


Agenda Item: 13.0

<h2 style="margin: 0;">Governing Body</h2> <h3 style="margin: 0;"><i>held in public</i></h3>	<h2 style="margin: 0;">Report</h2> <p style="margin: 0;">Date of Meeting:</p>
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Report Title	BLMK Local Maternity System		
Report Author	Presented By	Responsible Director	
David Foord Programme Director Nursing & Quality Bedfordshire, Luton & Milton Keynes Commissioning Collaborative	Anne Murray Chief Nurse Bedfordshire, Luton & Milton Keynes Commissioning Collaborative	Anne Murray Chief Nurse Signature: 	
Purpose for presenting report	This report provides the Board with an update on the BLMK local Maternity System Programme outputs from 2018/19 and plans for 2019/20.		
Action Required:	To give assurance		
Approval Route:	This report has been received by the Executive Team		
Further Assurance:	None required		
Which Strategic Objectives does this report provide evidence for?			Please Tick ✓
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.			
Implications/Assessments	Yes	No	N/A
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?			✓
Key Risks	Key risks associated with this paper are: <ul style="list-style-type: none"> The financial impact of changing maternity models, in particular Continuity of Carer; 		

	<ul style="list-style-type: none"> • The quality impact of people not receiving consistent maternity services to accepted standards; and • The quality impact of unwarranted variation in process and outcomes across BLMK.
<p>Executive Summary</p>	<p>Following the National Maternity Review and the publication of Better Births local health commissioners, providers, Local Authorities, Maternity Voices Partnerships and other interested parties came together to form Local Maternity Systems.</p> <p>The aim of the BLMK LMS is to collectively drive improvements in safety towards the 2020 ambition to reduce stillbirths, neonatal deaths, maternal death and brain injuries by 20% and by 50% in 2025. The LMS has worked hard up to March 2019 to implement more consistent approaches to quality and delivery of services to women across BLMK through the LMS Programme.</p> <p>Significant work has been done on developing a robust governance process and detailed programme plans, including understanding the financial and service models needed to deliver these plans. Transformation monies have been and continue to be invested in the work of the LMS to achieve its aims.</p> <p>This work is overseen by the BLMK Commissioning Collaborative Chief Nurse supported by the programme team, three Heads of Midwifery and other local leads in each partner organisation within the BLMK LMS.</p> <p>This paper provides an overview of key activities and risks to date.</p>

1.0 Background

The National Maternity Review set out a vision for Maternity Services that are:

“safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances.

And for all staff to be supported to deliver care which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down professional and organisational boundaries.”

Achieving this vision requires actions from commissioners and providers working together, as well as a range of other local & regional stakeholders, supported by national bodies. This will also help achieve the Secretary of State ambition to achieve improvements in safety leading to a reduction in stillbirths, neonatal deaths, maternal death and brain injuries by 20% in 2020 and by 50% in 2025.

Better Births (2016) highlights seven key themes which set out the framework for delivery of this vision. These seven key themes are:

- **Personalised care** – Care will be centred on women, their baby and their family, based on needs and decision, where they have genuine choice informed by unbiased information.
- **Continuity of care** – to ensure safe care based on a relationship of mutual trust and respond in line with the woman’s decisions.
- **Safer care** – with professional working together across boundaries to ensure rapid referral, and access to the right care in the right place; leadership for a safety culture within and across organisations; and investigation, honesty and learning when things go wrong.
- **Better postnatal & perinatal mental health** – to address the historic underfunding and provision in these two vital areas, which can have a significant impact on the life chances and wellbeing of the woman, baby and family.
- **Multi-professional working** - breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies
- **Working across boundaries** - to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed.
- **Payment system** - that fairly and adequately compensates providers for delivering high quality care to all women efficiently, while supporting commissioners to commission for personalisation, safety and choice

Following the publication of Better Births in 2016, the Bedfordshire, Luton and Milton Keynes Local Maternity System (BLMK LMS) was established. The BLMK LMS is a partnership of CCGs, providers, NHS England, Local Authorities, patients/public through MVPs (Maternity Voice Partnerships) and Strategic Clinical Networks. The BLMK LMS is ‘hosted’ by Milton Keynes CCG, who provide the employment of programme management staff and manage the financial resources associated with the partnership.

