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NHS ENGLAND – BOARD PAPER

<p>Title:</p> <p>Maternity Transformation Programme Update</p>
<p>Lead Director:</p> <p>Jane Cummings, Chief Nursing Officer and SRO for the Maternity Transformation Programme</p>
<p>Purpose of Paper:</p> <p>To update the board on the progress made in implementing the National Maternity Review: Better Births and transforming maternity services in England to become safer and more personal.</p>
<p>Patient and Public Involvement:</p> <p>User involvement is at the heart of the Maternity Transformation Programme:</p> <ul style="list-style-type: none"> • The programme is implementing the National Maternity Review: Better Births. The review was built upon engagement with thousands of women and their families and provides a highly user-centric vision for the programme. • User involvement has been maintained through regular meetings with stakeholders, chaired by Baroness Cumberlege. These meetings bring key stakeholders, including user representatives, together every two months to engage with the implementation of the programme. • All nine national work streams have been asked to include patient and public involvement as part of their governance, either as members of their steering groups, or evidence how they will take forward the engagement in the Project Initiation Documents(PIDs) • At a local level there is a clear expectation that Local Maternity Systems will engage with service users as they develop and implement proposals to deliver Better Births and this has resulted in the launch of many Maternity Voice Partnerships (local committees to enable the co-production of service improvement with service users).
<p>The Board invited to:</p> <p>Review the progress to date, and expected future progress, in implementing the Maternity Transformation Programme (MTP).</p>

Maternity Transformation Programme Update

Purpose

1. To update the Board on the progress made in implementing the National Maternity Review: Better Births and transforming maternity services in England to become safer and more personal.

Background

2. As part of the 5 Year Forward View NHS England commissioned The National Maternity Review led by Baroness Cumberlege. Its report, *Better Births*, was published in February 2016. Initial plans to implement the review were presented to the Board in March 2016.

Progress to date

3. Since publication, NHS England has led implementation through a national Maternity Transformation Programme Board, chaired by Sarah-Jane Marsh (CEO of Birmingham Women's and Children's NHS Foundation Trust). The programme has sought to implement the programme through:
 - a. A clear focus on place based planning, with 44 Local Maternity Systems (LMS) bringing commissioners and providers together with other stakeholders and service users. Each LMS has developed, and is implementing, proposals to deliver Better Births locally;
 - b. NHS England is working closely with our Five Year Forward View (FYFV) partners, to provide a single voice and vision for the improvement of maternity services in England. All FYFV partners are taking an active role in our programme board, with national work streams being led by NHS Improvement (Good Practice for Safer Care), Health Education England (Workforce Planning) and Public Health England (Prevention). Other key stakeholders, such as the Royal College of Midwives and the Royal College of Obstetricians and Gynaecologists and the Care Quality Commission are also active partners in our national board and contributing to national work streams; and
 - c. A strong focus on augmenting national activity with investing in regional and clinical network support to provide each LMS with a bespoke offer of support to deliver safer and more personal maternity services.

Programme Outcomes

4. Local Maternity Systems have been asked to set out a local vision for the transformation of maternity services. They should incorporate the following:
 - a. How the safety of maternity care will be improved so that all services:
 - i. Have reduced rates of stillbirth, neonatal death, maternal death and brain injury during birth by 20% by the end of 2020/21, and are on track to make a 50% reduction by 2025;
 - ii. Have implemented the Saving Babies' Lives care bundle in full by March 2019;
 - iii. Are investigating and learning from incidents, and are sharing this learning through their Local Maternity Systems and with others; and

- iv. Are fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Health Safety Collaborative.
- b. How choice in, and personalisation of, maternity services will be improved so that, by the end of 2020/21:
 - i. All pregnant women have a personalised care plan;
 - ii. All women are able to make choices about their maternity care, during pregnancy, birth and postnatally;
 - iii. Most women receive continuity of the person caring for them during pregnancy, birth and postnatally; and
 - iv. More women are able to give birth in midwifery settings (at home and in midwifery units).
- 5. Additionally the following deliverables are expected in 2018/19:
 - a. Agreement of trajectories, by June 2018, to deliver the maternity system “ask” by 2021, including specific improvements to safety, choice and personalisation of services;
 - b. 150,000 women able to access electronic medical records;
 - c. Increases in the number of women receiving continuity of the person caring for them during pregnancy, birth and postnatally, so that by March 2019 20% of women booking receive continuity; and
 - d. Continue to increase access to specialist perinatal mental health services, ensuring that an additional 9,000 women access specialist perinatal mental health services and boost bed numbers in the 19 units that will be open by the end of 2018/19 so that overall capacity s increased by 49%.

