

## 1. Introduction

In support of NHS England's National Maternity Review (February 2016) a West Yorkshire and Harrogate Local Maternity System (WY&H LMS) was established in 2017.

In April 2018 the WY&H LMS was embedded into WY&H Health and Care Partnership.

The WY&H LMS have co-produced a plan with women and staff. This has been submitted, for assurance, to meet NHS England Transformation Board reporting deadlines. These have been recently updated to incorporate the requirements of the Long Term Plan.

The programme trajectories were developed with stakeholders as per NHS England and Improvement planning guidance. These are detailed in the attached appendices.

## 2. Detail

The WY&H LMS vision will:

- endeavour to be the place where women, their partners and their families choose to receive their maternity care and birth their babies
- ensure all women, their partners and their families have access to the highest quality preconceptual information, advice and care
- ensure all women and their babies, their partners and their families receive the highest quality maternity and neonatal care where they are given choice, supported, reassured, not judged and treated as individuals
- ensure all women their partners and their families are listened to and experience care that is safe, responsive, and respectful to their needs and wishes throughout pregnancy and birth
- be recognised as a national example of high quality maternity and neonatal care and will pride itself on co-production with women and their partners and their families
- be a first choice place to work, attracting and retaining a highly effective workforce that will be well led, innovative and will continuously learn

The overarching outcomes for the LMS are:

- WY&H LMS will ensure women and their partners and their families have the opportunity to participate at all levels in the development, implementation, evaluation and ongoing improvement of services to maximise quality and outcomes
- WY&H LMS will have in place financially sustainable maternity and neonatal services based on the identified needs of women and their partners and their families, clearly defined through a co-produced local offer resulting in reduced variation and improved outcomes
- WY&H LMS will provide safe maternity and neonatal care
- WY&H LMS and the Y&H Neonatal Operational Delivery Network (ODN) will improve outcomes for all babies who are at risk of, or have developed complications, babies born too early, babies with congenital abnormalities and babies who experienced complications during birth
- WY&H LMS will ensure all women and their partners and their families are aware of the choices available to them and their preferences are heard across all elements of maternity and neonatal care
- WY&H LMS will ensure that the mental and emotional wellbeing needs of women and their families are seen as important as their physical wellbeing needs and are responded to with high quality and timely Perinatal Mental Health Services across WY&H LMS
- WY&H LMS will have a highly skilled and knowledgeable workforce encompassing all elements of the maternity and neonatal pathway, promoting a culture of learning and continuous improvement to maximise quality and outcomes.

#### Health & Wellbeing:

Prevention and public health have an important role to play, as smoking is still the single biggest identifiable risk factor for poor birth outcomes. Obesity among women of reproductive age is increasingly linked to risk of complications during pregnancy and health problems of the child.

### 3. **Developments to date**

- LMS Team contributing to the WY&H Health Care Partnership five year strategy
- Health Needs Assessment completed
- Equality Impact Assessment completed
- Establishment of Task & Finish Groups for:-
  - Choice & Personalisation
  - Safer Maternity Steering Group (sub groups for Reduced Fetal Movement & Safety Forum)
  - Maternity Voices Partnership (MVP) Network
  - Workforce
  - Guidelines
  - Perinatal Mental Health Task & Finish Group (to be established)
  - Postnatal Task & Finish Group (to be established)
  - Commissioners Group
  - General Managers Group
- WY&H Commissioners have produced a draft Local Maternity System Service Specification
- Attended 'place' meetings in different Local Authority areas to share work to date
- Community Hubs at 'place' to meet the need of the local population
- Financial modelling has commenced
- An internal Induction of Labour Audit was undertaken in Trusts during July 2019
- WY&H LMS Plan Continuity of Carer (COC) Pilots commenced at Trusts with funding provided by the WY&H LMS, to each Trust, to support the work
- Safer Maternity Group supporting Trusts with Saving Babies Lives
- The Workforce Group are progressing work on Band 5 Midwife Recruitment, Preceptorship, Joy at Work and Leadership
- Trusts completed Maternity Digital Maturity Assessment and are addressing the gaps
- WY&H LMS Postnatal and Perinatal Mental Health workshops held
- Communications & Engagement Strategy developed
- MVP co-produced the 'My Journey' booklet and poster
- Local MVP Website in development
- Funding provided to local MVP networks to support with volunteer expenses and promotion
- Prevention is at the heart of this transformation and a Public Health Steering Group has been established in conjunction with Expert Groups

