

Nottingham and Nottinghamshire Local Maternity and Neonatal System (LMNS)

*Refreshed Maternity
Transformation Plan*



A plan to support the health of families
during pregnancy, birth and after labour



NHS
Better Births
Nottingham and Nottinghamshire

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Nottingham and Nottinghamshire LMNS Refreshed Maternity Transformation Plan

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We thank all contributors who have supported the development of this strategy including:

- *Maternity Voices Partnership (MVP)*
- *The East Midlands Maternity Clinical Network (EMMCN)*
- *LMNS Workstream Leads and Board members*

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request.

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INTRODUCTION

Our vision is for maternity services across Nottingham & Nottinghamshire 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.

It is essential that all staff are supported to deliver care which is family-centred. Staff should be 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.

This document will demonstrate how Nottingham & Nottinghamshire will take forward the national maternity review recommendations outlining the system commitment to focus on providing safe and improved local maternity and neonatal services; recognising and reflecting the individual personal needs and choices of local women and families.

Purpose of the Refreshed Maternity Transformation Plan

This is a refreshed plan to support the health of mothers and babies during pregnancy, birth and after labour. This plan has been developed by Nottingham and Nottinghamshire Local Maternity and Neonatal System (LMNS) and builds upon the Local Maternity System Transformation Plan (2017-2021). The refreshed plan recognises the work already undertaken by the LMNS to transform services. Consideration has been taken to the national context for maternity transformation and the key deliverables for local maternity services across England in line with the NHS Long Term Plan and Better Births. This document will detail where Nottingham & Nottinghamshire is now, where we want to be, and our shared vision to ensure that women and their babies have access to consistently high-quality services from a range of providers that meet their needs as close to home as possible.

We look forward to working with colleagues across the system to deliver the vision for maternity services described in Better Births 2016 and welcome contributions from all stakeholders involved in the receipt and delivery of maternity and neonatal care.

Anne Crompton

Senior Responsible Officer (SRO)
Nottingham & Nottinghamshire LMNS

1 NATIONAL VISION & KEY DELIVERABLES

Since 2010, there has been a national decrease in stillbirths and neonatal deaths, but the NHS Long Term plan acknowledges that we can do even better to reduce these numbers.

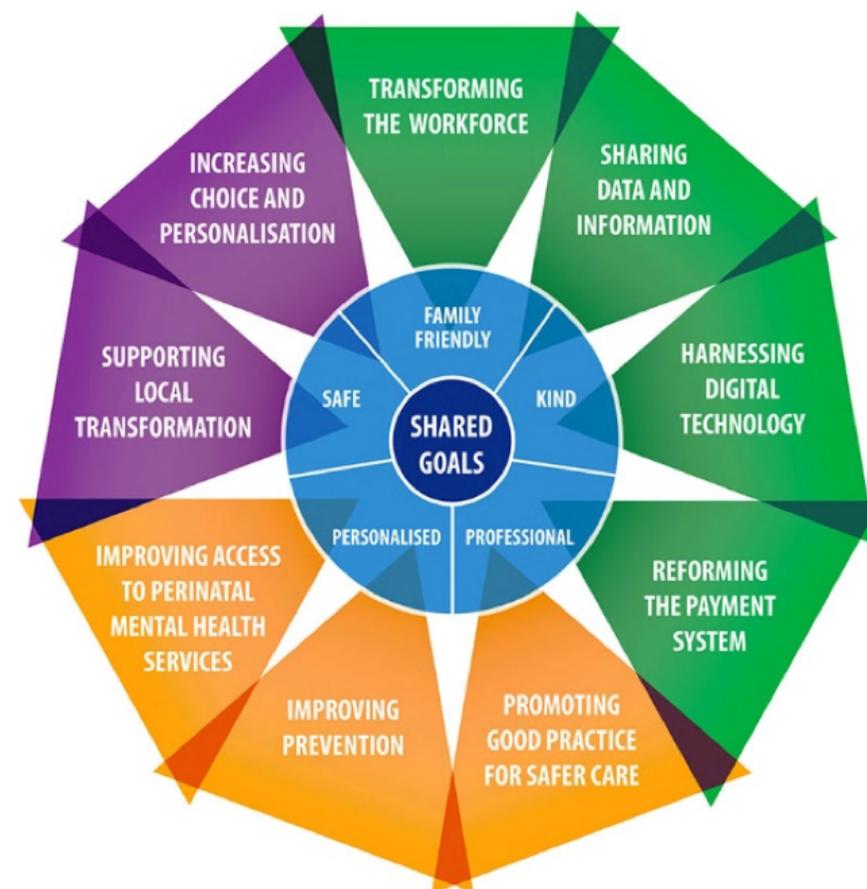
The national maternity transformation programme, Better Births (2016) is delivering quality improvements through nine workstreams to reduce the number of stillbirths, neonatal deaths, maternal deaths and brain injuries that occur during or soon after birth by 20% by 2020 and 50% by 2025.

