

CHILDREN AND YOUNG PEOPLE OVERVIEW AND SCRUTINY COMMITTEE

5 OCTOBER 2017

MATERNITY SERVICES TRANSFORMATION

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Summary

This paper provides members of the Committee with an overview of the maternity transformation work that is taking place across Kent and Medway, including the development of a Kent and Medway “Local Maternity System (LMS)” and a summary of the “Better Births” transformation plan for Kent and Medway, following the publication of the national maternity review, Better Births.

Committee members are requested to note the national agenda in relation to the transformation of maternity services, and to support the transformation of maternity services in Medway, within the context of the Kent and Medway Local Maternity System.

Committee members are requested to note the completed Substantial Variation Assessment Questionnaire attached at Appendix B which concludes that the proposed change to Maternity Services is not a substantial health service development or variation and that the Committee will be kept updated on the Transformation Plan as it progresses.

1. Budget and Policy Framework

1.1 Maternity services are funded by Clinical Commissioning Groups (CCGs) through the national maternity pathway payment system. At this juncture, there is no proposal to amend the funding arrangements for maternity services.

2. Background

- 2.1 A number of recently published national documents recognise the importance of maternity services providing safer, more personalised care which is based around an individual woman's needs. The report stemming from the national maternity review, *Better Births* (NHS England, 2016), recommends that providers and commissioners work together in Local Maternity Systems (LMS) to implement the changes to maternity services that will be required.
- 2.2 Better Births sets out a vision for safe and efficient models of maternity care: safer care, joined up across disciplines, reflecting women's choices and offering continuity of care along the pathway. The Better Births report contains 28 recommendations for CCGs, maternity providers, NHS England and a range of other stakeholders. The 28 recommendations are grouped under the following seven headings:
- i. Personalised care centred on the woman her baby and her family based around their needs and their decisions where they have genuine choice informed by unbiased information;
 - ii. Continuity of carer, to ensure safe care based on a relationship of mutual trust and respect in line with the woman's decisions;
 - iii. Safer care, with professionals 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;
 - iv. Better postnatal and perinatal mental health care, 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;
 - v. Multi-professional working, breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies;
 - vi. Working across boundaries to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed; and
 - vii. A payment system that fairly and adequately compensates providers for delivering high quality care to all women, whilst supporting commissioners to commission for personalisation, safety and choice.
- 2.3 Following the publication of Better Births, NHS England has released further guidance in March 2017, called *'Implementing Better Births – A Resource Pack for Local Maternity Systems'*. This provides further guidance for commissioners and providers, outlining the role of the LMS in driving transformational changes in maternity services in more detail.

3. Advice and analysis

- 3.1 The Kent and Medway Local Maternity System (LMS) was established in December 2016, well ahead of the NHS England deadline of 31 March 2017, in order to plan and deliver the requirements of Better Births locally. The Kent

& Medway LMS is the local agent for delivering the recommendations set out in the national maternity review.

- 3.2 The membership of this group includes all the Kent and Medway maternity commissioners, Heads of Midwifery, Obstetric Labour Ward Leads from all Kent and Medway NHS trusts, the South East Clinical Network Maternity Lead, the South East Clinical Network Maternity Programme Lead, Kent County Council (KCC) Public Health Lead for Maternity, and Primary Care. The group is looking to embed representation from primary care practitioners across all areas, service users, South East Coast Ambulance Service, and Medway Public Health. Further subject matter experts will be co-opted into the group as and when required.
- 3.3 The Kent and Medway Sustainability and Transformation Plan (STP) Strategic Partnership Board supported the establishment of the Kent and Medway LMS, and the Kent and Medway Better Births Transformation Plan has specific recommendations regarding how the work of the Kent and Medway LMS should link with the Kent and Medway STP. NHS England recommends that the Kent and Medway Maternity Transformation Plan needs to be agreed by the STP Strategic Partnership Board.
- 3.4 The Kent and Medway LMS is required to create and submit a Better Births Transformation plan to NHS England by 31st October 2017, and is currently working to finalise this plan. The governance process for the Kent and Medway Local Maternity System Transformation Plan is via the Kent and Medway STP Strategic Partnership Board, and it was sent for agreement on 11 September. The Kent and Medway LMS Transformation Plan will also have been presented to all CCGs before submission to NHS England.
- 3.5 NHS England have allocated £76,666 to the Kent and Medway LMS, which will be spent on recruiting a clinical chair (obstetrician), project management, administration and establishing a consistent approach to Maternity Voicer Partnerships. Other areas that may be explored are the development of a Kent and Medway Maternity Dashboard in order to align and standardise services effectively. This will enable the Kent and Medway LMS to move forward into the implementation phase and initiate the work that is required to ensure the recommendations of Better Births are implemented locally.
- 3.6 The Kent and Medway LMS has developed at a time of change and reduced clinical capacity in the Medway Public Health service; a public health consultant will play a future role in working as a part of the LMS. There has been work undertaken by Partnership Commissioning and Public Health in relation to the risk prevalence of women accessing maternity services in Medway, and a focus on preconception care and maternal smoking. There is also a chapter relating to maternity in the Medway Joint Strategic Needs Assessment. This is important contextual information which will feature in the Transformation Plan, and that will be continually updated as part of the future planning of maternity services locally.

