

## Kent and Medway Strategy Delivery Plan 2019/20 to 2023/24

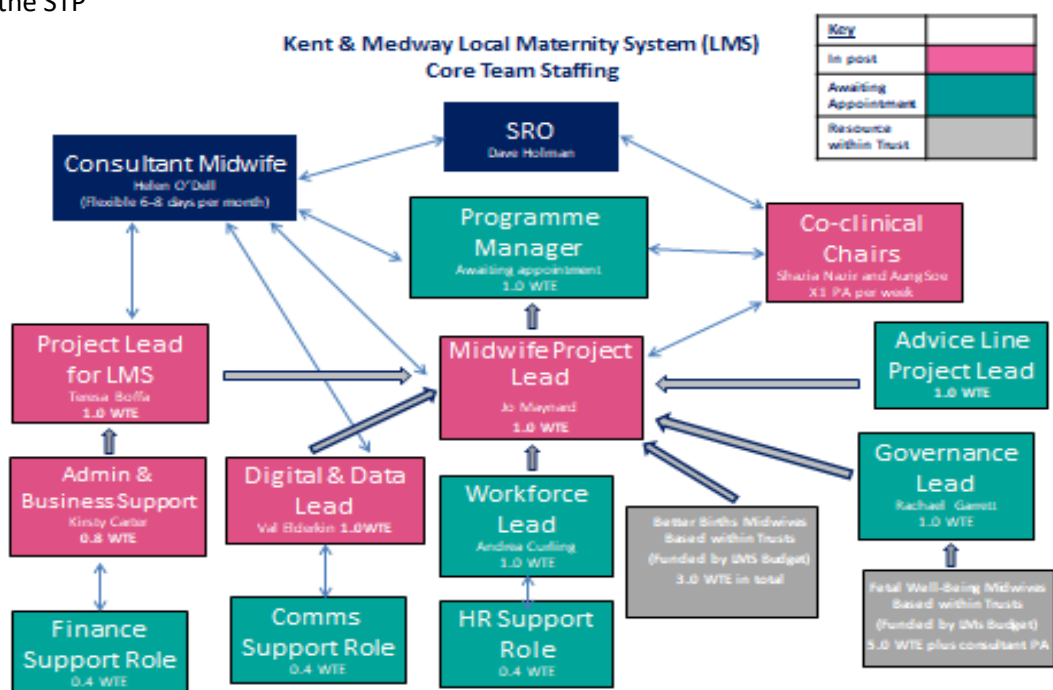
### Background

In February 2016 the Better Births Maternity Review (<https://www.england.nhs.uk/mat-transformation/>), the five year forward view for maternity services, set out a compelling view of what maternity services should look like in the future and the vision is clear: *we should work together across organisational boundaries in larger place-based systems to provide a service that is kind, professional and safe, offering women informed choice and a better experience by personalising their care.* Achieving this vision would require local leadership and action and this is done so by commissioners, providers and service users coming together to create a Local Maternity System (LMS) to deliver local transformation. The Kent and Medway LMS (K&M LMS) is not an organisation in its own right and the responsibility for commissioning maternity services remains with Clinical Commissioning Groups, local authorities and NHS England.

The LMS is a partnership and its establishment includes;

- Kent and Medway Acute Trusts
- Kent and Medway Community Trusts
- Kent and Medway Primary Care Services
- Kent and Medway Clinical Commissioning Groups
- LMS Project Team
- Kent Health Visiting Service
- Medway Health Visiting Service
- Kent County Council
- Medway Council
- Maternity Voices Partnership
- Kent and Medway Mental Health Trust
- Public Health England
- Third Sector Organisations
- NHS England and NHS Improvement