The vision is that through this transformation, all maternity services across England will become safer, more personalised, kinder, professional and more family friendly. Every woman will have access to information to enable her to make decisions about her care; and she

and her baby can access support that is centred around their individual needs and circumstances.

Delivery of this vision relies on local transformation, where Providers, Commissioners and Service Users work together as part of a Local Maternity and Neonatal System (LMNS). The LMNS has responsibility for planning, designing and delivering services for its local population.

Our refreshed Maternity Transformation Plan sets out how we will work collaboratively to transform local maternity services. It makes economic sense to invest in high quality clinical care and to ensure that children get the best start in life; this strategy will help us to keep this focus in times of financial challenge for the public sector. Our commitment is to consistently deliver safe, high quality and sustainable maternity services and improved outcomes for women, their babies and families and to address unwarranted variation in outcomes. The plan will help us all to keep our commitment, be consistent and focus on what we have agreed needs to be done.



Improving **CHOICE** and **PERSONALISATION** of maternity services so that:

- ✓ All women are given the opportunity to develop a personal care plan
- ✓ We ensure 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 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 2025
- ✓ Are investigating and learning from incidents, and are sharing this learning through their Local Maternity Systems and with others
- ✓ Are fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Quality Improvement programme

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1.1 National Drivers for Local Transformation

The NHS Long Term Plan (2019) sets out a 10-year plan for the NHS and reaffirms the national aim/s to:

- Halve the number of stillbirths, neonatal deaths, maternal deaths and brain injuries by 2025
- Expand the choices and control that people have over their own care (from Maternity to End-of-Life)
- Shared responsibility for health and encouraging people to manage their own health with expert advice and peer support e.g. maternity and parenting support; mental health
- Enhanced and targeted Continuity of Carer model to help improve outcomes for the most vulnerable mothers and babies,
- By 2024, 75% of women from Black, Asian, Minority and Ethnic (BAME) backgrounds, and a similar percentage of women from the most deprived

communities will receive continuity of care from their midwife

To accelerate action to transform services and to achieve 50% reductions in stillbirths, neonatal deaths, maternal deaths and brain injuries some key drivers and enablers have been established locally and regionally:

Saving Babies Lives Care Bundle Version 2 (2019)

builds on the achievements of version one and provides detailed information for Providers and Commissioners of maternity care on how to reduce perinatal mortality. The care bundle includes evidence-based and best-practice care in five elements. The care bundle will be rolled out across every maternity unit in England during 2019.

Maternal Medicine Networks will be established to further ensure women with acute and chronic medical problems have timely access to specialist advice and care at all stages of their pregnancy.

Clinical Negligence Scheme for Trusts (CNST)

Maternity Incentive Scheme will support the delivery of safer maternity care by incentivising trusts to meet 10 maternity safety actions. The actions have been agreed with the national maternity safety champions and have been built into NHS Resolution's CNST maternity pricing for 2019/20. Trusts that can demonstrate that they have achieved all 10 maternity safety actions are set to recover elements of their contributions to the CNST maternity incentive fund and receive a share of any unallocated funds.

Better Newborn Care: The Neonatal Critical Care Review will soon set out its key findings and an action plan for locally led improvements to neonatal services. We will work together to ensure the best outcomes for babies and their families.

