

**WOLVERHAMPTON CCG**

**Governing Body Meeting  
Tuesday 12 September 2017**

**Agenda item 14**

<b>TITLE OF REPORT:</b>	Black Country Local Maternity System Update and Progress Report
<b>AUTHOR(s) OF REPORT:</b>	Black Country HOM's Sally Roberts Julie Gardner
<b>MANAGEMENT LEAD:</b>	Richard Kirby SRO Maternity STP for Black Country Sally Roberts, Chief Nurse Director of Quality Walsall CCG
<b>PURPOSE OF REPORT:</b>	To provide the CCG with an update on developing the Black Country Maternity System and progress in the delivery of the Black Country Transformation Plan 2017-2020
<b>ACTION REQUIRED:</b>	<input type="checkbox"/> <b>Decision</b> <input checked="" type="checkbox"/> <b>Assurance</b>
<b>PUBLIC OR PRIVATE:</b>	This Report is intended for the public domain
<b>KEY POINTS:</b>	<p>In February 2016 <i>Better Births</i> set out the <i>Five Year Forward View</i> for NHS maternity services in England. <i>Better Births</i> recognised that delivering such a vision could only be delivered through locally led transformation. The purpose of a Local Maternity System is to provide place-based planning and leadership for transformation. Its first task is to put in place the governance, structure and membership required to discharge this purpose effectively. Subsequently, it has two objectives to fulfil:</p> <p>a. To develop and implement a local plan to transform services as part of the local STP.</p> <p>b. To establish and operate shared clinical and operational governance, to enable cross-organisational working and ensure those women and their babies can access seamlessly the right care, in the right place, at the right time.</p> <p>1) Key Stakeholders across Walsall, Dudley, Wolverhampton, Sandwell and West Birmingham have been meeting monthly</p>

