CCG Maternity Assessment 2017/18

INDEPENDENT PANEL COMMENTARY

Overview

1. When we bring a new life into the world, nothing is more important than cherishing that individual, ensuring that they thrive, and helping them contribute to a happy and healthy society. The CCG Improvement and Assessment Framework (CCG IAF) forms part of our efforts to achieve this aim. It is intended to provide feedback to local health commissioners on how their services are performing, and is used by national teams to drive improvement through focused support. Alongside the main assessment of CCGs under the IAF, six clinical priority areas are invited to produce their own assessment on performance over the past year. For maternity's assessment, the independent clinical panel I chair has a role in advising on methodology, reviewing the data, and providing guidance on communication to CCGs and the public.

2. The Maternity Transformation Programme (MTP) is driving local improvement across maternity services in England through Local Maternity Systems (LMSs). Formed in March 2017, LMSs bring together commissioners, providers and service users on STP footprints to provide local leadership and place-based planning for maternity. In particular, LMSs are responsible for agreeing and implementing local plans to realise the vision of *Better Births*, so that by March 2021:

   - We have reduced rates of stillbirth, neonatal death, maternal death and brain injury during birth by 20% and are on track to make a 50% reduction by 2025.
   - All providers have fully implemented the *Saving Babies Lives* Care Bundle by March 2019.
   - All pregnant women have a personalised care plan.
   - All women are able to make choices about their maternity care, during pregnancy, birth and postnatally.
   - Most women receive continuity of the person caring for them during pregnancy, birth and postnatally.
   - More women are able to give birth in midwifery settings (at home, and in freestanding or alongside midwife-led units).

3. Over the past year, we have seen a commendable effort by CCGs and other local stakeholders to work across boundaries, and begin to make this vision a reality. New ways of working take time to embed and bear fruit, and the maternity panel's assessment for 2017/18 demonstrates that progress is being made, but also that there is still work to do.

Performance on individual indicators

4. Indicators on **service user choice and experience** are underpinned by the CQC's surveys of mothers across the country. We are pleased to note that responses to the 2017 Maternity Services Survey showed continued improvement across almost every question asked. Greatest improvements were reported in women's experience of postnatal care, though this phase in the pathway remains less positive overall than others. Improving postnatal care must be a priority, and we look forward to the recommendations of NHS England's Postnatal Care ERG this summer. There was also a consistent improvement in women's perception of being offered choice, and having the information required to make choices during antenatal care. However, despite these modest improvements significant variation persists across CCGs for both choice and experience measures. Commissioners and Local Maternity Systems should note the findings of the trust-level analyses of survey results available on the CQC website, and work with local Maternity Voices Partnerships and providers to carry this rate of improvement forward.

5. This year, our indicator on **Stillbirth and Neonatal Mortality** is based on data from MBRRACE-UK's Perinatal Mortality Surveillance report. Recently-published data shows that in 2016, perinatal mortality in England remained relatively static, with rates of stillbirth at 3.92 per thousand compared to 3.93 the year before, and 1.72 neonatal deaths per thousand births, compared with 1.71 in 2015. This comes after three years of steady improvement; perinatal mortality in England has reduced from 6.09 per 1000 in 2013, to 5.64 in 2016. In particular, rates of stillbirths for twins have almost halved since 2014, and rates of neonatal deaths have reduced by 30% – a trend to celebrate for this at-risk group. However, it is clear that more must be done to meet the national ambition of a 20% reduction in perinatal mortality by 2020, and in particular the revised ambition for a 50% reduction by 2025. Commissioners and Local Maternity Systems should consider the findings of the latest MBRRACE report as part of their LMS plans to improve safety. In particular, commissioners and Local Maternal Systems should continue to ensure full implementation of the *Saving Babies' Lives* care bundle, and we look forward to seeing what effect this has on perinatal mortality from 2017.

