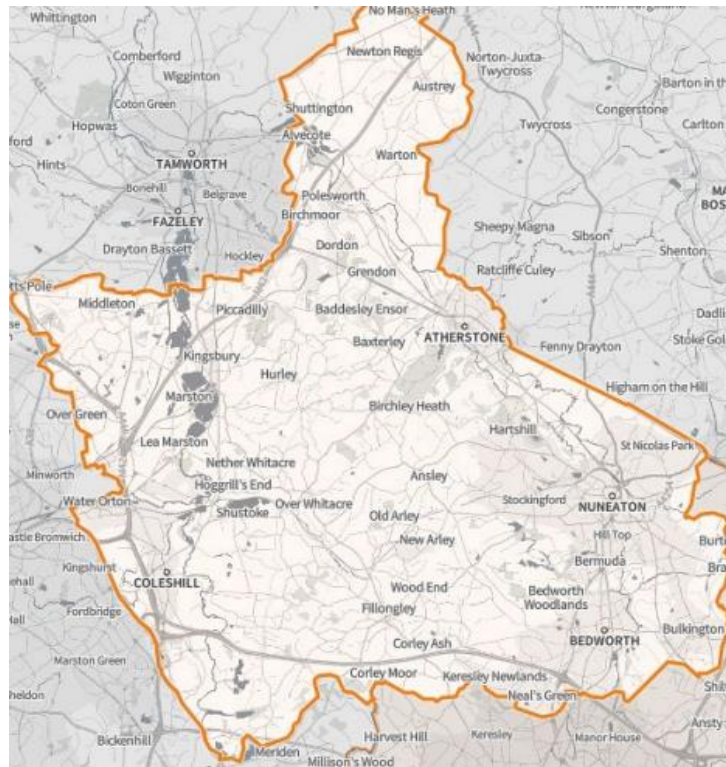


Warwickshire North Place Update

Maternity, Children & Young People

April 2022

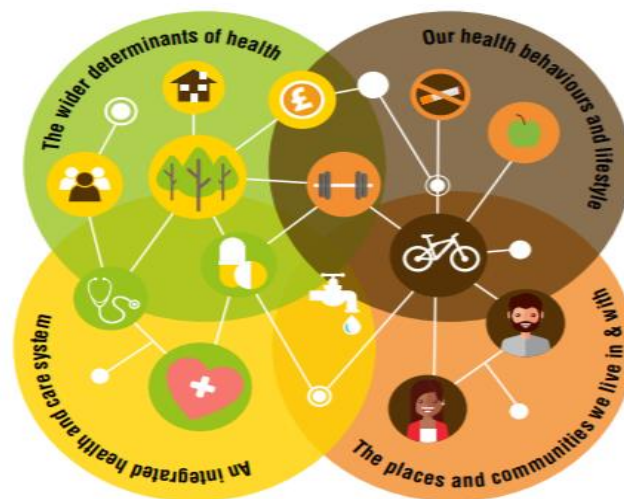


'Helping you to help yourself; there for you when you need us'



Warwickshire North (WN) Place is well established and has made significant progress over the last year working collaboratively with a shared focus around the needs and aspirations of our local population. WN Place has a diverse population and George Eliot, Primary Care Network (PCNs), Provider, third sector partners and Borough Council partners are working together to ensure we are working with and for local people to improve health outcomes and reduce inequalities.

Our Place collaboration has focused on priorities where there is a shared sense of purpose coalescing around agreed objectives, informed by the Joint Strategic Needs Assessment (JSNA), performance metrics and citizen insight. Strategic partnership collaboration and planning delivery assurance has been facilitated through the WN Health & Wellbeing Partnership Group and Place Executive. Together these two groups cover priorities across the four King's Fund Population Health Model quadrants (below).



Delivery against agreed priorities has been co-ordinated through the WN Place Programme, which meets monthly to discuss progress across five priority areas encompassing 29 projects, focused on supporting integrated care delivery. WN Health & Wellbeing Partnership Group has established a delivery group to respond to JSNA themes and has been scoping delivery initiatives under four work stream themes: access to services; reducing health inequalities; housing and health; and reducing obesity & improving lifestyles. Together these two co-existing and complimentary delivery programmes combine to form the WN Place work programme sitting underneath our WN Place Plan.

