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NHS

Cover Sheet
Strategic Planning Group
09 May 2018

Agenda Item: **PAPER F: Implementing *Better Births*: South East London Maternity Delivery Plan**
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Summary This paper provides an overview of: • The background to the maternity delivery plan; • The process of developing the plan and its content; • The plan's key outcomes; • The challenges in delivering the plan.
Action Required The Strategic Planning Group is asked to: note the contents of this paper.
Date Report submitted: 26th April 2018

1. Introduction

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 STP footprints, and for these systems to produce a delivery plan for the recommendations in the report.

In early 2017 the South East London Maternity Network transitioned into a Local Maternity System (LMS), co-chaired by Kate Langford (Consultant Obstetrician, Responsible Officer and Deputy Medical Director at Guy's and St. Thomas' NHS Foundation Trust (GSTT)) and Linda Machakaire (Consultant Midwife at Lewisham and Greenwich NHS Trust (LGT)). The LMS is administered by the maternity work stream of the South East London Sustainability and Transformation Partnership (STP), and reports into the STP's Clinical Programme Board.

The delivery plan is owned by the Local Maternity System, but it is supported by the South East London STP. Although this particular plan is nationally driven, parts of the plan build upon the original Our Healthier South East London (OHSEL) maternity strategy.

2. Process and content

The plan was written by the assigned Lead Authors of the plan's chapters, supported by the STP project team. Lead Authors were identified from members of the Local Maternity System, covering providers, commissioners and Maternity Voices Partnerships (service user representatives). Chapter content was also reviewed by Maternity Voices Partnerships and resulting feedback was built into the plan.

The first draft of the plan was submitted to NHS England 31st October 2017, and then resubmitted on 31st January 2018 following feedback and developments to national ambitions. Iterations of the plan were taken to the STP Clinical Programme Board and the STP Executive, and all changes were signed off by the Local Maternity System.

The main chapters of the plan are:

a) Co-production with women and their families.	b) Supporting good health in women and babies (public health).
c) Continuity of carer.	d) Choice and personalisation.

e) Mental health in the perinatal period.	f) Serious incidents.
g) Improving newborn care.	h) Achieving the 'halve it' ambition (halving the rates of stillbirths, neonatal deaths, maternal deaths and intrapartum brain injuries by 2025).
i) Postnatal care.	j) Digitally enabled transformation.
k) Commissioning for outcomes and benefits.	l) Finance.

Other topics such as workforce and safety are themes throughout the plan, rather than being in separate chapters; it should also be recognised that many of the plan's sections are interlinked or are dependent on one another, despite being separated into different sections.

3. Initial focus areas and work already underway

We have four priority work streams at present:

<u>Digitally enabled transformation</u>

i) We have agreement within the Local Maternity System to share maternity records between King's College Hospital NHS Foundation Trust (KCH) and GSTT who both use the same maternity system (BadgerNet), through the introduction of a 'break glass' function between these Trusts.
ii) Using the SE London Virtual Care Record project to enable the transfer of information between Connect Care (LGT) and the Local Care Record (GSTT and KCH). The Chief Clinical Information Officers at GSTT and KCH are currently demonstrating the Virtual Care Record within those Trusts to publicise its use and to train midwives. We hope to gain commitment from providers to upload to the Virtual Care Record, via the Local Care Record and Connect Care, the maternity booking summary, the delivery summary, the transfer of care and final discharge of care summary.
iii) We are also exploring how we could link the LGT Connect Care system to the KCH/GSTT BadgerNet maternity system to enabler further information sharing. This should support the development of remote working, using patient portals for patients who wish to book appointments and view their own information as well as providing population health data.
iv) A postnatal postcode tool pilot is being funded by NHS England with the aim to have the provider, postcode, email and team number set against a woman's postcode via a Google map tool. This will enable the accurate transfer of a new mum from hospital to

the community team where she resides. Initial work has started on gathering all the postcode data.

Achieving the 'halve it' ambition

Within the national 'halve it' ambition there are four measures that require halving by 2025, with significant progress having been made on these by March 2021:

i) Stillbirths.
ii) Neonatal deaths.
iii) Maternal deaths.
iv) Intrapartum brain injuries.

All trusts in SE London have a Saving Babies Lives Care Bundle plan for implementation of aspects as per gap analyses conducted in April 2017. Furthermore, work is underway to implement plans to meet the Avoid Term Admissions In Neonatal units (ATAIN) objectives as per the Patient Safety Alert issued in February 2017 by the NHS Improvement safety team, and in response to preliminary outcomes from the National Neonatal Service Review issued in September 2017. These projects will go some way in reducing stillbirths and neonatal harm whilst improving safety of maternity services.

Although much of the work is already taking place the following actions have also been agreed:

i) Ownership of implementations plans: commissioners, leaders, management of services (CCGs, Directors and Heads of Midwifery, Divisional Directors, Service Managers) and clinical staff to all have "buy-in".
ii) Monitoring attendance of all units within SE London to LMS meetings, including learning events, to ensure that all staff groups are well represented.
iii) Establishment of working group. In particular this will support the development of a SE London ambition for interventions within the Saving Babies Lives Care Bundle and will assume responsibility for filling in gaps in baseline data.
iv) Continued involvement in the Maternal and Neonatal Health Safety Collaborative.

