

DRAFT

Maternity

Long Term Implementation

Plan



Humber, Coast and Vale

Place / Collaborative Programme – Local Maternity System

• Bold Ambition

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

Anticipated Outcomes (measurable and where possible with the target dates)

- Rate of stillbirth, the rate of neonatal death, the rate of maternal death and the rate of brain injury that occurs during or soon after birth: reduced by 20% by the end of 2020/21 and by 50% by 2025.
- A reduction in pre-term birth rate from 8% to 6% by 2025
- Continuity of the person caring for women during pregnancy, birth and postnatally (CoC). This will usually, but not always, be the woman's named midwife: increased to 35% by March 2020 and >50% by 2021.
- Availability of more choice with respect to local birth place options will result in more women giving birth outside of an obstetric-led unit. By 2020, the national expectation is that 4% of women will birth at home (up from 2%), 4% of women at a free-standing birth centre (up from 2%) and 20% of women will birth at an alongside birth centre (up from 9%). Locally this is being reviewed.
- Prevention work is vital in all areas and although presenting fewer specific targets there is key work to be done in smoking cessation, alcohol and obesity management, pre-conception care, links to health child programmes etc.

The Case for Change (brief context on the why and local need)

A full scoping of existing services across the LMS commenced in 2018, and was completed by March 2019. This highlighted the gaps against the existing assets in areas such as birth choice and service options, available data, investigations and learning points, safeguarding, guidelines, workforce and training.

Each area has specific needs based both on current service provision and population health requirements. All areas have smoking cessation as a high priority with other targeted plans including:

- Hull; pre-conception care, neonatal support and whole family support programmes
- York; potential development of midwife led units, perinatal mental health provision and staff development around CoC
- NLAG; support for breastfeeding, development of multiple birth pathways and management of diabetes in pregnancy

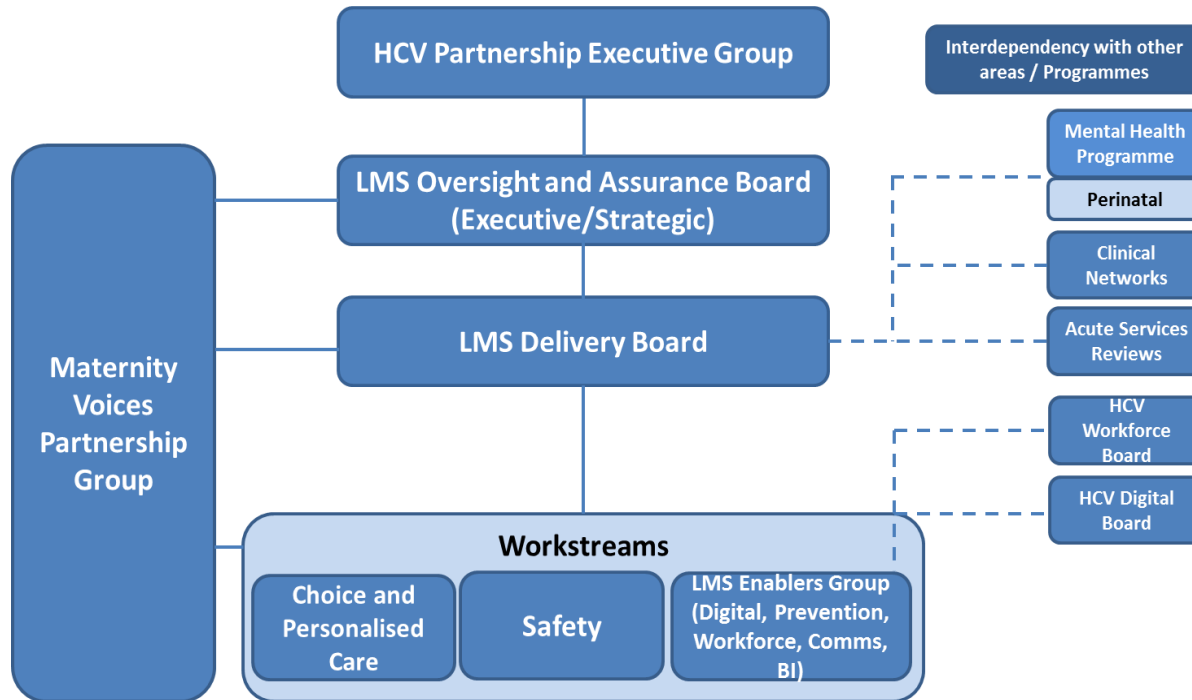
Note: across the LMS we have only one midwifery led unit at present. Discussions are ongoing for 'pop-up' birthing centres but this is a key gap in provision at present.

