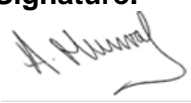


Agenda Item: 11.0

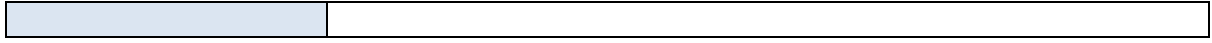
<p><b>Governing Body</b> <i>held in public</i></p>	<p><b>Report</b></p> <p>Date of Meeting: 5 April 2018</p>
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<b>Report Title</b>	Bedfordshire, Luton , Milton Keynes (BLMK) Local Maternity System Transformation Plan (LMS)		
<b>Report Author</b>	<b>Presented By</b>	<b>Responsible Director</b>	
Debbie Henrikson LMS project Manager / Anne Murray	Anne Murray, Director of Nursing and Quality	Anne Murray, Director of Nursing and Quality	
		<p><b>Signature:</b></p> 	
<b>Purpose for presenting report</b>	The purpose of this paper is to inform the Bedfordshire CCG Governing Body of the content of the Bedfordshire Luton, Milton Keynes (BLMK) Local Maternity System (LMS) plan and progress to date since the plan submission to NHS England on 31 <sup>st</sup> October 2017.		
<b>Action Required:</b>	<p>Members are to:</p> <ul style="list-style-type: none"> <li>• note the progress made to date in relation to the BLMK LMS Transformation Plan</li> <li>• note that these plans are iterative in nature and whilst the direction of travel will remain the same they will be subject to change as they develop</li> <li>• note the attached plan on page which articulates the workstreams and key milestones</li> <li>• note that the full narrative document and detailed action plan are available on request</li> </ul>		
<b>Approval Route:</b>			
<b>Further Assurance:</b>			
<b>Which Strategic Objectives does this report provide evidence for?</b>			<b>Please Tick</b> √
We will commission high quality, safe and sustainable models of care that deliver effective clinical outcomes and patient experience using evidence based decisions and best practice			
We will ensure that there is a financially sustainable and affordable healthcare system in Bedfordshire.			
We will lead, engage and operate as an effective place based and STP wide system partner to achieve greater integration of care delivery.			
We will support local people and stakeholders to have an influence on services we commission to ensure our decisions are informed and shaped by local views and insights.			
We will operate and manage our Governing Body to the highest standards of accountability and transparency.			
<b>Implications/Assessments</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>

Have any financial implications been signed off by the Chief Finance Officer?			
Have any quality implications been signed off by the Director of Nursing & Quality?			
Have any privacy implications been signed off by the Head of Information Governance?			
Have any conflicts of interest implications been signed off by the Corporate Office?			
Have any public engagement implications been signed off by the Head of Communications & Engagement?			
Has an Equality Impact Assessment been carried out?			

<b>Key Risks</b>	
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<b>Executive Summary</b>	<p>The purpose of this paper is to inform the Bedfordshire CCG Governing Body of the content of the Bedfordshire Luton, Milton Keynes (BLMK) Local Maternity System (LMS) plan and progress to date since the plan submission to NHS England on 31<sup>st</sup> October 2017. This is the first of a series of communications aimed at informing key governing bodies and stakeholders of progress against the plan.</p> <p>Milton Keynes CCG is the lead organisation for the BLMK LMS programme. Matt Webb, Milton Keynes CCG Chief Officer, is Senior Responsible Owner (SRO) and the programme team is based in Milton Keynes CCG.</p> <p>In February 2016, Better Births set out the Five Year Forward View for NHS maternity services in England. The aim being to see safer, more personalised and more family friendly Maternity services.</p> <p>The BLMK LMS was established in March 2017 to respond to the transformation needs as a partnership.</p> <p>Main work streams include:</p> <ul style="list-style-type: none"> <li>• Co-production, Communication and Engagement</li> <li>• Standardisation of pathways</li> <li>• Improve safety in Maternity Services</li> <li>• Joined up approach to workforce planning</li> </ul> <p>Key deliverables include:</p> <ul style="list-style-type: none"> <li>• Reduced rates of still birth, neonatal death, maternal death and brain injury during birth by 20% by 2020. On track for 50% reduction by 2030.</li> <li>• Ensuring all women have care plan that they feel is personal to them</li> <li>• All women are able to make choices about their maternity care, during pregnancy, birth and postnatally.</li> <li>• Women receive Continuity of person caring for them</li> <li>• Women are able to give birth in midwifery settings at home and in midwifery units.</li> </ul>
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Enc: 04b/18

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## **Bedfordshire, Luton & Milton Keynes (BLMK) Local Maternity System (LMS) Transformation Plan**

### **Briefing paper 1**

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#### **1. Purpose**

The purpose of this paper is to inform the Bedfordshire CCG Governing Body of the content of the BLMK LMS plan and progress to date since the plan submission to NHS England on 31<sup>st</sup> October 2017. This is the first of a series of communications aimed at informing key governing bodies and stakeholders of progress against the plan.

