Services Principles mean to you?



A wordle 'word cloud' generated using the words most frequently identified on the participants post-its.

Participant Feedback

- Feeling that your opinion is valued and not wrong. Being treated without judgement or bias.
- Taking responsibility for our own health information.
- Children learning about pregnancy/birth in school.
- Listen, value opinion and offer choices.
- More support after birth – community groups/midwives/single-parent groups.
- Take into account personal circumstances such as culture, being a single parent/young Mum.
- Addressing the imbalance of power.
- To be empowered needs knowledge.
- Helping mother to feel special and respected.
- Providing the family (women and partner) with the confidence to take decisions.
- Pick up on extra communication needs of the people with learning difficulties/language problems.
- Accessible, easy to read information.



Participant Feedback

- Social responsibility – getting people to take accountability for their own health.
- Safe/secure care at home.
- Young mothers do not always want to have a birth at home.
- Enables more one-to-one care, especially C-sections.
- As long as the right support is available.
- Thinking about what is best for the whole family.
- Women needs to have the right information and support to decide where they want to give birth.
- Open conversation about public health issues.
- Only achievable with more midwives.
- Home assessment in early labour.
- Good support network – family, midwife, third sector.
- More talk about home birth.
- Moving antenatal and postnatal care back into the community.



Participant Feedback

- Clear choices.
- A service that listens and spends more time with women.
- Having conversations around risk. For example, the risk of Caesarean section and epidural.
- Awareness and support for postnatal mental health issues, with signposting to community mental health services.
- Clinicians need to accept that patients have their own risk threshold.
- Meeting expectations.
- Positive mental experience.
- Good communication.
- Information booklet on the ward with clear instructions about what to do if you are unhappy.
- I want to be safe and I want my baby to be safe.
- Create an environment for success.
- More than just surviving birth.
- Change of culture, treating the patient as the expert.
- Lovely midwives.



Participant Feedback

- More classes about pregnancy. More awareness about pregnancy and delivery.
- Better signposting to support outside of the NHS.
- The environment/atmosphere is important.
- Llandough midwife led unit closed even though many positive experiences had occurred there.
- Ensure adequate staffing.
- More information and improved knowledge about screening tests and their significance.
- Clinical governance and evidence-based care.
- Training and education of staff.
- Procedures and efficiency.
- Lack of consistency in approach.
- Extra support for mums who had previous traumatic births.
- The small things like tea and toast make a big difference.
- Arranging debriefs for families post difficult pregnancies..
- Opportunity for feedback from family and follow-up from midwives/hospital.



IMPROVE!
WE'RE LOOKING AT
HOW WE CAN CHANGE
THINGS IN THE
FUTURE
10 YEAR PLAN
FOR OUR SERVICES

MORE PRESSURE
NOW ON OUR HEALTH SERVICES

CARING FOR PEOPLE
KEEPING PEOPLE
WELL

SHAPING OUR
FUTURE WELL-BEING

MATERNAL HEALTH

DAN RIGLER, SHAPING OUR FUTURE WELLBEING
CLINICAL FELLOW

WORLD HEALTH ORGANISATION'S
DEFINITION OF MATERNAL HEALTH:

"THE HEALTH OF
WOMEN DURING
PREGNANCY, &
UP TO 6 WEEKS
AFTER BIRTH"

CARDIFF + VALE UHB'S DEFINITION IS

← WIDER →

6666
14
JANUARY

PRINCIPLE
**1. EMPOWER
THE PERSON**

"To be
Empowered
you have to
have
Knowledge"



WORKING IN
"PARTNERSHIP"
RESPECT
PEOPLE'S
DECISIONS

RESPECT &
LISTENING

GOOD COMMUNICATION
BETWEEN SERVICE
PROVIDER + USER

PRINCIPLE
**2. HOME
FIRST**



INVOLVE
EVERYONE -
FAMILY +
FRIENDS

MORE
MIDWIVES
ARE NEEDED

TIME

GAP

BETWEEN
HOSPITAL → HOME

WHAT NEEDS
TO FILL?

PRINCIPLE
**3. OUTCOMES
THAT MATTER
TO PEOPLE**

**Listening!
Listening!
Listening!**



COMMUNICATION

EXPERIENCE IS
POSITIVE!

INVOLVE FAMILIES
MUMS ARE
EXPERTS!



WANT TO
ENJOY
NOT JUST
GET THROUGH

PRINCIPLE
**4. AVOID
HARM,
WASTE & VARIATION**

PRINCIPLES
**5. EQUITY
BETWEEN
PEOPLE WHO
USE AND PROVIDE
SERVICES**



INCLUDE
THE DADS!

KNOWLEDGE + EMPOWERMENT
EDUCATION
(TAUGHT IN SCHOOL)

1
INFO.

LIFE
CYCLE
APPROACH



PROCEDURES
NEED TO BE
FOLLOWED BY CLINICIANS
MOTHERS SUPPORTED
TO KEEP TO THEM

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Future Services

People

- A different level of engagement with our communities
- Patients as the experts



"The patient is the most undervalued resource in medicine"