A cross-cutting theme across WN is Maternity, Children and Young People, with a range of projects delivered or in progress to improve health and wellbeing of this cohort of our population. The list below demonstrates some of the recent initiatives across our Place which impact this group, highlighting specific achievements in some of the examples.



We have aligned each initiative to a Kings Fund quadrant to show progress in all areas, as shown below.

The wider determinants of health	Our health behaviours & lifestyles	An integrated health & care system	The places & communities we live in and with
Children's Obesity	Health Equity Pilot Project (HEPP)	Development of childrens strategy	Poverty Proofing
Obesity in Pregnancy		Unplanned Paediatrics	
Smoking Cessation in Pregnancy		Childrens Asthma Surge	
Appointment of Public Health Midwife		Sexual Health Services	
Population Health Management Programme		BadgerNet Maternity Notes	
Social Prescribing for Children & Young People		Pregnant Women COVID-19 Vaccinations	
		Mental Health in School Teams	
		Children & Young People Mental Health Crisis & Urgent Care	
		Mental Health 18-25 Offer	
		Maternal Mental Health	

1. An Integrated Health and Care System

- **Development of Children's Strategy**
- **Unplanned Paediatrics**

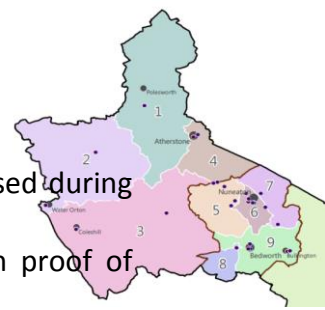
➤ The aim of the project was to;

- Increase turnaround time of triage on arrival at GEH Children's Assessment Unit (CAU)
- Mitigate the expected upturn in volume of young children presenting to CAU with Respiratory Syncytial Virus (RSV)
- Ensure flow was maintained throughout CAU (minimise outside waiting)
- Ability to redirect patients to a more appropriate place of care (where needed)
- Adhere to infection prevention and control arrangements

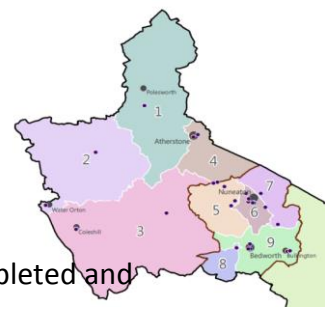
➤ The proposal to achieve was;

- Establish a triage pod outside of the main emergency department entrance
- Extend patient waiting area
- Establish new clinics for CAU reviews and neonatal rapid access
- Set up a Short Stay Assessment Facility (SSAF) in the old Caterina ward
- Explore ways to better support children and adolescent mental health service (CAMHS) patients and minimise length of stay in main CAU
- Purchase equipment to support delivery
- Staff training to support delivery
- Increase Consultant Connect uptake
- Escalation process in place

➤ The key successes from this project are;



- Facilitation of SSAF completed and ward was able to be used during busy times
 - CAU review and neonatal rapid access clinics set up with proof of concept
 - New equipment purchased – increased flexibility of treatment & care
 - Extension to existing waiting facility agreed and put in place
 - Additional medical staffing in place to support increased attendance rates
 - Improved provision of care for CAMHS patients with further options for transfer/assessment
 - Ongoing Staff training (European Paediatrics Advanced Life Support [EPALS]) joint venture with Birmingham Women’s & Children’s Trust
 - Full Escalation Process review carried out and updated
- The key learnings identified are;
- Pod did not get utilised
 - Build and facilitation of pod
 - Location didn’t match process
 - Spec of pod restrictive/limiting of access
 - Unplanned costs
 - Staffing of pod – dual role requirement limited options of available staff
 - SSAF – post-build change to classification of ward restricted use
 - Challenges embedding new processes to operational team
 - Some challenges around specifications of equipment and options of purchase
- **Children Asthma Surge**
 - **Sexual Health Services**
 - Services have been comprehensively reviewed, and we are considering the recommendations for a revised care delivery model to increase accessibility and reach for our BAME and harder to reach population groups.
 - **BadgerNet Maternity Notes**
 - An online portal and app that allows pregnant women access to their maternity records via their PC, tablet device or mobile phone.
 - The information seen is generated in real-time from George Eliot Hospital maternity services and is input by those involved in an individual’s care, such as a midwife.
 - Allows pregnant women real time access to their maternity, child or neonatal records.
 - **Pregnant Women COVID-19 Vaccinations**



