ANNEX A – CONTEXT FOR APPLICANTS

Background

Better Births[1] describes a vision with seven key facets. Realising this vision will drive improvement and ensure women and babies receive excellent care wherever they live.

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.

- Every woman should develop a personalised care plan, with their midwife and other health professionals, which sets out her decision about her care reflecting her wider health needs
- It also recommends trialling an NHS Personal Maternity Care Budget which would give women more control over their care, whether it is through an existing NHS trust or a fully accredited midwifery practice in the community

Continuity of carer, to ensure safer care based on a relationship of mutual trust and respect in line with the woman's decisions.

- Every woman should have a midwife, who is part of a small team of four to six midwives, based in the community who knows the women and family, and can provide continuity throughout the pregnancy, birth and postnatally
- Community hubs should enable women and families to access care close to home, in the community from their midwife and from a range of other services, particularly for antenatal and postnatal care.

Better postnatal and perinatal mental health care, to address the historic underfunding and provision in these two vital areas, which can have a significant impact on the life chances and wellbeing of the woman, baby and family.

- Postnatal care must be resourced appropriately. Women should have access to their midwife (and where appropriate obstetrician) as they require after having had their baby. Those requiring longer care should have appropriate provision and follow up in designated clinics
- The report endorses the recommendation of the Mental Health Taskforce published last week for a step change in the provision of perinatal mental health care across England

A payment system that fairly and more precisely compensates providers for delivering different types of care to all women, while supporting commissioners to commission for personalisation, safety and choice.

To make care safe, with better outcomes, the report says the following is needed:

Safer care, with professionals working together across boundaries to ensure rapid referral, and access to the right care in the right place; leadership for a safety culture within and across organisations; and investigation, honesty and learning

[1] National Maternity Review. Better Births – Improving outcomes of maternity services in England. A Five Year Forward View for maternity care (February 2016)

when things go wrong.

- There should be rapid referral protocols in place between professionals and across organisations to ensure that the woman and her baby can access more specialist care when they need it.
- Teams should routinely collect data on the quality and outcomes of their services, measure their own performance and compare against others' so that they can improve.
- There should be a national standardised investigation process for when things do go wrong, ensuring honesty and learning so that improvements can be made as a consequence

Multi-professional working, breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies.

- Those who work together should train together. Multi-professional learning should be a core part of all pre- and post-registration training for midwives and obstetricians, so that they understand and respect each other's skills and perspectives.

Working across boundaries to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed.

- 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.

Our expectations of what the early adopters will do

We want to identify early adopters who will take this vision and deliver tangible action on the ground, leading to change of the type envisaged by *Better Births*. The experiences of the early adopters will pave the way for national roll-out of initiatives that deliver safer, more personalised care for all women and every baby, improve outcomes, and reduce inequalities. The expectation is that early adopter sites will commit to:

1. **Implementation at scale**
    a. Piecemeal implementation of elements of *Better Births* will not be sufficient to deliver the scale of change it envisaged. There is a number of key enablers, all of which applicants must commit to as part of their expression of interest (see **Table 1**).
2. **Delivering improved outcomes and experience of care, and reducing inequalities**
    a. The aim of the early adopter programme is to identify ways to improve outcomes, provide a better experience of care for women, babies and families, and reduce inequalities. We would like early adopter sites to implement one or more of the initiatives outlined in **Table 2**, to improve outcomes for local women, babies and families.
3. **Sharing learning and experience**
    a. Key to the success of the early adopters will be their ability to make rapid progress. Consequently, we expect them to share intelligence, expertise, learning and experiences amongst themselves, with other local health economies (particularly through Maternity Clinical Networks) and with national partners. Working and learning from each other in this way will ensure that work undertaken is not duplicated unnecessarily.
4. **Evaluation**
    a. In order to understand how, and the extent to which, the early adopter programme has been successful, sites will need to factor in – from the outset – robust evaluation and monitoring mechanisms. We expect expressions of interest to articulate the arrangements that will be in place to measure progress and evaluate the effectiveness of approaches.
5. **Ensuring robust local leadership and governance, and adequate resource**
    a. Key to the success of the early adopters will be buy in and support from senior leaders and clinicians. As such, we ask that expressions of interest confirm that relevant Sustainability and Transformation Plan (STP) leaders have reviewed and approved any bids. We also ask that the support of Maternity Clinical Network leads is sought.
    b. We expect early adopters to have credible governance and resourcing arrangements in place to drive forward work, and that expressions of interest set these out.

