East London Health & Care Partnership

ELLMS
EAST LONDON LOCAL MATERNITY SYSTEM

East London Local Maternity System

Report to the Inner North East London Joint Health Overview and Scrutiny Committee

9 November 2017

Purpose

- To set the context, challenges and vision of maternity services in North East London.
- To highlight the governance arrangements of the East London Local Maternity System and alignment to the East London Health and Care Partnership.
- An overview of performance across maternity services in NEL.
- To provide an overview of the development of transformation plans and the delivery model for maternity services in NEL over the next 5 years.
- To highlight wider engagement on plans for maternity.
- To highlight successes achieved to date.

Introduction

- In February 2016, the National Maternity Review ‘Better Births’ set out the Five Year Forward View for NHS maternity services in England, with the aim for services to become safer and more personal and kind. In response, NHS England established a Maternity Transformation Board (MTB) to oversee the delivery of the policy and recommendations.

- The MTB recognised that delivery of its vision relies on local leadership and action, and asked the system to come together to form Local Maternity Systems (LMS) to achieve this.

- Within the North East London Sector the East London Local Maternity System (ELLMS) was established with governance arrangements aligned to the East London Health and Care Partnership.

- ELLMS has now developed a detailed plan for the next 5 years to focus on how the system will coherently deliver recommendations of Better Births both individually and collaboratively, whilst recognising that implementation will require significant transformation from providers of maternity services.

- NHS England have produced a set of **Key Lines of Enquiries (KLOEs)** for all Local Maternity Systems to develop clear and credible plans and baseline data requirements ahead of an assurance submission to NHS England in October 2017.

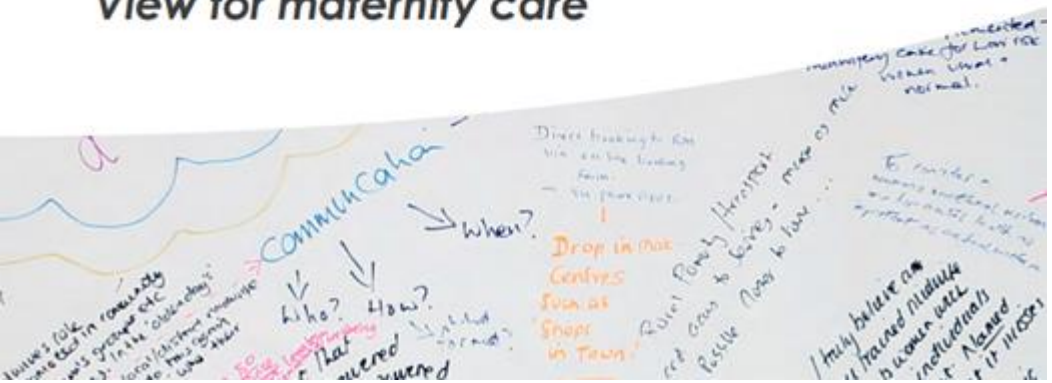
Policy Context

NATIONAL MATERNITY REVIEW

BETTER BIRTHS

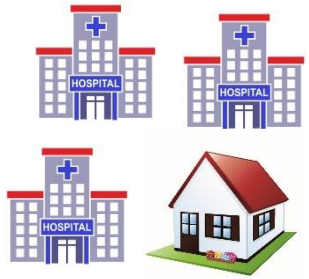
Improving outcomes of maternity services in England

A Five Year Forward View for maternity care



'Halve it' Ambition

OUR VISION FOR MATERNITY SERVICES IN EAST LONDON



Choice journey begins with services recognising women's needs

Accessible relevant information in a range of formats with options for discussion and support with referral as needed and option of self-referral

Choice discussions with midwife about options for care begin at booking

Continuity of carer close to home where possible supports personalised kind care

Choice of place of birth is offered to all with high quality, unbiased information and discussion

Optimal birth experience with known midwives and good multidisciplinary working supports improved outcomes

Transfer to postnatal care is seamless and well supported with optimal start to family life

Safe respectful care is at the centre of all we do

Integrated records support excellent clinical care, communication and safety

An empowered workforce who prioritise multidisciplinary working wraps care seamlessly around the woman

