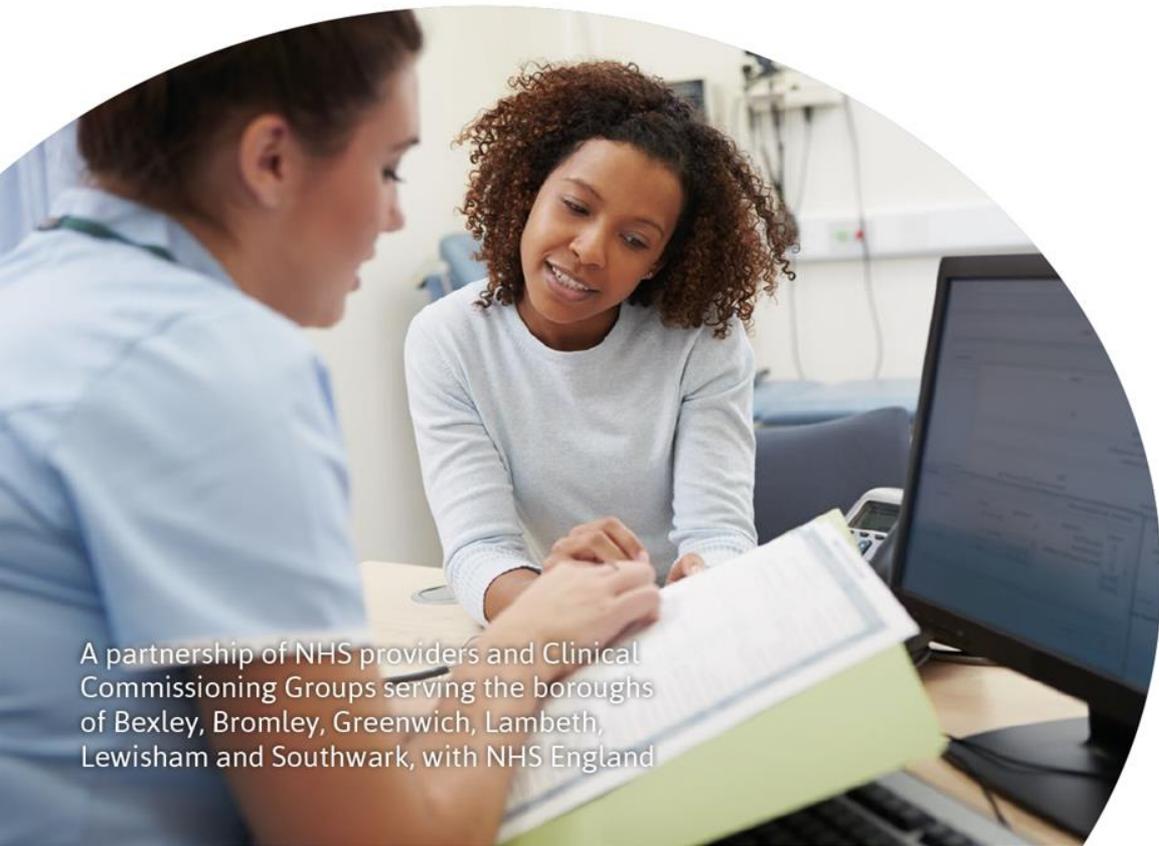


Implementing *Better Births*



A partnership of NHS providers and Clinical Commissioning Groups serving the boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, with NHS England



Strategic Planning Group

9th May 2018

Better Births

In March 2015, Simon Stevens announced a **major review of maternity services as part of the NHS Five Year Forward View**, following which the report *Better Births: Improving outcomes of maternity services in England* was produced.

Better Births requires **Local Maternity Systems to be developed coterminously with Sustainability and Transformation Partnership (STP) footprints**, and for these systems to **produce a delivery plan** for the recommendations in the report.

Our Local Maternity System

*'On a more local level, **providers and commissioners should operate as local maternity systems**, with the aim of ensuring that women, babies and families are able to access the services they need and choose, in the community, as close to home as possible.*

Local maternity systems should be responsible for:

- ***developing a local vision for improved maternity services and outcomes** based on the principles contained within this report; which ensure that there is access to services for women and their babies, regardless of where they live.*
- *helping to **develop the maternity elements of the local sustainability and transformation plans** being developed in each area of England.*
- ***including all providers** involved in the delivery of maternity and neonatal care, as well as **relevant senior clinicians, commissioners, operational managers, and primary care**.*
- *ensuring that they **co-design services** with service users and local communities.*
- ***putting in place the infrastructure that is needed to support services to work together effectively**, including interfacing with other services that have a role to play in supporting woman and families before, during and after birth.'*

Our Local Maternity System

Transition

- Previously a maternity network
- Transitioned in early 2017

Co-Chairs

- Obstetric Chair: Kate Langford (Responsible Officer, Deputy Medical Director and Consultant Obstetrician)
- Midwife Chair: Linda Machakaire (Consultant Midwife)