Anticipated Financial Benefits

- CNST – achievement of all 10 standards
- Reduction in birth injury rates would give longer term cost benefit
- CoC evidence shows medium to long term savings when introduced



Humber, Coast and Vale Local Maternity System is one of 6 priority workstreams that sits within the Humber, Coast and Vale Health and Care Partnership. Please see diagram for further information.



Prioritised Objectives	Anticipated year of delivery	Level for delivery (place, sub-system, HCV?)
Achievement of CoC target phase 1 – 35% of women	March 2020	LMS
Achievement of CoC target phase 2 - >50% of women	March 2021	LMS
Reduction in pre-term birth rate from 8% to 6%	2025	LMS
Reduction in still birth rate (and associated injuries) phase 1 – reduction of 20%	2020/21	LMS
Reduction in still birth rate (and associated injuries) phase 1 – reduction of 50%	2024/25	LMS
Growth in alternatives for birthing: 4% birthing at home	March 2020	Place
Growth in alternatives for birthing: 4% birthing in a free-standing birthing centre	March 2020	LMS and Place
Growth in alternatives for birthing: 20% birthing in an alongside birthing centre	March 2020	Place
Use of magnesium sulphate for pre-term births		
Take up of the Unicef Baby-friendly initiative	2025	Place
Use of the Neonatal Critical Care tariff (ongoing discussions via Spec Comm)	March 2022	Potentially Y&H
Expansion of access to specialist community perinatal mental health services in 2019/20	March 2020	HCV - LMS
Women with T1 diabetes are offered continuous glucose monitoring (where appropriate)	From April 2020	Place

Prioritised Projects	Anticipated year of delivery	Level for delivery (place, sub-system, HCV?)
Continuity of Carer	From 2019	Place
Website provision – commencing Autumn 2019	From 2019	HCV – LMS
National Maternal Medicine Centres scheme	From 2019	HCV
Obstetric Physician – training places	From 2019	HCV
Implementation of Saving Babies Lives Care Bundle 2 – to reduce perinatal mortality	March 2020	Place
Adoption of choice and personalised care plans	2020	HCV
Perinatal Mental Health with maternity outreach clinics	2019-2015	Sub-system
Midwifery support workers/maternity assistants	From 2020	Place
Prevention role; including smoking cessation, obesity and alcohol harms	2019-2025	Sub-system
‘Bump the habit’ – smoking cessation support	From 2019	HCV – LMS
Care coordination for parents with children in neonatal care	From 2021	HCV - LMS
Postnatal physiotherapy and multidisciplinary pelvic health clinics (targeted funding, then wider rollout)	From 2020	Place
Clinical lead roles to be in place to support specific projects and LMS implementation	Until 2024	HCV – LMS
Digitalisation of maternal records – all women to have digital records by 2023/24	2023-2024	HCV – LMS
Linking into digital red books for children	From 2021	HCV - LMS



Prevention workstream priorities	Anticipated delivery timing	Level for delivery (place, sub-system, HCV?)
Smoking cessation - Targeted investment in selected sites - Additional indicative allocations for vulnerable groups including pregnant women	2020/21 2021/22	All levels; including LMS wide 'Bump the Habit' work, ongoing Public Health campaigns locally and links to other workstreams (including Cancer Alliance)
Alcohol education and management	Ongoing – no specific targets	LMS and Place linked
Healthy weight in pregnancy and beyond	Ongoing – no specific targets	LMS and Place linked
Teenage pregnancy prevention and support	Ongoing – no specific targets	LMS and Place linked
Links to Health Visitors/Healthy Child programme	Ongoing – no specific targets	TBC – could be supported with MH workstreams
Continuity of Carer – specific target around BAME population groups and vulnerable women	2021/22	Place based, ongoing work with CoC workstream
Digital maternity records, including links to digital 'Red Books'; parents will have a choice of paper or digital. Digital access will be linked to a national procurement.	2021	National implementation of 'Red Book' software – links to maternity records to be worked up
Expansion of access to Perinatal Mental Health service Expansion into maternity outreach clinics in selected locations ahead of national roll-out	2019/20 2021/22	Ongoing work with Mental Health HCV workstream
Use of magnesium sulphate for pre-term births (PRCePT)	85% by December 2020	Place based, regional target agreed internally
Use of antenatal steroids for pre-term births	Linked to above target	Place based – already consistently used, but culture around this and the PRCePT work to be supported
Choice of birth location and associated risks/benefits – various targets around home birth/supported birth centre care		LMS and Place linked
Post-natal physiotherapy and multidisciplinary pelvic health clinics; targeted funding available Fair shares allocation for all systems	2021/22 2023/24	LMS wide – anticipate a bid for initial funding
Women with T1 diabetes are offered continuous glucose monitoring (where appropriate) Funding support to be announced later in 19/20	From April 2020	Awaiting further information
UNICEF baby friendly initiative – targeted funding available – ambition to also provide peer support	From 2019/20 to 2024/25	Ongoing work