- 3.7 The proposed transformational changes in maternity services are fully aligned with the guiding principles and values stated in the NHS constitution. In particular, this work directly links with the following guiding principles and values.
- 3.8 The guiding principles of the NHS constitution are:
- The NHS provides a comprehensive service, available to all;
 - Access to NHS services is based on clinical need, not an individual's ability to pay;
 - The NHS aspires to the highest standards of excellence and professionalism;
 - The patient will be at the heart of everything the NHS does;
 - The NHS works across organisational boundaries;
 - The NHS is committed to providing best value for taxpayers' money; and
 - The NHS is accountable to the public, communities and patients that it serves.
- 3.9 The values of the NHS constitution are:
- Working together for patients;
 - Respect and dignity;
 - Commitment to quality of care;
 - Compassion;
 - Improving Lives; and
 - Everyone Counts.

4. Risk management

- 4.1 The Kent and Medway Maternity Transformation Plan, a summary of which is appended to this paper at Appendix A, outlines key risks and opportunities facing maternity services in Kent and Medway. These risks, and associated mitigation strategies, will be further developed by the Kent and Medway LMS in the final plan that is submitted to NHS England.

5. Consultation

- 5.1 The Kent and Medway LMS will be undertaking work across the patch to ensure a consistent approach is in place regarding 'Maternity Voice Partnerships', as advocated in the recent guidance from NHS England. The Maternity Voice Partnership will be a representative group of service users and professionals, identified as a work stream of the LMS to deliver the national agenda of Better Births with the woman's voice at the centre. With this in mind, the work plans of all Kent and Medway Maternity Voice Partnerships will link with the Kent and Medway LMS Maternity Transformation Plan.

6. Implications for Looked After Children

- 6.1 Commissioners will engage with commissioning and service delivery colleagues in relation to any potential impact that changes to maternity services may have in relation to Looked After Children.

7. Financial implications

- 7.1 There are no financial implications associated with this update paper.

8. Legal implications

- 8.1 Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 requires relevant NHS bodies and health service providers (“responsible persons”) to consult a local authority about any proposal which they have under consideration for a substantial development of or variation in the provision of health services in the local authority’s area. This obligation requires notification and publication of the date on which it is proposed to make a decision as to whether to proceed with the proposal and the date by which Overview and Scrutiny may comment. Where more than one local authority has to be consulted under these provisions Regulation 30 requires those local authorities to convene a Joint Overview and Scrutiny Committee for the purposes of the consultation and only that Committee may comment.
- 8.2 The legislation makes provision for local authorities to report a contested substantial health service development or variation to the Secretary of State in certain circumstances, after reasonable steps have been taken locally to resolve any disagreement between the local authority and the relevant responsible person on any recommendations made by the local authority in relation to the proposal. The circumstances in which a report to the Secretary of State is permitted are where the local authority is not satisfied that consultation with Overview and Scrutiny on the proposed substantial health service development or variation has been adequate, in relation to content or time allowed, or where the authority considers that the proposal would not be in the interests of the health service in its area.
- 8.3 The questionnaire for use by responsible bodies wishing to consult Medway Council’s Overview and Scrutiny Committees on proposed health service reconfigurations has been completed and is attached at Appendix B to assist the Committee in determining whether or not the proposed transformation of maternity services across Kent and Medway constitutes a substantial health service development or variation. If the Committee and Kent County Council Health Scrutiny Committee were to both determine that the transformation proposals constitute a substantial health service development or variation the responsible bodies may need to consult the Kent and Medway Joint Health Scrutiny Committee.
- 8.4 The completed Substantial Variation Assessment Questionnaire (attached at appendix B) concludes that that the proposed change to maternity services is