An holistic public health approach underpins care

Services are improved and designed with women not just for them

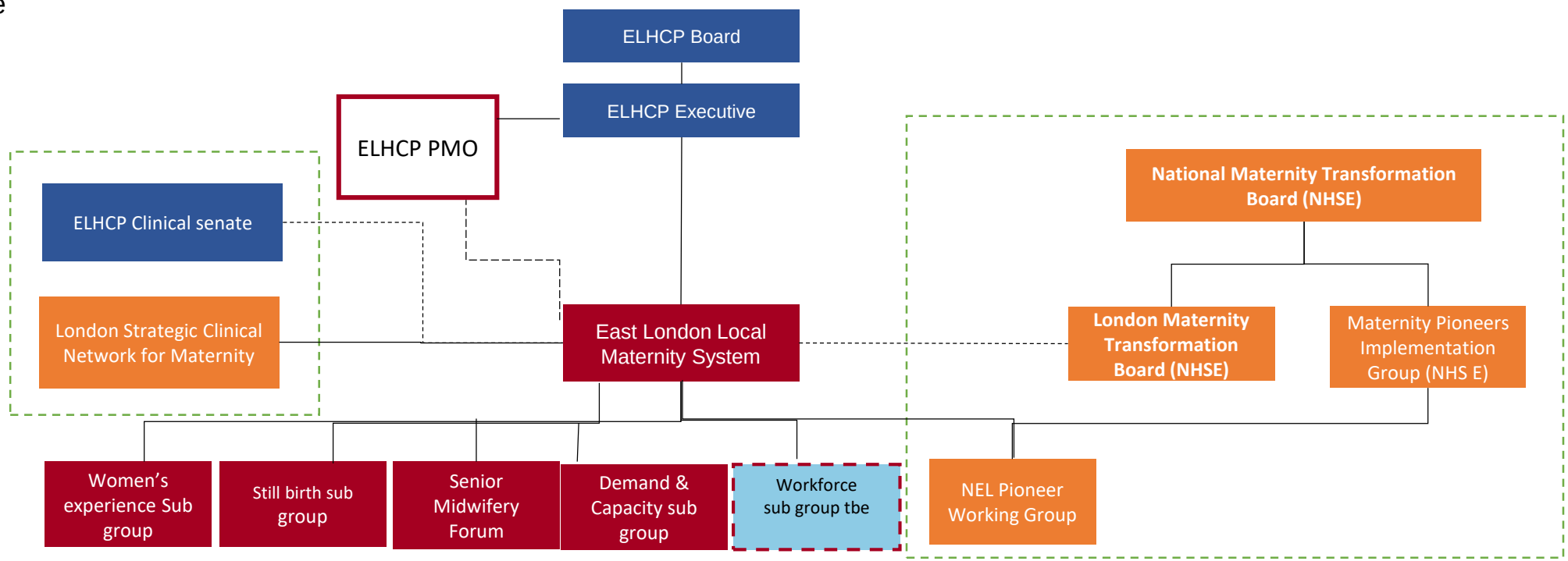
The Golden Threads

The Current Position and Key Challenges of Maternity Services in NEL

- Demand modelling indicates an increase by 4.41% (approximately 1500 births) within the next 5 years with greater pressure anticipated in the BHR footprint.
- There are 4 providers working over 5 acute sites for maternity services each with an obstetric labour ward and an alongside midwifery led unit.
- There are also two freestanding midwifery led birth units.
- One Midwifery led NHS Provider in NEL.
- Workforce gaps and high turnover of midwifery staff in acute providers resulting in challenges with clinical capacity or transformation.
- Variation exists in patient ratio to GP with Redbridge and Waltham Forest falling in the lowest 20% whilst City and Hackney and Tower Hamlets have the first and second best ratios across London.
- There is significant financial pressures on providers and a drive to achieve a sustainable future position
- 19.9% (2712) of women are presenting with multiple co-morbidities, which may rise as high as 23% by 2018
- Over the last 2 years a rise of over 2% in the numbers of women reported as unable to speak or understand English (from 6.9% to 9.3%)
- 70% of women who give birth in Newham are born outside the UK.
- 43% of women in Tower Hamlets born outside the UK with over 90 languages spoken in the borough.
- Age of women giving birth higher than national average (NEL 31.16 yrs. compared to the national average of 30.4 yrs.)
- An expected increase in the prevalence of diabetes 1.5% (1051 women) per year.
- A further 1% (254 women) of women are expected to develop gestational diabetes during pregnancy.
- Mental health conditions rising by 1% (254 women) per year

North East London Maternity Governance Structure

- Within NEL The ELLMS reports via the ELHCP Programme Management office to the ELHCP executive and Board.
- It also reports to the London and National Maternity Transformation Boards.



The ELLMS is not a statutory body and it is noted that accountability for commissioning remains with the CCGs and accountability for service provision with Trust Boards.

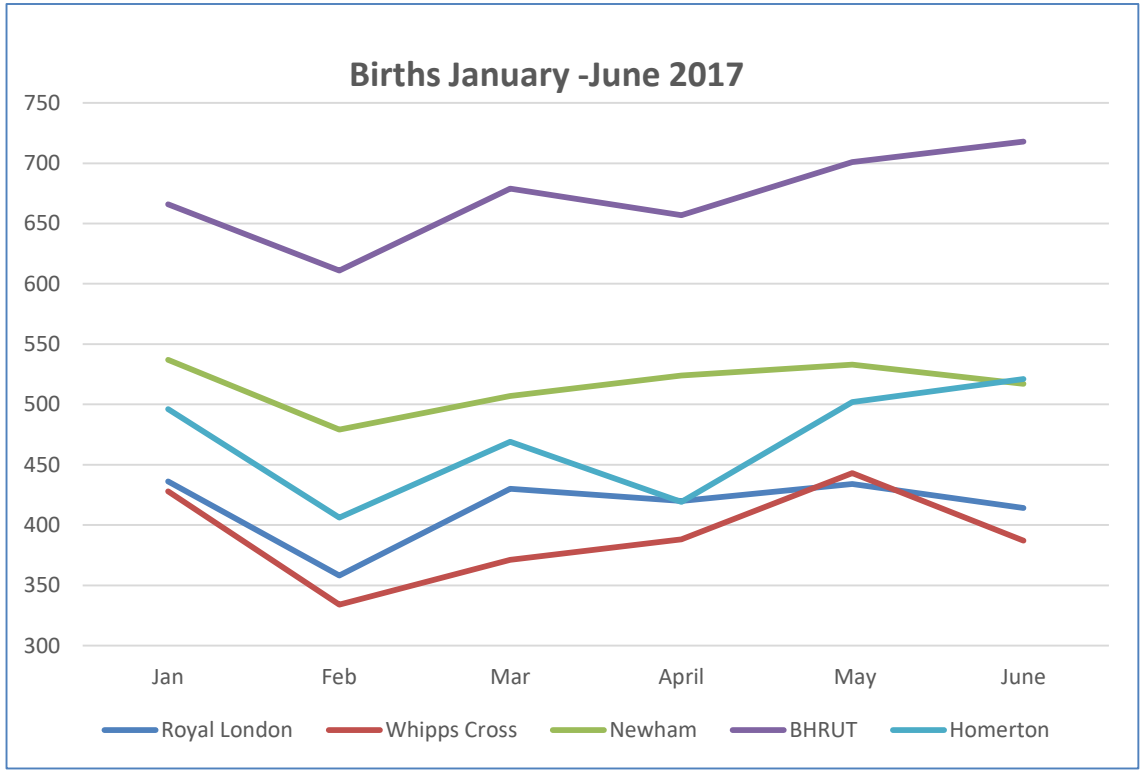
Our maternity transformation plans:

- **Reduce stillbirth/neonatal death/brain injuries and maternal death** by 20% by 2020 – and halved by 2030.
- **Investigate serious untoward incidents and share the learning.**
- Engaging with **NHSI neonatal and maternal safety collaborative**.
- Ensure more women have **a personalised care plan**.
- Ensure more **women can choose from the three places of birth.**
- Ensure that **more women receive continuity of the person caring for them** during pregnancy, birth and postnatally.
- Ensure that more women be enabled to **give birth in midwifery led settings**.