6. **Smoking at time of delivery (SATOD)** shows that maternal smoking continues to pose a significant challenge, with 10.8% of pregnant women known to be smokers at delivery across quarters 1-3 of 17/18, compared to 10.7% in the previous year. Regional variation continues to be significant, with the lowest rates (1-2.9%) reported in London, and rates in excess of 25% in Blackpool and North East Lincolnshire. This year, CCGs have been rated against whether they are on track to reduce rates of SATOD to 6% or less by 2022, in line with the Tobacco Control Plan's ambition for maternal smoking. Commissioners and Local Maternity Systems should consider the actions set

out in the plan. In particular, commissioners should ensure that providers are complying with Element 1 of the Saving Babies' Lives care bundle by providing regular universal carbon monoxide monitoring of mothers and, for all identified smokers, ensuring referral to stop smoking services on an opt out basis. Effective partnership is also required with Local Authorities to ensure that mothers are referred to stop smoking services that meet their needs.

Driving improvement through Local Maternity Systems

7. As recommended by *Better Births*, LMSs have become the driver for local improvement of maternity care. Over the last 12 months, we have seen LMSs begin to mature as organisations, as they develop and begin to implement plans to improve safety and personalisation locally. All CCGs should rightly focus on their own performance, but they should also work collaboratively to ensure that actions to address shortcomings and ensure further improvement are well embedded in their wider LMS plan. This will help ensure the spread of best practice.

8. One of the most pressing tasks for LMSs is to increase capacity in continuity of carer pathways, so that from March 2019, 20% of women have the opportunity of a closer relationship with their midwife before, during, and after birth. Continuity of carer is of central importance to improving maternity services in England, and will bring improvements across the indicators of the CCG IAF. Cochrane evidence links continuity of carer with meaningful reductions in stillbirths and pre-term births. It also demonstrates higher levels of mothers' experience in terms of information and advice, choice for pain relief and, crucially, feeling in control. Closer relationships help build trust, and so it is more likely that women will accept advice on lifestyle factors such as smoking from a midwife she has come to know and rely on. On behalf of the panel, I call on commissioners to ensure that continuity of carer is central to improvement efforts this year.

9. In addition, in order to meet national ambitions on perinatal mortality and maternal smoking, it is becoming increasingly important for commissioners to prioritise reducing health inequalities across their populations. LMSs are best placed to identify and respond to challenges within their populations, and reducing inequalities should be a key focus in LMS plans.

10. We also call on the national team, Regional Boards and Strategic Clinical Networks in NHS England to ensure that these results are considered as part of the bespoke offer of support to LMSs, in particular for those areas with CCGs rated as 'requiring improvement' or 'inadequate'. It should be a key focus of the Maternity Transformation Programme that these areas are fully supported to improve within the next year.

11. On behalf of the panel, I would like to take this opportunity to thank everybody involved in the commissioning, provision and regulation of maternity services for their continued efforts to improve care for women and their babies.

Julia Cumberlege
Baroness Cumberlege CBE DL
Chair, Maternity Expert Clinical Panel

Annex A – Methodology and scoring system for assessment

The overall rating for maternity is based on four indicators;
- Stillbirth and neonatal mortality rate,
- Women's experience of maternity services,
- Choices in maternity services and
- Rate of maternal smoking at delivery.

The four maternity metrics were chosen to align with an number of themes from Better Births, the report of the National Maternity Review, and to provide a broad representation of the various aspects of the maternity pathway.

For each CCG, each of the four maternity indicators was given a score derived using a statistical control limit approach, with limits set at 2 standard deviations (equivalent to a 95% confidence level). The banding method and benchmark[1] used to assign a score are shown in table 1.