not a substantial health service development or variation, however should this be deemed to involve a “substantial” development or variation of the health service in Medway, clarification will be sought from the Commissioning CCGs and NHS England about the process for formal consultation with Overview and Scrutiny in the context of the timescales for submission and implementation of the maternity service transformation plan.

9. Recommendations

- 9.1 Committee members are requested to note the national agenda in relation to transformation of maternity services.
- 9.2 The Committee is asked to note the completed Substantial Variation Assessment Questionnaire attached at Appendix B which concludes that this change is not a substantial health service development or variation and that the Committee will be kept updated on the Transformation Plan as it progresses.

Lead officer contact

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Appendices

Appendix A – Kent Medway Maternity Transformation Plan Executive Summary.
Appendix B – Substantial Variation Assessment Questionnaire

Background papers

Better Births – National Maternity Review, Improving outcomes of maternity services in England, February 2016

<https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

Implementing Better Births – NHS England March 2017

<https://www.england.nhs.uk/publication/local-maternity-systems-resource-pack/>

NHS Constitution – October 2015

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

Appendix A Kent and Medway Local Maternity System Transformation Plan Executive Summary

Background

In February 2016 *Better Births* (<https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>) set out the Five Year Forward View for NHS Maternity services in England. The vision for maternity services across England is to:

- Be safer, more personalised, more caring and family friendly;
- Ensure that every woman has access to information to enable her to make decisions about her care;
- Provide support that is centred around individual needs and circumstances of each woman and her baby;
- Support staff to deliver personalised care with continuous learning; and
- Promote innovation and break down organisational and professional boundaries to improve care.

A national Maternity Transformation Programme has been established to take forward implementation of the vision. However, *Better Births* recognised that delivering such a vision would rely primarily on local leadership and action. Therefore, it recommended that commissioners, providers and service users come together as Local Maternity Systems (LMS) to deliver local transformation.

The Local Maternity System

The Kent and Medway Local Maternity System (LMS) are a group of inspirational and motivated professionals, stakeholders and service users. The LMS is the agent for the delivery of *Better Births* and will provide the planning and leadership for the transformation of Maternity services throughout our Sustainability and Transformation Plan (STP) footprint. The Kent and Medway LMS includes all providers and commissioners of Maternity and neonatal care and it is our ambition to have a Clinical Lead as Chair for our LMS.

The LMS will be responsible for:

- Developing a local vision for improved maternity services and outcomes; which ensure that there is access to services for women and their babies, regardless of where they live in the form of a local maternity offer;
- Helping to develop the maternity elements of the sustainability and transformation plans being developed in Kent and Medway;
- 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; and
- 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.

The LMS will work together across organisational boundaries in a large place based system, to ensure that women, babies and families are able to receive the services they need and choose in their communities, near their homes. Women will be offered an informed choice and a better experience through personalised care. This will reduce variation and inequity across the STP footprint.

Like the STP, the LMS is a partnership rather than an organisation in its own right. The responsibility for commissioning maternity services remains with clinical commissioning groups (CCGs), local authorities and NHS England. However, by working together in this way as part of the STP, the LMS enables local services to offer joined-up services and make the best use of the available resources to improve care and outcomes for women and babies.

LMS Key Deliverables

Improving the Safety of Maternity Care

- A reduction in the rates of stillbirth and neonatal death, maternal death and brain injuries during birth by 20% by 2020 and 50% by 2030;
- Investigating and learning from incidents, and sharing this learning through their LMS with others; and
- Being 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 personalised care plan;
- All women are able to make choices about their maternity care, during pregnancy, birth and post natally;
- Most women receive continuity of the person caring for them during pregnancy, birth and post natally;and
- More women are able to give birth in midwifery settings (at home, and in midwifery units).