Key risks to delivery

Workforce

- National and local shortages of midwives, both in development new trainees and in retirees from service
- Growth in new regional maternity Obstetric Physician training commencing September 2019, but only one new trainee per annum confirmed at present
- New maternity support workers/midwifery assistant role still under development

Digital

- Maturity review to be updated during Autumn 2019 – connectivity and IT hardware in Trusts is not suitable for mobile working
- The approach for digitisation must be consistent across the whole of the LMS and hence sign up for transformation must be universal
- Fit with the HCV digital strategy must be considered

Pace of change required

- Requirement for target achievement without supporting monitoring framework nationally for Continuity of Carer
- Recruitment of midwives and associated colleagues commencing in post not keeping pace with additional staff requirements

Brief description of governance to support delivery (including identification of interdependencies)

- Oversight and assurance via named executive group from HCV Health and Care Partnership
- Programme lead fully integrated with interdependent workstreams in Mental Health, Public Health, Cancer Network, applicable regional clinical networks
- Midwifery representatives working alongside Heads of Maternity across all acute Trusts to deliver joint projects within main programme
- Lessons learnt: shared across all areas to support safety initiatives

Approach to engagement

- Maternity Voices Partnerships to lead engagement and co-production with women, partners and families at a local level
- Partnership with Acute Trust communications teams to ensure coordination of messages with staff and members
- Partnership with other relevant HCV workstreams including Mental Health, Cancer Network, Prevention and Public Health to ensure optimum spread

Resource to support delivery

Workforce

- Programme Lead – to continue to develop team to meet requirements of Better Births and the NHS Long Term Plan, provide assurance to executive, coordination of local, regional and national programmes
- Midwife resource – at least 1.5 wte to cover partnership area and coordinate projects
- Prevention resource – up to 1 wte to support workstreams around requirements for smoking cessation, obesity prevention, sexual health and support for breastfeeding.
- PMO support
- Digital implementation support
- Administration support

Programme funding

- Seed funding for acute project support
- MVP support
- Transformation funding to enable delivery of the Better Births plan

Digital

- Website support
- Hardware for community midwifery teams for mobile working



Programme Trajectories

Ref	Measure	Level	Numerator	Denominator	Rate	HCV relevant information
EQ1 Data	Stillbirth rate	LMS	The number of stillbirths during a calendar year	The number of live births and stillbirths occurring during a calendar year	Rate per 1,000 live births and stillbirths Trajectory 20/21: 3.1%	Provided by Clinical Network data quarterly.
EQ2 Data	Neonatal mortality rate	LMS	The number of neonatal deaths during a calendar year	The number of live births and stillbirths occurring during a calendar year	Rate per 1,000 live births and stillbirths Trajectory 20/21: 1.7%	Investigating reporting
EQ3 Data	Percentage of women placed on a continuity of carer pathway	LMS	Number of women who reach 29 weeks gestation in March 2020, who are marked as on a continuity of carer pathway, and who have a named midwife and team as part of their maternity care plan	Number of women who reach 29 weeks gestation in March	N/A Trajectory 19/20 & 20/21: 35% & 51%	Provided by Acute Trusts
EQ4 Data	Brain injury rate	LMS/STP	The annual number of infants who received at least one episode of care within a neonatal unit in England with a brain injury occurring during or soon after birth, without exclusions	Annual number of live births in England	Rate per 1,000 live births Trajectory 20/21: 2.0%	Investigating reporting
EN3 Data	Personalised care and support plans	STP	Count of active (new and reviewed) care plans in year PCSPs – 100k nationally	N/A	N/A Trajectory 19/20: Target met nationally	Collated across HCV - to explore segregation
EH15 Data	Perinatal Mental Health	CCG	Number of women accessing specialist community PMH service in the reporting period	2016 ONS birth data	N/A Trajectory 20/21: 7.1%	Provided by HCV Perinatal Mental Health team