Our maternity transformation plans:

- ❑ Is based on an **understanding of the needs of local women** and their families and is it aligned to the local STP?
- ❑Has been **signed off by** the Sustainability and Transformation Partnership (STP) Board.
- ❑Provides evidence of a detailed assessment on the level of **capacity & capability** to implement plans.
- ❑Detail of **how the plans will be implemented**? This means including actions and milestones (with responsible owners), how will the plan be delivered, monitored, assured and evaluated, and how interdependencies work with other work streams of the STP (e.g. Digital Roadmap, workforce) will be managed.
- ❑ **Is Costed plan and resources** within the constraints of the STP's financial balance. This includes an assessment of the need for additional financial investment the LMS has identified through its plan and the extent to which the business case is credible.
- ❑ Includes our non-clinical LMS plans i.e **Procurement, Digital and Estates transformation and workforce** transformation plans.
- ❑ Outlines our **LMS governance** and how it aligns with the STP plans.

Total Births in NEL



Provider	Jan	Feb	Mar	April	May	June
Royal London	436	358	430	420	434	414
Whipps Cross	428	334	371	388	443	387
Newham	537	479	507	524	533	517
BHRUT	666	611	679	657	701	718
Homerton	496	406	469	419	502	521
Neighbourhood Midwives	4	7	8	7	7	8

(Jan –June 2017: *Source NEL Maternity dashboard*)

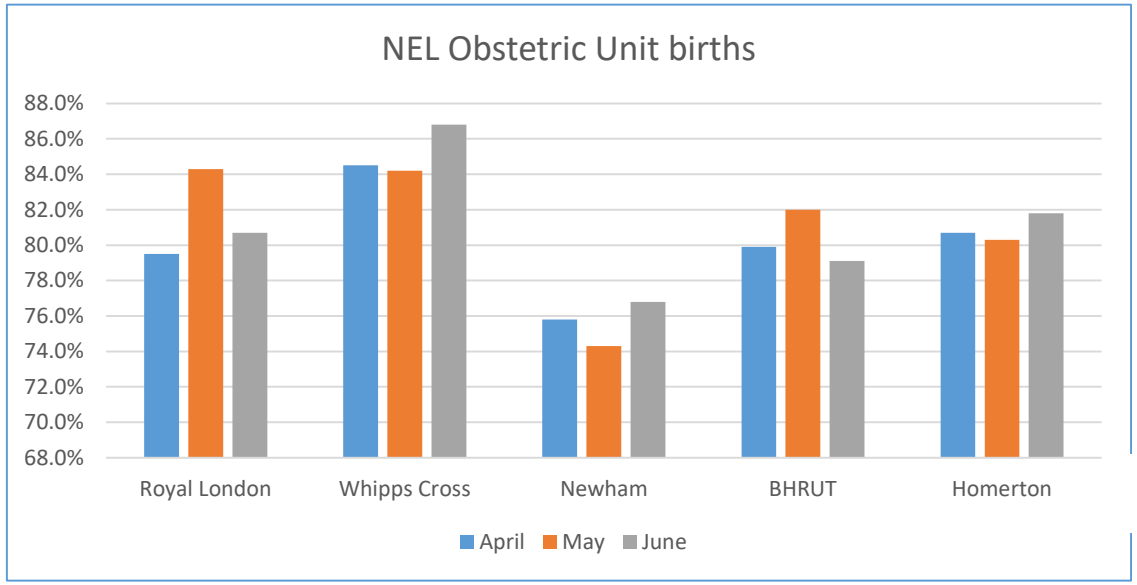
Key Headlines of our plans : Out of Obstetric Unit Births

- ❑ Data suggests that low risk women are safer giving birth in midwifery led settings and have better experiences of care
- ❑ In 2016/17 approximately 18% of births in NEL were in midwifery led settings with wide variation across providers from 13 – 25%.
- ❑ There is capacity in the system to increase these figures even in the face of rising acuity

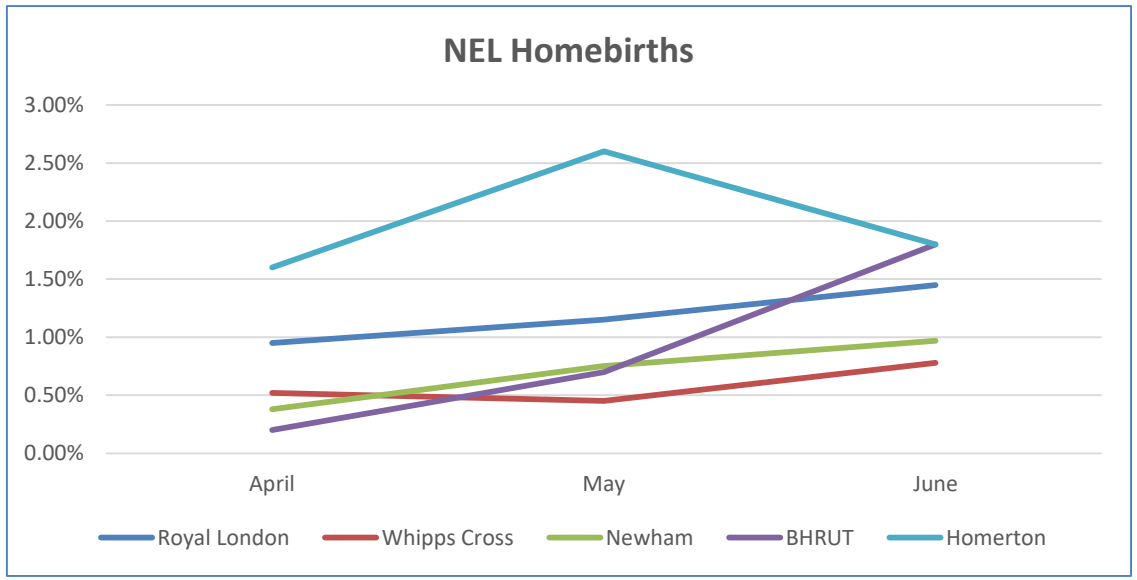
	BHRUT	HUH	Newham	Royal London	Whipps Cross
Out of Obstetric Unit Birth rate in 2016/17	18.34%	17.45%	25.3%	13.1%	15.6%
Aspirations for Out of Obstetric Unit Birth 2021	22%	25%	40%	30%	35%