Table 1. Maternity indicator banding method

Indicator (time period)	Indicator scores	Benchmark
Stillbirth & Neonatal Mortality Rate (2016)	Significantly above the national benchmark = 0 Not significantly above or below the national benchmark = 1. Significantly below the national benchmark = 2	2015 National mean (4.8 per 1000 births)
Women's experience of maternity services (2017)	Significantly below the national benchmark = 0 Not significantly above or below the national benchmark = 1. Significantly above the national benchmark = 2	2017 National mean (83.0 out of 100)
Choices in maternity services (2017)	Significantly below the national benchmark = 0 Not significantly above or below the national benchmark = 1. Significantly above the national benchmark = 2	2017 National mean (60.8 out of 100)
Rate of maternal smoking at delivery (2017-18 Q1 – Q3)	Significantly above the national trajectory = 0 Above the national trajectory but not significantly = 0.75 Below the national trajectory but not significantly = 1.25 Significantly below than the national standard = 2	National trajectory to national ambition (9.7%)

The mean score for the four indicators described above was calculated. The thresholds shown in table 2 were used by the independent maternity panel to derive the rating for each CCG.

---

[1] Where available, a national trajectory to an established ambition was used as the benchmark, this is the case for the rate of maternal smoking at delivery. Alternatively, the national mean from the baseline period or subsequent period has been used as the benchmark where comparable in order to incorporate an assessment of overall change in national performance. This has been applied for the stillbirth and neonatal mortality indicator, however it is not possible to apply this approach to the women's experience and choices in maternity services indicators as the constituent questions included in the composite indicators have changed. The national mean from the current year is therefore used to benchmark these two indicators,

Table 2. Maternity assessment thresholds

Rating	Score range
Outstanding	Above or equal to 1.3125
Good	Above or equal to 1.0625 and below 1.3125
Requires Improvement	Above or equal to 0.5625 and below 1.0625
Inadequate	Below 0.5625

Annex B – CCG maternity assessment ratings 2017/18

CCG Name	2017/18 Maternity assessment rating
NHS Airedale, Wharfedale and Craven CCG	Good
NHS Ashford CCG	Requires Improvement
NHS Aylesbury Vale CCG	Good
NHS Barking and Dagenham CCG	Outstanding
NHS Barnet CCG	Good
NHS Barnsley CCG	Requires Improvement
NHS Basildon and Brentwood CCG	Requires Improvement
NHS Bassetlaw CCG	Requires Improvement
NHS Bath and North East Somerset CCG	Outstanding
NHS Bedfordshire CCG	Requires Improvement
NHS Bexley CCG	Outstanding
NHS Birmingham Crosscity CCG	Requires Improvement
NHS Birmingham South and Central CCG	Requires Improvement
NHS Blackburn with Darwen CCG	Requires Improvement
NHS Blackpool CCG	Inadequate
NHS Bolton CCG	Requires Improvement
NHS Bracknell and Ascot CCG	Good
NHS Bradford City CCG	Requires Improvement
NHS Bradford Districts CCG	Requires Improvement
NHS Brent CCG	Good
NHS Brighton and Hove CCG	Outstanding
NHS Bristol CCG	Requires Improvement
NHS Bromley CCG	Good
NHS Bury CCG	Requires Improvement
NHS Calderdale CCG	Requires Improvement
NHS Cambridgeshire and Peterborough CCG	Requires Improvement
NHS Camden CCG	Good
NHS Cannock Chase CCG	Requires Improvement
NHS Canterbury and Coastal CCG	Requires Improvement
NHS Castle Point and Rochford CCG	Requires Improvement
NHS Central London (Westminster) CCG	Good
NHS Chiltern CCG	Requires Improvement
NHS Chorley and South Ribble CCG	Good
NHS City and Hackney CCG	Good
NHS Coastal West Sussex CCG	Requires Improvement
NHS Corby CCG	Requires Improvement
NHS Coventry and Rugby CCG	Requires Improvement
NHS Crawley CCG	Good
NHS Croydon CCG	Good
NHS Darlington CCG	Good
NHS Dartford, Gravesham and Swanley CCG	Requires Improvement
NHS Doncaster CCG	Requires Improvement
NHS Dorset CCG	Requires Improvement
NHS Dudley CCG	Good

