

Maternity Transformation Plan

Adults Health, Adult's Care and Housing Overview and Scrutiny Committee

Date: 28th March 2018

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Wards: All

Parishes Affected: All Parish Areas

1. Purpose and Reasons

This briefing provides an oversight of the new co-created Maternity Transformation Plan. The plan details the system wide response across the Strategic Transformation Partnership (STP) footprint to the national Better Birth Recommendations (2016) and the NHS Five Year Forward View. It also describes the vision for local maternity services to ensure that "All women have a safe and positive birth and maternity experience, and be prepared to approach parenting with confidence."

- 1.1 Add the links to the Council Vision's Priorities and Pledges, Corporate Strategy, One Swindon, Strategic Objectives, Plans and Policies here.

2. Recommendations

The Committee is recommended to

- Note the report
- Identify any areas of concern

3. Detail

3.1 National Requirements

All Maternity services were asked to develop a Local Maternity System (LMS) across their STP footprint by October 2017 (44 in England.) The BaNES, Swindon and Wiltshire STP created this in April 2017 with all providers and commissioners across the maternity pathway joining together to discuss and agree operational and strategic aims and the governance framework below was agreed.

All activity and performance data is now peer reviewed at an STP level through this structure to ensure consistency and parity of provision and experience for our population.

Recommendations:

Better Births sets out the following recommendations to improve outcomes for women, their babies and families:

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- 1) For maternity services to become safer (ambition to reduce still births, neonatal and maternal death by half)
- 2) To have more personalised care which is family friendly, where women can have genuine choice informed by unbiased information on where to give birth, and choose the provider for their antenatal and postnatal care
- 3) Improved continuity of care throughout pregnancy, birth and postnatally
- 4) Better postnatal and perinatal mental health care
- 5) Improved multi-professional working between professionals in maternity services
- 6) Working across geographical and agency boundaries to commission and provide services where they are needed

3.2 Creation of our Plan

Each LMS was asked to produce a Maternity Transformation Plan (MTP) for regional submission on October 20th 2017. A whole system work shop was held in June 2017 with more than 60 attendees including service users, providers, commissioners, and all partner agencies. The vision for our plan was co-created during this work shop along the agreement of four core commitments:

a. Women and their chosen support networks will be partners in care

Women will receive unbiased, timely information to enable them to participate fully in personalised care planning, and they will be encouraged to explore and question available options. Services will reflect on the language they use, focusing on the women's experience. Above all women will be listened to.

b. Maternity services and organisational partners within the LMS will work collaboratively

Woman will receive a service that is seamless and joined up irrespective of where they access their care. Women will receive personalised care and staff will be enabled to provide continuity.

c. We will enhance safety through assisting all women to experience the best birth possible for their personal circumstances.

Woman will be supported to make informed decisions, ensuring risks and benefits are assessed, discussed and managed proportionally. We will adopt an approach that works with the physiology of labour and optimises physical and mental good health. Learning will be shared across organisations and multidisciplinary teams will learn together.

d. Woman, partners and their families will be supported and enabled to optimise their health in preparation for pregnancy, birth and parenthood.

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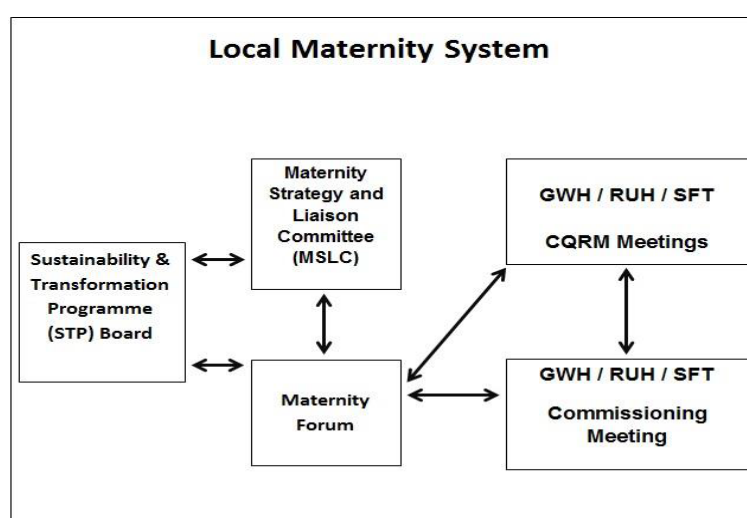
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Ensuring staff have the skills and confidence to deliver consistent and effective public health interventions that positively impact on outcomes for women and children.

Review events were held to further develop the plan and a follow up work shop took place in September 2017 where more than 35 attendees co-designed the associated action plan to support implementation and mobilisation.

3.3 Governance Framework:



The plan was submitted to the South West Clinical Network on Oct 20th 2017 and to NHSE in November 2017 and further refreshed to NHSE in January 2018. (See 6. Background paper)

An Acute Maternity Services Steering group has been established to oversee the redesign work and the consultation process associated with the delivery of antenatal, post-natal and birth services across the STP. The group comprises of commissioners, providers, clinicians and service user's representation from the STP and adjoining STP areas.

3.4 Public consultation

This will be key to delivering this plan. A full Engagement Plan is being developed, which will build on the work commenced by the Royal United Hospital in Bath in relation to place of birth options.

Place of Birth Survey - The STP wide Maternity Strategy and Liaison Committee (MSLC) undertook a place of birth survey in 2017 with more than 800 responses. This feedback was used during the development of the plan and will form the basis of the Engagement Strategy.

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Swindon consultation with service users - "Whose Shoes?" toolkit was used in June 2017 by GWH Maternity Leaders to seek service feedback and ideas for improvements. The event was attended by women and their family members, midwives, obstetricians, managers, commissioners, health visitors, public health, and the Community Stroke Co-ordinator. This feedback is being considered alongside similar events in Salisbury, Bath and BaNES to understand local needs and common areas of feedback across the STP.

Further work is needed to consult with the harder to reach groups of women and their partners in Swindon.

Swindon NCT – now actively engaged with helping to shape this delivery and providing birth reflections feedback on a regular basis to the CCG and GWH maternity team. This representative also sits on the LMSC group (Wiltshire wide.)

Support for Delivery - The mobilisation and implementation of the plan will be supported by a dedicated project midwife, which is being funded from national money dedicated to the development of Local Maternity Systems.

4. Implications, Diversity Impact Assessment and Risk Management

4.1 Financial and Procurement Implications

Wiltshire CCG is holding dedicated transformation funding from the national team which can only be used to support transformation work.

4.2 Legal and Human Rights Implications

NA

4.2 All Other Implications (including Staff, Sustainability, Health, Rural, Crime and Disorder)

Challenge of continuity of carer (midwife) & working in small teams will be the approach

4.3 Diversity Impact Assessment

NA

4.4 Risk Management

All risk issues are considered as part of the wider CCG reporting mechanisms.

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5. Consultees

The Director of Finance (Section 151 Officer) and the Director of Law and Democratic Services (Monitoring Officer) are consulted in respect of all reports.

6. Background Papers



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Transformation Plan_I

Please contact the Committee Officer if you would like an electronic copy of the Maternity Transformation Plan.

7. Appendices

None.