

Agenda Item 6

For publication

Meeting title	JHOSC	Date: 10th December 2018
Report title:	BLMK Local Maternity System (LMS) Transformation Plans	Agenda item:
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Report summary	<p>In February 2016 Better Births set out the Five Year Forward View for NHS maternity services in England which would see maternity services become safer, more personalised, kinder, professional and family friendly. Better Births recognised that such a vision could only be delivered through locally led transformation, suitably supported at national and regional levels.</p> <p>This report summarises the BLMK Transformation Plans in response to this national mandate for change in maternity services locally.</p>		
Purpose (tick one box only)	Information <input checked="" type="checkbox"/>	Approval <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
Recommendation			

1. BLMK LMS Transformation Plan

The BLMK LMS Transformation Plan comprises the narrative plan, trajectories associated with Key Lines of Enquiry, Plan on a Page and detailed implementation plan¹ and has been developed in response to the publication of Better Births (2016).

1.1 National Context

In February 2016 Better Births set out the Five Year Forward View for NHS maternity services in England which would see maternity services become safer, more personalised, kinder, professional and more family friendly. Better Births recognised that such a vision could only be delivered through locally led transformation, suitably supported at national and regional levels.

1.2 Local Context

BLMK LMS was established, in March 2017, as a local partnership, providing the leadership and transformation required to develop a local plan for the implementation of the Better Births vision across the BLMK Sustainability and Transformation Plan (STP) footprint. Milton Keynes CCG is the lead organisation for the BLMK LMS programme. David Foord, Director of Quality, Luton CCG, is Senior Responsible Owner (SRO) and the programme team is based in Milton Keynes CCG.

The plan has been developed within the context of a pending outcome from the Secondary Care Services Transformation Board about the proposed future configuration of clinical services including maternity services. This critical interface has informed the governance arrangements for the programme. Consideration will also need to be given to the potential impact, risks and issues of the merger between Bedford and Luton & Dunstable Hospitals

¹ Detailed plans are available from the LMS Programme Management Team based at MKCCG

(announced September 2017). These will be managed and mitigated through the programme governance arrangements.

BLMK LMS, led by senior representatives from the three acute trusts as well as a wide range of partner organisations, has set out an ambitious but realistic and sustainable plan for delivering maternity services differently in the future. It provides the leadership required to develop and implement a plan that will ensure that women and their babies can access seamlessly the right care, in the right place, at the right time.

1.3 Progress and current position

The development of the plan continues to be an iterative process, as it requires the bringing together of three areas, who have not historically worked together before, to deliver safe and sustainable, joined up maternity services. This is challenging and complex work that requires huge commitment from partners across the STP.

A first draft narrative was submitted to NHSE on 28th September 2017 with a second version on the 31st October 2017. A number of submissions focussing on specific aspects of the plan have been required by NHSE since then, along with regular highlight reports.

2. The Vision

‘To deliver seamless, system wide maternity care with comparable high standards across the Local Maternity System which is co-produced with service users offering choice, safe, kind and personalised care provided in the right place to improve user experience’

This is the co-produced local vision for maternity services across BLMK. The LMS programme is a realistic and sustainable transformation plan which aims to embed this ambitious vision and build on existing work across BLMK, to improve the experience of women before, during and after their pregnancies.

Safety is the golden thread running through the Maternity Transformation Programme, which aims to drive improvement in our maternity services. Improving women’s experiences of care, and ensuring a highly trained maternity workforce and making better use of data, will all make a significant contribution to safer maternity services.

BLMK LMS envisages maternity services that deliver standardised care in line with a fully implemented Saving Babies Lives Care Bundle and where the majority women report that they have experienced care has been personalised to them. They will have choice and are able to access midwifery led care (wherever this is safe and realistic) for the birth of their baby. This pathway of care will be supported by a small team of midwives wherever possible as part of a continuity of carer model.

3. Co-Production, Communication and Engagement

3.1 Have your baby your way

We believe that women, their partners and birth partners should be in the driving seat when it comes to pregnancy, labour, birth and post birth care. That’s why we’re working together to improve maternity services in our area.

As part of the national ‘Better Births’ programme, we want to change how we approach maternity care so that we are more open and inclusive, integrate our services so they’re easier for women to access and work with local people as part of a team, so we know the services we provide are right for the communities we serve.

3.2 We're listening

In January this year, went out to Children's Centres in Bedfordshire, Luton and Milton Keynes, and conducted an online survey, so we could find out more about the experiences women have of maternity services in our area.

Over three months, we listened to 900 women and asked about everything from the experience they had with their GP to the hospital and in the community. This helped us to spot the similarities across the area and identify areas of best practice that we can learn from.

The findings of the survey will also provide a benchmark, and help us to deliver an action plan for improvement which we can monitor as the Local Maternity System plan is delivered.

3.3 What are we doing?

The Local Maternity Plan focuses nine work streams, which include:

- Prevention
- Neonatal care
- Perinatal Mental Health
- Quality
- Workforce and culture
- Community Hubs and Estates
- Finance
- Commissioning for outcomes
- Digital

Each work stream is focused on improving the services we provide and introducing new ones, so that we can improve the experience of women and families in our area.