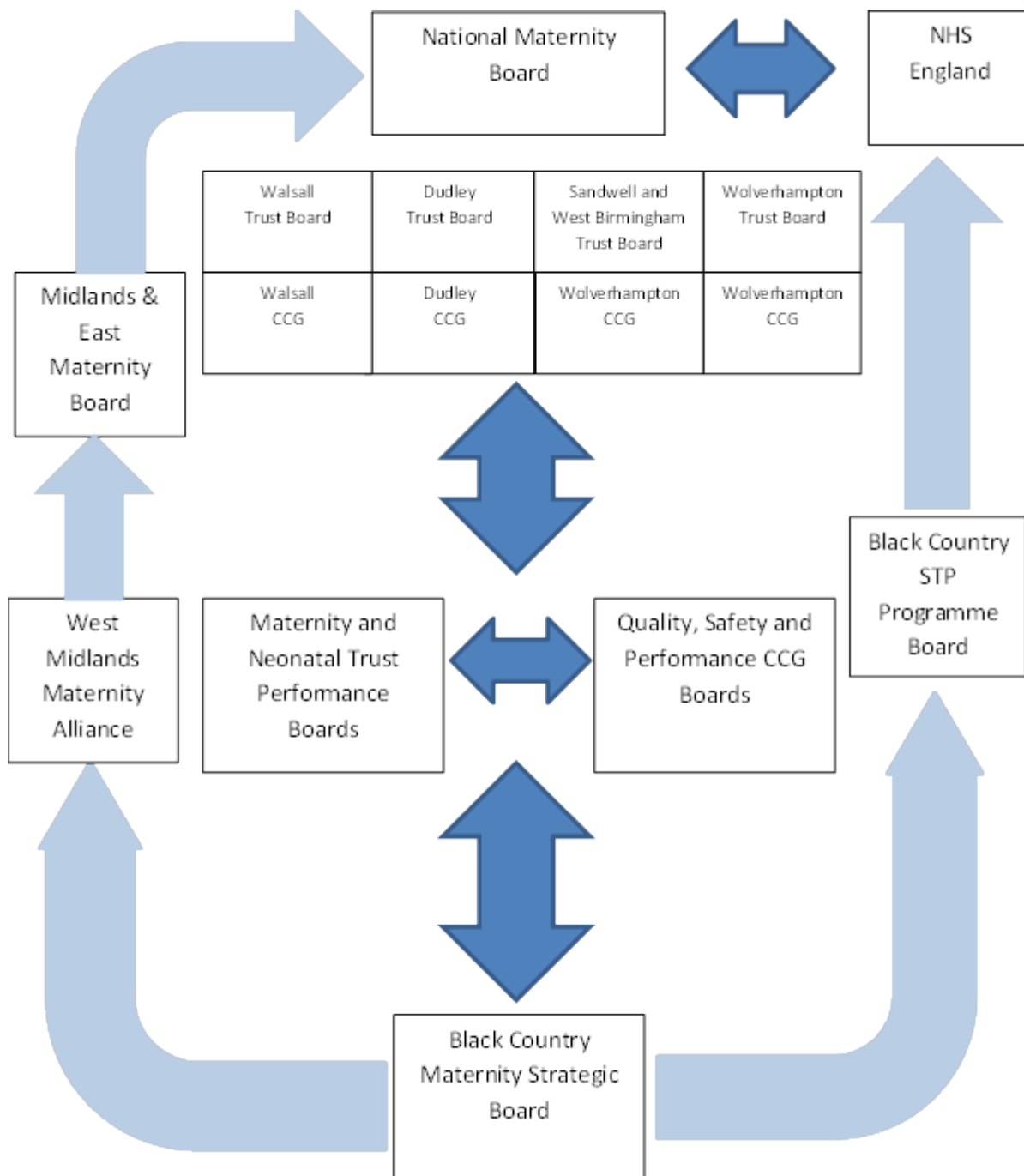


	<p>since late 2016.</p> <p>2) The Black Country Maternity Transformation Plan 2017 – 2020 will be circulated late August 2017 for comment.</p> <p>3) The Black Country Maternity Transformation Plan 2017 – 2020 will come to a future the Trust Board meeting for approval.</p> <p>4)The case for change discusses and emphasises the challenges to local maternity systems in Black Country.</p>
<b>RECOMMENDATION:</b>	<p>To receive assurance with regards the progress of the LMS and subsequent delivery</p> <p>The governing Body request the Black Country Maternity Transformation Plan 2017 – 2020 to be added to a future Governing body meeting for assurance.</p>
<b>LINK TO BOARD ASSURANCE FRAMEWORK AIMS &amp; OBJECTIVES:</b>	
1. Improving the quality and safety of the services we commission	<p>The implementation of the National Maternity Review; Better Births, Improving the outcomes of maternity services in England: A Five Year Forward View for maternity care. A key focus of assurance is how well the Black Country Transformation Plan delivers improved services, reduces variability, maintains and improves quality and ensures better outcomes for patients. A comparator maternity gap analysis/ dashboard is in place to monitor performance and inform improvements across the Black Country.</p>
2. Reducing Health Inequalities in Wolverhampton	<p>The Black Country Better Births Transformation plan will facilitate and enable improved outcomes and quality of care for all patients across the black country, reduce variation and deliver equity across the maternity system.</p>
3. System effectiveness delivered within our financial envelope	<p>The Black Country Better Births Transformation plan will continue to deliver improved safe, high quality maternity services across the Black Country within the current payment framework.</p>



**Black Country Local Maternity System Governance arrangements:**





### Better Births: Summary Update Report

The report sets out the following vision for maternity care in England:



“Our vision for maternity services across England is for them to become 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 woman centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries.”

The vision is underpinned by seven themes, which form the basis for the recommendations set out in the body of the report:

1. Personalised care.
2. Continuity of carer.
3. Safer care.
4. Better postnatal and perinatal mental health care.
5. Multi-professional working.
6. Working across boundaries.
7. A fairer payment system.

### **Background:**

Development for the Black Country Local Maternity System started towards the end of 2016; commitment for maternity transformation and improvement is a priority within the Black Country Sustainability and Transformation Plan 2016. A number of events with key stakeholders have taken place across the Black Country to define our vision, ambitions and commitment to work together to fundamentally transform and improve our Black Country Maternity Services.

Late 2016 the Black Country Sustainability and Transformation Plan 2016 – 2021 was published detailing a strategic vision is to transform health and care in the Black Country and West Birmingham. We need to bridge three critical gaps:

- Our populations suffer significant deprivation, resulting in poor health and wellbeing;
- The quality of the care we offer varies unnecessarily from place to place, so not everyone has the best experience of care or the best possible outcome; and
- We risk not being able to afford all the services our populations need unless we take early action to avoid future costs, creating a sustainable health and care system that helps Black Country and West Birmingham lives to thrive.



At the heart of our plan is a focus on standardising service delivery and outcomes, reducing variation through place-based models of care provided closer to home and through extended collaboration between hospitals and other organisations.