2.0 Summary: 2017 – 2019 Implementation of National Programme in BLMK

Following formation in 2017, the BLMK LMS developed a Transformation Plan comprising a narrative plan, trajectories associated with Key Lines of Enquiry, Plan on a Page and detailed implementation plan, including the following workstreams:

- Prevention;
- Quality & Safety;
- Personalisation;
- Choice;
- Continuity of Carer;
- Workforce & Culture;
- Finance, Commissioning, Contracts & Estates;
- Neonatal Care;
- Digital Transformation; and
- Perinatal Mental Health.

The plan has been developed in response to the publication of Better Births (2017). NHS England continues to monitor aspects of the plan and progress against key milestones.

The most recent submissions to NHSE were on 15th March 2019 and the 3rd April 2019. Throughout the programme there have been 'Deep Dives' undertaken by NHS England covering Finance Plans, Safety and Continuity of Carer. The finance review resulted in BLMK not receiving assurance from NHS England, but no LMS within the region achieved assurance through this review. Specific risks relate to the increase in staffing required through new models of service to achieve the ambitions of Continuity of Carer.

2.1 Funding to date:

The BLMK LMS has received funding from NHS England through the BLMK Integrated Care System (ICS) to support the programme management function, hosted by Milton Keynes CCG, and for transformation projects within the programme plan. In 2017/18 the LMS received £77,000 Transformation Funds to support initial Programme Management Office (PMO) costs. For 2018-19 BLMK LMS was allocated a total of £458,000 Transformation funds, which was predominantly used for:

- Programme Management Costs;
- Back-fill for Clinical Leadership support to the programme, including recruitment of a Lead Midwife;
- Service user involvement remuneration;
- Project managers for each Acute Trust to implement Continuity of Carer and other programme priorities;
- Public Health Midwife;
- Digital solutions for personalisation and LMS dashboard; and
- Continuity of Carer set-up costs, including Workforce & Estates Planning.

To deliver the intended outcomes of the programme, the prevention workstream is key; this is being supported through the recruitment of a Public Health Midwife (PHMW), key elements of the role will include:

- Responsible for leading the implementation of defined public health priorities;
- Lead specialist for public health co-ordination across BLMK maternity services;
- Develop, implement and evaluate training programmes for maternity staff
- Provide leadership in relation to the public health agenda and work across professional groups; and

- Work closely with the Luton PHMW to ensure a consistent approach to delivering the prevention across BLMK LMS¹.

2.3 Finance Plan

The BLMK LMS has developed a Financial Plan through the Finance Sub-Group of the LMS Strategic Board chaired by MKCCG Deputy Chief Finance Officer. The plan provides a narrative explaining the workforce and financial impact of the LMS Transformation Plan proposals. It identifies both transformation (one-off) and the recurrent costs associated with the plans and identifies how these costs can be mitigated. The current version suggests that the LMS proposals can make a net financial benefit to the system of circa £700,000 between 2018/19-2020/21 based on both commissioner and provider savings being identified and reinvested into maternity services to ensure delivery of the outcomes identified within the plan.

The working draft was sent to the NHS England Central Midlands Finance Team (CMFT) in January 2019 and they have provided helpful feedback. Assessed against 15 Key Lines of Enquiry (KLOE) the review is generally positive and there are nine KLOEs where the requirements have been fully met.