STP support

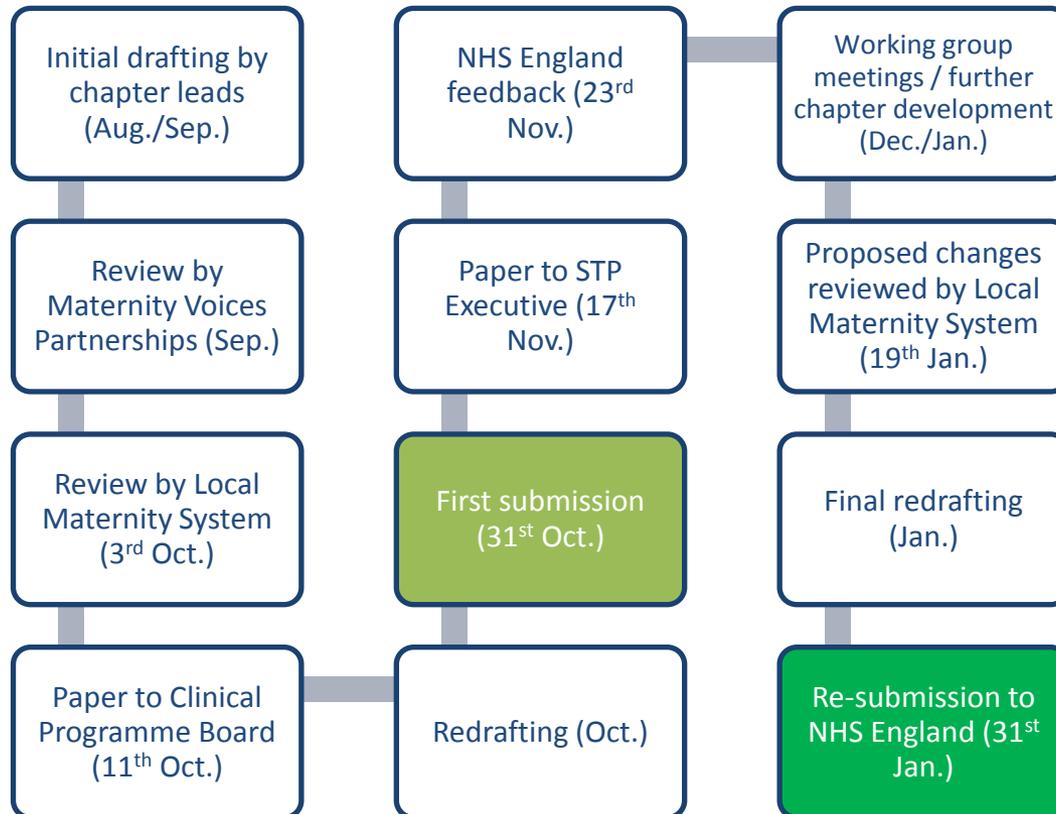
- Kate Langford (Clinical Lead)
- Martin Wilkinson (Senior Responsible Officer)
- Sharafat Ali (Programme Manager)

Membership

- Midwives
- Obstetricians
- Neonatologists
- Neonatal Operational Delivery Network representation
- Service managers
- Clinical governance managers
- Local commissioners
- Higher education institutes
- Perinatal Mental Health Network representation
- Public health
- Maternity Voices Partnerships
- NHS England
- London Maternity Clinical Network

Our *Better Births* plan

Process



Our *Better Births* plan

Principles

- 1. Owned by the system:** Authors from providers, commissioners and Maternity Voices Partnerships developed plans and led chapter content. Local examples of work were used throughout.
- 2. Co-produced:** Maternity Voices Partnerships were engaged throughout the process. Representatives wrote chapter content, reviewed chapter content, provided examples of local work to be included and their feedback was listened to and reflected in the plan.
- 3. Holistic:** The plan recognises that there is much more to maternity care than only performing medical tests and helping a woman to give birth; maternity care involves a whole package of holistic care that looks after a woman's physical and mental health, the needs of her baby and the needs of their support network.

Our *Better Births* plan

Content

Co-production

Public health

Continuity of
carer

Choice and
personalisation

Perinatal
mental health

Serious
incidents

Newborn care

Achieving the
'halve it'
ambition

Postnatal care

Digital

Finance

Our *Better Births* plan

Key outcomes

1. Reducing **stillbirth rates**
2. Improved **preventative care / support**
3. Increase in **unassisted deliveries**
4. All vulnerable women receiving **continuity of carer**
5. Improved **experience of maternity services** (CCG Improvement and Assessment Framework indicators)
6. Working with Neonatal Operational Delivery Networks to improve neonatal outcomes by:
 - a) Reducing **admissions of full term babies into neonatal units**
 - b) Decreasing % **<27 week babies not delivered in a unit with level 3 NICU**
7. Increasing **consultant obstetrician presence on labour wards** to give consistency between units
8. Increasing **out of obstetric unit births**
9. Increasing **early bookings**

Initial focus areas and work already underway



Digitally enabled transformation

- Connecting digital systems in south east London
- Postnatal postcode tool pilot



Achieving the 'halve it' ambition

- Halving the rates of stillbirths, neonatal deaths, maternal deaths and intrapartum brain injuries
- Reducing preterm births



Continuity of carer

- Women seeing the same professional or small group of professionals throughout her maternity care



Robust arrangements for Maternity Voices Partnerships

- Enabling service users to share experiences and shape work

Challenges for plan delivery

Continuity of carer

- A national challenge, it is not clear how concepts such as choice and continuity of carer can effectively be measured and subsequently how progress against plans is monitored.
- There is a mix of continuity of carer models and challenges are faced in providing these on a wider scale.
- The expectation set in the national 2018/19 planning guidance is that 20% of all women should be receiving full (antenatal, intrapartum and postnatal) continuity of carer by March 2019.
- Further work is required to plan how the region will achieve this.

Measuring progress