Investing in Early Adopters and Pioneers

- 6. As recommended in *Better Births*, **Early Adopters** were selected to implement elements of *Better Births* at pace. Following an open application process, seven LMS were selected. £8m is being invested in them during the 2017 and 2018 calendar years to deliver agreed outputs relating to *Better Births*. Learning from these sites is being actively shared with the NHS. A list of the sites and exemplars from them, and other LMS, is attached in Appendix A. Interventions being implemented include:
 - a. Continuity of Carer, with a number of different models being tested across the country;
 - b. Electronic maternity records shared, with appropriate permissions, between providers of care (including maternity providers, GPs and Health Visitors) and service users;
 - c. Improved postnatal care including extending the period of postnatal care and improving the transition to Health Visitor and GP services; and
 - d. Community Hubs that bring together antenatal, postnatal and free standing midwifery birth facilities with other community facilities such as children centres, particularly in deprived areas, to wrap care around women and their families in a community setting.
- 7. An independent evaluation of the Early Adopters is being carried out and is expected in Q1 of 2019/20.
- 8. *Better Births* also recommended that the NHS should trial and evaluate **Personal Maternity Care Budgets** (PMCBs) in specific geographies to support women in

making active choices about their maternity care. 7 Choice Pioneers sites were selected and the 'Next steps on the NHS Five Year Forward View' committed us to delivering 10,000 PMCBs by April 2018. By the end of March 2018 the NHS delivered 18,905 PMCBs. An independent evaluation is underway and is expected by March 2019.

Supporting Local Delivery

9. Initial analysis of the 44 Local Maternity System plans in November 2017 revealed a number of areas where additional support was required to assist LMS in bringing forward comprehensive plans:
 - a. Identifying specific actions to reduce stillbirths and neonatal deaths – further advice was provided on areas for focus and the NHS Improvement Maternity and Neonatal Quality Improvement programme is providing tailored advice;
 - b. Learning from serious incidents – a standardised perinatal mortality review tool has now been made available and the Healthcare Safety Investigations Branch has begun to lead certain types of investigation;
 - c. Providing continuity of carer – guidance has now been published, an i-learn module has been made available through the Royal College of Midwives, and all Heads of Midwifery have been offered one to one advice;
 - d. Articulating the financial case for change – regional teams have been providing bespoke advice; and
 - e. Defining the 'level of ambition' baselines and trajectories against the "ask" – additional guidance has been provided.

10. The key task of the programme as we support and assure delivery of improvements at LMS level is to ensure that the bespoke support offer to each LMS remains current, focused on their key needs and puts them in the strongest possible position to make the required improvements. This will be done through three main routes:
 - a. Nationally, NHS England is investing £26.5m of transformation funding in 18/19 and working with our 5 Year Forward Partners, through 9 national work streams, to deliver enabling actions and support for Local Maternity Systems. Appendix B sets out the key deliverables from each national work stream to date;
 - b. Regional colleagues are working closely with Local Maternity Systems to assure and support development of local plans. They will also oversee delivery against local trajectories; and
 - c. The 12 Clinical Networks are providing clinical expertise and practical support to Local Maternity Systems as they develop and implement their plans.

Improving NHS Performance

11. As noted at the time of publication, despite the growing challenges faced by maternity services as the complexities caused by age, weight and number of comorbidities of service users increases, the NHS continues to deliver improvements in the outcomes it achieves:
 - a. Between 2010 and 2016 the NHS delivered a 14% reduction in stillbirth, a 6% reduction in neonatal death and a 17% reduction in maternal death; and
 - b. The Care Quality Commission maternity experience survey, published in March 2018, showed improvements in most areas including choice, emotional

support, postnatal care and with fewer women being left alone at a time that worried them.

Next Steps

12. The programme will continue to work closely with national, regional and local partners to ensure on-going delivery of improvements to maternity services. This will be particularly important given the increasing challenges noted in paragraph 10, and the increased rate of improvement in safety outcomes required to meet the 50% reduction in stillbirth, neonatal death, serious brain injuries and maternal death by 2025. Key elements of the programme are designed to address this challenge including the implementation of, and on-going revisions to, the Saving Babies Lives care bundle, the Safety Collaborative and the creation of Maternal Medicine Networks.