Despite this, NHS England are not currently prepared to fully assure the BLMK LMS Financial Plan. They have based this conclusion on the uncertainty around the reduction in Clinical Negligence Scheme for Trusts (CNST) contributions as the BLMK LMS primary efficiency. They state that if the required clarity regarding this issue can be provided then it is possible that an assured status associated with the financial plans around these proposals can be given. The Finance Sub-group continue to work to resolve this and progress these plans in 2019/20.

2.4 Continuity of Carer

The only specific target set by NHS England for the BLMK LMS for 2018/19 was to achieve $\geq 20\%$ of women booked into maternity services on a 'Continuity of Carer' (CoC) pathway within March 2019. Through implementing newer models of staffing, our three provider trusts collectively achieved 7.9% of women booked or transferred onto a pathway of care ensuring continuity of carer within March 2019. Whilst this is short of the target set nationally by NHS England, this is a significant achievement and many LMSs across the country also failed to achieve this target. Many areas who did achieve this target did so through the women who 'transferred' onto a CoC pathway in March rather than specifically through new bookings; however, the BLMK LMS level of achievement is sustainable and should be able to be improved upon to move closer to the $\geq 35\%$ target for March 2020.

A number of CoC pilots have been established across BLMK with other to "go live" in early 2019/20. Particular success stories to date include:

- Bedford Home Birth Team: 56 women booked onto this team since January 2019; already more women booked for a home birth than during the whole of 2018.
- Milton Keynes Avebury Team: a geographically located team in an area of deprivation. This team is embedding well and feedback via MVPs has been positive.
- Luton Phoenix Team: focused on the most vulnerable women and this team is also embedding well.

¹ Luton already employs a PHMW funded by Luton Council. The role of the BLMK LMS PHMW will work closely with Luton but will initially focus on Bedfordshire and Milton Keynes along with a remit to seek to reduce unwarranted variation across prevention elements of the programme throughout BLMK.

In all three areas further pilots are planned including teams focusing on vaginal birth after caesarean (VBAC), elective caesareans (EC) and other specific locality geographical areas.

2.5 Co-production and engagement

Co-production and engagement has been a significant element of the early stages and continuing progress of the BLMK LMS Transformation Plans. At the outset of the programme we engaged with almost 1,000 women across BLMK to seek their views and opinions on the plans as we developed them. We have engaged with the MVPs from the outset of the programme with the three MVP chairs sitting as core members of the Delivery Group and Strategic Board. More recently, new MVP Chairs have been appointed in Luton and Bedford and so now all three areas' MVPs have permanent Chairs with active representation supporting and advising at key LMS meetings. We have established an LMS page on the BLMK ICS website, which has been updated to include information on 'Choice'. The option for digital opportunities for personalised care planning is being co-produced with women who are members of the Digital Task and Finish Group.

2.6 Scrutiny

The BLMK Commissioning Collaborative Chief Nurse was invited to the Joint Health and Scrutiny meetings in January and March 2019 to report to elected members from across the Local Authorities in BLMK on the plans and progress of the LMS. It is anticipated that this important element of our accountability to the public will require further reporting and update later in 2019/20.

2.7 Saving Babies Lives Care Bundle

As part of the work programme to implement the Saving Babies' Lives Care Bundle (SBLCB), each of our three maternity providers across BLMK carried out their own individual audit by reviewing 50 sets of case notes from October 2018. The three separate audits were drawn together to provide a single, consolidated response to an NHS England Safety Deep Dive in mid-March 2019. The audit was a useful exercise, as this was the first time that audit results have been pulled together across the LMS in this way. We have become aware of inconsistency in method of measurement and available evidence across some of the elements, e.g. training data and we are working as an LMS to improve this. The three maternity units are currently updating their individual action plans to reflect the audit findings and to incorporate the new elements of SBLCB version 2, which was released on the 16 March 2019.