CCG Name	2017-18 Maternity assessment rating
NHS Durham Dales, Easington and Sedgefield CCG	Requires Improvement
NHS Ealing CCG	Good
NHS East and North Hertfordshire CCG	Good
NHS East Lancashire CCG	Requires Improvement
NHS East Leicestershire and Rutland CCG	Good
NHS East Riding of Yorkshire CCG	Requires Improvement
NHS East Staffordshire CCG	Good
NHS East Surrey CCG	Good
NHS Eastbourne, Hailsham and Seaford CCG	Good
NHS Eastern Cheshire CCG	Outstanding
NHS Enfield CCG	Good
NHS Erewash CCG	Requires Improvement
NHS Fareham and Gosport CCG	Requires Improvement
NHS Fylde & Wyre CCG	Requires Improvement
NHS Gloucestershire CCG	Good
NHS Great Yarmouth and Waveney CCG	Requires Improvement
NHS Greater Huddersfield CCG	Requires Improvement
NHS Greater Preston CCG	Requires Improvement
NHS Greenwich CCG	Good
NHS Guildford and Waverley CCG	Outstanding
NHS Halton CCG	Requires Improvement
NHS Hambleton, Richmondshire and Whitby CCG	Good
NHS Hammersmith and Fulham CCG	Good
NHS Hardwick CCG	Requires Improvement
NHS Haringey CCG	Good
NHS Harrogate and Rural District CCG	Requires Improvement
NHS Harrow CCG	Good
NHS Hartlepool and Stockton-On-Tees CCG	Requires Improvement
NHS Hastings and Rother CCG	Requires Improvement
NHS Havering CCG	Good
NHS Herefordshire CCG	Good
NHS Herts Valleys CCG	Good
NHS Heywood, Middleton and Rochdale CCG	Good
NHS High Weald Lewes Havens CCG	Good
NHS Hillingdon CCG	Good
NHS Horsham and Mid Sussex CCG	Outstanding
NHS Hounslow CCG	Good
NHS Hull CCG	Requires Improvement
NHS Ipswich and East Suffolk CCG	Good
NHS Isle of Wight CCG	Requires Improvement
NHS Islington CCG	Good
NHS Kernow CCG	Requires Improvement
NHS Kingston CCG	Outstanding
NHS Knowsley CCG	Requires Improvement
NHS Lambeth CCG	Good
NHS Leeds North CCG	Good
NHS Leeds South and East CCG	Requires Improvement

CCG Name	2017-18 Maternity assessment rating
NHS Leeds West CCG	Good
NHS Leicester City CCG	Requires Improvement
NHS Lewisham CCG	Outstanding
NHS Lincolnshire East CCG	Requires Improvement
NHS Lincolnshire West CCG	Requires Improvement
NHS Liverpool CCG	Requires Improvement
NHS Luton CCG	Requires Improvement
NHS Manchester CCG	Requires Improvement
NHS Mansfield and Ashfield CCG	Requires Improvement
NHS Medway CCG	Good
NHS Merton CCG	Outstanding
NHS Mid Essex CCG	Good
NHS Milton Keynes CCG	Requires Improvement
NHS Morecambe Bay CCG	Requires Improvement
NHS Nene CCG	Good
NHS Newark & Sherwood CCG	Requires Improvement
NHS Newbury and District CCG	Good
NHS Newcastle Gateshead CCG	Good
NHS Newham CCG	Requires Improvement
NHS North & West Reading CCG	Good
NHS North Cumbria CCG	Good
NHS North Derbyshire CCG	Requires Improvement
NHS North Durham CCG	Requires Improvement
NHS North East Essex CCG	Requires Improvement
NHS North East Hampshire and Farnham CCG	Good
NHS North East Lincolnshire CCG	Requires Improvement
NHS North Hampshire CCG	Good
NHS North Kirklees CCG	Good
NHS North Lincolnshire CCG	Requires Improvement
NHS North Norfolk CCG	Requires Improvement
NHS North Somerset CCG	Requires Improvement
NHS North Staffordshire CCG	Good
NHS North Tyneside CCG	Requires Improvement
NHS North West Surrey CCG	Good
NHS Northern, Eastern and Western Devon CCG	Requires Improvement
NHS Northumberland CCG	Requires Improvement
NHS Norwich CCG	Requires Improvement
NHS Nottingham City CCG	Requires Improvement
NHS Nottingham North and East CCG	Requires Improvement
NHS Nottingham West CCG	Requires Improvement
NHS Oldham CCG	Requires Improvement
NHS Oxfordshire CCG	Good
NHS Portsmouth CCG	Requires Improvement
NHS Redbridge CCG	Outstanding
NHS Redditch and Bromsgrove CCG	Requires Improvement
NHS Richmond CCG	Good
NHS Rotherham CCG	Requires Improvement

