

Integration Joint Board

Item 7

Date of Meeting: 29th January

Title of Report: Best Start forward plan for Maternity and Neonatal Services Update

Presented by: Jaki Lambert and Catriona Dreghorn

The Board is asked to:

- Note the progress on the Best Start forward plan for Maternity and Neonatal Services in Argyll & Bute
- Discuss

1. EXECUTIVE SUMMARY

- 1.1 The Best Start forward plan for Maternity and Neonatal Services (2017) focuses on care being centred on the needs of mothers and babies. As one of the five early adopter boards in Scotland, Argyll and Bute was tasked with introducing continuity of carer for all women, developing community hubs in a way that brought care closer to home and innovated for cross board working and finding remote and rural solutions.
- 2 years on we would like to share the successes and challenges and what it has meant to communities and the midwives providing care.

2. INTRODUCTION

Argyll and Bute was instrumental in applying to be an early adopter as it was an opportunity to be part of defining how care could be provided and benefiting from the funding to support change.

3. DETAIL OF REPORT

Detail in presentation but key points are that the future health of women and babies is being positively impacted and can be measured through the following data and indicators.

4. RELEVANT DATA AND INDICATORS

- Women are receiving continuity of care across Argyll and Bute and into Glasgow

- All Community maternity units (hubs) have “attend anywhere” enabled, reducing patient travel
- Scanning services locally are reducing travel
- The national midwifery shortage is being addressed positively in Argyll and Bute

5. CONTRIBUTION TO STRATEGIC PRIORITIES

- Promote health and wellbeing across all our communities and age groups
- Efficiently and effectively manage all resources to deliver best value
- Use continuous quality improvement

6. GOVERNANCE IMPLICATIONS

6.1 Financial Impact

Reduced cost through use of attend anywhere and local scanning

6.2 Staff Governance

Developed with staff side and HR involvement , honorary contracts with Glasgow and SOP for cross board working

6.3 Clinical Governance

Reduced risk through continuity improving communication

7. PROFESSIONAL ADVISORY

Led through midwifery professional leadership structures

8. EQUALITY & DIVERSITY IMPLICATIONS

Nil

9. GENERAL DATA PROTECTION PRINCIPLES COMPLIANCE

Compliant

10. RISK ASSESSMENT

Risks in maternity services are well managed through risk management structures linked in to both Argyll and Bute and NHS Highland structures

Success in the initiative and be impacted by lack of buy in from consultants and identifying midwives from GG & C NHS Board to link to Argyll and Bute.

11. PUBLIC & USER INVOLVEMENT & ENGAGEMENT

Paper builds on the results of the Maternity survey (2016, 2018) and results of Care Opinion

12. CONCLUSIONS

Being early adopters has successfully raised the profile of services in Argyll and Bute, positively impacting on patient experience and recruitment. Travel for midwives is essential in this model.

13. DIRECTIONS

Directions required to Council, NHS Board or both.	Directions to:	tick
	No Directions required	x
	Argyll & Bute Council	
	NHS Highland Health Board	
	Argyll & Bute Council and NHS Highland Health Board	

REPORT AUTHOR AND CONTACT

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