2017/18	2018/19	3 + years
• Establish Out of obstetric working group/ develop outline and expression of interest documents. • Develop shared guidelines across the ELLMS.	• Develop further plans from recommendations being developed from acuity modelling in collaboration with commissioners to inform future commissioning arrangements for 19/20 and onwards.	• Agree and achieve target set by the LMS to increase midwifery led unit births to across NEL.

Our Performance on Place of Birth



NEL Obstetric Unit Births	April	May	June
Royal London	79.5%	84.3%	80.7%
Whipps Cross	84.5%	84.2%	86.8%
Newham	75.8%	74.3%	76.8%
BHRUT	79.9%	82.0%	79.1%
Homerton	80.7%	80.3%	81.8%
Neighbourhood Midwives	29%	29%	38%



INDEPENDENT

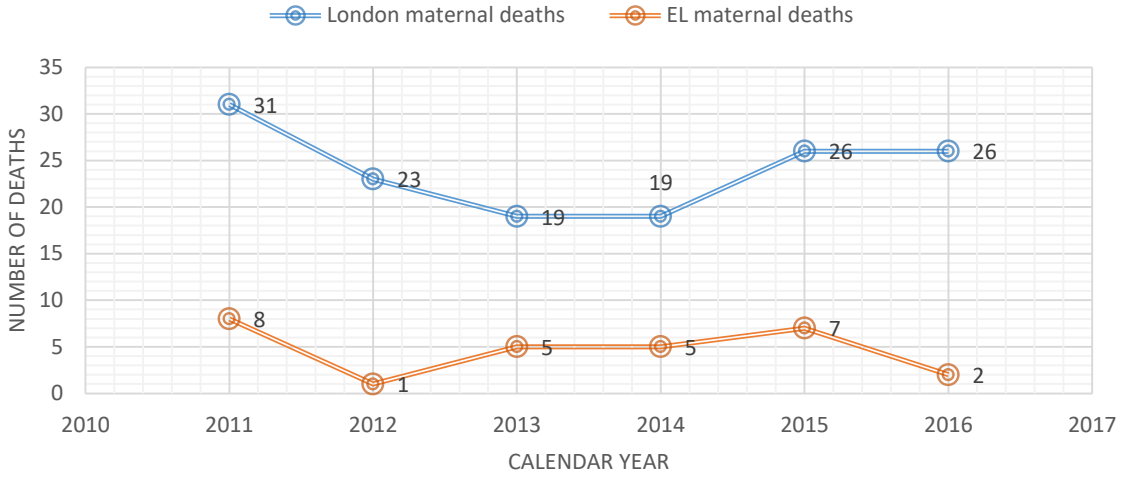
MATERNITY SHAKE-UP Maternity care shake-up could see more women giving birth at home or without doctor present

NEL Homebirths	April	May	June
Royal London	0.95%	1.15%	1.45%
Whipps Cross	0.52%	0.45%	0.78%
Newham	0.38%	0.75%	0.97%
BHRUT	0.20%	0.70%	1.80%
Homerton	1.60%	2.60%	1.80%
Neighbourhood Midwives	43%	71%	63%

***Source NEL Maternity dashboard*)**

Safety Performance

Calendar year	London maternal deaths	EL maternal deaths
2011	31	8
2012	23	1
2013	19	5
2014	19	5
2015	26	7
2016	26	2



Mum's Account Of Care After Baby Loss 'Should Serve As An Example To Other NHS Hospitals'

***Source NEL Maternity dashboard*)**

Period Q1 2017/18 (April-June 2017)																
North East London Maternity Units	Royal London	Whipps Cross	Newham	BHRUT	Homerton		Royal London	Whipps Cross	Newham	BHRUT	Homerton		Royal London	Whipps Cross	Newham	BHRUT	Homerton
Measure/Indicator	Apr-17						May-17						Jun-17				
Number of deliveries	420	388	524	657	419		434	443	533	701	502		414	387	517	718	521
Number of term intrapartum stillbirths	0	0	1	0	0		0	0	1	0	0		0	0	0	0	0
Number of early neonatal deaths	2	3	3	1	0		4	2	2	1	0		2	3	3	0	0

Key Headlines of our plans to improve Safety; *'Halve it'* Ambition

Implement the ***'care bundle'*** elements	**Smoking Cessation including Public Health and Prevention.**
	Identification and surveillance of fetal growth restriction.
	Reduced fetal movement.
	Effective fetal monitoring across NEL.
Maternal Medicine Network/ Hub and Spoke model	**A model is being developed to improve the care for women requiring specialist care. This will be a managed clinical network with hubs and spokes and with close multi-disciplinary team working in a variety of medical specialities between physicians, midwives, obstetricians and primary care.**
	Cross boundary working: is being developed to improve safety, communication and wider access for high risk women to specialist services.
	Plan for midwives to rotate across all NEL maternity providers. This will be piloted with Band 6s midwives across NEL.
Serious Incidents(SI) and Shared Learning	**Standardisation of clinical guidelines and pathways to reduce clinical variation and improve good practice across the systems.**
	SI learning event to explore how we can improve our investigation reports. Review common pitfalls in SI report writing and will try to find solutions to some of the more tricky issues.
	Adopt bereavement toolkit currently launched by the Clinical Networks to local Trust policies.
	ELLMS involvement with Getting it Right the First Time (GIRFT)