**Governance** – The LMS sits within the Children and Young People Programme and Delivery Board of the STP



## Overview of Maternity and Neonatal services across Kent and Medway

STP Footprint	CCGs	Acute Trust	Obstetric Led Unit	Midwifery Led Unit	Satellite Day Care/ Enhanced Care Unit	NICU/ SCBU	Community Trust	Mental Health Trust	Local Authority	Ambulance Service
Kent and Medway	Ashford	East Kent Hospitals University NHS Foundation Trust	William Harvey Hospital	William Harvey Hospital- Co Located	2	Level 3 NICU/ SCBU	Kent Community Health NHS Foundation Trust	Kent and Medway NHS Health and Social Care Partnership Trust	Kent County Council	SECAMB
	Canterbury		Queen Elizabeth the Queen Mother	Queen Elizabeth the Queen Mother- Co- Located		Level 1				
	South Kent Coast									
	Thanet									
	Dartford, Gravesham and Swanley	Dartford and Gravesham NHS Trust	Darent Valley Hospital	Darent Valley Hospital- Co- Located	0	Level 1 SCBU				
	West Kent	Maidstone and Tunbridge Wells Trust	Pembury Hospital	Crowborough Birth Centre- Free Standing	2	Level 2 NICU/ SCBU	North East London Foundation Trust (Under 18)			
Maidstone Birth Centre- Free Standing										
Medway and Swale	Medway Foundation Trust	Medway Maritime Hospital	Medway Maritime Hospital- Co- Located	1	Level 3 NICU	Medway Community Health Care	Medway Council			

### Kent and Medway Local Maternity System (K&M LMS)

The K&M LMS Maternity System Transformation plan has been approved by the NHSE Regional Team and was endorsed by the Kent and Medway STP prior to submission. In addition, the 0-25 Health and Wellbeing Board in Kent and the Health and Wellbeing Board in Medway also endorsed the plan as the respective Boards are committed to improving health in pregnancy and early childhood.

The transformation plan sets out an ambitious view for maternity services. Its focus is to ensure that maternity services are delivered in line with the recommendations identified through the Better Births review. As such, the K&M LMS work streams are aligned with the nine national maternity transformation work streams, namely:-

#### Work streams

1. Supporting Local Transformation
2. Promoting Good Practice for Safer Care
3. Increasing Choice and Personalisation
4. Improving access to Perinatal Mental Health
5. Transforming the Workforce
6. Sharing Data and Information
7. Harnessing Digital Technology
8. Reforming the Payment System
9. Improving Prevention



### LTP and LMS deliverables for Maternity and Neonatal

LTP Deliverable	LMS deliverables (KLOEs) 2019/20 & 2020/21	19/20	20/21	By 23/24	Data Source for Monitoring Improvement	Funding
<p><b>Support the establishment of Maternal Medicine Networks, operational by March 2024</b></p> <p><b>Continue to implement the SBLCB in full up to 2024</b></p> <p><b>Work with Operational Delivery Networks to implement fully the recommendations of the Neonatal Critical Care Review</b></p>	<p>Improve the safety of maternity care</p>	<p>Reduce rates of still births, neonatal death, maternal death and brain injury by 20%</p> <p>Have fully implemented the Saving Babies' Live Care Bundle V2 by March 2020</p>	<p>Further posts available for obstetric physician training – review data to understand current patient flows, clinical outcomes and health inequalities – link this developing area to work to transform Neonatal Critical Care</p>	<p>On track to make a 50% reduction in still births, neonatal death, maternal death and brain injury by 50%</p>	<p>Trust data MBRRACE reports</p> <p>Uptake of SBLCB will continue to be monitored via a national survey</p> <p>Local measures against SBLCB trajectories, monitored through the LMS and Maternity Services Data Set (MSDS)</p> <p>NCCR action plan and LTP commitments measured against nationally set metrics</p>	<p>19/20, 20/21 LMS funding for SBLCB where appropriate and fair shares funding from 2021/22 – financial incentives through CNST</p> <p>Clinical back-fill of £80,000 per obstetrician trainee provided to Trusts</p> <p>21/22 Targeted Funding Neonatal Critical Care Tariff by March 2022</p>
<p><b>Implement an enhanced and targeted continuity of carer model, ensuring that by 2024, 75% of women from Black/Black British/Asian British communities and women from the most</b></p>	<p>Improve choice in and personalisation of maternity services</p>	<p>All pregnant women have a personalised care plan</p> <p>All women can make choices about their</p>	<p>Most women (&gt;51%) receive continuity of the person caring for them during pregnancy, birth and postnatally by 2021</p>	<p>75% of women from Black/Black British and Asian/Asian British communities and women from most deprived areas will receive continuity of carer throughout the</p>	<p>Evaluation of Choice Pioneers</p> <p>Trajectories set and agreed by LMS and measured through appropriate work streams.</p>	<p>Transformation funding</p> <p>A funded national support offer will be mobilised in 2021 to support the achievement of the 75% deliverable</p>

