Housekeeping

• No planned fire alarms
  Fire exits
  Fire Assembly Point

• We will be tweeting using #NWCMTP

• WiFi codes are on each table
National Maternity Review

One Year On
BETTER BIRTHS
Improving outcomes for maternity services in England
The Five Year Forward View for maternity care
664,543
number of births in England in 2014

FEWER THAN 1 IN A 1000 BIRTHS
Resulted in safety incident being reported that led to severe harm or the death of the baby or their mother

£560m
Annual cost of compensating families for negligence during Maternity care

£4.7 billion
Total estimated annual NHS spend in Maternity services

NATIONAL MATERNITY REVIEW
SAFE

PROFESSIONAL

KIND

PERSONALISED

FAMILY FRIENDLY

SHARED GOALS
What happened
Learning

- NPEU evidence review, including BirthPlace Study*
- Quality assessment and analysis of data*
- Morecombe Bay Inquiry report
- Other evidence from Royal Colleges, academics and voluntary organisations

*PUBLISHED
Figure 1. Shared goals and workstreams
10% of women surveyed by NFWI would prefer a home birth.

6% of women surveyed by NFWI preferred to give birth in an FMU.

49% of women surveyed by NFWI would prefer to give birth in an AMU.

Only 25% of women would choose to give birth in an OU.
SERVICES COULD INCLUDE:
- DIAGNOSTICS
- OBSTETRIC SERVICES IN THE COMMUNITY
- COMMUNITY MIDWIVES
- HOME BIRTH TEAM
- GP SUPPORT
- SOCIAL SERVICES
- MIDWIFERY PRACTICES

COMMUNITY HUB
Located in e.g. children’s centre, GP practice, midwife-led unit

HOSPITAL

OBSTETRIC UNIT
Birth injuries 2000 - 2015

Number of serious birth injuries per 100,000 born babies

Safe Delivery Care 1 + 2

National Maternity Review
Our collective aims

• Ensure implementation of the vision and recommendations set out in *Better Births* by 2021. This means:
  ➢ Supporting local transformation
  ➢ Ensuring delivery of national actions

• Supporting the Secretary of State’s ambition to reduce the rate of stillbirths, neonatal and maternal deaths and brain injuries by 50% by 2030

• Aligning other work being carried out by the national bodies to support the shared strategy – e.g. local midwifery supervision
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<td>1. Supporting local transformation</td>
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<td>2. Promoting safer care</td>
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<td>3. Choice and personalisation</td>
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<td>4. Perinatal mental health</td>
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<td>5. Transforming the workforce</td>
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<td>6. Data and information sharing</td>
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<td>8. Payment systems</td>
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<td>9. Prevention</td>
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Governance

FYFV CEOs Board

Maternity Transformation Programme Board

Independent Chair: Sarah-Jane Marsh

Maternity CCGIAF Assessment Panel
Chair: Baroness Cumberlege

Maternity Transformation Stakeholder Council
Chair: Baroness Cumberlege

NHS Improvement
NHS England
Care Quality Commission
Public Health England
Health Education England
NICE
Implementation Structure

National Maternity Transformation Programme
  4 regions
  10 Clinical networks
Local Maternity Systems – STP Footprints

Commissioners, Providers, Professionals, Local Authorities, Communities
NHS Operational Planning and Contract Guidance 2017-2019
Maternity Choice and Personalisation Pioneers

- Salford
- Wigan
- Bolton
- Halton
- Liverpool
- St Helen’s
- Knowsley
- South Sefton
- Southport and Formby
- Wirral
- Warrington
- West Lancashire
- West Cheshire
- South Cheshire
- Wirral
- Warrington
- West Lancashire
- West Cheshire
- South Cheshire

- Birmingham South Central
- Birmingham Cross City
- Solihull
- North East Hampshire and Farnham
- North Hampshire
- West Hampshire
- South East Hampshire
- Fareham and Gosport
- Southampton
- Portsmouth
- Isle of Wight

- Wandsworth
- Croydon
- Kingston
- Merton
- Richmond
- Sutton
- Newham
- Tower Hamlets
- Waltham Forest

- West Kent
- High Weald Lewes and Haven

36 CCGs – 17% coverage
Maternity Early Adopters
29 CCG’s, 29 providers

North Central London
4 providers
5 CCGs

North West London
4 Providers
8 CCGs

Cheshire & Merseyside STP
10 providers, including x2 independent
8 CCGs.