1.2 The initial 'ask' of the National Maternity Transformation Programme

1 *Establish a Local Maternity System (LMS) to design and deliver maternity services across boundaries, often commissioning across boundaries*

✓ *Nottingham & Nottinghamshire Local Maternity & Neonatal System (LMNS) established (refreshed arrangements Jan19 strengthening the focus on Neonatal Services)*

2 *The LMS needs to be coterminous with the STP involving all commissioners and providers of maternity services, as well as service user fora (e.g. MSLCs)*

✓ *LMNS Programme Board, Senior Responsible Officer & PMO established*
✓ *Integral to ICS Planning, Strategy Development, ICS Executive Lead*
✓ *Maternity Voices Partnership in place*

3 *Establish a shared vision and plan to implement Better Births*

✓ *Agreed Local Maternity System Transformation Plan (2017-21)*

2 LOCAL CONTEXT

Our Local Maternity & Neonatal System (LMNS) comprises of six CCGs (soon to emerge as a single strategic commissioner) and a unitary and two-tier local government structure with a city council, and a county council with seven district councils. There are two major acute trusts, two transformation partnerships, a large mental health trust and the local authorities both commission and provide services. There are a myriad of other health and care providers across all sectors.

In 2017 there were 1,068,678 people living in Nottingham and Nottinghamshire, with 214,715 being women aged between 15 and 44 years old. It is a diverse city and the 2011 census showed 34.6% of the Nottingham City population and 7.4% of the Nottinghamshire County population (including Bassetlaw) are from a Black and Minority Ethnic (BME) communities.

Births (including Birth Weight): The number of babies born in Nottingham and Nottinghamshire has seen a dramatic rise over the last decade, with over 12,000 babies being born every year. The number of births is now beginning to level off and the prediction is that by 2021 there will be around 9000 births. There are more spontaneous births and less caesarean births when compared to the national average. However, induction rates across the area are higher and home birth rates are low especially in the south of the area.

The rate of babies born with a low birth weight (LBW) in Nottingham and Nottinghamshire is 7.3% which is the same as the average for England & Wales, however in deprived areas of the City this rate is 8.8% and in non-



deprived areas it is 4.6%. LBW is an enduring aspect of childhood morbidity, a major factor in infant mortality and has serious consequences for health in later life.

Making the most of every child's potential is an important goal in Nottingham and Nottinghamshire. Babies who have the best possible start in life will be more likely to benefit from successful futures. We know that a healthy mum is the first step in giving any baby a healthy and 'good' start in life. Developing this strategy is an important part of reaching this goal.

Deprivation: Over 50% of births take place to women who live in areas of the Nottingham and Nottinghamshire that are amongst the most deprived areas nationally, this is around 6,000 births a year. We know that people living in more deprived areas are more likely to have worse health and a shorter life expectancy than people living in more affluent areas.

Complex Social Factors: In Nottingham and Nottinghamshire smoking at the time of delivery (SATOD) is higher than the national average across all areas except Rushcliffe. Smoking during pregnancy is associated with LBW and increased infant mortality.

- *Nearly 12% of women booking for maternity care across Nottingham and Nottinghamshire had a Body Mass Index (BMI) of 30 or above. Pregnant women who are overweight or obese, and their babies, face an increased risk of complications during pregnancy and childbirth. High BMI is more prevalent in areas of increased deprivation.*
- *There are high numbers of women with complex social factors across Nottingham and Nottinghamshire, a significant proportion of whom access maternity care after 13 weeks of pregnancy*
- *Teenage pregnancy rates across Nottingham and Nottinghamshire are declining but in Nottingham City and Mansfield and Ashfield rates are significantly higher than the England average. Teenage pregnancy is associated with poorer outcomes for both young parents and their children.*

We also have challenges in significant numbers of women travelling into our area for maternity care, as well as women from our area accessing care at other trusts. A significant number of neonates are also transferred out of our area for specialist care.

Breastfeeding: Breastfeeding has many short-term and long-term health benefits for mother and baby. Breastfeeding initiation rates in Nottingham and Nottinghamshire are below the national average. There is significant variation in Breast feeding rates across the LMNS footprint. However, recent focus in Nottingham City has seen success, increasing breastfeeding rates at 6-8 weeks postpartum (2017/18 47.3% of women continued to breast feed by the time the baby was 6-8 weeks old). Nottingham has committed to becoming a breastfeeding friendly city which will further support this goal.

Mental Health: On reviewing national data and intelligence, we estimate that in Nottingham and Nottinghamshire around:

- *1,195 women will experience some form of pregnancy related mental illness*
- *365 will experience pregnancy related Post Traumatic Stress Disorder (PTSD)*
- *35 will experience more serious mental illness after the birth of their baby*

Perinatal mortality, neonatal mortality and infant mortality reviews measure the number of babies who are stillborn and babies who die within the first year of life. In recent years these rates reduced significantly across Nottingham and Nottinghamshire, however, the rates in deprived areas remain strikingly higher than those in more affluent areas.