Implications

Risks

13. Ensuring the right size and shape of the workforce to meet the future predicted demand for maternity care has been consistently identified as the most significant risk the programme faces. This risk is being mitigated through the following actions:
 - a. As part of the 'Transforming the Workforce' national work stream, led by Health Education England, the programme is developing a shared understanding of the maternity workforce required in 2021 to deliver Better Births;
 - b. As part of the Better Births '2 Years On' Event held in Manchester in March the Secretary of State for Health announced a plan to train 3,000 extra midwives over 4 years;
 - c. Health Education England have also committed to standardise the career pathway for Maternity Support Workers and to consider alternative entry points into the profession of midwifery;
 - a. Efforts to reduce stillbirths have increased demand for scans in the final trimester of pregnancy. To meet this demand Health Education England is training 200 healthcare professionals to be able to undertake scans. 58 trainees have been recruited through two cohorts. Further cohorts are being recruited to deliver the additional sonographers required; and
 - d. A shared maternity workforce delivery plan will be published later in 2018 setting out further actions required to deliver the right size and shape workforce for maternity services in England.
13. Some LMS have progressed more rapidly than others in articulating and beginning to implement a credible plan for transformation. This risk is being mitigated through the deployment of bespoke support offers to each LMS including targeted support from regional and clinical network colleagues for the most challenged economies. We expect that this will result in all LMS being able to articulate agreed trajectories for improvement by June 2018 as required by the refreshed shared planning guidance for 2018/19.
14. There is a link between smoking during pregnancy and outcomes, such as the rate of stillbirth. This has been recognised in the Saving Babies' Lives care bundle, which encourages NHS maternity services to identify smokers through a carbon monoxide test, and refer women with a positive reading to smoking cessation services.

Smoking cessation services are commissioned by local authorities. Although local authorities are members of LMS, LMS report varying levels of provision for and commitment to such services.

Resources Required

15. NHS England is supporting this programme through the investment of £22.5m in Local Maternity Systems and Clinical Networks in 2018/19 with an additional £4m being invested in national and regional support.

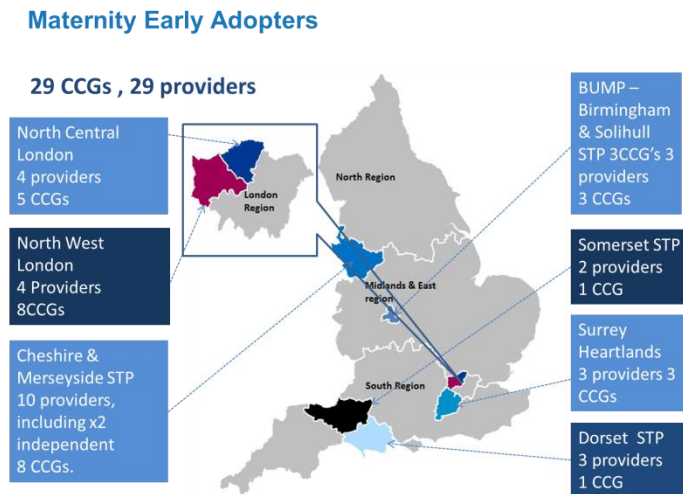
Recommendations

16. That the Board note the progress to date, and expected future progress, in implementing the Maternity Transformation Programme (MTP).

Matt Tagney, Programme Director, Maternity Transformation Programme

Maternity Transformation Exemplars

Early Adopters



- Cheshire & Merseyside** have opened their first pop up midwifery service in April 2018, operating from a community hub setting with a continuity of carer model. They plan to open a second one by the end of summer 2018
- BUMP** the initial continuity of carer pilots have provided improved antenatal and postnatal care to over 3,000 women showing an improvement in women reported experience. Plans are progressing for the electronic maternity care record to start in summer 2018 with roll out completed by December 2018 and a single point of access to maternity services across the area
- Surrey Heartlands** have made good progress towards a shared IT system, which is being rolled out across Trusts with the ambition to make this consistent across Surrey Heartlands. The single point of access advice line is operational, with official opening in May 2018 in partnership with South East Coast Ambulance service
- North Central London** have opened one of their community hubs and have agreed plans for their next community hub pilot. They are also developing a shared agreement to allow midwives to work across London, breaking down traditional organisational boundaries.
- Somerset** has appointed six maternity support workers to pilot improvements in postnatal care. A county wide app and maternity information system will be available to GPs Women, and Trusts towards the end of 2018
- Dorset** is implementing a LMS wide single point of access and is developing a digital platform to launch personal maternity care records. They have also produced a continuity of carer audit tool which has been made available to other LMS across England. They are expanding duration of the current post-natal care pathway to a minimum of 28 days postnatally and an option for women to extend to three months if appropriate.