To make sure that the services we provide reflect the wishes of local people, we have set up a co-production steering group, which is made up of women, birth workers and clinicians from across Bedfordshire, Luton and Milton Keynes. The group has the opportunity to review all of the work streams and use their experiences to make recommendations and shape services, to improve the experience of women in the future.

3.4 Co-production Steering Group

The Co-Production Steering Group is a group made up of public representatives, clinicians, childbirth groups, mental health groups, hospitals, disability groups and Healthwatch from across Bedfordshire, Luton and Milton Keynes. It is responsible for scrutinising plans and providing recommendations to shape services, the group is focused on ensuring that women can access the same standard of care wherever they live.

The Group reports into the Operational Board for the Local Maternity Services programme, and meets quarterly.

3.5 Maternity Voice Partnerships

Attached to the Co-Production Steering Group are three Maternity Voice Partnerships:

- Bedfordshire Maternity Voice Partnership
- Luton Maternity Voice Partnership and;
- Maternity MK.

Run exclusively by volunteers and attended by community and hospital based midwives, obstetricians and commissioners, the Partnerships ensure that the voices and experiences of women are listened to and used to affect change.

4. Our principles

In line with Better Births BLMK LMS is working to a set of principles on which future BLMK maternity services are to be based. These are summarised below.

Improve the safety of maternity services, ensuring that:

- Standardised care is delivered in line with a fully implemented Saving Babies Lives Care Bundle; is compliant with recommendations in Each Baby Counts, Action on Neonatal Mortality, the Neonatal Critical Care Review (NCCR) and is in accordance with NICE guidelines
- Rates of still birth, neonatal death, maternal death and brain injury during birth are halved by 2025
- There is transparency of reporting for serious incidents
- There is a joint panel established that ensures external review of incidents

Services will be co-produced and developed with women and their families

- As outlined in section 3 above

Create a joined-up approach to workforce planning that will ensure services:

- Are delivered by staff who are focussed on the principles set out in better births – ***continuity of carer, personalisation and safety***
- Involve their staff in joined up training and education and share good practice
- Are adequately staffed to deliver safe and high quality neonatal care

Develop and implement standardised pathways to:

- Increase women's choice and access to midwifery led care and births and ensure continuity of carer
- More effectively target groups of high risk women, especially in the areas of hypertension, obesity, diabetes, mental health and those with complex needs
- Support provision of high quality neonatal care as close to home as possible, in the nearest appropriate centre

Improve choice and personalisation of maternity services so that by 2020/21:

- All women have a personalised care plan
- All women report that they have choice & have experienced personalised care

Improve the provision of perinatal mental health services to ensure that:

- There are local specialist perinatal mental health services is a priority across the STP

5. Transformation funding

For 2018-19 BLMK LMS has been allocated a total of £458k Transformation funds to support delivery of the plans. We are using this funding to target priority areas within the plan and to increase the capacity across the system to enable delivery. Funding has been allocated to the following key areas:

- The remuneration of service user involvement in the programme
- The appointment of the Clinical Lead Midwife (0.6 WTE, Band 8A) essential to supporting the Heads of Midwifery (HoMs) to deliver on their workstreams
- The appointment of a backfill post to the MKCCG Children's Commissioning Team (1 WTE 8A) essential to release the children's commissioners to manage the LMS programme
- 1 year funding for 3 WTE Band 7 project managers (one for each acute trust)
- Appointment of a Band 7 WTE Public Health Midwife to support prevention agenda across LMS
- Continuity of Carer- workforce planning and estate (3 months funding)
- Continuity of Carer- pilot set up costs
- Scoping a digital solution for Personalised Care Planning (3 months funding)
- Creating & populating a single LMS dashboard (3 months funding) for monitoring

We have received notification that there is likely to be an allocation of further transformation funds for 2018-19 but we await confirmation of this.

6. Risk

Programme risks have been identified and are reassessed on a regular basis. The top three risks at this time are:

Risk	Mitigation/Action
<i>Continuity of Carer:</i> BLMK LMS is starting from a very low baseline towards the trajectory for Continuity of Carer which means the trajectory set by NHSE (20% of all women booked by 2019 will receive CoC) may not be achieved and women will not receive the benefits of CoC as outlined in Better births.	<ul style="list-style-type: none"> • Pilot schemes being developed which will achieve trajectories • Interim workforce and finance leads appointed to carry out focussed work assessing workforce requirements and costs in relation to achieving CoC trajectories
<i>Finance:</i> The financial implications of the LMS Transformation Plans are not yet fully detailed the LMS is unable to address all the points required by the Regional Finance Team resulting in an incomplete financial case for change and assessment of financial implications	<ul style="list-style-type: none"> • Strengthening of financial governance by establishing: <ul style="list-style-type: none"> - Finance Sub-group with workplan for key activity - Dedicated financial support - Dialogue with NHSE • CCG Deputy Chief Financial Officer overseeing the development of financial plan. • Workplan progressing well and according to timeline
<i>Programme management:</i> Changes in a number senior leadership roles combined with capacity issues within the LMS means that there may be a loss of momentum and direction and connection with wider STP programme will be reduced.	<ul style="list-style-type: none"> • Contingency planning- ensure lines of communication are clear • Succession plans to be confirmed • Effective use of transformation funds to support delivery

7. Recommendation

The Joint Health Oversight Committee is asked to note the contents of this report and advise regarding future reporting requirements.