<p>deprived areas will receive continuity of carer</p> <p><b>Postnatal physiotherapy is offered to women with physical complications because of birth by March 2024</b></p> <p>Ensure that maternity services that do not currently deliver an accredited, evidence-based infant feeding programme, such as the UNICEF Baby Friendly Initiative, begin the accreditation process in 2019/20</p> <p>-Support the establishment of maternity outreach clinics for women who experience mental health difficulties arising from, or related to, the pregnancy or birth experience</p> <p><b>All women can access their electronic maternity personal health records by 2024</b></p>		<p>maternity care during pregnancy, birth and postnatally</p> <p>35% of women are booked onto a continuity of carer pathway in March 2020.</p> <p>More women can give birth in midwifery settings (at home and in midwifery units)</p> <p>All women receive improved postnatal care, in line with an improvement plan agreed by commissioners and providers by March 2020</p> <p>All maternity providers to have begun the accreditation process by March 2020</p>	<p>Integrated and effective sites to run Maternity Outreach pilots – Kent and Medway to submit EOI</p>	<p>entire pregnancy pathway</p> <p>Process measures will be developed to track the implementation of the new maternity outreach clinics to ensure 100% implementation across England by 23/24</p> <p>All maternity providers should achieve full BFI accreditation by 2023/24</p>	<p>Qualitative data captured via MVP's Scale and spread to be supported and implemented by Better Birth Leads in Trusts</p> <p>Learnings from the pilots disseminated throughout the system including to the LMS</p>	<p>Targeted funding from 20/21 – 23/24 to support the most deprived areas and address health inequalities</p> <p>Targeted funding for postnatal physiotherapy</p> <p>Expectation that maternity units to cover direct costs of accreditation assessments</p> <p>LMS fair shares funding to support the continuation of breastfeeding in the community, or to support costs relating to reaccreditation.</p> <p>Funding for development and testing of maternity outreach clinics in 20/21 and 21/22 ahead of national roll out</p> <p>Recurrent funding to implement Maternity Outreach Clinics across all ICS/STPs following</p>
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		100,000 women across 21 electronic Personal Health Record (ePHR) pilot sites can access their maternity electronic personal health records by October 2019				learning from testing phases will flow into baselines from 2022/23
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## Safer Maternity Care

### Saving Babies Lives Care Bundle

There are currently around 665,000 babies born in England each year, but there are over 3,000 still births. The second version of the care bundle includes a greater emphasis on continuous improvement and addresses variation by bringing together *five* key elements of care based on best available evidence and practice in order to help reduce stillbirth rates. The guidance will support commissioners, providers and professionals in making care safer for women and babies. <https://www.england.nhs.uk/mat-transformation/saving-babies/>

Full application of Saving Babies Lives Care Bundle<sup>v2</sup> and the successful achievement of the Continuity of Carer ambition now form part of the service standards within the NHS Standard Contract 2019/20. These are the fundamental priorities for the Kent and Medway LMS;

1. **Reducing smoking in pregnancy**
2. **Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction (FGR)**
3. **Raising awareness of reduced fetal movement (RFM)**
4. **Effective fetal monitoring during labour**
5. **Reducing preterm birth - 8% to 6%, by 2025**

There is significant commitment in this second version of the Saving Babies' Lives Care Bundle to meet the national ambition of 50% reduction in stillbirth, maternal mortality, neonatal mortality and serious brain injury and a reduction in preterm birth rate, from 8% to 6%, by 2025

<b>LMS Safety and Quality – Work Stream 2</b>
<p><b><u>What the LMS is doing currently</u></b></p> <p>Objective: <i>Delivering a demonstrable improvement to maternal and neonatal safety and a reduction in variation within clinical practice across the region; through implementation of quality improvement initiatives.</i> In meeting that aim, the Safety and Quality work stream will also provide a regional resource to support relevant national and local maternity safety initiatives.</p> <p>The Kent and Medway annual agenda plan includes;</p> <ul style="list-style-type: none"><li>- <b>Identifying themes and trends in patient safety incidents including HSIB investigations;</b></li><li>- Standardised template</li><li>- Standardised review format (external panel member) and process</li><li>- Sharing lessons learnt and actions across the LMS</li><li>- Identifying and addressing variation in patient pathways, outcomes and guidance</li></ul>