2.1 What is our current Maternity Offer

There are 2 Maternity Units (Nottingham University Hospitals NHS Trust (NUH)) on two sites (City Hospital and Queen's Medical Centre), and Sherwood Forest Hospitals Foundation Trust (SFHFT) on two sites (King's Mill Hospital and Sherwood Women's Centre at Newark Hospital). King's Mill Hospital and NUH provide a range of services to support women, their partners and babies during the pregnancy, birth and the postnatal period. The Sherwood Women's Centre provides comprehensive facilities for antenatal and postnatal care which includes ultrasound. If required, women and babies in Nottinghamshire have access to the following specialist services: Mother & Baby Inpatient Unit, Community Perinatal Psychiatry Service, Psychological Therapy Services, Fetal Medicine, Specialist Midwifery Services, Sickle Cell & Thalassaemia service, Neonatal Intensive Care Unit and Perinatal Care (NICU), Mother and Baby Units within women's prisons in England.

2.2 What is already happening in Nottingham & Nottinghamshire

We know that many areas of maternity care work well already and that many changes are under way that will help improve local services further. We actively engage expert patients through our MVP (Maternity Voices Partnership) to ensure women's voices remain at the heart of our decision making and are involved in planning services that are personalised to meet the needs of women, their babies and families (e.g. husbands, partners, significant others and carers).

Some of our key achievements so far include:

- *Sherwood Forest Hospitals Foundation Trust (SFHFT) and Nottingham University Hospitals Trust (NUH) working together to provide a full range of maternity services, including specialist support where that is needed.*
- *The Maternity Voices Partnership is supporting parents to have their voices heard and to work with midwives and maternity care providers to improve infant feeding support, continuity of carer and more individualised care.*
- *NUH and SFHFT are fully accredited under the UNICEF Baby Friendly initiative, for encouraging and supporting breastfeeding and ensuring all staff are fully prepared for this role. This is further supported by a commitment to ensure that all health and early years professionals in contact with pregnant women have up to date breast feeding training*

- *Family Nurse Partnership, supported by specialist midwives, provides intense support for young parents in the Nottinghamshire*
- *Launched the LoveBump campaign which supports women to stop smoking in pregnancy*
- *Collaborative working with Small Steps, Big Changes (Small Steps Big Changes is a £45million programme, supported by the National Lottery Community Fund's ten year 'A Better Start' funding programme to improve the lives of Nottingham's young children)*
- *Launch of Continuity of Carer pathways across the system*
- *The development of personalised care plans to offer women and their families to highlight what is really important to them during their maternity journey*

If you are interested in joining the Maternity Voices Partnership please contact:

Becky Gray ncccg.nottslmns@nhs.net or
Katie Swinburn katie.swinburn@nhs.net

3 OUR REFRESHED OBJECTIVES & PRIORITIES

The delivery of our objectives will mean that the local maternity and neonatal system looks and feels different for our women, babies and families in 2021. Our objectives will be underpinned by 6 priority areas. These will be supported by key system-wide enablers: workforce, finance, communication, and digital programmes. The objectives which we will deliver are summarised below and are based on the recommendations set out in Better Births and the NHS Long Term Plan:

Improved quality & safety of maternity & newborn care

Maternity & neonatal care in the right place & at the right time

Work in partnership to provide outstanding care

Improved access to perinatal & specialist services

Improved maternal & neonatal health

Our plan sets out our six refreshed priorities which will be used to transform the way care is delivered to provide safe, high quality maternity care, which meets the

needs of all women and families within Nottingham and Nottinghamshire:

PERSONALISED CARE & CHOICE

Deliver personalised care with women, their babies and their families at the heart of what we do, meeting the needs and encouraging shared decision making

CONTINUITY OF CARE

Provide continuity of carer so that families in Nottingham & Nottinghamshire are looked after by professionals that they know

SAFER CARE

Provide safe care to ensure positive and high quality outcomes

BETTER POSTNATAL & NEONATAL CARE

Provide high quality postnatal and neonatal co-ordinated care which is seamless and holistic

BETTER PERINATAL MENTAL HEALTH

Provide perinatal mental health care for families who experience mental health issues

MATERNAL HEALTH

Work closely with all health professionals, women and their families, to reduce unwarranted variation giving the best possible start to pregnancy

