

BOARD PAPER - NHS ENGLAND

<p>Title:</p> <p>Transforming maternity services – Implementing the National Maternity Review</p>
<p>Lead Director:</p> <p>Jane Cumming, Chief Nursing Officer</p>
<p>Purpose of Paper:</p> <p>To set out the findings and recommendations of the National Maternity Review, and to set out a high level approach to taking forward implementation</p>
<p>The Board is invited to:</p> <ol style="list-style-type: none">1. Note the findings and vision of the National Maternity Review2. Endorse the proposed high level approach to taking forward implementation through a Maternity Transformation Programme

Transforming maternity services – Implementing the National Maternity Review

NHS England Public Board Meeting, 31 March 2016

PURPOSE

1. To set out the findings and recommendations of the National Maternity Review, and to set out a high level approach to taking forward implementation

BACKGROUND

2. In March 2015, NHS England, on behalf of the NHS Five Year Forward View organisations, commissioned Baroness Cumberlege to undertake a review of maternity services in England. This was in part to support the NHS as a whole to learn the lessons from the serious failings in maternity care in Morecambe Bay, as well as to make recommendations about the future shape of maternity services.
3. Terms of reference set out that the review should:
 - i. review the UK and international evidence and make recommendations on safe and efficient models of maternity services, including midwife-led units;
 - ii. ensure that the NHS supports and enables women to make safe and appropriate choices of maternity care for them and their babies;
 - iii. support NHS staff including midwives to provide responsive care; and
 - iv. pay particular attention to the challenges of achieving the above objectives in more geographically isolated areas, as highlighted in the Morecambe Bay Investigation report.
4. A Review Team was assembled to support Baroness Cumberlege in conducting the review, which included Sir Cyril Chantler as Vice Chair, brought together the perspectives of midwives, doctors, women's representatives, charities and other experts.
5. The Review's final report was published on 23 February 2016, following a nationwide programme of engagement with service users, staff and other stakeholders, and an in-depth review of the evidence, including that commissioned from the National Perinatal Epidemiological Unit at Oxford University.
6. NHS England is now working through the recommendations, and designing a programme to take forward their implementation. The implementation programme will need to be led jointly by partners across the system, including NHS Improvement and the Department of Health, and will need to focus on enabling, encouraging and incentivising local health economies to implement the vision set out in the review in the context of local opportunities and challenges. As the review sets out, national NHS organisations will need to recognise and support the need for local adaptation and leadership.
7. This paper sets the vision for maternity services in England that the review described (section 3.0) and proposes a high level approach to implementation (section 4.0).

FINDINGS AND VISION SET OUT BY THE REVIEW

Findings

8. The review found that maternity services in England are safer than ever and satisfaction is rising. The stillbirth and neonatal mortality rate in England fell by over 20% in the ten years from 2003 to 2013. Maternal mortality in the UK has reduced from 14 deaths per 100,000 maternities in 2003/05 to 9 in 2011/13.

9. However, the population is changing and this is bringing challenges for the NHS. Women are giving birth later: there has been a steady increase in the average age of first time mothers from 27.2 years in 1982 to 30.2 years in 2014. The proportion of women who have conditions such as diabetes in pregnancy has increased. In line with these trends, a higher proportion of births involve more complex care.
10. The review conducted a quality assessment of maternity services, led by Bill Kirkup, which concluded that there is unwarranted variation in the quality of and outcomes from maternity services across the country that cannot be explained by factors like deprivation and maternal age. On international comparisons, England also does not perform strongly, although international comparisons need to be treated with caution due to inconsistencies in recording.
11. It found evidence that women in some parts of the country are finding it difficult to make choices about their care. 16% of respondents to the 2015 CQC Maternity Survey reported that they had been offered no choice. In 2012, 87% of births took place in NHS obstetric units, despite NICE guidelines making it clear that community settings provide good outcomes for large numbers of women, and some surveys report that only 25% of women would choose to give birth in an obstetric setting.
12. The review also heard from healthcare professionals that there was a lack of team working and understanding between the different professions involved in maternity services, that some services were over stretched and at times had to divert women to other units, whilst other services were under-utilised. It also found that postnatal and perinatal mental health services were in need of significant focus and investment.