- Governance and monitoring of National Safety Strategies (e.g. Every Baby counts, ATAIN)
- Shared learning and best practice review from Mat-Neo safety collaborative
- Development and review of LMS Dashboard
- Implementation and monitoring of Perinatal Mortality Review Tool
- Responsible for 6 monthly monitoring Kent and Medway safety trajectories as described in the LMS Transformation Plan
- Creation of K&M safety and quality strategy for maternity services
- Data review and analysis- trends, dashboard, service improvement, submissions
- Considering outputs from the education and training T and F groups (which will feed into this work stream)
- Monitor progress of the assessment process needed to achieve and maintain CNST/NHSR safety standards
- Governance Lead Midwife to carry out a gap analysis on the pre-term birth element of SBLCB
- Open and transparent conversation around transformation funding to support any implementation relating to Safer Maternity Care and the SBLCB

In the future and still to do

- Continue to monitor implementation rates of SBLCBv2 across all Trusts within the LMS through the Safety and Quality work stream of the LMS
- Share improvements in outcomes across the LMS through the work stream
- Using the results from the gap analysis to focus on priorities
- Trusts to report against agreed metrics of the SBLCB
- Full implementation of the bundle with support from the Fetal Wellbeing Midwives

#### **Neonatal Critical Care**

*Better Births recommended a dedicated review of neonatal services and the LMS and Neonatal Operational Delivery Networks must work in partnership with commissioners of specialised services to implement the Neonatal Critical Care Review*

The Safety and Quality work stream is co-chaired by the Clinical Co-Chair of the LMS whose role is Neonatologist

The LMS is also actively involved with the 3 year improvement programme (2017 – 2020) for Maternity and Neonatal Care. Each of the Acute Trusts are part of the, Kent; Surrey and Sussex Maternal and Neonatal Health Safety Collaborative Local Learning System (LLS).

Trusts are actively reporting on Avoiding Term Admissions into Neonatal Units (ATAIN) and this along with progress reports are fed into the work stream to drive improvement



Trusts to report against 10 safety actions through the Maternity Clinical Negligence Scheme(CNST)

The Workforce Lead for the Kent and Medway LMS will have a focus on the needs of the Neonatal work force

Magnesium Sulphate Guidelines are being actively reviewed as part of the work stream annual work plan

Following the publication of the Neonatal Critical Care Review the LMS in collaboration with the Neonatal Operational Delivery Networks and specialist commissioners are to develop a joint plan to implement the NCCR action plan

### **Maternal Medicine Networks**

The LMS co-clinical chairs are liaising with the 4 Acute Trusts Clinical Directors about 20/21 submission. Kent and Medway have deferred submission from 19/20

### **Smoking in Pregnancy**

Stopping smoking during pregnancy is the single most important change a woman can make to ensure her pregnancy avoids unnecessary complications, and to improve the probability of her baby being born full term and healthy.

Smoking in pregnancy is associated with a wide range of problems, including complications during labour, increased risk of stillbirth, miscarriage, premature birth, low birthweight and sudden unexpected death in infancy. It also increases the risk of infant mortality by 40%. Longer term, it is associated with an increase in wheezy illnesses during childhood and psychological problems such as attention and hyperactivity problems

The new Tobacco Control Plan 2017-2022 defines an ambition to achieve a ‘tobacco free generation’ by 2022. To realise this vision, we must harness our efforts to ensure babies and children are not exposed to tobacco use. The Tobacco Control Plan seeks to further reduce maternal smoking in England to 6% or less by 2022.

### **LMS Improving Prevention work stream 9**

#### **What the LMS is doing currently**

- Addressing maternal smoking is a key priority for the LMS and is a focus of work stream 9
- Aligning recording processes across Trusts so that CO monitoring is carried out at 36 weeks
- Review rates of improvement and decline through data collection submitted by Trusts relating to CO monitoring booking, referrals to SSS and CO at 36 weeks and reported at team level
- Work stream representation at the Improving Prevention work stream of the STP