Feedback from NHS England on our submission was generally positive. There were 14 key lines of Enquiry (KLOE) which were assessed, of which

- 3 were assessed as green
- 11 were assessed as amber
- None were assessed as red

The LMS is using the audit results and regional feedback to work collectively to:

- Define the key themes from the audit;
- Reassess priority areas to support in the areas that need further improvement;
- Develop a process for feeding the audit results and action plans into the LMS; and
- Improve the governance process to ensure on-going monitoring.

2.8 CCG Improvement and Assessment Framework (IAF)

Within the CCG Improvement and Assessment Framework (IAF) there are indicators relating to Maternity; these include maternal smoking at time of delivery; neonatal mortality and

stillbirths; women’s experience of maternity services; and choices in maternity services. All of these measures are included in the BLMK Maternity Dashboard, which is routinely reviewed by the LMS Delivery Group. The latest performance against these measures for the BLMK CCGs is in table 2 below.

Table 1. IAF Indicators

(Latest Data)	BCCG	LCCG	MKCCG	National Mean Average
Smoking at time of delivery: percentage (Q2 18/19)*	8.3%	8.6%	13.6%	9.7%
Neonatal mortality and stillbirth: per 1,000 births (2016)	4.7	4.1	5.1	4.8
Women’s experience of maternity services: out of 100 (2017)	80.3	83.3	79.1	83.0
Choices in maternity services: out of 100 (2017)	54.3	59.0	50.0	60.8

(*National mean averages taken from 2017/18 out-turn data)

The delivery programme of the LMS seeks to improve and reduce unwarranted variation in all four of these IAF areas.

3.0 2019/20 Priorities, Plans and Trajectories

The Annex to this report includes the BLMK LMS priorities and plans for 2019/20, as reflected in the Single System Operating Plan for the ICS.

We have been informed of anticipated Transformation Funding from NHS England, through the ICS, for the BLMK LMS for 2019/20, which will come in two tranches as for previous years. To date we have received an allocation of £150,000, tranche one of two with confirmation of tranche 2, £545,000, due imminently. Plans for the use of these monies in 2019/20 are currently in development and now formal confirmation has been received of the full amount, the LMS Board will agree how this will be spent.

The development of personalised care plans (PCP) will be a key piece of work for the LMS in 2019/20. Current work on this project includes:

- Action plan developed for implementation of PCPs and the potential digital solutions
- Options appraisal underway in relation to digital solutions
- PCP pilots underway in all 3 trusts- to be reviewed in May with full evaluation in October.

The neonatal national programme is intended to be strengthened in 19/20 and there will be more work for the BLMK LMS to do in this area. We already have neonatologists and the Neonatal Clinical Network engaged in our programme of work and members of the BLMK LMS Delivery Group. In anticipation of this a proportion of the 2019/20 Transformation Funds have been allocated to the neonatal workstream and will be committed once we’ve had confirmation of the full allocation. The Neonatal Task and Finish Group has been established and will begin its work in May chaired by the Consultant in Neonatal Medicine and Neonatal Unit Clinical Director at the Luton and Dunstable Hospital (a Tier 3 Neonatal Unit).

The BLMK LMS has agreed trajectories with NHS England to achieve improvements in safety towards the 2020 ambition to reduce stillbirths, neonatal deaths, maternal death and brain injuries by 20% and by 50% in 2025. The specific measurable target for end March 2020 is to have ≥35% women booking onto pathways with continuity of carer. This will be a challenging target to meet, but our three maternity providers have plans and resources in place to work to achieve this.

4.0 Key Risks:

The key risks to the achievement of the agreed trajectories are:

- The financial impact of changing maternity models, in particular Continuity of Carer: the change in staffing models required to implement continuity of carer to the $\geq 35\%$ target level has significant financial impact. Whilst Trusts will achieve a discount on CNST cover through quality improvements which could mitigate this cost increase, these monies are not universally being reinvested back into maternity services by Trusts within BLMK.
- The quality impact of women not receiving consistent maternity services to accepted standards: The Quality and Safety workstream is being progressed to mitigate this risk, but it will take time to implement required change and develop the workforce to achieve these intended improvements; and
- The quality impact of unwarranted variation in process and outcomes within BLMK: the three maternity services and related partners are working together to drive out unwarranted variation in a way that has not happened before. In particular the three Heads of Midwifery across the three hospital Trusts are working closely on quality and workforce improvements, sharing good practice and implementing consistent new ways of working.