Vision

13. The review set out a vision for maternity service in England that are

“safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances.

“And for all staff to be supported to deliver care which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries.”

14. The Review’s recommendations for the future shape of maternity services are set out in seven themes:
 - i. **Personalised care**, centred on the woman, her baby and her family, based around their needs and their decisions, where they have genuine choice, informed by unbiased information.
 - A personalised care plan setting out a woman’s decision about her care, but also including a person-specific assessment of risk, key to bringing choice and safety agendas together.
 - Unbiased information available through a digital tool.
 - Choice of provider of antenatal, intrapartum and postnatal care exercised through a Personal Maternity Care Budget.
 - ii. **Continuity of carer**: Every woman should have a midwife, who is part of a small team of 4 to 6 midwives, based in the community. The midwife should provide continuity throughout the pregnancy, birth and postnatal period.
 - iii. **Safer care**, with professionals working together across boundaries; leadership for a safety culture; and investigation, honesty and learning when things go wrong:

- Provider boards should have a board level champion for maternity services, routinely monitor information about quality, and promote a culture of learning and continuous improvement.
 - Rapid referral protocols to ensure access to more specialist care when needed.
 - Teams should routinely measure their own performance and benchmark against others.
 - A national standardised investigation process when things go wrong, supported by a system of rapid resolution and redress, encouraging rapid learning instead of a “blame culture”.
- iv. **Better postnatal and perinatal mental health care**, to address the historic underfunding and provision in these two vital areas:
- Significant investment in perinatal mental health services in the community and in specialist care in line with Mental Health Taskforce report.
 - Postnatal care must be resourced appropriately.
- v. **Multi-professional working**, breaking down barriers between midwives, obstetricians and others:
- Multi-professional learning a core part of all pre- and post-registration training and continuous professional development for midwives and obstetricians.
 - National rollout of an electronic maternity record to support sharing of data and information
 - A nationally agreed set of indicators to help local maternity systems to track, benchmark and improve the quality of maternity services, alongside multi-professional peer review.
- vi. **Working across boundaries:**
- Community hubs should be established, where maternity services, particularly ante- and postnatally, are provided alongside other family-orientated health and social services.
 - Providers and commissioners should come together in local maternity systems covering populations of 500,000 to 1.5 million, with all providers working to common agreed standards and protocols.
 - Professionals, providers and commissioners should come together on a larger geographical area through Clinical Networks, to share information, best practice and learning, provide support and advise about the commissioning of specialist services to support local maternity systems.
 - When developing Sustainability and Transformation Plans, commissioners will need to consider how their local maternity services locally need to evolve and change to meet the challenge of matching capacity more closely to demand (likely to mean increasing community capacity and reducing hospital obstetric capacity)
- vii. **A payment system that fairly and adequately compensates providers** for delivering high quality care, reflecting:
- The different cost structures services have, i.e., a large proportion of the costs of obstetric units are fixed because they need to be available 24/7, regardless of volume.
 - The need to ensure that the money follows the woman and her baby as far as possible, so as to ensure women’s choices drive the flow of money, whilst supporting organisations to work together.
 - The need to incentivise the delivery of high quality of care for all women, regardless of where they live or their needs.
 - The challenges of providing sustainable services in certain remote and rural areas.

IMPLEMENTATION THROUGH A MATERNITY TRANSFORMATION PROGRAMME

Governance

15. NHS England's Maternity and Women's Health Team is in the early stages of developing an approach and programme plan for implementing the review's recommendations, alongside ongoing activity to improve maternity services which has been taken forward in parallel to the review. It is proposed that all work within NHS England, and being taken forward by national partner organisations, is brought together into an aligned and coordinated Maternity Transformation Programme.
16. The programme would be overseen by a single Implementation Board, which would report to the NHS Five Year Forward View Board. The Implementation Board would be formed of national organisations who are partners in delivery, including other arm's length bodies, DH, and the Royal Colleges. It could also include non-executive members, and be supported by expert reference group(s). NHS England would provide secretariat for the Board, and host a programme management office.