7. **North West London** have rolled out continuity of care pilots implementing a mixture of case loading teams (full continuity) and enhanced continuity of carer through group practice (antenatal and postnatal continuity) and expect to provide an enhanced service to more than 40% of pregnant women in NW London in 2018. In addition, their improvement in postnatal care pilot is testing a personalised postnatal care plan, postnatal discharge packs and photo booklet with a plan to expand this to cover antenatal care

Exemplars from other Local Maternity Systems

8. *Better Births* recommended that “**Community Hubs** should be established, where maternity services, particularly ante- and postnatally, are provided alongside other family-orientated health and social services provided by statutory and voluntary agencies...”
- a. In Lincolnshire, four pilot sites have opened in children’s centres which are situated in some of the county’s most deprived communities, bringing midwifery, health visiting and children’s services together. Extensive engagement with families and staff in the pilot site areas has meant that the community hubs reflect local needs. A formal, independent evaluation is being carried out.
 - b. In Kidderminster, a community hub was opened in April 2017 to provide a ‘one stop shop’ for midwifery, obstetric and public health services; improved multi-disciplinary working means that women can have immediate access to obstetric care, without needing to travel to hospital.
9. **Maternity Voices Partnerships (MVPs)** are the means of ensuring service user co-production in Local Maternity services. They bring together representatives from a wide range of organisations with maternity service users and their families comprising at least a third of the membership. As at April 2018, 81 MVPs had been established covering 41 out of 44 LMSs. Some examples of strong co-production work are given below:
- a. NHS London Clinical Network created the [Maternity Bereavement Experience Measure](#), a co-produced toolkit to help maternity services gather feedback from families when a baby dies. The measure was developed in conjunction with the charity Sands (who carried out a survey of bereaved families to inform the toolkit) and national NHS England functions including the experience of care and MTP teams.
 - b. NHS London Clinical Network created the ‘[Nobody’s Patient’ case studies](#) which identify existing good practice and developed co-produced solutions to improve care for bereaved parents, parents having a baby admitted to the neonatal unit and mothers who are seriously ill during pregnancy. The work was funded by NHS England’s #MatExp Challenge Fund.
 - c. In South East London, Lewisham MVP worked with women to improve support for those with mental health conditions, creating the ‘it’s OK not to feel OK’ campaign which aimed to reduce the stigma associated with perinatal mental health conditions and encourage early access to treatment (which is proven to

improve outcomes) as well as securing funding for a two year peer support perinatal mental health programme run by MIND.

10. Northamptonshire LMS has implemented strong processes to **learn from serious incidents**. Regular meetings take place between commissioners and providers to review serious incident notifications and investigation reports to identify any common themes; and anonymised investigation reports are shared with Northamptonshire Maternity Voices Partnership to assure service users that investigations are properly conducted, that actions are implemented and to provide external challenge to investigations.

Maternity Transformation National Work Stream Deliverables

This annex sets out the key enabling activities undertaken by each of the 9 national work streams within the Maternity Transformation Programme to date.