1970s - 1980s



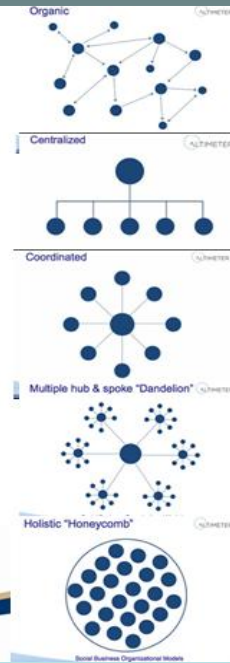
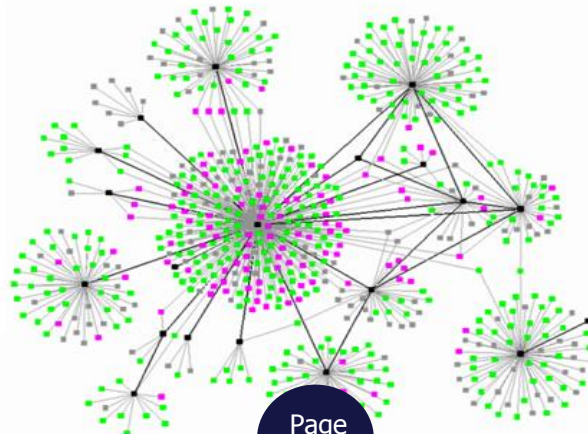
Technology and Communication

NOW

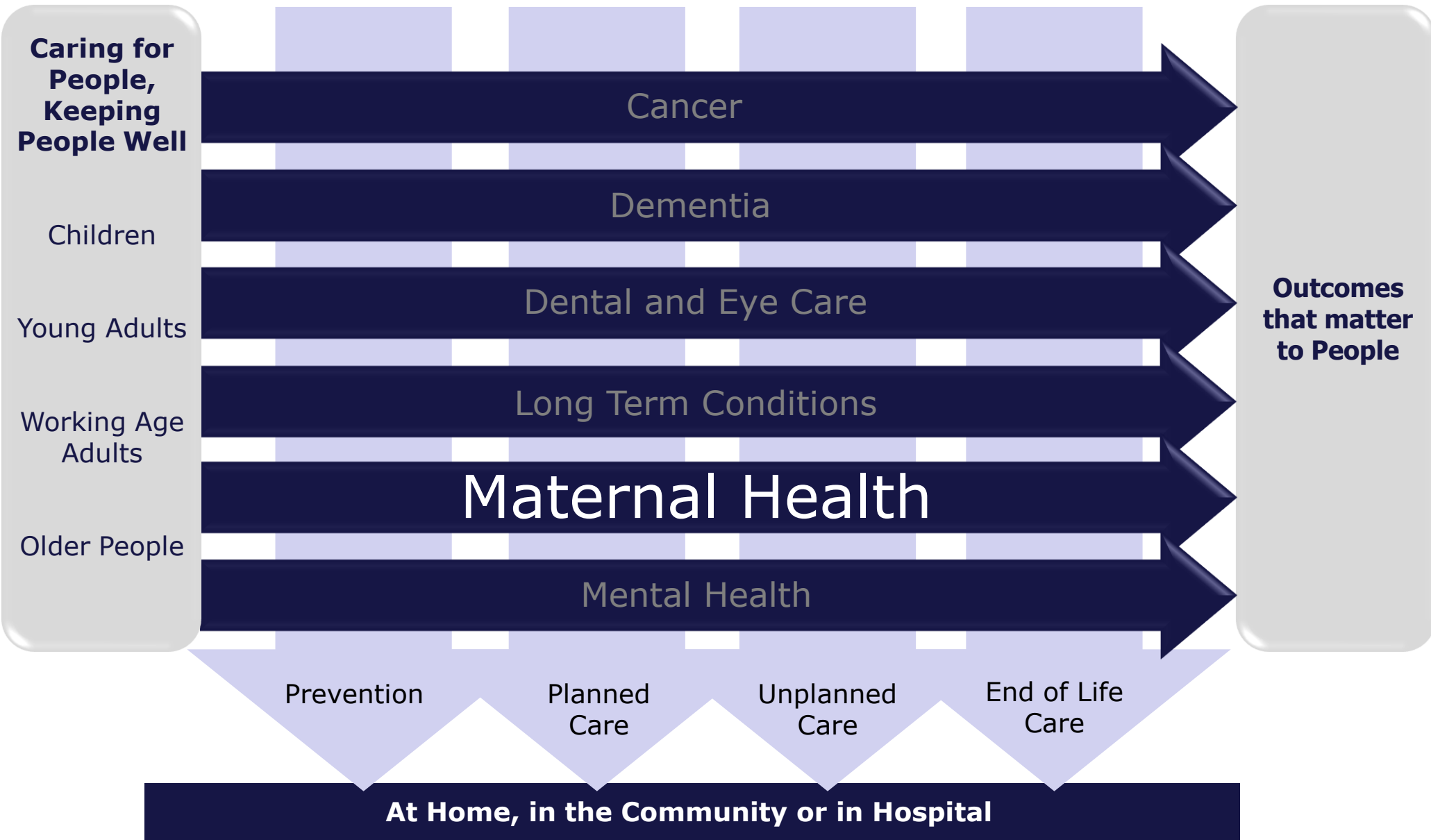


New Ways of Working

- Networks/Alliances and Partnerships
- New Flexible Roles



Clinical Services Framework



Working together, what could the services of the future look like?





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Next Steps

- Within the month, provide **you** with the **output of today's workshop** ✓
- **Refine** the workshop output through **key interest groups**
- At the **Feb Clinical Senate**, and at **Feedback Session 13th March** provided combined feedback on all the workshops
- **Engage** on a draft Clinical Service Strategy document
- **UHB Board** approve Clinical Service Strategy **September 2015**