**Case for change:**

Maternity services across the Black Country are facing unprecedented challenges, deprivation, some of the worst infant mortality rates in the country and an aging population of mothers who give birth is placing increasing demand on a stretched service, the quality of maternity practice is varied across the patch with one local service currently rated inadequate by CQC for its maternity services. An aging workforce with limited workforce plans also adds to the issues presented. Trusts struggling with some of the demands have introduced capping and we are seeing new reconfigurations of service as new hospitals take shape. Choice and access are being limited as maternity services respond to these multi demands. The LMS offers an opportunity for our clinicians and leaders to bring together local services across one system to think and manage as one system and work collaboratively to ensure our maternity services are fit for our future generations.

Across the Black Country there are high levels of deprivation, teenage conceptions, obesity and smoking at the time of delivery which contribute towards poor maternal, infant and child outcomes. Some of the worst infant mortality rates in the country can be evidenced in the Black Country. The LMS looks to support a coordinated maternity pathway alongside the provision of universal and targeted support which will improve the quality of maternity care and prevent lifelong disability arising from poor outcomes at birth. Better screening, raising the profile for a 'healthy pregnancy' and treatment of pregnant women and new-born babies will have a positive impact on the number of children born without serious health conditions. In addition, a reduction in infant mortality rates will provide economic benefit to the Black Country and West Birmingham (through productive capacity in the future) and to society.

The black Country is not an island, cross border activity contributes significantly in some areas of the patch and impacts local delivery for local women, more specifically the closure of the Mid Staffs maternity unit has seen mothers choosing Walsall and Wolverhampton for their maternity care and the recent Shropshire/Telford issues have resulted in more women choosing alternative provision for maternity care, most often Royal Wolverhampton Trust. The arrival of a new local Hospital, Midland Metropolitan Hospital also requires consideration around capacity and will no doubt impact on the choice of women for maternity care. Whilst some maternity services within the Black Country are currently struggling with demand, a recent capacity and demand analysis is forecasting no significant growth in demand over the next 15 years, based on age specific fertility rates. That said in some of our maternity departments our current capacity is capped restricting the overall



choice for women in their maternity pathway. For example within Walsall there is currently no MLU provision, limiting choice, and for six GP practices in the West of the borough women have been relocated to Royal Wolverhampton Hospital only. Meanwhile Dudley Group of Hospitals caps activity and Royal Wolverhampton Trust have recently issued a notification to review their current maternity arrangements, due to increased demand. SWBH have no capping activity in place.

The analysis also demonstrated a growth in the population of women aged in their late 20s to early 40s along with reductions in the number of younger women. There are also considerable reductions in the number of women at the top end of typical child bearing years. Overall most areas are expected to see only small levels of growth in the number of women of child bearing age although Dudley is forecast to see a slight reduction. Accounting for differences in age specific growth is important as growth in the number of older women will result in more births to these women. Given the correlation between some complications and comorbidities and age of mother, an increase in older mothers as suggested by the forecasts will result in a higher number of more complex births. With an absolute growth predicted in gestational diabetes. Coupled with this, women across the Black Country have told us that they want personalised maternity care, they want to access services on a one system basis for the Black Country and make the best choices for their maternal care, and they want maternity services that are designed with them and for them. It is imperative therefore that we consider maternity services that are fit for our future generations, ensuring sustainable delivery is at the heart of the LMS plan.