1. Local Transformation

- By March 2017, 44 Local Maternity Systems (LMS) were formed, bringing together commissioners, providers and service users to provide local leadership and place-based planning for maternity.
- Over the past year, these LMS have set out proposals to implement *Better Births* in their areas, which they will be implementing in 2018/19 and thereafter.
- To help them do this, every LMS has been provided a bespoke offer of support, setting out the guidance and assistance they can expect from a national and regional level, and from their local strategic clinical network.
- From a national perspective, support in 2017/18 has included the following:
 - **Implementing Better Births: A resource pack for LMS** (March 2017) provided advice to LMS on how to approach their initial plans for Implementing Better Births.
 - **Implementing Better Births: Continuity of Carer** (Dec 2017) sets out two models for implementing continuity of carer, and provides practical guidance to LMS on how to develop a continuity of carer model within their services.
 - Work is underway with the RCM to provide further resources to support implementation of continuity of carer, including workforce modelling based on the Birthrate+ methodology, a national evaluation framework, and e-learning for RCM midwives.
 - Bespoke data packs were shared with each LMS, setting out themes of focus in Neonatal Critical Care and key points for LMS to consider as part of their plans.
 - In June and January, **LMS Leadership Events** bringing together LMS SROs from across the country to discuss objectives, share best practice and challenges and find common solutions.
 - In October, the first meeting of the **Rural LMS Network**, bringing together distant areas to address the common challenges of rurality.
 - In November, an **Expert Reference Group on postnatal care** was convened under the leadership of Dr Jacqueline Cornish. A range of recommendations are expected in early 2018.

2. Promoting Good Practice for Safer Care

- The **Saving Babies' Lives care bundle** is now being implemented by the majority of maternity care providers. An evaluation of the care bundle is expected in the summer of 2018
- Every NHS trust with a maternity service is taking part in **National Maternal and Neonatal Health Safety Collaborative**, 44 Trusts recruited for Wave 1 (2017/18), 45 Trusts recruited for Wave 2 (2018/19) and 45 Trusts recruited for Wave 3 (2019/20).
- The '**Atain**' programme has been launched focusing on reducing avoidable causes of harm that can lead to infants born at term being admitted to a neonatal unit.
- We now have named national, regional and local **Maternity Safety Champions**, in every national, regional and local NHS organisation involved with delivering safe maternity and neonatal care.
- The **Health Safety Information Branch** will progressively roll out independent investigation into intrapartum stillbirths, neonatal deaths, serious brain injuries and maternal deaths from spring 2018. The **NHS SI Framework** will be refreshed in 2018, and the Secretary of State has set out an intention to implement stage 2 of **Rapid Resolution and Redress** from April 2019.
- **The Perinatal Mortality Review Tool (PMRT)**, led by MBRRACE-UK, is being rolled out to support Systematic, multidisciplinary, high quality reviews of the circumstances and care leading up to and surrounding each stillbirth and neonatal death. More information about the PMRT is available at: <https://www.npeu.ox.ac.uk/pmrt/programme>

3. Increasing Choice and Personalisation

- **7 choice pioneer sites** are working within maternity systems to widen and deepen choice and personalisation across CCG boundaries, provide opportunities for new providers, empower women to take control and enabling women to make decisions about their care.
- More than 18,905 women have had a **Personal Maternity Care Budget** at the end of March 2018
- **Decision Aids** will be published this year to support the 'choice discussion' with women about place of birth
- Pioneers have commissioned new services and tools to empower and enable women to take control of their care examples include;
 - Apps to introduce choice at an earlier stage of pregnancy,

- additional breast feeding support services,
- initiatives such as Neighbourhood Midwives, a social enterprise, which offer continuity of carer
- Evaluation of the seven pioneers will be available for consideration in the autumn following which we will be looking at opportunities for scale and learning.

4. Improving Access to Perinatal Mental Health

- We are continuing to increase capacity and capability in **specialist perinatal mental health services** across England. This will mean that, by 2020/21, 30,000 more women will be able to access appropriate, high-quality specialist mental health care, closer to home, both in the community and in inpatient Mother and Baby Units.
- **Four new, eight-bedded Mother and Baby Units (MBUs)** have been commissioned to provide specialist care and support to mothers who experience severe mental ill health during and after pregnancy in areas of the country with particular access issues. We are also **increasing the number of beds in existing units** - expanding the current capacity by 49 per cent by the end of 2018/19.
- £40m was allocated to 20 sites in 2016 to support development of **specialist perinatal mental health community services** across England. This has enabled over 7000 more women to receive specialist perinatal mental health care between April 2017 and March 2018.
- A second wave of community perinatal mental health funding has recently been announced offering £23m in 2018/19 to **35 sites** covering 38 STPs and 134 CCGs, which will allow pregnant and new mothers experiencing mental health difficulties to access specialist perinatal mental health community services in every part of the country by April 2019.
- Twelve **perinatal mental health clinically-led networks** have been established covering all of England to support strategic planning and integrated working of specialist PMH services and wider system.
- Nine **consultant psychiatrists** have recently completed training as clinical leads for new services and **specialist training** delivered to over 250 general psychiatrists. Further leadership masterclasses are planned for 2018/19.
- A digital pilot is underway of the **multi professional competency framework** for perinatal mental health, prior to full scale launch by spring 2018.
- **Data linkage** of the maternity and mental health datasets with a quarterly reporting schedule for 2018.