Table 1. Key enablers that applicants must commit to putting in place

Enablers	Reference for further reading
A move towards commissioning for outcomes • Commissioners should demonstrate that they are moving towards a commissioning model which focuses on achieving improved outcomes for women and their babies. Outcomes should be routinely measured and monitored, and become the currency of maternity commissioning.	NHS England is developing a set of indicators to help local maternity systems track and benchmark the quality of services. See also the CCG Improvement and Assessment Framework.
Collaboration to review and design local services • Commissioners and providers will wish to look beyond their own boundaries to develop services that meet the needs of their communities and those of neighbouring CCGs. • It is recommended that commissioners commission on a footprint of at least two CCGs, and for populations of between 500,000-1,500,000 depending on the nature of the geography. • This larger geography should provide additional flexibility in shaping services, greater choice of provider and type of service for women, and more diverse opportunities and learning for professionals. • It is recommended that commissioners consider the role of digital technology in the review and design of services.	*Better Births*, paragraphs 4.93 to 4.98.
Shared Clinical Governance • Commissioners and providers will need to develop shared clinical governance, including standards and protocols which can guide providers and professionals in how they work together across organisational boundaries in the best interests of women and babies. • These will need to include NHS and other providers, ambulance services, specialist centres, mental health and services in the community.	*Better Births*, paragraphs 4.33 to 4.36 and 4.93 to 4.98.
Joined up community and hospital services • Providers will need to evolve the nature of the service offering, looking beyond the traditional boundary of the acute settings and into the community. • Commissioners and providers should work towards bringing services together in community hubs and providing continuity of carer for an increasing proportion of their community. This will require changes to workforce practices, and how services are designed and work with each other.	*Better Births*, paragraph 4.28 to 4.32 and 4.93 to 4.98.
Ensuring there is access to all three types of birthplace • Women should be able to make decisions about the type of birth they want, the support they need during birth and where they would prefer to give birth, whether this is at home, in a midwifery unit or in an obstetric unit after full discussion of the benefits and risks associated with each option. • Commissioners and providers will need to ensure that these	*Better Births*, paragraphs 4.5 to 4.12 "Personalised care" and pages 87 to 89 "Planning for

choices are available, and that women have access to sources of unbiased information and advice.	transformation"
Supporting a learning culture • Board level champions, cultural change, use of data, multi-professional training, and peer review. • Commissioners and providers will need to ensure that measures are in place to develop the a learning culture, including through senior leadership and providing space for staff to learn with and from each other.	*Better Births*, paragraphs 4.67 to 4.87

Table 2. Specific initiatives aimed at improving outcomes for women, their babies and families – at least one of which must be tested at each site

Initiatives	**Reference to the Review Report for further reading**
Personalised care planning • Every woman should develop a personalised care plan, with their midwife and other health professionals, which sets out her decisions about her care, reflects her wider health needs and is kept up to date as her pregnancy progresses and after the birth.	*Better Births,* paragraphs 4.7 to 4.10
Continuity of carer model • Every woman should have a midwife, who is part of a small team of 4 to 6 midwives based in the community who know the women and family, and can provide continuity throughout the pregnancy, birth and postnatally.	*Better Births,* paragraphs 4.13 to 4.16
Improving postnatal care, including transition to health visitor/GP • Development of arrangements to ensure smooth transition between midwife and obstetric and neonatal care, and when appropriate to ongoing care in the community from their GP and health visitor.	*Better Births,* paragraphs 4.49 to 4.55
Electronic records • Development of electronic, interoperable maternity records, from which data can be inputted once and can feed the data demands made of the service from Trusts, CCGs and the Maternity and Children's Data Set (MCDS). • Data and information from the electronic maternity record should be available to the woman.	*Better Births*, paragraphs 4.19 to 4.25
Testing novel payment models • We want to work with at least one site where there is willingness to design and implement new local payment models, or trial any new payment system model(s) with the support of both NHS England and NHS Improvement.	*Better Births, paragraphs* 5.22 to 5.27

Criteria for selection

An application form is attached which applicant sites should use to submit their expression of interest. Evidence is sought to enable consideration against the following criteria:

- Clear commitment and capability to deliver the enabling work described above
- Commitment to test some or all of the specific initiatives described above
- Enthusiasm and commitment to sharing learning
- A robust approach to monitoring progress and evaluating effectiveness
- Robust local leadership, governance and partnership arrangements in place to ensure success, and adequate resource in place to drive change.

Using this evidence, the National Maternity Transformation Programme Team will develop a shortlist of applicants. This will be considered by a clinically led panel of experts, including lay member(s), which will make final selection decisions. We may ask shortlisted applicants to present to this panel in support of their application. This is likely to take place during September 2016.

As part of the shortlisting and selection process we will look to ensure that a mix of rural and urban early adopters are selected so that the impact and effectiveness of delivery of the Review's recommendations can be assessed in varied localities.

It is envisaged that the early adopter programme will run for two years, from Autumn 2016. After their appointment NHS England will work with successful early adopters to agree what package of financial and non-financial support might be required at a national, regional and local level to support delivery.