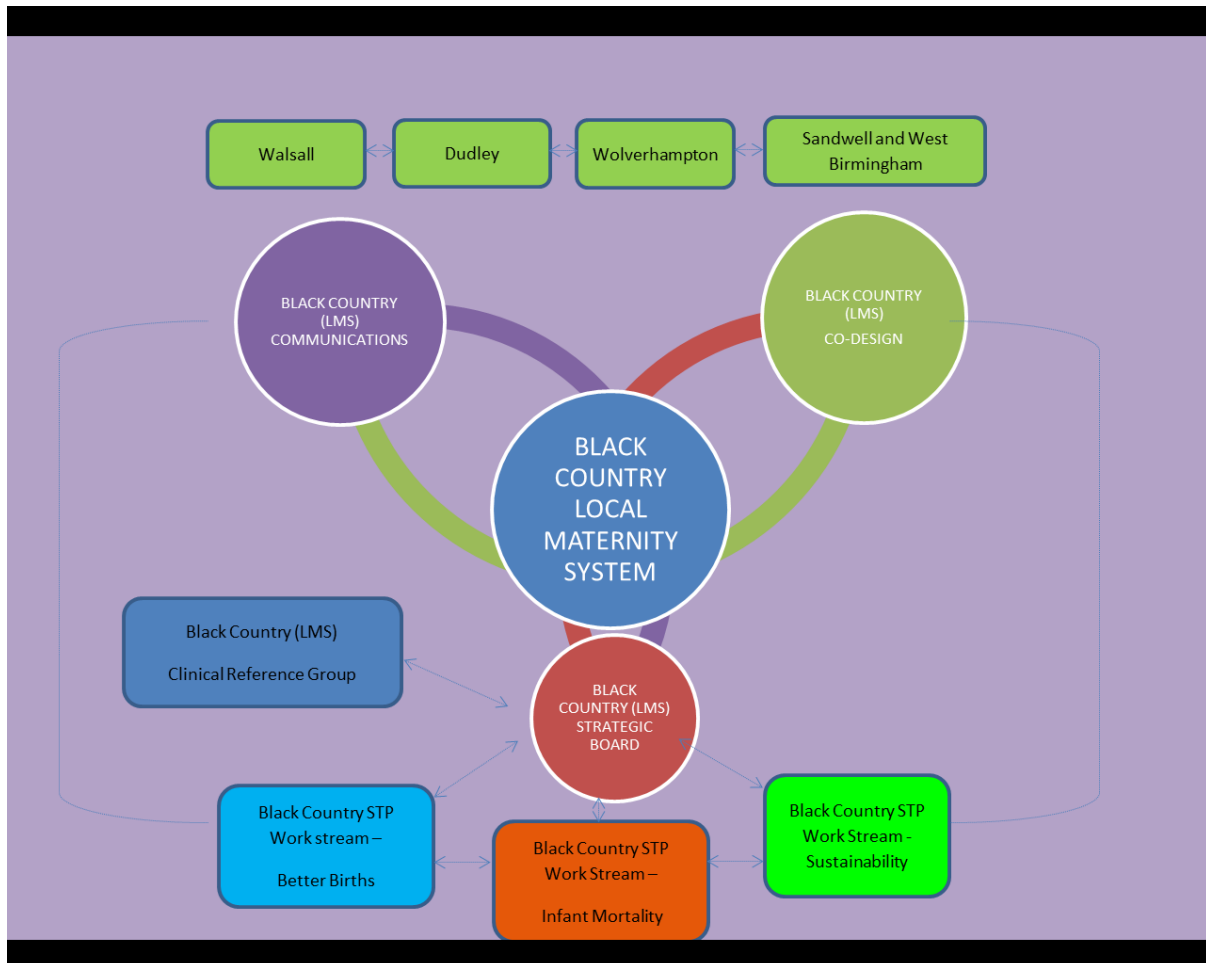
### **Development of Local Maternity Systems:**

Local Maternity Transformation Plans need to state how the Local Maternity System will deliver the following by the end of 2020/21:

- Improving choice and personalisation of maternity services so that:
  - All pregnant women have a personalised care plan.
  - All women are able to make choices about their maternity care during pregnancy, birth and postnatally.
  - Most women receive continuity of the person caring for them during pregnancy, birth and postnatally.
  - More women are able to give birth in midwifery settings (at home and in midwifery units).
- Improving the safety of maternity care so that by 2020/21 all services have:
  - 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 sharing this learning through their Local Maternity System and with others.
  - Fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Health Safety Collaborative.



The Black Country has developed the following *Operating Model* which consists of seven groups.



The BCLMS will be driven by the BCLMS Strategic Board responsible for:

- Developing a local vision for improved maternity services and outcomes based on the principles contained within Better Births; which ensure that there is access to services for women and their babies, regardless of where they live;
- Progressing the Black Country Maternity Sustainability and Transformation Plan. Ensuring the plan focuses on how providers will work together so that the needs and preferences of women and families is paramount.
- Including all providers involved in the delivery of maternity and neonatal care, as well as relevant senior clinicians, commissioners, operational managers, and primary care.
- Ensuring that they co-design services with service users and local communities.