Confirmed trajectory data has been submitted by all providers to reduce rates of stillbirth, neonatal and maternal death

theguardian

Almost half of maternity wards are turning away mums in labour because they have no spare beds for them

- Units were forced to temporarily close their doors on at least 382 occasions last year
- Hospitals are struggling to cope with the rising number of births and the increasingly complex labours among older and obese women
- Understaffing is compounding the issue, with the NHS currently lacking about 3,500 full-time midwives

NEL Indicators																	
Period Q1 2017/18 (April-June 2017)																	
North East London maternity units	Royal London	Whipps Cross	Newham	BHRUT	Homerton		Royal London	Whipps Cross	Newham	BHRUT	Homerton		Royal London	Whipps Cross	Newham	BHRUT	Homerton
Measure/Indicator	Apr-17						May-17						Jun-17				
Number of women booking	482	457	637	657	499		314	440	621	701	579		577	513	733	718	563
Number of obstetric labour ward closures per month	0	0	3	0	0		0	0	0	0	0		0	1	0	0	0
Number of obstetric labour ward attempted closures per month	0	0	0	0	0		0	0	0	0	0		0	0	0	0	0
Number of closures and/or suspensions of midwifery led birth settings	0	0	0	0	0		0	0	0	0	0		0	0	0	0	0
Number of term babies with severe brain injury	0	0	1	N/A	0		0	0	1	N/A	1		1	0	1	N/A	0
Number of term intrapartum stillbirths	0	0	1	0	0		0	0	1	0	0		0	0	0	0	0
Number of early neonatal deaths	2	3	3	1	0		4	2	2	1	0		2	3	3	0	0

Key Headlines of our plans : Safety; ‘Halve it’ Ambition - NHS Improvement Maternity and Health Safety Collaborative

DOMAIN	BHRUT	HUH	BARTS
Human Factors	Safety Culture Survey	Safety Culture Survey	Safety Culture Survey
Systems	Handover between obstetric theatres and recovery	Babies at risk of hypoglycaemia	Length of stay
Clinical Excellence	Either Induction of Labour or Intermittent auscultation	Fetal surveillance	Induction of labour
Person Centered-Care	Decreased fetal movements	Use of (Situation Background Assessment Recommendations)	Patient experience

Key Headlines of our plans : Personalised Care Planning

- ELLMS have recently launched the Choice Pioneer Programme in NEL to increase and promote choice and personalisation for women. The pilot is being run with a GP practice and with evaluation at the end of 2017 with women receiving detailed information on all providers in NEL and the Choice Midwives to gain insight and learning from the pilot.

- Phase 2 will involve all providers improving the quality and content of discussions around place of birth using resources developed at sector level to improve consistency, quality of information and transparency.

- All providers wish to move current practice of antenatal appointments from 15-20 mins to 30mins as a minimum to allow sufficient time to develop personalised care plans for women. Homerton have already achieved this.

Provider (% and numbers)	Baseline of women receiving a personalised care plan 17/18	Projected numbers for 18/19	Projected numbers for 19/20	Projected numbers for 20/21
BHRUT	0.2% (20 women)	5% (400 women)	10% (800 women)	15%
Homerton	4.38% (250 homebirth women)	10% (600 (homebirth women and obstetric high risk receiving care with obstetrician)	15% (900)	20% (1200)
Whipps Cross	0%	20%	40%	60%
Newham	0%	20%	40%	60%
Royal London Hospital	0%	20%	40%	60%

Definition Better Births : *The development of a personalized care plan by the woman and midwife, built on the decisions each woman makes, and informed by an assessment of the type of care she might need. There must be* ***sufficient time*** *to have this dialogue.*

Key Headlines of our plans : Choice

- All NEL providers have identified that choice of place of birth is made available to women to support them to make decisions about the type of birth and setting of birthing available to them to give birth only within their Trusts. However, the Care Quality Commission (CQC) surveys in 2016 highlighted that most women in NEL expressed that they were **not** offered the choice of where they gave birth.

- The ambition is to expand choice for women across geographical boundaries in line with Better Births.

2017/18	2018/19	3 + years
• Data collection for NEL to develop MyHealthLondon website for women. • Successful bid for additional funding to scale up Choice Pilot. • Audit current choice rates to identify baselines and trajectories.	• Evaluation of Choice Pioneer Programme • Complete the development of information resources (subject to funding) • Implement training to enable midwives to roll out practice widely across NEL This will include “train the trainer’	• Establish commissioning arrangements in line with commissioning guidance and Better Births across NEL to enable choice to be provided widely across geographical boundaries.

Key Headlines of our plans : Continuity of Carer

- No acute provider in NEL currently provides continuity of care in the antenatal, intrapartum and postnatal periods for women other than for very small groups of vulnerable women.
- Neighbourhood Midwives – a pilot midwifery led pilot in Waltham Forest do offer this approach.
- There is an agreement across NEL acute providers to implement a staged approach to continuity of carer at antenatal and postnatal periods at the initial stage before concentrating on intrapartum continuity.

Provider	Current Model of Care (antenatal)	Intrapartum	Post-natal	Proposed Model of Care
BHRUT	Continuity of care begins at time of booking	Partially to specific high risk groups	Partially	**Caseloading team**; named midwife will provide care from early in pregnancy i.e. booking through labour and birth, up to two weeks postnatally.(if woman still resides locally).
Homerton	Continuity of care begins at time of booking	Partially to specific high risk groups	Partially	**Caseloading team**; named midwife will provide care from early in pregnancy i.e. booking through labour and birth, up to two weeks postnatally.(if woman still resides locally)
Whipps Cross	Continuity of care begins at 16 weeks	Partially to specific high risk groups	Partially	**Midwifery Group Practice Caseload care**: Women will be booked by a named midwife who will see them for majority of their antenatal, intrapartum and postnatal care.
Newham	Continuity of care begins at 16 weeks	Partially to specific high risk groups	Partially	**Midwifery Group Practice Caseload care**: Women will be booked by a named midwife who will see them for majority of their antenatal, intrapartum and postnatal care.
Royal London Hospital	Continuity of care begins at 24 weeks	Partially to specific high risk groups	Partially	**Caseloading team**: initially will be led by the home birth team focusing on the Barkantine Birth Centre; named midwife will provide care from early in pregnancy i.e. booking through labour and birth, up to two weeks postnatally.(if woman still resides locally)