### 4. **Next Steps**

- Continue to work at place to develop the community hubs
- Develop a Postnatal Plan for submission in October 2019
- Continue to deliver the LMS Plan with a particular focus on CoC
- To undertake a system wide CoC evaluation
- Presentation at EXPO 2019 in September
- Escalation Plan development
- Explore challenges/opportunities for developing Personalised Care Plans
- Collate report on Induction of Labour following the audit and respond

## 5. Implications

### 5.1 Quality & Safety Implications

- 5.1.1 The vision of the WY&H LMS is based on the needs and collaboration of women and their partner and their families. The WY&H LMS will develop and nurture a culture which puts women and babies at the centre of care, supports multi-professionalism, values learning and has the safety of women and their babies as a golden thread throughout.

### 5.2 Resources / Finance Implications

- 5.2.1 A Finance Director has been assigned to work on the LMS, who is undertaking some financial mapping.
- 5.2.2 A key aim of the WY&H LMS is to ensure financially sustainable maternity and neonatal services are based on the identified needs of women and their partners and their families, clearly defined through a co-produced local offer resulting in reduced variation and improved outcomes.

### 5.3 Risk

- 5.3.1 The Programme has the following risks rated at red:-

- The pace and scale of the developments and impact on Trusts/staff
- Meeting the Continuity of Carer trajectories
- Keeping staff engaged and communicating with all staff
- Midwife and Paediatrician recruitment in some Trusts

## 6. The Kirklees perspective

### 6.1 Involvement with the LMS:

Kirklees Health and Well-being Plan reflects the shared local vision that every child has the best start in life and the opportunity to maximise their potential and flourish. Work has been underway for a number of years to support this, with a focus on the crucial 1001 Days agenda (from conception to age two – and beyond with our work locally) via the Kirklees Nurturing Parents work, and more recently this has been formalised via the establishment of a multi-agency Best Start Partnership.

Kirklees is fully embedded within the WY&H LMS. The LMS Senior Responsible Officers are 2 senior leaders from Kirklees – Carol McKenna and Anne-Marie Henshaw, and Kirklees is represented on all of the LMS groups from Board level downwards. Both Hospital Trusts, the CCGs and the Local Authority are fully engaged and actively involved in sharing information, experience and learning.

Both Maternity Voices Partnerships within Kirklees – these groups involve women, Providers, Commissioners, the Voluntary Sector and so on - are also a key player in the LMS work at ICS and a local level, with one of the chairs sitting on the LMS Board. This ensures that the voice of local women is heard.

A presentation has recently been given at the Kirklees Integrated Provider Board around the LMS, and maternity the 1001 days agenda at a local level which was well received and support committed to working together around this.

## 6.2 Key priorities at a local level:

### Continuity of care:

This is a priority nationally as well as at a local level and work continues with both Trusts to support their activity to reach the challenging targets set.

### Maternity Hubs:

One of the recommendations within Better Births was around the creation of “maternity hubs.” These hubs are described as “community hubs...where maternity services, particularly ante- and postnatally, are provided alongside other family-orientated health and social services provided by statutory and voluntary agencies.” A stakeholder analysis has been completed and an initial Kirklees-wide meeting is in the planning stages to look at current provision and opportunities to better work in partnership and utilise resource. Early discussions have taken place with colleagues involved around the developing Primary Care Networks, and the Best Start Partnership. Links are being made with key services around the maternity agenda – for example social care.