In the future and still to do

- Work with Public Health colleagues to map the provision of smoking cessation through the pregnancy pathway
- Continue to review progress against the aim to reduce prevalence of smoking in pregnancy to 6% or less in line with the Tobacco Control Plan
- Align aims and objectives of the work stream to achieve the key factors for effective implementation within the SBLCBv2 element 1
- Develop joint plans to integrate the Tobacco Control Plan to ensure that as an LMS we address challenges and barriers in reducing maternal smoking rates to be able to achieve the national 6% target and embed the new model as identified in the LTP so that expectant mothers, and their partners, are given opportunity to access the new smoke-free pregnancy pathway including focused sessions and treatments.
- Identify local Smokefree pregnancy champions and encourage networking and links to Better Births and Fetal Wellbeing Midwives
- Work with Public Health colleagues to identify communities that have the highest maternal smoking rates and what stop-smoking support is offered and the effectiveness of current interventions
- Continue to access any data gaps and create any necessary actions plans to address recording issues
- Collaborate with the STP with regard to healthy lifestyles and improve maternal health through the promotion of pre-conception care across the system

**Infant Feeding**

Kent and Medway BFI accreditation:-

Organisation	Certificate of commitment	Stage 1	Stage 2	Stage 3 (full accreditation lasts 2 years)	Re-accredited (lasts for 1-2 years)	Gold/Beacon Status (Trusts may be able for provide audits for reassessment)
KCHFT	√	√	√	Assessment due March 2020		
MCH	√	√	√	√	√ Achieved June 2019	

EKHUFT	√	√				
MFT	√	√	√	√ Achieved Dec 2019		
DVH	√	√	√	√	Assessment due October 2019	
MTW	√	√				

### **Postnatal Improvement Plans**

The development of the Kent and Medway Postnatal Improvement Plan will bring together maternity staff, health visiting, community-based services and Maternity Voices Partnerships, to map out local provision and identify any gaps within postnatal care. This will then provide the level of information front line clinicians will need to co-produce a strategy with women, which will standardise infant feeding and postnatal physiotherapy support across the footprint. These plans will align with the requirements set out in Better Births and the Long Term Plan and will include guidance to support the return to good physical health, and the services and information that is available to women across the LMS geography. This will also be guided by feedback from women, via the MVP's, as to whether they felt they received the right and appropriate level of information to meet their individual needs.

### **Continuity of Carer**

There is evidence to suggest that continuity of carer is associated with significant improvements in the safety, personalisation and experience of maternity care.

- Seven times more likely to be attended at birth by a known midwife
- 16% less likely to lose their baby and 19% less likely to lose their baby before 24 weeks
- 24% less likely to experience pre-term birth
- 15% less likely to have regional analgesia
- 16% less likely to have an episiotomy.

### **LMS Increasing Choice and Personalisation Work Stream 3**

#### **What the LMS is doing currently**

The Kent and Medway Local Maternity System are working to ensure that most (>51%) women are receiving continuity of carer by March 2021, in line with the recommendations of Better Births and 75% of women from BAME communities and deprived areas will also receive continuity of carer by 2024

All Trusts are developing and implementing Continuity of Carer pathways

Monitoring of Continuity of Carer targets which now form part of the service standards within the NHS Standard contract for 2019/20

Co-producing pathways through the support of the Maternity Voices Partnerships

## Evaluating existing models

### In the future and still to do

- Better Births Midwives appointed within Trusts to support with implementation and communicate positive messages and outcomes of the benefits of Continuity of Carer
- Work Force Lead will have a focus on the work force affected by the implementation of continuity of carer and the impact
- Develop a standardised approach to collecting continuity of carer data
- Set trajectories upto both March 2021 deadline and March 2024 deadline
- Work with Public Health colleagues to map health inequalities

## **Maternity Outreach Clinics and Perinatal Mental Health**

What's in the Long Term Plan?

By 2023/24:

*66,000 women with moderate to severe perinatal mental health difficulties will have access to specialist community perinatal mental health care from preconception up to 2 years after birth, with increased availability of evidence-based psychological therapies. Their partners will have access to mental health assessment /signposting if required.*

*Maternity Outreach Clinics will integrate maternity, reproductive health and psychological therapy for women experiencing mental health difficulties directly arising from, or related to, the maternity experience.*

The Kent and Medway Perinatal Mental Health agenda is incorporated into the Perinatal Mental Health Clinical Network. The work stream has a focus on the entire pathway for perinatal mental health to ensure these are integrated from mild to specialist intervention and include expanded support for women and their families in the perinatal period from pre-conception to 12 months after birth.