Proposed trajectories: Continuity of Carer

Provider	Current year (2017/18)	Y1 (2018/19)	Y2 (2019/20)	Y3 (2020/21)
BHRUT	0.2% (20 women)	5% (400 women)	10% (800 women)	15%
Homerton	4.38% (250)	5% (300)	7.5% (425)	10% (600)
Whipps Cross	0.1%	0.5%	3%	6%
Newham	2%	3%	5%	10%
Royal London Hospital	0.1%	3%	5%	10%
Neighbourhood Midwives	100%	100%	100%	100%

The proposed trajectories are significantly dependent on funding

Engagement with women and other stakeholders

- As an essential part of shared learning and stakeholder engagement the ELLMS has engaged with approximately 502 local women and their families in 2017 across a number of forums, events and meetings to involve, inform, co-produce and co-design a number of these plans.
- Other key stakeholders have also been involved and a log of engagement is maintained for evidence.

Women's Experience in NEL

Why was choice important to you?

Comment 1

"Choice is incredibly important in the process of preparing to give birth and can have a huge impact on the mental state a mother experiences as her due date approaches. For me, to know that I could have my baby at home meant that I could visualize the event and plan everything to help make it a reality. This ensured I was calm and positive as my pregnancy progressed - qualities that are vital to a healthy pregnancy and complication-free birth".

Comment 2

"I would not choose a home birth…In my opinion, home birth is dangerous".

Comment 3

"Having a choice was particularly important to me because the idea of having a hospital birth really did not appeal".

Comment 4

"Hospital should be primary place of childbirth not home".

Would you like to see the same midwife and doctor throughout your maternity care?

Comment 5:

"*It depends on the individual"*

Comment 6

*"I was really pleased to be accepted onto the NHM pilot as it meant that I would see the same midwife the whole time, and they would be my midwife at the birth. My midwife was *** and I cannot speak highly enough of the care I received from her. It really makes such a difference getting to know the person who will assist you during what is a very personal experience".*

Key Headlines of our plans : Co-designing with local women

2017/18

- ❑ Agree with WEL commissioners x3 on the terms of agreement and functions of their MVPs – this will include how CCGs wish to use MVPs to influence commissioning and improve maternity services
- ❑ Completion of MVP mapping process for NEL including sign off from Chairs to send to the regional team.
- ❑ Baseline mapping of information provided across the NEL to develop centralised resources and consistency of information provision.
- ❑ Providers will regularly gather and collate information on women's experience to analyse it and feedback results to the maternity management team in order to support and inform service improvement.

2018/19

- ❑ Commission the 3rd sector to carry out needs based analysis with a wider number of local women in NEL.
- ❑ Development of new websites and social media forums.
- ❑ Recruit local women on LMS.
- ❑ Hold women's experience workshops across the STP to ensure women are informed of the LMS plans and progress and receive feedback.
- ❑ Develop briefing room on STP website with maternity delivery plans, updates, useful publications and information on services for local women.

3 + years

- ❑ Active participation across NEL from local women with CQC surveys.
- ❑ Improve methods in which information is disseminated to women specifically in relation to safety by translating information to more languages given the diverse population of NEL.

Key Headlines of our plans : Procurement

- In line with Lord Carter's review of efficiency in hospitals and the recommendations made on how large savings can be made by the NHS by reducing unwarranted variation in productivity and efficiency to make cost savings by 2020/21, the LMS have agreed to participate with the STP on a joint provider collaborative to centralise back office functions. Procurement is one of the workstreams which the LMS has agreed to undertake collaboratively.

- A gap analysis has been carried out and it has been identified that there is a variation of products between the 5 provider sites and some waste has been identified as well as a variety of pricing.

- The LMS is represented by the SRO on the STP Procurement Working Group and has BHRUT as the host. The process is currently being piloted and certain consumables, delivery packs and suture packs are being identified to be procured centrally as phase 1.

- Approximately £60,000 savings identified on delivery packs.

2017/18

- **Phase 1-** Initial scoping meetings to be held with NHS Supply Chain Buyer and the STP to agree collaborative approach and agree items to jointly procure.
- Identified provider leads to lead project.
- Market overview analysis.
- Agree standard delivery pack for costing and submission of volumes.

2018/19

- Pack buyer review of milestones
- **Phase 2** – agreement of additional items which can be procured jointly.

3 + years

- Cost savings realisation benefits to be carried out to evaluate provider efficiency at STP level.

NEL Maternity Workforce Challenges

- There are substantial workforce challenges given that 4% of the maternity workforce are in the retirement age cohort and the national trend of lack of middle grade obstetric staff will have an impact. By definition safe service delivery can only be achieved with safe staffing levels and therefore workforce recruitment and retention will remain a top priority.

- It is likely that there will be a potential recruitment implications for midwives based on impact of Brexit. 40% of the workforce is EU/non UK and 44%, is non-EU.

- 4% of the NEL maternity workforce could potentially leave service due to retirement in the 8-5 years and a further 12% of the workforce are within the ages of 55-60 and therefore in the cohort approaching retirement within the next 10-15 years.

(Data source: Health Education England)

More nurses and midwives leaving UK profession than joining, figures reveal

3 Jul 2017

Midwife shortages blamed for home births falling to 15-year low

16 Oct 2017

Midwife shortage makes women in labour feel like 'cattle', says report

Key Headlines of our plans : Workforce

- Supporting transformation of the workforce is complex and vital to success.
- Known national challenges in numbers of middle grade trainee obstetricians and ultrasonographers.
- Recruitment and retention in NE London has been difficult to achieve.
- Plan finalised and implementation to commence in Q4.

Develop an innovative recruitment network which provides an opportunity for midwives to rotate across all NEL providers.

Encourage people to remain in NEL i.e to live and work working closely with communications and engagement teams.