Milton Keynes CCG is the lead organisation for the BLMK LMS programme. Matt Webb, Milton Keynes CCG Chief Officer, is Senior Responsible Owner (SRO) and the programme team is based in Milton Keynes CCG.

#### **2. 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.

#### **3. Local context**

To lead this transformation, the Bedford, Luton and Milton Keynes Local Maternity System (LMS) was established, in March 2017, as a local partnership to provide leadership and transformation to develop a local plan for the implementation of the Better Births vision across the BLMK Sustainability and Transformation Plan (STP) footprint.

BLMK LMS, led by senior representatives from the three acute trusts as well as a wide range of partner organisations, is setting out an ambitious but realistic and sustainable plan for delivering maternity services differently in the future. It will provide 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.

The development of the plan is an iterative process, as the ambition is to bring together 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.

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

This transformation plan builds on existing work across BLMK, to improve the experience of women before, during and after their pregnancies. BLMK LMS believe that engagement with women and other stakeholders is key to success and, by using examples of their lived experiences and patient journeys, BLMK will develop services that:

- Build on local health and wellbeing strategies
- Provide safe, sustainable maternity services that are joined up, closer to home and are economically viable
- Empower and support women to be involved in choices regarding their needs

Safety is the golden thread running through the Maternity Transformation Programme, which aims to drive improvement in our maternity services. Making better use of data, improving women's experiences of care, and ensuring the maternity workforce has regular training will all make a significant contribution to safer maternity services.

### **3.1 Co-Production, Communication and Engagement**

BLMK LMS is committed to working with service users, in partnership with healthcare professionals to change the approach to maternity services so that the service includes

- Greater teamwork
- Better dialogue
- Openness and inclusivity
- Greater integration of services

In order to achieve the above a Co-production, Communication and Engagement Steering Group has been established across the whole programme and amongst other activities a series of engagement events are being planned for January 2018.

#### **4. Vision, ambition and principles**

The ambition of the LMS programme is to embed the agreed local vision which is:

*'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'.*

The LMS has described a set of principles on which future BLMK maternity services are to be based. In summary, BLMK LMS wants to:

- Develop and implement standardised pathways to:
  - Increase women's choice and access to midwifery led care and births and ensure continuity of carer
  - Better target groups of high risk women, especially in the areas of hypertension, obesity, diabetes, mental health and those with complex needs
  - Improve neonatal care
  - 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 and have experienced personalised care.
  
- Improve the safety of maternity services, ensuring that:
  - Standardised care is delivered in line with a fully implemented Saving Babies Lives Care Bundle; compliant with recommendations in Making Every Baby Count: and in accordance with NICE guidelines
  - There is transparency of reporting for serious incidents and external review of all incidents
  
- Create a joined-up approach to workforce planning, aligned to the STP workforce workstream, that will ensure services are delivered by:
  - Staff who are focussed on the principles set out in better births – personalisation and safety
  - Staff who are involved in joined up training and education and who share good practice

The model overleaf summarises how the services will be different once the plan is implemented.

### CURRENT SYSTEM

- Decisions made for women based on historical practice and available services, with the majority of births taking place in acute obstetric units
- Lack of joined up working across professional and geographical boundaries
- Ad-hoc access to preventative services e.g. stop smoking
- Inconsistent ante and post-natal care
- Inconsistent approaches to breast feeding education and support
- Inconsistent approach to



### NEW SYSTEM

- Safe, sustainable services – less mortality, still births, brain injuries and neonatal deaths in the first 28 days of life
- Decisions made with women based on evidenced based options, choice and personal circumstances – personalised care plans for all women
- Community hubs in place which will act as a one stop shop providing:
  - Continuity of carer
  - Standardised approach to ante –

## 5. Key deliverables

A number of key deliverables, in line with Better Births, have already been achieved for the BLMK Local Maternity System, namely:

- The establishment of a Local Maternity System to design and deliver maternity services across boundaries, often commissioning across boundaries
- The creation of a Local Maternity System coterminous with the STP footprint and involving all commissioners and providers of maternity services, as well as service user fora (e.g. MSLCs) and other relevant partners such as clinical networks
- The establishment of a shared vision and plan to implement Better Births by the end of 2020/21.