Values

17. In establishing the Maternity Transformation Programme, we are keen to agree a set of values with key partners, which ensure that we continue to embody the values of *Better Births*:
 - Put women and babies at the centre of care
 - Ensure that safety is a thread running through everything
 - Work on a multi-professional basis and across boundaries
 - Listen and build consensus
 - Share best practice
 - Learn from what works and what does not work
 - Empower and support local change

Workstreams

18. We are currently having discussions with other national organisations to agree the overall approach, workstreams, deliverables and milestones. It is likely that the programme will include the following workstreams:
 - i. **Supporting local transformation** - Implementing the vision outlined in the review ultimately requires local action. We will expect local health economies to take the lead and consider how they will deliver the review's vision locally as part of developing their Sustainability and Transformation planning process. NHS England will use the CCG Improvement and Assessment Framework (CCG IAF) to monitor progress on an ongoing basis, and a CCG IAF panel on maternity is being established.

NHS England has also committed to launching an "early adopter" programme. Similar to the vanguards, early adopters will be encouraged to go further, faster, so as to enable others to learn from their experiences. We expect to launch an expression of interest in June 2016, with a view to announcing sites in September. The early adopters would then be in place for two years.
 - ii. **Safety** -. Safety will be a key feature of other work streams, and indeed some of these are expected to have a profound impact on improving safety. There are a number initiatives which will be brought under the overall governance of the

programme, including: the Saving Babies' Lives Care bundle to reduce stillbirths, which NHS England will be launching in March 2016; the Sign Up to Safety campaign, which DH has been working on with the NHS LA; and NHS Improvement's patient safety function as it applies to maternity services.

- iii. **Choice and personalisation** – NHS England is keen to move quickly with testing the measures recommended in the report in this area. An expression of interest has been launched for CCGs to become Maternity Choice and Personalisation Pioneers, and we hope to announce the sites in June. This will pave the way for universal implementation of measures to improve choice and personalisation.
- iv. **Perinatal mental health** – the review was aligned with the Mental Health Taskforce's recommendations in this area. Plans are being taken forward to deliver investment in community and in specialist care as part of the mental health programme. In addition, the establishment of community hubs and the drawing up of personalised care plans should improve identification of mental health conditions.
- v. **Transforming the workforce** – This workstream will be led by Health Education England, with the support of other national partners, and the Royal Colleges. Action is required in three main areas: supporting the midwifery workforce to move to continuity of carer models; transforming the culture of maternity staff to embed multi-professionalism; and shaping medical staffing to ensure sustainability of obstetric care.
- vi. **Data** - NHS England is working with partners, including the Royal Colleges and HSCIC to develop a standard set of indicators which will enable maternity services, CCGs and networks to benchmark themselves against others and identify opportunities for improvements. We will consider how these might be able to support transparency and hope to have a set of indicators agreed by the end of the year
- vii. **Technology and information sharing** – NHS England is committed to the development of a digital portal to help each woman navigate their pregnancy and the services on offer to them, including accessing their records, and connecting with their peers. We are also working as part of the wider National Information Board strategy to encourage the rollout of electronic maternity care records. Further work is needed to understand funding and potential implementation approaches.
- viii. **Payment system** – the review makes high level recommendations in respect of reforming the maternity tariff and incentivising change. NHS England and NHS Improvement are working together to develop a plan for payment reform. The first step is the conclusion of a bottom up costing exercise, currently being undertaken by NHS Improvement.

19. In addition, we are considering whether a further workstream on **public health and prevention** should be added, with Public Health England in the lead, to maximise the potential of maternity care to improve the health of women and families.

Communications

20. In year-one in particular, consistent and regular communications activity will be vital to continue to build the momentum for change which was created in conducting the review and publishing the report. We intend to launch implementation at a national event in the summer with a cross section of key stakeholders and groups. This will be supported and followed by communications targeted at the main constituencies of stakeholders (including professional groups, providers, commissioners, service users), which will include regional roadshows in the autumn aimed at commissioners and providers to help them understand what the approach might mean for their local health economies.

RECOMMENDATIONS

21. The NHS England Board is invited to:

- Note the findings and vision of the National Maternity Review
- Endorse the proposed high level approach to taking forward implementation through a Maternity Transformation Programme