Continuity of carer

There are several challenges within SE London that collectively mean that we cannot currently provide full continuity of carer to every woman in the region, some examples being:

i) The cost of property to buy and rent in London results in many midwives not living near their place of work which provides difficulties in operating continuity of carer models.
ii) Many midwives work part time and not all midwives are willing to work this way. Challenges have already been experienced in recruiting to continuity models.
iii) Retention of staff – continuity is more difficult to provide if staff only remain with employers for short periods of time.

In spite of the challenges faced in delivering continuity of carer within South East London, LGT, KCH and GSTT all currently provide a number of continuity teams. The Local Maternity System has agreed the following phases in rolling out continuity:

i) All vulnerable women (for example: young mothers; sex workers; non-native language speakers; those living in poverty/homeless; women with drug and alcohol problems; women who are HIV positive) to be offered full continuity of carer.
ii) All vulnerable women to be offered full continuity of carer, and other women to be offered antenatal and postnatal continuity of carer.
iii) All vulnerable women to be offered full continuity of carer, some other women to be offered full continuity of carer, and other women to be offered antenatal and postnatal continuity of carer.

We have agreed four phases of work:

i) Scoping of existing models – how well they serve vulnerable women, how continuity is measured and understanding the workforce challenges.
ii) Designing potential models – identify workforce implications and identify continuity of carer champions.
iii) Delivery and implementation.
iv) Evaluation.

<u>Robust arrangements for Maternity Voices Partnership (MVPs)</u>

Each of the working groups above has at least one Maternity Voices Partnership and/or Maternity Patient and Public Voice representative within its membership. Maternity Voices Partnerships (MVPs – previously Maternity Services Liaison Committees) are borough-based maternity service user forums, and over recent months great effort has been put into engaging the six south east London MVPs in the work of the Local Maternity System. Engagement so far is as follows:

i) Meeting with MVPs to share information about the Local Maternity System, to hear about the setup, work plan and resourcing of each MVP, and to agree how MVPs will help shape the Better Births plan and play a role in the Local Maternity System.
ii) Inclusion of the chapter 'Co-production with women and their families' in the plan, written by members of Bromley MVP.
iii) MVP review of chapters in the Better Births plan, and the incorporation of their feedback.
iv) Involvement payments for MVP time spent writing and/or reviewing chapters. Travel expenses and other reasonable costs (such as childcare) are reimbursed when MVPs attend meetings.
v) MVPs are invited to all meetings as core members and receive all information emails and meeting papers.
vi) As far as possible scheduling meetings within school hours, in baby-friendly settings, and setting up conference call facilities for meetings.

4. Challenges to delivery

The plan has been well received by NHS England, but there remain challenges to its delivery:

- **Continuity of carer**: Across south east London 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, and further work is required to plan how the region will achieve this.
- **Measuring progress**: 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.

5. Key outcomes from delivery

There are a number of outcomes that are anticipated to result from implementing the delivery plan (summarised in the chapter 'Commissioning for outcomes and benefits'), but there are nine key outcomes that the plan aims to achieve:

Key outcome		Local driver	National driver
1.	**Reducing stillbirth rates**	Local ambition to reduce rates	NHSI collaborative / *Better Births* key line of enquiry
2.	**Improved preventative care / support**	Current OHSEL work streams – preparing for a healthy and confident pregnancy and implementing Saving Babies Lives care bundle	*Better Births* – prevention recommendations
3.	**Increase in unassisted / 'normal' deliveries**	Local ambition to reduce c-section rates with trust action plans in place	*Better Births* clinical quality improvement metric
4.	**All vulnerable women receiving continuity of carer**	Current OHSEL work stream – Continuity of midwifery-led care	*Better Births* – continuity of carer recommendations
5.	**Improved CCG IAF experience of maternity services**	Overarching local ambition to optimise patient experience through OHSEL work streams	CQC National Maternity Survey / CCG IAF indicators
6.	**Working with Neonatal Operational Delivery Networks to improve neonatal outcomes by:** i. **Reducing admissions of full term babies into neonatal units**	Current OHSEL work stream – improving postnatal and neonatal care / SEL an outlier in Neonatal ODN data	National neonatal critical care review

Key outcome		Local driver	National driver
	ii. **Decreasing % <27 week babies not delivered in unit with level 3 NICU**		
7.	**Increasing consultant obstetrician presence on labour wards to give consistency between units**	Current OHSEL work stream – improving postnatal and neonatal care SEL an outlier in neonatal ODN data	National neonatal critical care review
8.	**Increasing out of obstetric unit births**	Current OHSEL work stream – increasing out of labour ward births	*Better Births* key line of enquiry
9.	**Early bookings**	Current OHSEL work stream – access to midwifery antenatal support by 10+0 weeks	*Better Births* – prevention recommendations

6. Abbreviations used

10+0	10 weeks and 0 days
CCG IAF	Clinical Commissioning Group Improvement and Assessment Framework
ATAIN	Avoiding Term Admissions In Neonatal Units
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
c-section	Caesarean section
GSTT	Guy's and St. Thomas' NHS Foundation Trust
HIV	Human immunodeficiency virus
KCH	King's College Hospital NHS Foundation Trust
LGT	Lewisham and Greenwich NHS Trust
LMS	Local Maternity System
MVP	Maternity Voices Partnership
NHS	National Health Service
NHSI	NHS Improvement
NICU	Neonatal intensive care unit
ODN	Operational Delivery Network
OHSEL	Our Healthier South East London
SE	South east
STP	Sustainability and Transformation Partnership