BUMP – Birmingham & Solihull STP
3 CCG’s 3 providers
3 CCGs

Somerset STP
2 providers
1 CCG

Surrey Heartlands
3 providers 3 CCGs

Dorset STP
3 providers
1 CCG

Five Year Forward View
### National support offer

<table>
<thead>
<tr>
<th>Topic</th>
<th>Details</th>
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<tbody>
<tr>
<td>Learning from pioneers and early adopters</td>
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<tr>
<td>Guidance for LMSs – in the next month</td>
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<tr>
<td>CCG IAF data and ratings – October</td>
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<td>Perinatal mental health funding being released</td>
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<tr>
<td>More detail on key aspects of the vision and how to make it happen</td>
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<td>Funding for multi professional training to improve safety</td>
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<tr>
<td>Indicator set and dashboard – by March 2017</td>
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<td>Digital infrastructure</td>
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</table>
Support Overdue: Women’s experiences of maternity services

2017
Key findings

- 50% of women experienced clinically unsafe care (red flag event – NICE) during labour
- 88% of women not met the midwife who care for her during labour and birth
- 9% of women say all 4 birthplace choices not available
- 1 in 5 women not able to see a midwife as required postnatally
- Use of digital technology has positive impact on users both experientially and clinically
Be bold and go for it

- **Local Maternity Systems** are agents for delivering Better Births

- **Don't wait for instruction** - take Better Births and look at how your service can be adapted to deliver the model of care it envisages

- **Early Adopters** will go further faster, but everyone needs to transform.

- **Share your thoughts and ideas** with your peers and your local Maternity Clinical Network. They are there to help you
Stay connected

- Follow us on Twitter and use our programme hashtags: @NHSEngland, #MatImp #MatExp
- Keep up to date through our web site england.nhs.uk/ourwork/futurenhs/mat-transformation/
- Keep in touch england.maternitytransformation@nhs.net
- Keep an eye out for future bulletin updates
Cheshire and Merseyside Sustainability and Transformation Plan and Maternity Services

Cheshire and Merseyside Women’s and Children’s Service Partnership

National Maternity Transformation Programme Regional Roadshow, 27th January 2017

@improvingme1
Our Vision

- Access to services of the same high standard across Cheshire and Merseyside.
- Standardised care pathways, clinical protocols and quality dashboards adopted across the whole system.
- Integrated services which meet national standards.
- Reduce variation in outcomes and improve experiences.
- Collaboration, co-operation and co-production.
- Design services around women, babies and families.
- Clinically and financially sustainable services.
Our Partnership

- Acute Care Collaboration Vanguard.
- Only Vanguard with exclusive focus on women’s and children’s services.
- Formation of Cheshire and Merseyside Women’s and Children’s Services Partnership.
- 27 NHS Organisations working together to develop New Models of Care.
- Opportunity to do things differently.
Plan on a Page – Stitched into STP

Cheshire and Merseyside Women’s and Children’s Services Partnership

PRE - ENGAGEMENT

- Establish Networks
- Recruit clinical leads
- Implement governance
- Map current services
- Determine future project groups
- Determine future demand and capacity

- Review quality standards
- Pathway reviews
- Best practice & research review
- Develop evidenced based case for change for all services

- In partnership design new models of care and options for service delivery
- Develop evidenced based case for change for all services
Better Births recommendations reflect priorities for Cheshire and Merseyside
Joint action plan developed
Maternity choice and personalisation pioneer
First to launch Personal Maternity Care Budget
One of seven Early Adopters Sites
Robust governance developed and in place
Women’s and Children’s services cross-cutting theme of STP
Formed and developed as a ‘Local Maternity System’ for Cheshire and Merseyside
Innovation and Opportunities

- Maternity Delivery Network.
- Single Point of Access.
- New model of care based around women, babies and families.
- Improved IMT and Innovation.
- Shared services, standardised pathways, joint procurement.
- Awareness raising and support for Perinatal Mental Health.
- Improving access to care in the community.
- Improved public health in pregnancy and beyond.
- Improved family experience.
- Addressing workforce pressures.
- Exploring different payment methods.
- Building Boxes – Building Futures.
- Connecting family networks and peer support.
“If you want to go fast, go alone.
If you want to go far, go together.”
Lancashire and South Cumbria Change Programme
Acute & Specialised Services Work Stream
Jan Ledward, SRO
27 January 2017
**Key information on the footprint**