The LMS will ensure that the strategic vision and objectives are aligned to the overall delivery of the STP. It is important to ensure that there is a consistent strategic vision between the LMS transformation plan and the local health and wellbeing strategy and other plans.

Who's leading in the development of the Kent and Medway Maternity Transformation Plan

Transformation Development and Delivery includes:

- 8 x Kent and Medway CCGs;
- 4 x Kent and Medway Acute Trusts;
- Kent County Council;
- Medway Council;
- NHSE Public Health Screening and Immunisation services; and
- Women and their families.

Issues, Risks, Challenges and Opportunities

<u>Issues</u>	<u>Risks</u>	<u>Challenges</u>	<u>Opportunities</u>
Just under 2 in 5 pregnant women in Kent have at least one long term condition.	Lack of STP support	IT systems to link across K&M- E3	Training of midwives to undertake to sonography- widen skills (Medway FT).
Population increase = increased birth rate.	Workforce capacity in some areas of the system- i.e. sonographers- gap, coupled with increased demand.	K&M wide agreement from labs to share scan/blood results to ensure women can cross geographical boundaries.	Improving standards across K&M.
Increase in clinical complexity of pregnancy due to LTC and increasing issues such as smoking and obesity.	Lack of funding to support LMS.	Capacity and demand increase across K&M.	Opportunities to share good practice and potential to develop areas of regional specialism
Currently fragmented pathways and variation between trusts.	Fragmented pathways and clinical variation leading to inequitable care.	Medicalised models of care.	Improved linkages with additional services that are available, and solidifying joint working processes across Kent and Medway
Changing attitudes of all trusts to think as single system.	Potential propensity for silo thinking, given rising demand and increasing pressure	Variations in CQC ratings as a barrier to joint working	The LMS looking at maternity services systematically across K&M with 'fresh eyes' will allow greater scope for unified working across the patch

Recommendations for STP

	Recommendation	Rationale	Action
Kent and Medway STP	The LMS is formally recognised as a subgroup of the STP.	The LMS needs to align with the work of the STP.	The LMS will be formally recognised within the governance of the STP and a representative allocated.
	The LMS is represented in the appropriate STP work streams.	NHSE have recommended that the LMS is the Maternity element of the STP	LMS will be represented in the STP work streams and be included in relevant work plans.
	Support the LMS to appoint Clinical chair / rolling chair- Clinical Director.	Enable time out of clinics / schedules to support the LMS programme in order to ensure effective implementation.	STP to agree and inform LMS of outcome
	Maternity through the LMS to be represented on the STP clinical board	Link in with above.	Recognised role for the clinical chair of the LMS when appointed on the STP clinical board.
	That the LMS is linked with the STP digital transformation work strand.	Kent and Medway Maternity services need to be linked digitally in order to achieve the ambition of shared data and information across the footprint.	STP to establish formal links with the LMS as part of their digital transformation work strand.

Summary

Delivering the *Better Births* vision is reliant upon a wide range of organisations and stakeholders working together and embracing change to ensure high quality services for women, babies and their families. The purpose of the Kent and Medway Local Maternity System (LMS) is to provide place based planning and leadership for this transformation.

The Kent and Medway LMS Transformation Plan details how the recommendations contained within *Better Births* will be achieved locally. This is set out in the 'Core Business' and the 'Kent and Medway LMS Delivery Plan' sections.

NHSE recommends that the Maternity Transformation Plan needs to be agreed by the STP Strategic Partnership Board. This agreement will allow the LMS to move ahead in implementing the delivery of the recommendations contained within *Better Births*.

MEDWAY COUNCIL

Gun Wharf
Dock Road
Chatham ME4 4TR



Health Overview and Scrutiny Appendix B

Assessment of whether or not a proposal for the development of the health service or a variation in the provision of the health service in Medway is substantial

A brief outline of the proposal with reasons for the change

Kent and Medway Maternity Transformation

Commissioning Body and contact details:

NHS Medway CCG, 50 Pembroke Court, Chatham Maritime, Kent ME4 4EL.
Officer contact: Michael Griffiths, michael.griffiths@medway.gov.uk

Current/prospective Provider(s):

Medway Foundation Trust

Outline of proposal with reasons:

A number of recently published national documents recognise the importance of maternity services providing safer, more personalised care which is based around an individual woman's needs. The report stemming from the national maternity review, *Better Births* (NHS England, 2016), recommends that providers and commissioners work together in Local Maternity Systems (LMS) to implement the changes to maternity services that will be required.