- **Mental Health in School Teams**
 - Funding for teams in Nuneaton and Bedworth has been confirmed.
 - Recruitment for Mental Health Support Practitioner posts was completed and the post holders commenced in January 2022.
 - Recruitment was for two Mental Health Support Team sites (8 Education Mental Health Practitioners) in WN.
 - Schools audits were completed November 21 to January 22.
- **Children & Young People Mental Health Crisis & Urgent Care**
 - Gold/Silver/Bronze structure calls have been established to support the System pressures.
 - Submission of Mental Health Plan to NHS England includes significant investment for Emergency Department and these projects are now being mobilised.
- **Mental Health 18-25 Offer**
 - Funding confirmed.
 - A multi-agency Working Group has been established that encompasses three workstreams: data analysis, co-production and research into models of best practice.
- **Maternal Mental Health**

2. The Wider Determinants of Health

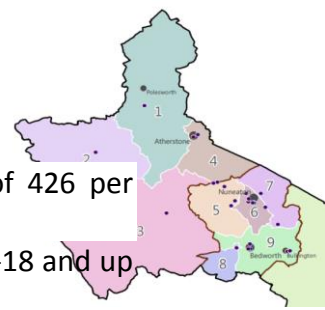
- **Children's Obesity**
 - Health Equality Partnership Programme (HEPP) has been aligned to address the priority set in the WN Place Executive Health Inequality Group around childhood obesity.
 - HEPP aims to understanding the barriers to uptake of the Warwickshire County Council (WCC) commissioned healthy lifestyles service for children, Change Makers.
- **Obesity in Pregnancy**
 - Local authority funding is increasing for this, especially in WN where rates are higher.
 - Project being led by Local Maternity & Neonatal System lead.
- **Smoking Cessation in Pregnancy**
 - The development of a new model of provision.
 - CLear Model: Challenge, Leadership & Results for tobacco control.



- Project being led by Local Maternity & Neonatal System lead.
- **Appointment of Public Health Midwife**
 - Lead midwife in;
 - Smoking in pregnancy
 - Vaccinations
 - Obesity in pregnancy
 - Alcohol and Substance misuse
 - Mental Health
 - Priorities at present are smoking in pregnancy, obesity in pregnancy and vaccinations.
 - The Public Health Midwife has set up a national Public Health Midwives Network, with the aim to share guidelines, ideas and support one another. The first meeting was held in January with very positive feedback. They are also looking to set up some webinars for all Healthcare Professionals to attend to update on the work within Maternity.
 - **Smoking in pregnancy**
 - They are working closely with the Local Maternity and Neonatal Service (LMNS) to introduce risk perception interventions for women who have not engaged with the stop smoking service by the time they attend for their dating scan. This is a work in progress due to needing support from the ANC (Antenatal Care) midwives and workloads at present, this has been flagged to the ANC manager and matron and is being reviewed.
 - They are aiming for a standardised approach for all our women that smoke, where 100% of smokers are referred to the stop smoking service at booking. This has been ongoing since appointment, and there are numerous months where referrals are at 100%.
 - Carbon Monoxide testing is also a focus- they are trying to implement testing for all contacts; however this is proving an area that needs standardisation and effective implementation. It is positive to note that Carbon monoxide testing compliance has increased from 17.5% to 95.6% in February. This will also be reviewed in line with National Institute for Health and Care Excellence (NICE) guidelines which are currently being updated, and an action plan developed.
 - **Obesity in Pregnancy**
 - Currently hold a monthly multidisciplinary team (MDT) meeting for any women with a Body Mass Index (BMI) of 50 or more. However, this is being further developed to include more women and there has been a completed proposal to start a Health and Wellbeing Clinic, however this has not yet begun due to difficulties with rooms in ANC.