PRIORITY



PERSONALISED CARE & CHOICE

We will ensure

- All women will know how to access services and that they are able to make choices about their care so that it is personal to and centred around their needs and those of their family
- We empower them to make these choices by making evidence based, unbiased, reliable information easily accessible and that we will provide them with a forum for communicating and discussing these decisions and needs

We will achieve this through

- Co-producing a standardised Personalised Care Planning approach
- Co-producing a suite of accessible & unbiased information including refining the Choice Offer
- Designing a Digital roadmap for Maternity integral to the ICS Digital Workstream
- Developing a community hub offer aligned to the Integrated Care System (ICS) Clinical Services Strategy Review; becoming a 'one stop' shop for maternity care in the community

We will know change through transformation has had the right impact because

- Families will feel listened to, valued and respected; they will feel that professionals work with them and that they are care for with dignity
- Individual needs and wishes of women will be met, which includes consideration of ethnic and cultural factors and communication challenges
- Women will be supported to develop a personalised care plan through shared decision making enabling decisions about care, and reflecting wider health needs
- Women and their families will be able to access all the information they need to make informed decisions and choices

Our ambitions are

- 50% of women with a personalised care plan (PCP) by April 2020 and 90% by April 2021
- LMNS wide information available for all women on 'choice'
- Improved experience of care from baseline, identified through a variety of sources such as FFT, MVP, & local survey
- Easily accessible unbiased information and support available to women from April 2020
- Digital access to Maternity Records by April 2021

PRIORITY

2

CONTINUITY OF CARE

We will ensure

- *Most women will receive continuity in the person or persons who are providing her maternity care to ensure the delivery of safe care based on a relationship of mutual trust and respect in line with the woman's decisions*

We will achieve this through

- *Co-producing and rolling-out CoC models – 3 pilots to be launched by end Sep 2019*
- *Evaluating CoC pilots with a plan to upscale*
- *Developing targeted continuity models of care for women from Black and Minority Ethnic groups and those living in deprived areas*
- *Developing an improvement plan to address CoC during the Antenatal & Postnatal period*
- *A named midwife to coordinate care plans for women requiring specialist input*
- *A named obstetrician for all midwifery teams*

We will know change through transformation has had the right impact because

- *Families will know the midwife responsible for planning and providing their care*
- *All women will have a named midwife responsible for co-ordinating her care*
- *Improved health outcomes for women from BAME communities and those with complex social factors and/or living in deprived communities*

Our ambitions are

- *20% of women will be booked onto a Continuity of Carer pathway by 31 March 2020*
- *35% of women will be booked onto a Continuity of Carer pathway by 31 March 2021*
- *Enhanced & targeted Continuity of Carer models for the most vulnerable groups*
- *Improved Continuity of Carer in the Antenatal and Postnatal period across the LMNS*
- *Learning from our Continuity of Carer pilots sites through evaluation to inform future models*
- *Each team of midwives will have an identified obstetrician by 2022*
- *Named midwife for all women requiring specialist input by 2021*

PRIORITY

3

SAFER CARE

We will ensure

- We strive to ensure that all women receive high quality, safe and responsive maternity care throughout their pregnancy, birth and postnatal care
- Professionals work together 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

We will achieve this through

- Roll out of Saving Babies Lives Care Bundle across NUH & SFH during 2019
- Developing and establishing Maternity Medicine Networks, and specialist pre birth clinics
- Working with SFH & NUH to ensure all 10 key maternity safety actions are achieved
- Implementation of an ATAIN Action Plan monitored by the LMNS Board
- Multi-professional learning and training: Coordinated Care, Rapid Referral Protocols, Agreed system standards and protocols

We will know change through transformation has had the right impact because

- Women and their families will have access to the right care at the right time
- Learning from incidents will be shared across the system
- Women and their families will be fully involved in all investigations into their care and will have an opportunity to contribute to the final report
- We will have reduced the stillbirth rate within Nottingham and Nottinghamshire
- reduce maternal mortality and morbidity
- reduction in term admissions to nnu

Our ambitions are

- Reduce stillbirths and neonatal mortality by 50% by 2025
- Saving Babies Lives Care Bundle 2 (SBLCB) rolled out across both SFH & NUH during 2019
- Maternity Medicine Networks established by 2024
- Achievement of 10 key maternity safety actions (Maternity Incentive Scheme) by 2019
- Access to specialist pre-term birth clinics
- ATAIN embedded across the LMNS by 2021
- System-wide shared understanding of the quality of maternity care across the LMNS
- MDT Training & Learning
- Implementation of Rapid Referral Protocols by 2020
- LMNS-wide shared standards and protocols by 2023