- Putting in place the infrastructure that is needed to support services to work together effectively, including interfacing with other services that have a role to play in supporting woman and families before, during and after birth, such as health visitors, GPs and other primary care services.
- Driving the development of a learning culture. It will maintain a focus on experience and outcomes, and enable healthcare professionals who work together to train together across professional and organisational boundaries.
- To establish and operate shared clinical governance to enable cross-organisational working and ensure women and their babies can access seamlessly the right care, in the right place, at the right time

### **Work Streams and Priorities:**

#### **Better Births Work Stream responsible for:**

- Be reflective of National Agenda for maternity services, specifically 'Better Births'.
- Work to standardise pathways to support women to make informed choices regarding maternity services.
- To agree consistent pathways and consistent data sets to ensure continuity of maternity services across the Black Country.
- Ensure best practice arrangements for birth agenda, improving maternity safety outcomes across the Black Country.
- Develop maternity pathways in co-design with mothers and families, reflective of best practice guidance.
- Share principles and outcomes of the Birmingham United Maternity Programme, reflecting the Black Country perspective of this work.
- Strategic leadership to embed the 'normalisation' agenda; increasing the number of births within midwifery led care
- To determine workforce needs and workforce baselines to support understanding future workforce needs

### **Progress**

Better Births gap analysis is now complete with a RAG assessment against the 28 recommendations. Clear gaps and areas for improvement for all areas include:

- Perinatal Mortality
- Perinatal Mental Health
- IT Systems
- Personal Budgets



➤ Community Hubs.

Each Trust has identified their key challenges as follows:

UNIT	Key Challenges
DGH	Intervention rates; caesarean section and induction of labour. Estates; limited scope for expansion. IT-maternity specific EPR.  <b>Focus:</b> Patient safety: improving outcomes for women and babies (NSC2*)
SWBH	Transient population, 52% of population served are 'most deprived' (MBRRACE 2015)  Language/ communication issues, engagement (25% late bookers).  <b>Focus:</b> Patient Safety: Reducing perinatal mortality & Improving engagement (NSC*1)
Walsall	Ranked 33 <sup>rd</sup> out of 326 local authorities for deprivation rates, 24% Black and Ethnic minority, Capping of birth numbers, Birth : Midwife ratio  <b>Focus:</b> (NSC3*) Normality Strategy, reducing unnecessary intervention rates, responding to CQC inspection, increasing capacity – theatre and NNU
RWH	Activity – increased birth (transfers in from Staffordshire & Walsall); staffing impacted despite proactive recruitment. IT challenge – no 'fit for purpose' EPR.  <b>Focus:</b> Patient safety: Reducing perinatal mortality (NSC1*)

**Perinatal and Infant Mortality Work Stream responsible for:**

- Be reflective of National Agenda for Perinatal and Infant mortality, specifically 'Better Births'.
- Develop and define a BC system wide reporting data set for infant mortality
- To determine highest social risk factors for Black Country in order to target provisions and determine priorities
- Share best practice examples of local work with regards infant mortality work streams already in place.
- Review the outcomes of the regional neonatal review and implement the recommendations for the Black Country.



- Co-ordinate and develop an integrated approach to a Black Country Healthy Pregnancy Strategy.
- Develop pregnancy pathways in co-design with mothers and families, reflective of best practice guidance.
- Work with Better Births work stream to ensure effective pre-conceptive care.
- Share principles and outcomes of the Birmingham United Maternity Programme, reflecting the Black Country perspective of this work.
- Standardise the Black Country process for CDOP ensuring learning themes are widely shared and disseminated
- To produce a communication strategy that can support all CCG's to give out key messages to reduce perinatal and infant mortality

### **Progress**

New Perinatal and Infant Mortality Dashboard developed and out for consultation.

Agreement from all areas to share learning from Serious Incidents.

### **Sustainability Work Stream responsible for:**

- Identify opportunities across the Black Country to improve –
  - Clinical Sustainability (workforce)
  - Financial Sustainability (budget)
  - Quality Sustainability (safety)
- Strategic leadership to embed the 'normalisation' agenda; increasing the number of births outside hospital settings
- Work with the Perinatal and Infant Mortality work steam and the Better Births work stream to ensure effective system planning
- Develop and define a BC system wide reporting data set for sustainability

### **Progress**

Capacity and demand modelling sessions are now complete. The final report is due in September 2017 to inform future planning.

### **Black Country Maternity Transformation Plan 2017- 2020**

The BCLMS Strategic Board is leading the first draft of the plan. The plan will be circulated for comment week commencing the 21<sup>st</sup> August 2017.