- The aim of the health and wellbeing clinic, would be to see all women with a BMI of 35 or more in clinic at least 3 times in their pregnancy. This would be to ensure that they are on the right medication, discuss healthy eating and staying active and ensure that there is a robust plan in place for the pregnancy, labour and postnatally. This would also improve safety by ensuring that all women who required anaesthetic reviews and enoxaparin had this without delay.
- It will also help improve outcomes for women and their babies, whilst giving them continuity within ANC.
- An audit has been recently completed to look at outcomes in labour for these women.
- **Vaccinations**
 - There has been an action plan put in place for the next flu season, and the aim is to increase uptake of flu and pertussis vaccinations. This will be implemented over the coming months ready for September.
- **Alcohol and substance misuse**
 - There has now been monthly meetings instated with Change Grow Live and the safeguarding midwife to discuss any women that are currently pregnant and are actively using substances and/or alcohol. This has been in place for 2 months, and the aim to enhance support.
- **Population Health Management (PHM) Programme**
 - WN PHM programme is focusing on specific interventions for a cohort of pre-diabetic, obese adults with one additional acute condition
 - The age range of the cohort is people likely to have families and children, therefore we are looking to influence family lifestyles.
 - We also hope this will influence childhood obesity, as we are aware we have a high rate of childhood obesity in Warwickshire North.
 - Understanding the outcomes of this specific cohort is enabling us to understand how this type of approach can be applied to other cohorts such as children and young people
 - Considerations made in programme regarding how the interventions focus on prevention can have long-term benefits for children in our population
- **Social Prescribing for Children & Young People**
 - An estimated budget of £150k is anticipated for a two-year pilot.
 - Employing a social prescriber/link worker with specific experience of working with and supporting children and young people is important – existing social prescribers across WN do not necessarily have this skill set/experience.
 - Warwickshire’s Director of Public Health Annual Report 2021 reports that the level of hospital admissions due to self-harm for 10–24-year-olds is 604 per



100,000 for WN, which is worse than the average national figure of 426 per 100,000.

- Currently a gap in terms of support in WN for the transition years: 16 -18 and up to 24 for learning disabilities.
- Health inequalities focus on deprived neighbourhoods.
- Young people impacted by social isolation due to economic reasons, rurality or health conditions.
- Focus on teenage parents, young people with risk-taking behaviours and vulnerable young people; this may include relationships with food, sexual health, young carers, unstable family situations, 'sofa-surfing'.
- Focus on obesity and link with supporting a reduction of children with obesity by year 6, and supporting young people to take up leisure and exercise – linked to deprivation and poverty i.e. less family income for joining groups and active leisure pursuits.
- Support young people to look at opportunities for work tasters and work experience – to build confidence and social interactions – via volunteering and being active in the community – linked to Anchor organisations and noting the mental health and physical health benefits that could be associated.
- The budget to include financial support for voluntary & community sector services where signposting will take place to support the pilot; this is likely to be a total of four organisations from different interest groups including sport and creative arts.
- A host organisation would be needed to provide oversight and line management to the worker.
- The location of the worker is flexible.
- The eligibility criteria and referral routes would need to be developed, depending on the service.
- Support for the project from all WN Place partners.

3. Our Health Behaviours and Lifestyles

• Health Equity Pilot Project (HEPP)

- HEPP aims to strengthen local partnerships and systems leadership capability through working collaboratively to address health equality. Approximately £32k seed funding from NHS England for a local project.
- The aim of the Warwickshire project is to engage with families within the Nuneaton Central JSNA area to understand the barriers (perceived/actual) that prevent uptake of healthy lifestyles campaigns (Wellbeing for Life) and services (Change Makers) to support management of childhood weight.
- WCC community engagement officers have been carrying out surveys with parents and carers at three local Nuneaton schools, generating findings around attitudes towards child weight management the Change Maker service.



- In addition to this, an online survey was also made available. In order to gather more in-depth insight, interested parents and carers have now been invited to follow this up with an interview, which is being carried out by Coventry University.
- The engagement period will come to a close mid-May 22. Following which a report of findings will be generated by Coventry University and will go on to help inform the commissioning cycle for Change Makers in Warwickshire. The final report from Coventry University is due at the end of July 2022.