Improve work life balance and staff satisfaction.

Support staff to develop new models of care with a high degree of autonomy.

Consideration for a review on the benefits of standardizing inner/outer London weighting for Band 6s midwives as an initial pilot.

Invest in staff training and development.

Key Headlines of our plans : Digital

- ❑ Agreed across the sector that there is a need to develop an integrated IT and digital system across NEL to transform and support the provision of modern maternity care.

- ❑ Better Births, outlines that NHS providers should invest in technological solutions that observe the following principles:

- ✓ Women, families and professionals should be able to access it, with the appropriate permissions from the woman.
- ✓ It should be accessible via a mobile device so that midwives can use it at booking and that it is accessible in community hubs and at home.
- ✓ It should be accessible by staff at the community hub and hospital services, and connect with hospital records systems.
- ✓ It should be accessible by all providers of maternity and maternity-related care within the local maternity system.

This is considered to be one of our key enablers for the entire transformation agenda

Key Headlines of our plans : Digital

201718

- Map current digital positions with each provider through the digital STP workstream to identify plans and funding gaps to deliver transformation.
- Map hardware and infrastructure require requirements across all Providers.
- Identify software changes required to support community data requirements.
- Develop project plans per site with support from STP digital leads to capture operational site and STP wide requirements.

2018/19

- Implement NHS Digital tool to improve/facilitate digital access to maternity records for women.
- Purchase mobile devices / capital infrastructure for community midwives with in-built clinical applications.
- Review current IT infrastructure in the community and requirements. Align with ELHCP Digital Plan.
- Develop specification for interoperability across community and acute services.

3 + years

- Implement digital interoperability across provider sites including community and acute.
- Ensure clinical applications are designed and developed to measure care models e.g. continuity of care across provider sites.
- Shift to a paperless care model.

Key Headlines of our plans : Estates

- The NHS needs to organise its services around women and families. Community hubs should be identified to help every woman access the services she needs, with obstetric units providing care if she needs more specialised services. Hubs, hospitals and other services will need to work together to wrap the care around each woman.

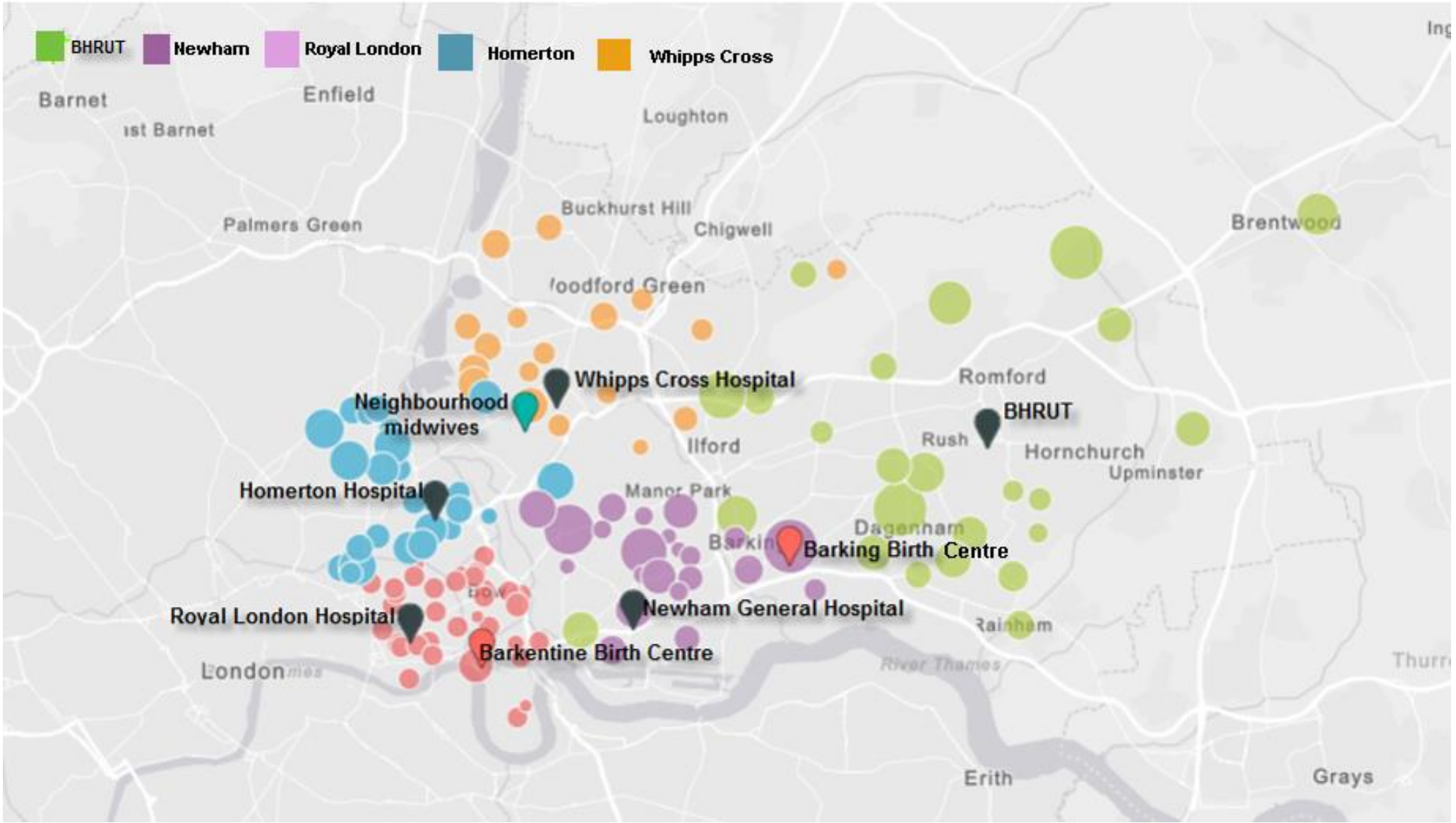
- A community hub is a local centre where women can access various elements of their maternity care. They could be located in a children's centre, or in a freestanding midwifery unit or embedded in new at-scale models of primary care, including multispecialty community provider models being adopted by many GPs as part of the NHS Five Year Forward View implementation.