5.0 Recommendation

The Governing Body is requested to receive this report for information and assurance. Further update reports will be provided by exception throughout the year and then subsequently to report on 2019/20 implementation.

Maternity

The BLMK LMS Transformation plan aims to bring together maternity services across Bedford, Luton and Milton Keynes to deliver maternity services in a sustainable way as recommended in Better Births and in line with the NHS Long term Plan. As a result of it's transformation plan, BLMK will:

Continue to improve the safety of maternity services, ensuring that:

- Standardised care is delivered in line with a fully implemented Saving Babies Lives Care Bundle (Version 2)
- Rates of still birth, neonatal death, maternal death and serious brain injury during birth are reduced by 50% by 2025
- There is transparency of reporting for serious incidents and external review of incidents (Healthcare safety investigation-HSIB)

Implement Continuity of Carer so that:

- By March 2021, most women will receive continuity of carer during pregnancy, birth and postnatally
- We are targeting those who will benefit most- BAME groups, vulnerable women and those in the most deprived areas

Improve access to prevention services and interventions:

- Smoking cessation, Folic acid, Infant feeding, Maternal medicine network

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

- All women have a personalised care plan (PCP)
- All women report that they have choice & have experienced personalised care
- And by 2023/24 all women will be able to access their maternity record via a digital care record

Review and improve neonatal critical care to:

- Reduce term admissions and embed action plan for Transitional Care
- Implement Perinatal Mortality reviewing Tool & share learning
- Create workforce fit for purpose
- Develop effective data collection processes

Improve our provision of perinatal mental health services (PMH) to ensure:

- Increased access to services across BLMK
- Care provided from pre-conception to 24 months postnatally
- Increased support available to partners and families
- Develop outreach clinics and closer links from PMH to maternity services

2019/2020 DELIVERABLES
<p>Safety of maternity services</p> <ul style="list-style-type: none"> • Significant, identifiable progress towards the “halve it “ ambition-phase 2 of BLMK wide quality and performance dashboard completed • Establishment of mature BLMK Serious Incident panel with robust process for sharing the learning • Work with HSIB to develop joint process for standardising the approach to maternity investigations • Single LMS wide Safety Action Plan supported by LMS wide learning events • Standardised LMS wide maternity guidelines
<p>Continuity of Carer (CoC)</p> <ul style="list-style-type: none"> • From March 20% of women booked will be on a CoC pathway • Evaluation of pilots and plans developed to achieve 51% by 2021
<p>Prevention</p> <ul style="list-style-type: none"> • Baby friendly Initiative accreditation achieved for all services • Improved uptake for vaccinations • Increased access and attendance at smoking cessation services • Improved access to Maternal obesity information • Improved process for information sharing with Health Visiting at 24 weeks
<p>Neonatal Critical Care</p> <ul style="list-style-type: none"> • Established Neonatal Task and Finish Group that will develop the BLMK plans
<p>Choice & Personalisation</p> <ul style="list-style-type: none"> • Fully operational Midwifery led birthing unit (MLBU) at Milton Keynes • Evaluation of PCP pilots and agreement of PCP format for BLMK • Digital options for PCP evaluated
<p>Perinatal Mental Health</p> <ul style="list-style-type: none"> • New service launched in Luton and Bedford • Recruitment completed to enable to enhanced service in Milton Keynes
<p>Finance & Digital</p> <ul style="list-style-type: none"> • Costed model for maternity services across the LMS • Established Digital Task and Finish (TAF) that will develop the local digital plan and roadmap formulated