PRIORITY

4

BETTER POSTNATAL & NEONATAL CARE

We will ensure

- We support all parents to have a healthy pregnancy, planning for the postnatal period
- Women will have access to their midwife or maternity support worker (and where appropriate obstetrician) as they require after having had their baby
- Those requiring longer care will have appropriate provision and follow up in designated clinics

We will achieve this through

- Continuing to provide a programme of support and development to maintain BFI accreditation
- Responding to recommendations from Better Newborn Care (Neonatal Critical Care Review)
- Responding to recommendations from the Postnatal Care 2019 NHS England Gap Analysis
- Provision of evidence-based preparation for parenthood Education Programmes
- Supporting women to recover their physical health following birth
- Seamless transition from maternity services, including care coordinators for all families under neonatal care
- Building capacity and capability of the maternity and neonatal workforce & expand AHP roles

We will know change through transformation has had the right impact because

- Women and their families will tell us that they feel supported in the immediate period following births
- All professional groups involved in caring for women and their families will be able to communicate easily and share info across the pathway
- Increased breastfeeding up to 6-8 weeks
- Women will have better access to postnatal physiotherapy

Our ambitions are

- To maintain and expand UNICEF Accreditation for Baby Friendly Initiative (Breastfeeding)
- To lead an agreed Implementation plan in response to the recommendations from 'Better Newborn Care'
- A System-wide Postnatal Care Improvement Plan will be in place by March 2020
- To develop a system wide maternal and neonatal workforce plan by September 2020
- A care co-ordinator will be available for all families under neonatal care from 2021

PRIORITY

5

BETTER PERINATAL MENTAL HEALTH CARE

We will ensure

- That women receive the support they need to have good mental health during pregnancy and in the early years
- That women who experience perinatal mental health problems receive the support they need at the right time, in the right place from the right person.
- Support is differentiated according to perinatal mental health need

We will achieve this through

- Early identification and management of mental health (preconception to 24 months after birth)
- Increased access to evidence-based psychological therapies for women and partners
- Specialist bereavement support
- Integrated and joined up services

We will know change through transformation has had the right impact because

- Women and families will feel supported
- Mothers with perinatal mental health problems and babies will remain together, including when admission is needed
- More women with mental health needs will be identified, and more women will access mental health support.
- Appropriate information will be shared across services.
- Health professionals will know how to assess women's perinatal mental health and access support from experts to inform the care they deliver
- Midwives, health visitors and GPs will access training on perinatal mental health to inform the care they deliver

Our ambitions are

- Specialist perinatal mental health services to be available from preconception to 24 months postnatal by 2021 alongside support for all women experiencing perinatal mental health problems.
- Access to the community perinatal psychiatry service is increased to 6.4% of annual birth rate by 20-21.
- Maternity outreach clinics to integrate maternity, reproductive health and psychological therapy for women experiencing mental health difficulties by 2021
- Expand access and offer support signposting to fathers/partners experiencing mental health problems.
- Scope and identify improvements in current bereavement services

We will ensure

- That women receive the support they need to stop smoking during pregnancy and stay quit after birth.
- The partners of women who smoke during will be offered stop smoking support to increase the chance that women will stop smoking during pregnancy and beyond.
- Women understand the importance of screening and immunisation in pregnancy and make informed decisions about uptake.
- That obese women receive the support they need to reduce the risk to their unborn baby

We will achieve this through

- A comprehensive Action Plan to address smoking cessation across the LMNS
- Improved uptake of Screening and Immunisations particularly in those groups where uptake is low
- Reduction in the number of women smoking in pregnancy, particularly at the time of birth
- Define a system response to weight management for those women who are obese at booking
- Creating a 'Fit for Pregnancy' campaign

We will know change through transformation has had the right impact because

- An increasing number of women will choose not to smoke during pregnancy, recognising the risks to their unborn baby and themselves.
- An increasing number of the partners of women who smoke during pregnancy quit, recognising that this will support their partners to quit.
- A successful 'Fit for Pregnancy' campaign, alongside other public health action, has increased the proportion of women who book early, are a healthy weight and non smokers at booking and access screening and immunisations during pregnancy