Plans to implement the vision in Better Births will need to include delivery of the following by end of 2020/21:

- Improving the safety of maternity care so that by 2020/21, all services:
  - Have reduced rates of stillbirth, neonatal death, maternal death and brain injury during birth by 20% and are on track to make a 50% reduction by 2030
  - Are investigating and learning from incidents, and are sharing this learning through their Local Maternity Systems and with others
  - Are fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Quality Improvement programme.
- Improving choice and personalisation of maternity services so that:
  - All pregnant women have a care plan that they feel is personal to them
  - All women are able to make choices about their maternity care, during pregnancy, birth and postnatally
  - Women receive continuity of the person caring for them during pregnancy, birth and postnatally where this is their choice and is appropriate for them
  - More women are able to give birth in midwifery settings (at home and in midwifery units).

## 6. Feedback on plan to date

Verbal feedback has been received from NHSE. We await the written confirmation of this and the next steps in terms of the submission of further information.

The BLMK plan has been well received and praised specifically for the clear vision and the progress made in such a short space of time. The national programme team, who visited on 14 December 2014, was particularly impressed with the teams enthusiasm, the amount of clinical involvement in delivering the programme, the extent of joined up working that has already been achieved and the innovative ideas being generated.

In line with the majority of plans nationally, there are some gaps that have been identified in the BLMK plan, these being, Finance, Digitalisation, baseline data and trajectories. Plans are being developed and supportive discussions have been had with the national team to help us to address the gaps.

## **6.1 Finance**

### **6.1.1 Costing of current service provision and future models**

NHS England have recognised that all LMS plans require refinement in respect of the financial case for change information and have recently presented some clarification regarding the requirement which will be worked up during phase 1 of the programme.

The ambition is to ensure the plan is affordable with the aim of keeping costs within the current cost envelope. Issues which may impact on this will be captured within the programme risk register e.g. new national tariff.

It is acknowledged that the BLMK LMS plan is dependent on the outcomes of the Secondary Care Transformation (STP Priority 3) work and that plans regarding financial models will require further development following receipt of these outcomes.

A finance workstream is currently being established to support the programme which will include engagement with provider and commissioner finance colleagues. Work is underway to identify an accountable finance lead for this workstream.

### **6.1.2 Transformation funding allocation**

NHS England has allocated transformation funding to support the management and delivery of the programme.

This money has been received by BLMK LMS as an Accountable Care System (ACS) through the STP.

The programme team is liaising with the STP Programme Management Office (PMO) to understand the element of this allocation that is specific to maternity.

## **6.2 Digitalisation**

Digitalisation is Priority 4 (P4) within the BLMK STP programme. The LMS Programme Team and digital workstream are currently establishing links with the leadership of P4 to ensure that the digital requirements of the LMS plan are fed into this workstream and the development of the STP Digitalisation Strategy. The aim is to ensure that BLMK does not miss out on opportunities for Maternity Services within the overall STP plans.

### **6.3 Trajectories**

In line with the Better Birth recommendations, one of the key priorities of the LMS Transformation plan is the halving of rates of still births, neonatal deaths, maternal deaths and brain injury sustained during birth by 2030. In order to develop meaningful, realistic trajectories to demonstrate success in this area we need to identify baseline data. This also applies to the work for personalised care plans and choice of place of birth.

Obtaining the accurate, relevant data in some of these areas has proved challenging but some progress has now been made.

The programme team is working to complete the template issued by NHS England and will submit updated baselines and trajectories by the deadline date of 12<sup>th</sup> February 2018.

### **7. Governance**

The LMS established a governance structure, embedded in March 2017, which enabled the plan to be fully co-produced with service users and stakeholders. Following submission of the plan to NHS England on 31<sup>st</sup> October 2017, the governance structure was refreshed to support implementation and delivery of the plan.

#### **7.1 LMS Strategic Board**

The LMS Strategic Board, chaired by the SRO, will report in to the BLMK STP governance structure via the Secondary Care Services Transformation Board. The LMS plan has been developed in line with the work of the Secondary Care Services Transformation Board, remaining mindful that the final outcomes of this work are yet to be received and that the plan will need to be refreshed to ensure alignment with the outcomes once available.

Ed Neale (Clinical Lead and STP Women's Health Lead) sits on both the LMS Strategic Board and the LMS Delivery Group in his lead clinical role and as the primary link between the STP Secondary Care Services Transformation Board and the LMS.