Name of footprint: Lancashire & South Cumbria  
Region: North  
Nominated lead of the footprint including organisation/function: Dr Amanda Doyle, Blackpool CCG  
Contact details:  
Organisations within footprint:

**Organisations by Local Delivery Plan footprints**

**Central**  
Greater Preston CCG  
Chorley & South Ribble CCG  
Preston City Council  
Chorley Council  
South Ribble Council  
Ribble Valley Council  
Lancashire Teaching Hospitals  
Lancashire Care Trust

**Fylde Coast**  
Blackpool CCG  
Fylde & Wyre CCG  
Blackpool Teaching Hospitals  
Blackpool Council  
Fylde Council  
Wyre Council

**North**  
University Hospitals Morecambe Bay  
Lancashire North CCG  
Cumbria CCG (South)  
Cumbria Council  
Lancaster City Council

**Pennine (East)**  
Blackburn with Darwen CCG  
Blackburn with Darwen Council  
East Lancashire CCG  
East Lancashire Hospitals Trust  
Burnley Council  
Hyndburn Council  
Pendle Council  
Ribble Valley Council  
Rossendale Council

**Overarching Organisations**  
Lancashire County Council  
Merseycare Trust  
Lancashire Care FT  
NHS England  
North West Ambulance Service
Priority 1: Specify high quality operational standards for the delivery of acute and specialised services that will meet the needs of the Lancashire and South Cumbria population.

Priority 2: Consider and recommend options for appropriate acute and specialised service reconfiguration in order to improve quality and outcomes.

Priority 3: Identify new models of care that will provide sustainable and accessible services for the population.

Priority 4: Integrate acute activity with delivering care closer to home wherever possible, providing specialist advice and support.

Priority 5: Create a resilient acute and specialist workforce by becoming excellent teaching and learning providers and economy.
Services Currently in Scope (sub workstreams)

- Vascular
- Stroke
- Neurology
- Cancer
- End of Life
- Trauma
- Maternity
- Gynaecology
- Paediatrics
- Neonatology
- Orthopaedics / MSK
- Critical Care

And the list is growing

Key enablers
- Specialist Rehabilitation
- Diagnostics
- Significant overlaps with U&EC work stream – trauma and A&E provision
Planning needs to identify what services should be delivered where.
Planning needs to be managed in ‘bundles’
Develop an evidence based, clinically informed list of options around acute and specialised services including urgent and emergency care services;

Provide a process / framework for assessing the options, impacts and interdependencies for individual services;

Develop recommendations for models of care that contribute to:
- maintaining or enhancing clinical outcomes
- raising standards of care
- improving citizens’ experience of care
- maintaining the safety and sustainability of services.
Factors considered in the Tool

- **Patient Numbers**
  - Incidence
  - Prevalence
  - Numbers of interventions

- **Demography**
  - Planned vs Unplanned
  - Demographic impact
  - Patient population changes

- **Provision**
  - Clinical complexity – quality & stds
  - Workforce issues
  - Access

- **Financial Risk**
  - Pathway cost
  - Predictability
  - High cost interventions

- **Strategy**
  - Rightcare Priority
  - Growth
  - Level of change
Service planning tool

- Specialist commissioning tool adapted for use in the accelerated development project.

- The aim of the tool is to:
  - Provide a way to determine a population based view of service provision
  - a consistent baseline of information collated
  - a consistent approach to considering any constraints in respect of delivery of clinically appropriate services

- The tool itself does not give a “final” answer, instead in can be used as a decision aid upon which to overlay elements of “real world” applicability.

- Can support the development of ‘options’ for future service configuration and delivery.

The nearer the factors are to the centre of the output chart the smaller the population required for providing the service effectively.

As a guide:
0-1 = Located as close to peoples homes as possible
1-2 = Within most hospital settings
2-3 = Within settings which have serve greater population levels
3-4 = Once within the STP footprint
4-5 = May require travel outside the STP footprint
Level 1 – Special Care Baby Unit

Output

What it is telling us

- Broadly this output suggests that this level of service should be provided in areas slightly larger than every LDP.

