Establishing Local Maternity Systems

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Implementing Better Births

- In February 2016 Better Births set out the Five Year Forward View for NHS maternity services in England.
- The vision is clear: we should work together across organisational boundaries in larger place-based systems to provide a service that is kind, professional and safe, offering women informed choice and a better experience by personalising their care.
- Better Births recognised that delivering such a vision could only be delivered through locally led transformation, suitably supported at national and regional levels.
- Local Maternity Systems (LMS) will lead and manage this local transformation.
- Local Maternity System should be coterminous with the STP Footprint.
Implementing Better Births

Better Births set out a clear vision and set of principles for how maternity services should be brought together through community hubs and local maternity systems with strong links to specialist services to provide personalised, kinder and safer care to women and their families.

Community hubs will improving access by offering more co-located services closer to home, including rapid onward referral and services that will support identification and support to improve perinatal mental health.

LMS will bring providers and commissioners together to create shared clinical governance and protocols, information sharing and coherent plans to implement and apply the Better Births vision and principles to meet their population’s needs.

Clinical Networks will offer clinical advice, expertise (including on perinatal MH through cooperation with perinatal networks) and support to LMS, support consistency and sharing of learning from investigations, and ensuring access to specialist services which can only be provided safely across larger populations.

Early Adopters (EAs) and Choice Pioneers – going further faster
- 7 Early Adopters have been selected to implement elements of Better Births at pace over the next two years.
- Areas of focus include continuity of care, improved postnatal care, innovations to the maternity tariff, implementation of electronic records, community hubs and single points of access. 3/7 EAs include focus on PMH.
- These sites, covering 33 CCGs with a population of c. 9m and c. 126,000 births a year, will help demonstrate to the system what is possible, test implementation methodology and generate tools and outputs which will be shared with other LMS.
- A number of EAs are coterminous with perinatal MH community services development fund which will support shared learning and development.
- 7 Choice Pioneers have also been selected (2 coterminous with EAs) which have started to roll out Personalised Maternity Care Budgets.
The Maternity Transformation Programme (MTP) is led nationally by a programme board which brings together all national partners.
What is a Local Maternity System?

The Local Maternity System is the mechanism through which it is expected that an STP will collaboratively transform maternity services, with a focus on delivering high quality, safe and sustainable maternity services and improved outcomes and experience for woman and their families.

They are being established across England to develop and implement a local vision for transforming maternity services by 2020/21, based on the principles of the National Maternity Transformation Programme (Better Births 2016).
Local Maternity systems in TVSCN

1. BOB (Berkshire West, Oxfordshire and Buckinghamshire) Local Maternity system
   • First Meeting on 5.4.17

2. Frimley Health Local Maternity system
   • First Meeting on 6.6.17

3. Milton Keynes, Bedford and Luton – which is being led by East of England Clinical Networks
Who should be involved?

- All providers who deliver local maternity care:
  - NHS acute trusts, representing:
    - Obstetric services
    - Neonatal services, including ODN
    - Midwifery units
    - Home birth services
  - Mental health trusts
  - Ambulance trusts
  - Community trusts providing maternity services
  - Independent midwifery practices providing NHS services
  - Charities providing NHS services
  - GPs
  - Health visitors
  - Clinical Networks
  - STP Leads
  - Others as defined by the LMS Board

Maternity Service users:
- A forum for engaging with representative of local women (e.g., MSLC)
- Local stakeholders and charities representing service users
What are we expecting the LMS to do?

1. Establish the LMS Board
2. Develop, Agree and implement a local vision and plan for transforming maternity services based on the Better Births principles:
   - Assessment of local needs / gap analysis
   - Agree what needs to be changed
   - Clarity of roles
   - Collaborative working
   - Keep it under review
Deliverables for LMS 2020/21

Improving choice and personalisation of maternity services so that:
• all pregnant women have a personalised care plan
• all women are able to make choices about their maternity care, during pregnancy, birth and post-natal
• most women receive continuity of the person caring for them during pregnancy, birth and post-natal
• more women are able to give birth in midwifery settings (at home, and in midwifery units)*

Improving the safety of maternity care so that by 2020/21 all services have:
• made significant progress towards the ‘halve it’ ambition of halving rates of stillbirth and neonatal death, maternal death and brain injuries during birth by 50% by 2030
• are investigating and learning from incidents, and are sharing this learning through their LMS and with others
• fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Quality Improvement programme
Shared Clinical Governance

• Shared processes and procedures, particularly around working together across health economies (e.g., referrals, diagnostics)
• Provide support, advice and recommendations to commissioners, provider and clinicians
• Transfer protocols
• Shared training offer
• Shared staffing, where appropriate
• Cross-LMS review of data, including patient experience data
• Shared learning when things do not go to plan
Deliverables for SCNs 2017/18

- by March 2017 create an LMS coterminous with the STP footprint and involving all commissioners and providers of maternity services
- Provide advice to LMSs to develop and implement local maternity transformation plans, acting as honest brokers, trouble shooters, critical friends, where appropriate.
- by October 2017 establish a shared vision and LMS action plan to implement Better Births by the end of 2020/21

Ultimately By 2020/21
- Deliver the LMS Board action plan outcomes ensuring that work is completed within required timescales
Deliverables for SCNs 2017/18

• Provide targeted improvement support and clinical advice to poorly performing CCGs according to the CCG IAF

• Inform development of regionally available specialised services that LMSs feed into, so as to ensure women and their babies can access the right care, in the right place at the right time.

• Aid the system by way of reflection and challenge to unwarranted variation, identifying opportunities for improvement and acting as a conduit for resolution of issues through liaison with the regional and national teams and other partner organisations.

• Facilitate the sharing and learning of best practice so as to foster the development of a learning culture.

• Continue to advise on and encourage the implementation of the ‘Saving Babies Lives’ care bundle.
Progress to date

- Local Maternity systems are being established
- Baseline of current maternity services and future demand was undertaken in 2016 as part of the TV SCN and Senate work
- Saving babies loves care bundle implementation in progress and clear understanding of gaps
- Implementation of a Regional Maternity dashboard
- Regional Perinatal Mental Health Network
- All Trusts are part of the Maternal and Neonatal Health Safety Collaborative 3 year programme which is being implemented in waves.
- TV Maternity service User group well established and feed into each LMS
- Working with the Oxford AHSN – who has a clear focus on safety and already has a well established programme of Shared learning events and standardising clinical guidelines
Thank you

If you want any further information
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