- Different providers of care can work from a community hub, offering midwifery, obstetric and other services easily accessible for women. These might be ultrasound services, smoking cessation services or voluntary services providing peer support.

- Key issues is affordability which has been escalated to STP, regional and national Maternity Transformation Boards.

Estates - Current Community Provision

Current provision in some areas is primarily in small clinics in GP surgeries which offers some opportunities for joined up working but often poor connectivity, flexibility and choice for women.



Key Headlines of our plans : Perinatal Mental Health

- North East London providers have collaborated on perinatal mental health bid for transformation funding.
- The LMS supports and endorses this bid.

Recruitment and training of specialist staff to enable us to increase the numbers of women accessing PMHS.

Co-production with women and families to ensure PMHS meets patient needs and improves patient experience.

Implementation of shared outcomes and targets e.g. waiting times and recovery rates.

Development of shared pathways and policies across NEL e.g. treatment approaches and criteria and thresholds for care.

Design and delivery of a NEL wide perinatal mental health training strategy.

Strengthened stakeholder engagement and integration, including with all STP maternity, community adult and inpatient mental health and primary care and voluntary sector providers.

Key Headlines of our plans : Neonatal Services

- In September 2017, the Local Maternity Systems received an announcement from the **London Neonatal Operational Delivery Network** outlining **Integrating Neonatal Care into Local Maternity System Transformation Plans.**

- The expectation of NHS England that Neonatal ODNs influence Local Maternity Transformation plans and retain responsibility for the neonatal content planning and delivery.

- Neonatal ODNs will support their Local Maternity Systems and co-develop an overarching regional strategy to deliver improvements in the following areas;

- ✓ Optimisation of birthplace for premature infants to support the national ambition
- ✓ Reduction in term admissions (ATAIN programme)
- ✓ Workforce Planning

- NEL are awaiting information from the neonatal ODN for NCEL to support the integrated working between the services.

Key Headlines of our plans : Innovation & New Care Models

- Piloting a new model of care with a new provider Neighbourhood Midwives.
- In a position to pilot new models of tariff and new ways of cross boundary working with the new provider.
- Supporting and engaging with innovative research such as ‘REACH’ which is researching radically different model of group antenatal care with large numbers of women and peer research with some of the most vulnerable women using our services.
- Working to develop new models of transitional care, including developing care in the community that would currently be hospital based.
- Health Innovation Grant (£75k)for a new antenatal education model which will include co-production and evaluation.

Maternity Transformation Bid Proposal

Provider	Revenue 2018/19	Recurrent revenue 2019/20	Sum of Non recurrent revenue 2020/21	Capital 2018/19	Capital 2019/20	Total for all years excl over heads	Overheads	Grand Total
BHRUT	501,672	471,062	480,644	477,000		1,930,378	71,519	2,001,897
HUH	542,538	553,388	564,456	7,000		1,667,382	83,369	1,750,751
NUH	330,467	414,676	424,970	83,000		1,253,113	62,656	1,315,769
WXH	310,467	317,676	325,060	84,000		1,037,203	51,860	1,089,063
RLH	244,911	249,809	254,805	153,000		902,525	45,126	947,651
STP	184,001	187,691	191,456			563,148	28,157	591,306
Grand Total	**2,114,056**	**2,194,303**	**2,241,390**	**804,000**		**7,353,750**	**342,687**	**7,696,437**

NEL has recently submitted a bid proposal to NHS England for investment to support the delivery of maternity transformation.

Potential savings opportunities will include:

- ❑ Moving more births to midwifery led units.
- ❑ Centralising and standardising our procurement arrangements across NEL.
- ❑ Reduction in litigation costs as a result of improving safety in maternity services and engagement from GIRFT.

Key Risks

- **Organisational Changes -** With the formation of accountable care systems in NEL, there will be considerable staff changes specifically at senior level across organisations.
- **Funding -** With no significant investment and being faced with a STP financial gap across the footprint, if funding is not made available, it will be almost impossible to implement Better Births.
- **Demand and Capacity -** If the response to the current and future demand for maternity services is not met urgently, there is a potential risk that women will experience unsafe, poor quality services which do not meet their needs or choices.
- **Digital and Data Quality -** The pace of estate, digital and workforce enabler responses are insufficient and impede the necessary step change required to manage maternity service demand.
- **Workforce -** the system's workforce challenges could impact on the quality, scale, safety and delivery of maternity services in NEL.
- **Time and Capacity -** Provider time and resource to deliver the NEL LMS plans effectively, at scale and on target.
- **Continuity of Care -** The delivery of continuity of care in line with the FYFV is dependent on the professional and personal capabilities of the maternity workforce.
- **Estates -** Due to recent lease regulations from NHS Properties, providers are facing the challenge of developing community hubs due to the cost of estates.
- **Governance** – Neither the STP nor the Local Maternity System are accountable for delivery of maternity systems. NHSE has outlined a governance framework for the KLOEs to be monitored via these non-statutory bodies.

Some of our successes…

- An established caseloading team at Barking Havering and Redbridge University Hospitals, NHS Trust
- The development of the Neighbourhood Midwives Service in Waltham Forest.
- NEL is one of the 7 footprints in the country to be involved in the Pioneer Programme.
- An established cardiology maternal medicine network model across NEL.
- Centralised some maternity procurement arrangements for NEL.
- Well-established links and referral flows across maternity services and good working relationships in NEL.
- Barts Health is one of UK's largest Trusts with 5 centres offering broad range of sub-specialties – critical mass, state-of-the-art clinical infrastructure, research, education and training.
- A number of established models of care (in NEL) cited in the Better Births Review as best practice including authorship from one of our local GPs.
- Recent appointment of a consultant midwife at the Homerton to be the Co-Clinical Director for the London Maternity Clinical Network.
- Providers in NEL have won several national awards acknowledging their efforts to implement positive outcomes for women and Better Births.
- Strong ELLMS leadership and collaboration.