Currently in Kent and Medway, women and their families are able to access Improving Access to Physiological Therapy services when experiencing mild to moderate symptoms of anxiety and/or depression.

The Mother and Baby Unit in Kent is a specialist inpatient unit provides support for new mothers with serious mental ill health from Kent, Surrey and Sussex.

The LMS will be putting forward their expression of interest to become a Maternity Outreach Clinic early implementer in 20/21.

## **Digital and Data**

Digital and data developments are fundamental to enable the transformation set out in the NHS long term plan. These developments will drive improvements in women's experience, clinical safety, service efficiency, and staff satisfaction and retention. The LMS is committed to working with Maternity Voice Partnerships to co-produce digital solutions which work for women and families receiving care. Through consultation with MVPs, the LMS will also provide the analytical and statistical

information women want and need, presented in way they can understand, to make informed decisions.

Guided by the STP, the LMS will link in appropriately with work on a single digital front door for Kent and Medway services. If necessary, a standalone website for maternity will be commissioned to link in with the developing STP/ICS web offering. As yet plans remain flexible.

### **Harnessing Digital Technology**

Kent and Medway Trust maternity services all currently hold individual contracts with Wellbeing/Euroking to provide a maternity information system. The individual Trust supply the servers and other hardware and Wellbeing/Euroking provide and support the E3 software. Trusts are at different levels of digital maturity, and while all have projects underway to move towards fully digitised records and processes in line with the Long Term Plan, there is some way to go. The LMS is supporting Trusts to work effectively with Wellbeing/Euroking on current projects towards paperless maternity care across the LMS. At present work is underway to establish whether the Wellbeing/Euroking can provide products for clinical decision support and real time data collection antenatally, postnatally, and during childbirth.

Three of four Trusts have received funding from NHS Digital to enable women access to their own maternity records. These electronic personal health records will form part of the digital toolkit which women hold to empower them to look after their own health and make more fully informed decisions about their care. The LMS is funding the development of electronic personal health records at the remaining Trust within Kent & Medway to ensure that all women have this option. The LMS will be participating in work at the level of KSS clinical network to ensure that women are guided to a small number of recommended apps to form their digital toolkit. Via this toolkit, women will be able to express their choices and received personalised care.

The LMS digital work stream works closely with the STP digital work stream to ensure that the Better Births vision for full interoperability is delivered as part of the larger STP projects. A strategy has been developed whereby maternity information systems within Trust will communicate with the planned Kent and Medway Care Record via individual Trust electronic patient record information systems. There are three different suppliers of Trust electronic information systems across Kent & Medway, and work is underway mapping the existing maternity information flows. Via this route, maternity records will be shared across Kent and Medway for women to have a seamless experience when care is transferred. In addition, the KMCR will transform communication between the maternity service and key related services e.g. neonatal services, health visiting, physiotherapy, and mental health. NHS

digital work on maternity interoperability standards mandatory from October 2019 will facilitate the information exchange.

### **Data**

Sharing data and information better is key to facilitating informed consent, also to improve clinical safety, drive service improvements and monitor our effectiveness in implementing the Long Term plan.

The LMS is developing a dashboard to report accurately and with minimal time lags on the following:

- NHS England Key Lines of Enquiry on LMS Better Births implementation (including proportion of women with personalised care plans, and proportion of women receiving continuity of carer throughout their maternity pathway)
- Key clinical quality indicators as set out in NHS England Better Births Implementation Pack for Local Maternity Systems, Appendix C
- Maternity metrics requested by senior Trust leaders in order that the LMS can reduce the reporting burden on Trusts' maternity senior leadership teams.
- Aggregated Friends and family (or Fast Feedback) responses for Kent & Medway maternity services

Secondly, data sharing and effective use will be prioritised in each of the LMS individual work streams. This will support decision making as the projects progress and provide assurance that the LMS is on track to reach planned goals. For example, the LMS is working with Trusts to ensure that the required process and outcome measures for the Saving Babies Lives Care Bundle (v2) are collected with a minimal burden on Trusts. Services will be mapped and then made available through geographical information tools via the planned single digital front door.

In addition the LMS will publicise CQC National Maternity Service results and findings from the National Maternity Dataset (MSDS v2.0) through communication and engagement.