The LMS Strategic Board membership includes commissioners from all three CCGs, a clinical lead and the Head of Midwifery from each of the Acute Trusts, Neonatology representation, maternity service user representation and a public health lead.

The LMS Strategic Board is supported by the LMS Programme team and has a decision making role, holding the LMS Delivery Group to account for the delivery and implementation of the programme. The LMS Delivery Group will provide a quarterly highlight report to the Strategic Board.

Members of the LMS Strategic Board all have delegated responsibility from their organisations to make decisions relating to LMS.

The LMS Strategic Board will meet on a quarterly basis with its first meeting being held on 17<sup>th</sup> January 2018.

## **7.2 LMS Delivery Group**

Membership of the LMS Delivery Group includes representatives from a broad range of stakeholders including CCGs, Acute Trusts, NHS England, Clinical networks, Ambulance Trusts, Community and Mental Health providers, Maternity Voice Partnerships, Healthwatch organisations, Public Health and Local Authorities.

The workstream leads will report progress in to the Delivery Group via highlight reports.

The LMS Delivery Group will meet on a quarterly basis and will report in to the LMS Strategic Board. The first meeting will be held in late February 2018.

## **7.3 Workstreams**

The workstreams under the programme have been grouped together where appropriate (see Appendix A). Accountable Leads and Nominated Delivery Leads will be allocated to each workstream. The programme team is working to confirm leads across the whole programme.

The Programme team has been meeting with the workstream leads during December 2017 and January 2018 for a series of kick-off meetings to discuss next steps for the workstreams, to review project plans and to outline reporting arrangements.

## **8. LMS plan development**

### **8.1 Gap analysis**

Following the publication of the Better Births national review, the three Acute Trusts undertook a gap analysis between their current level of service provision and the recommendations outlined in the review. Following this exercise, the identified gaps were built in to the plan with robust actions to support them.

A series of further meetings and workshops were held with the Heads of Midwifery, clinical leads and stakeholders to ensure that the plan captured any work which was currently underway in each place and to identify opportunities to work collaboratively across the LMS footprint.

### **8.2 Case for Change**

A Public Health England datapack, published in September 2017 has provided the programme with valuable information relating to current position and trends and has enabled the programme to develop a robust case for change to inform the plan. Local

public health teams have undertaken further analysis of the information to localise it and suggest areas for specific focus.

### 8.3 Programme Methodology

This is recognised to be a complex and wide ranging programme. There is still further work to be undertaken in developing the implementation plans. To ensure the establishment of a sustained model for maternity services across the BLMK STP by 2020/21 the LMS has adopted a phased approach to implementation as outlined below:

Phase	From	To	Key Deliverables
1	Q1 2017	Q2 2018	<ul style="list-style-type: none"> <li>➤ Established Governance &amp; Programme Structure including reporting and monitoring processes</li> <li>➤ Joined up gap analyses across the LMS</li> <li>➤ Initial financial case for change e.g. current costings, transformational costs</li> <li>➤ Co-produced and shared plan – including priority setting</li> <li>➤ Communications and engagement strategy</li> <li>➤ Evaluated pilots</li> <li>➤ Implementation of Saving Babies Lives care bundle</li> <li>➤ Proposed model of service delivery</li> </ul>
2	Q3 2018	Q4 2020	<p>Key deliverables in terms of the model of service delivery will emerge as the plans are developed and finalised during phase 1.</p> <p><b><i>They will almost certainly include</i></b></p> <ul style="list-style-type: none"> <li>➤ Workforce Development plan to include</li> <li>❖ Staffing models- numbers and types of staff required</li> <li>❖ Approaches to supervision</li> <li>❖ Establishment of rolling programmes of learning and training</li> <li>➤ Continued implementation of the Saving Babies Lives care bundle</li> <li>➤ Continued implementation of digital solutions</li> <li>➤ Financial model e.g. new model recurrent costs</li> </ul>

The outcomes of existing pieces of work ‘pilots’ which are already underway across the LMS will be evaluated in coming months and consideration given to roll out across the wider footprint.

Critical to delivery of the plan is the development of standardised pathways across providers within the LMS system.

## 11. Recommendation

The Bedfordshire CCG is asked to:

- note the progress made to date in relation to the BLMK LMS Transformation Plan
- note that these plans are iterative in nature and whilst the direction of travel will remain the same they will be subject to change as they develop
- note the attached plan on page which articulates the workstreams and key milestones
- note that the full narrative document and detailed action plan are available on request

Document owner	Matt Webb (SRO)
Document author	Debbie Henriksen (Project Manager)
Date	11 <sup>th</sup> January 2018
Version	0.1