- Patient numbers suggest the potential for every LDP area having this service, however other dimensions suggest a bigger commissioning population may be more appropriate.
Level 2 – Neonatal HDU

Output

What it is telling us

- Broadly this output suggests that this level of service should have a provision footprint bigger than a single LDP.
- All dimensions support at least this level with financial risk suggesting a significantly larger commissioning footprint.
Level 3 – Neonatal ITU

Output

What it is telling us

• Broadly this output suggests that this level of service should be provided in one or two places in the STP area.

• This output suggests the commissioning footprint should encompass the whole STP area.
Clinical lead – David Rowlands, NWC SCN
Managerial Lead – Vanessa Wilson
Proposal to use the SCN maternity clinical experts group as the service design group.

Co-dependencies with other sub work streams under the A&SS work plan in particular:
- Neonatology
- Paediatrics
- Critical care

Co-dependencies with other work streams - Children and Young people work stream led by Peter Tinson, Prevention – Sakthi Karunanithi
Critical Success Factors for the A&SS Work Programme

- Involvement of and access to key stakeholders
- Identification of clinical standards and access criteria critical to the service being mapped
- Clear process and methodology for reviewing services consistently and systematically e.g. planning tools.
- Locally developed evaluation criteria for assessing options for services that includes measures of risk versus reward.
- Project management support via HL&SC PMO
- Timely access to data, including pathways, flows and current issues, activity analysis, including service and operational capacity, finance, ICT and workforce.
- Commitment to transparency and ability to share data across stakeholders
- Governance structure in place
Developing Local Maternity Systems

Mr David Rowlands FRCOG
Maternity Clinical Lead NWC Strategic Clinical Network, Associate Medical Director Strategy & Partnerships Wirral University Teaching Hospital NHS FT, Chair NW Clinical Leaders Network
The overarching aim of the LMS is to ensure that women, their babies and their families can access the services they choose and need, as close to home as possible. It will improve choice and personalisation of maternity services and improve the safety of maternity care.
The SCN & the LMS

- **Provide advice** to Local Maternity Systems to develop and implement local maternity transformation plans, acting as an honest broker, trouble shooter and/or critical friend where appropriate

- Facilitate the **sharing and learning of best practice** so as to foster the development of a learning culture

- 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
Implementing the Vision in Better Births by 2020/2021

• Establish your Local Maternity System (LMS) to design and deliver maternity services across boundaries:
  – by **March 2017** create an LMS coterminous with the STP Footprint and involving all commissioners and providers of maternity services
  – by **October 2017** establish a shared vision and plan to implement Better Births by the end of 2020/21
What will the LMS do?

Develop and implement a local vision for transforming maternity services based on the principles of Better Births:

- Assessment of local needs/gap analysis
- Agree what needs to change (e.g., community hubs)
- Be clear about the role of individual organisations, units and teams within the LMS
- Work together to implement it
- Keep it under review

Put in place shared clinical governance:

- Shared processes and procedures, particularly around working together (e.g., referrals, diagnostics)
- Transfer protocols
- Shared training offer
- Shared staffing, where appropriate
- Cross-LMS review of data, including patient experience data
- Shared learning when things go wrong
Cheshire & Merseyside

North Mersey LDS
- 825,902 population
- 10,794 births

The Alliance LDS
- 582,451 population
- 6700 births

Cheshire & Wirral LDS
- 1,030,209 population
- 10,510 births

STP Overall
- 2,441,562 population
- 28,004 births

1 ONS Mid 2015 Population Estimates For CCG Groups in England
2 HSCIC Maternity Provider Level Analysis 2014-2015
Lancashire & South Cumbria

Morecambe Bay
- 196,580 (39%) population
- 3117 births

Fylde Coast
- 468,928 population
- 2986 births

West Lancashire
- 112,742 population
- N/A – S&O = C&M

Central Lancashire
- 375,376 population
- 4617 births

Pennine Lancashire
- 521,069 population
- 6412 births

STP Overall
- 1,674,695 population
- 17,132 births

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1 ONS Mid 2015 Population Estimates For CCG Groups in England
2 HSCIC Maternity Provider Level Analysis 2014-2015