5. Transforming the Workforce

- The **Maternity Workforce Delivery Plan** will provide an assessment of the current workforce within the NHS in England and the expected demand for workforce in maternity services required to implement the vision in Better Births.
- 200 healthcare professionals will be trained in **sonography to increase capacity in obstetric ultrasound** by mid- 2018. Applications for two cohorts of trainees have been received and applications for a third cohort of trainees in September 2018 are now being accepted
- Developing the role of the Maternity Support Worker (MSW).
- In 2016 over £8.1 million of funding to 136 NHS Trusts across England to deliver **multi professional training** to improve maternity safety.
- Implementation of **A-EQUIP** nearing completion with 98% of the maternity system having introduced the model. More than 800 midwives are now trained as Professional Midwifery Advocates (PMAs).

6. Sharing Data and Information

- Fourteen **Clinical Quality Improvement Metrics** have been identified, with eleven currently published as part of the Maternity Services Dataset monthly publication. These key metrics are used at maternity service level to monitor improvements in clinical quality on a monthly basis.
- Twenty-eight **National Maternity indicators** have been identified across five domains covering mortality and morbidity, clinical care and health population, choice and continuity of carer, user experience and organisational culture. The indicators will be used for benchmarking and monitoring improvement in maternity services at a national level.
- A configurable **data viewer** is being developed to enable clinical teams to engage more effectively with data on clinical quality, aid the identification of unwarranted variation, and encourage quality improvement. The data viewer will be launched in 2018.
- The **Maternity Services Data Set** is being updated throughout 2018 with a view to switching to a new version in spring/summer 2019. The update includes the removal of the paper-based records exemption, improving the structure of the dataset and incorporating linkage to other datasets, for example, with regards to mental health.

7. Harnessing Digital Technology

- The **NHS Choices** national content will be improved so women and their families will be able to more easily access higher quality, trusted information and advice during their pregnancy and following the birth of their child. There will be updated trusted content on the top 25 maternity topics by summer 2018, with a redesign of all maternity content by end of the year.
- **Maternity Apps** are being assessed and accredited as trusted content for inclusion into an apps library and made available via NHS Choices. Women and their families will be able to access trusted and safe apps that meet national standards and that are locally relevant, increasing personalisation and choice. The first two maternity apps will be published on the library shortly, with more to follow.
- There is a commitment to provide funding to a selection of trusts in order to increase the development, uptake and embedding of **electronic maternity personal health records**.

8. Reforming the Payment System

- Supporting LMS with thinking through potential local payment reforms, including the development of **local variation templates** to support LMS's who wish to develop alternative funding arrangements to the Maternity pathway payment.
- A consultation on our proposals for changes to improve the operation of the pathway for the next tariff, as part of the **2019/21 tariff engagement process in early summer 2018**.
- In the longer term, we will review alternative approaches to **funding for maternity services** and look to promote those that can best support the implementation of Better Births locally.

9. Improving Prevention

- Launched [Prevention Concordat for Better Mental Health](#) which includes a specific focus on parenting, and the prevention of postpartum suicide
- Launched a training package for **immunisation in pregnancy** now available for professionals to access for free [online](#).
- **Teenage pregnancy** for local authorities report was published. The report brings together data and evidence for each upper tier local authority in England available through [PHE's Fingertips tool](#).
- [Tobacco Control Plan for England](#) ambition to reduce rates of smoking during pregnancy to 6% by 2022.

- PHE entered a partnership with Mumsnet to support our **breastfeeding activity**
- Collaboration agreement in place with **Smoking in Pregnancy Challenge Group** to produce resources to help improve the knowledge and skills of healthcare professionals in this area. Resources already published include: [E-cigarettes in pregnancy: Infographic for pregnant women](#)
- Local Maternity Systems received **maternity data packs** to develop their “understanding of the local population and its needs from maternity services”. This pack presents a selection of nationally available data to support STPs in undertaking their own Health Needs Assessment.