### Public Health & Prevention:

There are a number of key areas of work from a Public Health perspective that are central to improving the health of expectant parents and their unborn babies/new infants – and indeed from long before that time as we also work to impact upon pre-conceptual health - these include: smoking in pregnancy, maternal obesity, infant feeding and early nutrition, parenting, and perinatal mental health. Work is ongoing at a local level as well as contributing to the developing LMS Expert Groups for prevention. We are actively sharing the learning from the good work that has developed in Kirklees, especially around parenting and pre-conceptual health.

### Maternity Voices Partnerships:

Both local MVPs routinely engage women and their families to identify what is important from their perspective in relation to their experiences of care before, during and after their pregnancy. These can include physical, emotional and social factors as well as experience of services and systems. As a partnership we look at the best ways to respond and address these.

## 6.3 Impact and Implications:

There are no anticipated service changes at this time.

Both Trusts are developing and implementing pilots to meet the Continuity of Care challenges.

We are already acknowledged as having an excellent choice offer in Kirklees

## 7. Recommendations

It is recommended that the Health and Adult Social Care Scrutiny Panel:-

1. Note the establishment of the WY&H Local Maternity System and progress made to date
2. Acknowledge how Kirklees Place is contributing to the transformation.

## Appendices

### Appendix 1: Trajectories

<b>WY&amp;H LMS Plan: Trajectories</b>	<b>Programme Director</b>	Karen Poole	Plan Start Date:	1st August 2017
	<b>Responsible Owner</b>	Duncan Cooper	Plan End Date:	31st March 2021

Number of births and projection for each year to 2020/2021				Stillbirths and neonatal deaths per 1,000 births				Brain injuries per 1,000 live births			
2015 baseline	2018/19	2019/20	2020/21	2015 baseline	Trajectory March 2019	Trajectory March 2020	Trajectory March 2025	2016 Baseline	Trajectory March 2019	Trajectory March 2020	Trajectory March 2025
31961	32,000	31,900	31,900	7.3	6.5 -10%	5.8 -20%	3.7 -50%	4.1	3.4	3.2	2.05

Number of personalised care plans			Women report that they received personalised care			Women able to choose place of birth			Number of women booked onto a Continuity of Carer pathway		
Trajectory March 2019	Trajectory March 2020	Trajectory March 2021	Trajectory March 2019	Trajectory March 2020	Trajectory March 2021	Trajectory March 2019	Trajectory March 2020	Trajectory March 2021	Trajectory March 2019	Trajectory March 2020	Trajectory March 2021
3,196	15,980	31,960	0	15,980	30,363	15,980	23,971	28,765	6,392 Booked	11,186	16,300
10% (Pilot)	50%	100%	0%	50%	95%	50%	75%	90%	20%	35%	51%



PReCePT - % of neonates whose mothers received MgSO4		Women receiving antenatal steroids for preterm births % (last 12 months)		Women giving birth in midwifery settings			Preterm birth rate		
Trajectory March 2020	Trajectory March 2021	Trajectory March 2020	Trajectory March 2021	Trajectory March 2019	Trajectory March 2020	Trajectory March 2021		Trajectory March 2020	Trajectory March 2021
85%	85%	90%	90%	4,072 14%	9,588 30%	19,177 60%		2237 7%	1918 6%

Women initiating breastfeeding at first feed			Trusts in the WY&H LMS will achieve BFI status and maintain minimum of level 1			Smoking at time of delivery			Babies >27 Born in Right Place	
Trajectory March 2019	Trajectory March 2020	Trajectory March 2021	Trajectory March 2019	Trajectory March 2020	Trajectory March 2021	Trajectory March 2019	Trajectory March 2020	Trajectory March 2021	Trajectory March 2020	Trajectory March 2021
74%	75%	76%	1 17%	6 100%	6 100%	3196 10.0%	2557 8.0%	1917 6.0%	85%	95%

Women continuing to breastfeed at 6-8 weeks		
Trajectory March 2019	Trajectory March 2020	Trajectory March 2021
TBC		
TBC		