Better Births sets out a vision for safe and efficient models of maternity care: safer care, joined up across disciplines, reflecting women's choices and offering continuity of care along the pathway.

The Kent and Medway Local Maternity System (K&M LMS) was established in December 2016.

The Kent and Medway LMS is required to create and submit a Better Births Transformation plan to NHS England by 31st October 2017, and is currently working to finalise this plan. The plan will address the recommendations outlined in the Better Births publication, and will identify how services across Medway and Kent can work more effectively together to develop consistency and improve quality of care and patient outcomes.

Intended decision date and deadline for comments (The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 require the local authority to be notified of the date when it

is intended to make a decision as to whether to proceed with any proposal for a substantial service development or variation and the deadline for Overview and Scrutiny comments to be submitted. These dates should be published.

NHS England requires Local Maternity Systems to develop and submit a Maternity Transformation Plan by 31st October 2017.

It is envisaged that the process of developing the plan will continue to be an iterative one following the 31st October deadline, and that further consultation and discussion with a range of stakeholders will inform future developments.

Alignment with the Medway Joint Health and Wellbeing Strategy (JHWBS).

Please explain below how the proposal will contribute to delivery of the priority themes and actions set out in Medway's JHWBS and:

- how the proposed reconfiguration will reduce health inequalities and
- promote new or enhanced integrated working between health and social care and/or other health related services

The new service will support three of the five H&WB Strategy strategic themes

- Give every child a good start
- Improve physical and mental health and wellbeing
- Reduce health inequalities

The move towards a single maternity system across Kent and Medway will mean that there is a greater level of consistency for maternity services across Kent and Medway. The transformation plan will also address the recommendations within the national maternity review report, Better Births, and will help to further improve the quality of local maternity provision.

Developing strong joined up working with a range of allied health professionals and stakeholders will enable maternity services across Medway and Kent to be better placed to influence change and improve outcomes for women, families and babies.

Please provide evidence that the proposal meets the Government's four tests for reconfigurations (introduced in the NHS Operating Framework 2010-2011):

Test 1 - Strong public and patient engagement

- (i) Have patients and the public been involved in planning and developing the proposal?
- (ii) List the groups and stakeholders that have been consulted
- (iii) Has there been engagement with Medway Healthwatch?
- (iv) What has been the outcome of the consultation?
- (v) Weight given to patient, public and stakeholder views

(i) Have patients and the public been involved in planning and developing the proposal?

The timescales for development of the LMS maternity transformation plan have been challenging for commissioners, particularly as the plan includes representatives from all eight Medway and Kent CCGs and a range of practitioners throughout the area.

As such, there has been insufficient time to develop the plan in partnership with members of the public at this point. Prior to submission of the Better Births Transformation plan, members of the public will be consulted, and the views of patients will be built into developments throughout the future life of the plan.

(ii) List the groups and stakeholders that have been consulted

The Kent and Medway Local Maternity System is comprised of members from the following areas:

- Health Visiting
- Midwifery
- Obstetricians
- Public Health
- Commissioners
- South East Clinical Network Maternity Programme Lead
- South East Clinical Network Maternity Lead

Patient views will be gathered before the Better Births Transformation plan is finalised and submitted to NHS England.

(iii) Has there been engagement with Medway Healthwatch?

Medway Healthwatch have been approached to offer advice and support in relation to how patients can be engaged in this process and how the LMS can establish a Maternity Voice Partnership to represent the views of stakeholders.

(iv) What has been the outcome of the consultation?

The Better Births Transformation plan is the result of provider and commissioner engagement thus far, and will be reviewed and refined through further work up and consultation.