4. The Places and Communities we live in and with

- **Poverty Proofing**

- Children North East (CNE) are working across Warwickshire Council to carry out Poverty Proofing activities as part of the wider 'Tackling Social Inequalities in Warwickshire Strategy 2021-30' being carried out across the county. CNE are the oldest regional charity in the North East who work to ensure that all children grow up healthy and happy. As the founders and national leads on the Poverty Proofing agenda, CNE will work across Warwickshire to deliver four large poverty proofing interventions and a programme of training between September 21 and August 22.
- Plan to poverty proof a number of settings including;
 - Early Years Settings and Schools
 - Warwickshire District and Borough Councils and the County Council
 - Health Settings
- CNE will deliver four Poverty Proofing initiatives at the following locations:
 - George Elliot Hospital: Maternity Department
 - South Warwickshire Foundation Trust
 - Rugby ST Cross Hospital: Medicine Ward
 - North Warwickshire Borough Council: Leisure Department
- George Eliot will be led and guided by CNE. We have identified a project team for the work, and we have informed the Midwives and Ward Managers of this project.
- The principles of this work are;
 - 1) Poverty is a consequence of structural inequality; therefore an organisation must address barriers faced by those in poverty by addressing its policies, practices, systems and structures to alleviate the inequalities faced by those living in poverty.



- 2) Poverty impacts places differently, and to address poverty within any organisation or community there has to be a robust understanding of the context of the local community.
- 3) The cornerstone of all Poverty Proofing interventions is the centrality of the voice of those with lived experience of poverty.

➤ There are 5 key phases;

i. Training and Initial Consultation with Staff

All staff who are currently employed by each organisation will take part in a three-hour training course which will cover the following distinct areas:

- Who CNE are and why this work matters.
- Definitions of poverty.
- What the consequences of poverty are.
- Exploration of the root causes of poverty.
- The development of Poverty Proofing.
- Exploration of staffs' current role.
- Identification of some of the barriers staff identify within their work role.

ii. Scoping exercise

The scoping exercise is to grasp an understanding of the current work delivered and how individuals would access the service delivery. The delivery team will spend approximately 10 days speaking to managers and staff to understand the work that goes on. A large part of this scoping phase will include understanding the processes for engaging individuals, and understanding how individuals can benefit from the service delivery.

iii. Consultation

CNE will engage individuals who both regularly and irregularly access the service to understand their experiences and unpicking what is great about the service, and where there are barriers to access. This will include utilising local community groups who work with specifically disadvantaged communities local to the service delivery. To engage individuals CNE will carry out a variety of methodologies including the following:

- Focus groups
- One to one discussions
- Online questionnaire
- Accessing local groups for new parents



This phase will be last approximately 20 days and will take place over a three month period and will be co-ordinated jointly between CNE and the settings, and a timetable specifically for this work will be produced.

iv. Report with recommendations

At the end of the consultation phase a comprehensive report with recommendations and discussion points will be produced and presented back to the senior management. As part of this phase the delivery team will consult with the senior management on the most appropriate recommendations to overcome the barriers to engagement that have been identified through this process.

v. Review visit

6-12 months following the completion of the work CNE will return to the setting to look at the changes and impact that have occurred and discuss the impact of the intervention.

- Our next key milestone is the training of the midwives, which is planned for May. This training will be booked and delivered by CNE. A risk identified as part of the project was staff shortages. The department is currently staffing on a day to day basis to ensure the department is covered, due to vacancies, sickness and maternity leave. The training takes 3 hours, and would require staff to be released from the department. To mitigate any issues, online training has been made available if staff cannot attend in person.

Appendix 1: Acronyms Definitions

ANC- Antenatal Care

BMI- Body Mass Index

CAHMS- Children and Adolescent Mental Health Service

CAU- Children's Assessment Unit

CNE- Children North East

EPALS- European Paediatrics Advanced Life Support

HEPP- Health Equity Pilot Project

JSNA- Joint Strategic Needs Assessment

LMNS- Local Maternity and Neonatal Service

MDT- multidisciplinary team

NICE- National Institute for Health and Care Excellence

PCN- Primary Care Network

PHM- Population Health Management

RSV- Respiratory Syncytial Virus

SSAF- Short Stay Assessment Facility

WN- Warwickshire North