CCG Name	2017-18 Maternity assessment rating
NHS Rushcliffe CCG	Good
NHS Salford CCG	Requires Improvement
NHS Sandwell and West Birmingham CCG	Requires Improvement
NHS Scarborough and Ryedale CCG	Requires Improvement
NHS Sheffield CCG	Requires Improvement
NHS Shropshire CCG	Good
NHS Slough CCG	Requires Improvement
NHS Solihull CCG	Requires Improvement
NHS Somerset CCG	Requires Improvement
NHS South Cheshire CCG	Requires Improvement
NHS South Devon and Torbay CCG	Good
NHS South East Staffs and Seisdon Peninsular CCG	Requires Improvement
NHS South Eastern Hampshire CCG	Requires Improvement
NHS South Gloucestershire CCG	Good
NHS South Kent Coast CCG	Requires Improvement
NHS South Lincolnshire CCG	Requires Improvement
NHS South Norfolk CCG	Requires Improvement
NHS South Reading CCG	Good
NHS South Sefton CCG	Requires Improvement
NHS South Tees CCG	Requires Improvement
NHS South Tyneside CCG	Requires Improvement
NHS South Warwickshire CCG	Good
NHS South West Lincolnshire CCG	Requires Improvement
NHS South Worcestershire CCG	Good
NHS Southampton CCG	Requires Improvement
NHS Southend CCG	Requires Improvement
NHS Southern Derbyshire CCG	Requires Improvement
NHS Southport and Formby CCG	Requires Improvement
NHS Southwark CCG	Good
NHS St Helens CCG	Requires Improvement
NHS Stafford and Surrounds CCG	Requires Improvement
NHS Stockport CCG	Requires Improvement
NHS Stoke On Trent CCG	Requires Improvement
NHS Sunderland CCG	Requires Improvement
NHS Surrey Downs CCG	Good
NHS Surrey Heath CCG	Good
NHS Sutton CCG	Outstanding
NHS Swale CCG	Requires Improvement
NHS Swindon CCG	Requires Improvement
NHS Tameside and Glossop CCG	Requires Improvement
NHS Telford and Wrekin CCG	Requires Improvement
NHS Thanet CCG	Requires Improvement
NHS Thurrock CCG	Requires Improvement
NHS Tower Hamlets CCG	Requires Improvement
NHS Trafford CCG	Good
NHS Vale of York CCG	Requires Improvement
NHS Vale Royal CCG	Requires Improvement

CCG Name	2017-18 Maternity assessment rating
NHS Wakefield CCG	Requires Improvement
NHS Walsall CCG	Requires Improvement
NHS Waltham Forest CCG	Good
NHS Wandsworth CCG	Outstanding
NHS Warrington CCG	Good
NHS Warwickshire North CCG	Requires Improvement
NHS West Cheshire CCG	Requires Improvement
NHS West Essex CCG	Requires Improvement
NHS West Hampshire CCG	Good
NHS West Kent CCG	Good
NHS West Lancashire CCG	Requires Improvement
NHS West Leicestershire CCG	Requires Improvement
NHS West London (K&C & QPP) CCG	Good
NHS West Norfolk CCG	Requires Improvement
NHS West Suffolk CCG	Requires Improvement
NHS Wigan Borough CCG	Requires Improvement
NHS Wiltshire CCG	Requires Improvement
NHS Windsor, Ascot and Maidenhead CCG	Good
NHS Wirral CCG	Requires Improvement
NHS Wokingham CCG	Requires Improvement
NHS Wolverhampton CCG	Requires Improvement
NHS Wyre Forest CCG	Requires Improvement