(v) Weight given to patient, public and stakeholder views

N/A at this stage

Test 2 - Consistency with current and prospective need for patient choice

The summary of the report of the National Maternity Review, provided by the Royal College of Midwives, identifies seven key themes emerging from the national review. The first of these themes is 'personalised care', which by its very nature focuses heavily on patient choice.

Recommendations outlined in the Better Births report, which the Kent and Medway LMS transformation plan will address include the following:

- Women develop a personalised care plan, with their midwife, which sets out decisions about her care and is updated as her pregnancy progresses. This should apply to all women by 2020.
- In making their decisions and developing the care plan, women receive unbiased information via their own digital maternity tool about the latest evidence, an assessment of their needs and what services are available locally.
- Women should be able to choose the provider of their antenatal, intrapartum and postnatal care and be in control of exercising these choices through their own NHS Personal Maternity Care Budget.
- Women are able to fully discuss the benefits and risks associated with the different options for place and type of birth.
- CCGs make available maternity services that offer the options of birth at home, in a midwifery unit or at hospital.

As such, the need for patient choice is clearly represented in the proposal.

Test 3 - A clear clinical evidence base

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?
- (ii) Will any groups be less well off?
- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

- (i) Is there evidence to show the change will deliver the same or better clinical outcomes for patients?

The national maternity review, and the subsequent recommendations and plans that arise as a result of it, are based on sound clinical evidence. The review's workstreams and main sources of evidence were:

- An assessment of the quality of care of maternity services in England, led by Dr Bill Kirkup.
- A review by the National Perinatal Epidemiological Unit of evidence relating to safety of place of birth, the effectiveness of 24/7 consultant labour ward presence, the factors which influence women's choice of planned place of birth and evidence about international maternity services.
- Lessons from the Morecambe Bay investigation.

- (ii) Will any groups be less well off?

Work to transform maternity services is aimed to be a service improvement for all women and their families, and it is not envisaged that any patient groups will be less well off.

- (iii) Will the proposal contribute to achievement of national and local priorities/targets?

Work to transform maternity services is a direct result of the national review of maternity services and fully supports this agenda. In addition, priorities from local areas will be included in the Kent and Medway Better Births Transformation Plan, and the phased implementation of the plan will support locally agreed priorities.

Test 4 - Evidence of support for proposals from clinical commissioners – please include commentary specifically on patient safety

The Kent and Medway Better Births Transformation Plan is being jointly led by clinicians and clinical commissioners throughout the area. The Kent and Medway Local Maternity System is chaired by a clinical commissioner and has direct links to the Kent and Medway Sustainability and Transformation Plan Board and NHS England.

Patient safety is at the heart of the transformation of maternity services and is a key theme summarised by the Royal College of Midwives; one of the key drivers for the national maternity review was the failings and subsequent independent review of maternity and neonatal care at Morecambe Bay (University Hospitals Morecambe Bay NHS Foundation Trust).

Effect on access to services

- (a) The number of patients likely to be affected
- (b) Will a service be withdrawn from any patients?
- (c) Will new services be available to patients?
- (d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

- (a) The number of patients likely to be affected

The number of live births across Kent and Medway was 19,705 in 2015 and this is a good proxy for the numbers of patients that will be affected by changes to maternity services.

The Kent and Medway population is set to grow rapidly and surpass Office of National Statistics (ONS) predictions, partly as a result of ambitious housing expansions planned throughout the STP footprint. The Kent and Medway Growth Infrastructure Framework (KMGIF) has predicted 188,200 new homes and 414,000 more people (by 2031). This will increase the numbers of future patients impacted by changes to maternity services throughout the region.

(b) Will a service be withdrawn from any patients?

The changes are about reconfiguration and remodelling service provision. All women will still receive NHS maternity care.

(c) Will new services be available to patients?

As a result of the recommendations made to providers, commissioners and to the wider NHS, it is likely that the shape and methods of service delivery will change, with increases in patient choice being offered. The Kent and Medway Better Births Implementation plan is in its formative stages and it is too early to state how service provision will change – however it is possible that there will be new services that patients can access throughout their maternity care.

(d) Will patients and carers experience a change in the way they access services (ie changes to travel or times of the day)?

As a result of the recommendations made to providers, commissioners and to the wider NHS, it is likely that the shape and methods of service delivery will change, with increases in patient choice being offered. The Kent and Medway Better Births Implementation plan is in its formative stages and it is too early to state how service provision will change. It is possible that service reconfiguration will lead to changes in the way that maternity services are accessed, for example by an increase in home births in the future.

Demographic assumptions

(a) What demographic projections have been taken into account in formulating the proposals?

(b) What are the implications for future patient flows and catchment areas for the service?

(a) What demographic projections have been taken into account in formulating the proposals?

The Kent and Medway Better Births Transformation Plan contains a number of detailed demographic projections, and takes account of trends in different areas of Medway.

In addition to whole population projections outlined above, figures from the Office of National Statistics illustrate the projected population increase for females aged 15 – 44 are also taken account of in the plan. The increase in population for women aged 15 – 44 is from 55,235 (2014) to 62,460 (2039).

(b) What are the implications for future patient flows and catchment areas for the service?

These projections will help to identify requirements for future service provision and will allow commissioners to give thought to issues that may arise in

relation to workforce availability and capacity.

In 2016, the Royal College of Midwives released the “State of Maternity Services” report. This report identified a number of areas of risk for maternity services, focusing on national issues of capacity in maternity services. The report highlighted that the take up of student midwife places has been fewer than the number of places that were commissioned annually since 2013/14, and that the midwifery workforce is an ageing one; one in three midwives in England (33%) are now in their fifties or sixties. This will be a key area of focus in relation to long term planning for maternity services, and will form a part of the work of the Local Maternity System.

Diversity Impact

Please set out details of your diversity impact assessment for the proposal and any action proposed to mitigate negative impact on any specific groups of people in Medway?

A diversity impact assessment has not yet been undertaken in relation to this work – the exact nature of any change is not yet known.

Maternity services are a universal service for all pregnant women, and as such the positive changes will be of benefit to all groups. Commissioners are aware of patient groups for whom there can be difficulties relating to access and uptake of services, and plans will be made to ensure that such issues are identified and addressed, once the detail of the change proposals are further developed.

Financial Sustainability

- (a) Will the change generate a significant increase or decrease in demand for a service?
- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)
- (c) What would be the impact of ‘no change’?

- (a) Will the change generate a significant increase or decrease in demand for a service?

It is not envisaged that changes to maternity services will lead to an increase in the demand for future service provision.

- (b) To what extent is this proposal driven by financial implications? (For example the need to make efficiency savings)

Although a key element of the national maternity report relates to fairness in the payment system for maternity services, the transformation of maternity services is not driven by the need to make financial savings.

- (c) What would be the impact of ‘no change’?

Maternity services across Kent and Medway are generally good, and Maternity services delivered by Medway Foundation Trust were recently inspected by the Care Quality Commission and judged to be 'good'.

'No change' would maintain the current position in relation to the delivery of maternity services, but would forego the opportunity to make systemic and transformational improvements to the care that is provided to women throughout their pregnancies, and would not allow maternity services across Kent and Medway to become more consistently aligned.

Wider Infrastructure

- (a) What infrastructure will be available to support the redesigned or reconfigured service?
- (b) Please comment on transport implications in the context of sustainability and access

(a) What infrastructure will be available to support the redesigned or reconfigured service?

It is not envisaged that the redesigned service will require any change to the existing physical infrastructure.

(b) Please comment on transport implications in the context of sustainability and access

Depending on the discussions that take place at the Local Maternity System, and their translation into the Kent and Medway Better Births Transformation Plan, there may be some way that services across Kent and Medway can provide specialist services within the County for some interventions that currently require treatment at a tertiary centre in London.

Is there any other information you feel the Committee should consider?

No

Please state whether or not you consider this proposal to be substantial, thereby generating a statutory requirement to consult with Overview and Scrutiny

At this juncture, commissioners do not consider this variation to be substantial.

The extent to which this proposal generates significant change to the current system of service provision will depend on the outcome of further planning and discussion by the Kent and Medway Local Maternity System.

The proposed transformation of maternity services covers many areas of

service delivery, and aims to ensure that services are provided in line with the recommendations from the national maternity review.

There is no proposal to withdraw or significantly change service delivery at this point in time, and the fullness of the changes that will arise as a result of the transformation work are likely to be embedded over a number of years.