Our ambitions are

- Reduction in the number of women smoking at time of birth to 6% across the LMNS by 2025 .
- Partners across the LMNS will work together to ensure all expectant mothers and partners are offered smoke-free pregnancy pathways by 2023/24.
- All women who identify as smokers at booking will receive IBA and be offered specialist smoking cessation support by 2019
- 100% of women who are obese at booking will access evidence-based care pathways that reduce the risk to their unborn baby and increase the chance they will maintain a healthy weight after pregnancy by 2021

4 TRANSFORMATION ENABLERS

Workforce: A workforce strategy has also been developed with partners to support the wider National Maternity Transformation Programme to deliver the vision for the future of maternity services. A copy of the strategy can be seen here.

The ICS has developed a 10-year People and Culture strategy which will fully articulate the challenge and put forward some of the mitigations in terms of recruiting and retaining high quality staff to deliver the care needs of our population.

There is recognition that there is an increased requirement for registered midwives and maternity support workers to deliver the Better Births and NHS LTP ambitions of CoC. Working with the ICS the LMNS will develop a workforce model to

test out a range of scenarios that will support the development of a workforce plan. Workforce priority areas include:

- *Shift to a 'structure and skill mix' of midwifery teams to deliver continuity of carer*
- *Develop and roll out of Maternity Support Workers with clear career development routes and a more consistent model*
- *Consider new roles and new ways of working to ensure family centred care delivery and health and wellbeing of mothers, babies and wider family members*
- *Focus on retention of experienced midwives who may consider earlier retirement due to changes to teams and roles*
- *Utilising Systems Dynamic modelling to vision and design future skill mix and team requirements to deliver Better Births in Nottinghamshire*
- *Secure/strengthen the role and career paths of SCPHNs and wider team with access to education and development*
- *Assessing and monitoring culture*

As a key partner the LMNS will work with the Local Workforce Action Board to deliver the People and Culture Strategy supporting the sustainable delivery of redesigned models of care.

Digital Roadmap: To enable change, a priority across Nottingham & Nottinghamshire is to support front line care professionals to operate in new ways ahead of other non-direct care business requirements. Supporting Maternity, Children and Young People has been identified as a key priority. Work is underway through Connected Nottinghamshire to utilise tested best practice methodology to ensure that information sharing, analytics, electronic workflow and infrastructure are available to support the new care models. Digital priority areas include:

- *Developing appointment systems and improving access to maternity records for women and staff*
- *Improving electronic maternity records and interoperability*
- *Developing digital referral process and virtual services*
- *Focus on digital literacy and data quality*
- *Providing unbiased evidence-based information*

Commissioning: The LMNS will drive the move from operating within a traditional service-specific approach to outcome-focused commissioning. The LMNS will continue to monitor the outcomes which require improvement and develop key performance indicators. We will measure and review a range of information to ensure that service quality is improved across Nottingham & Nottinghamshire. We will collect and make best use of the right information from a variety of sources e.g. Maternity Services Data Set, Maternity Experience, National Child and Maternal Health Intelligence Network, and NHS Rightcare. We will work with our Maternity Voices Partnership and partners to develop a local Quality Dashboard which will help us to:

- *Understand how the LMNS is used*
- *Identify and address unwarranted variation*
- *Identify opportunities for service improvement*
- *Identify opportunities for efficiency savings*

Communications & Engagement: We will ensure all women and their families are able to participate in a Maternity Voices Partnership (MVP) either by giving feedback or by becoming members of a partnership group. Currently in Nottingham and Nottinghamshire there is an MVP which is an independent, multi-disciplinary advisory body, made up of local parents, representatives and professionals which evolved from the Maternity Service Liaison Committee. Our committee currently includes representatives from NUH and SFH with both Midwifery and Obstetric representatives attending; Clinical Commissioning Groups (CCG); Nottingham City and County Councils; HealthWatch; Small Steps Big Changes, and doulas. At each meeting we have several service users who have used Nottinghamshire maternity services and have volunteered to be active members of our MVP. Over the past 18 months MVP volunteers with the support of HealthWatch have undertaken several engagement activities including 'walking the patch', '15 Steps' and themed surveys. Communication & Engagement priority areas going forward include:

- *Developing a refreshed Communication & Engagement Plan which includes a social media presence*
- *Continue to recruit MVP volunteers*
- *To launch and review a co-produced Personalised Care Plans*

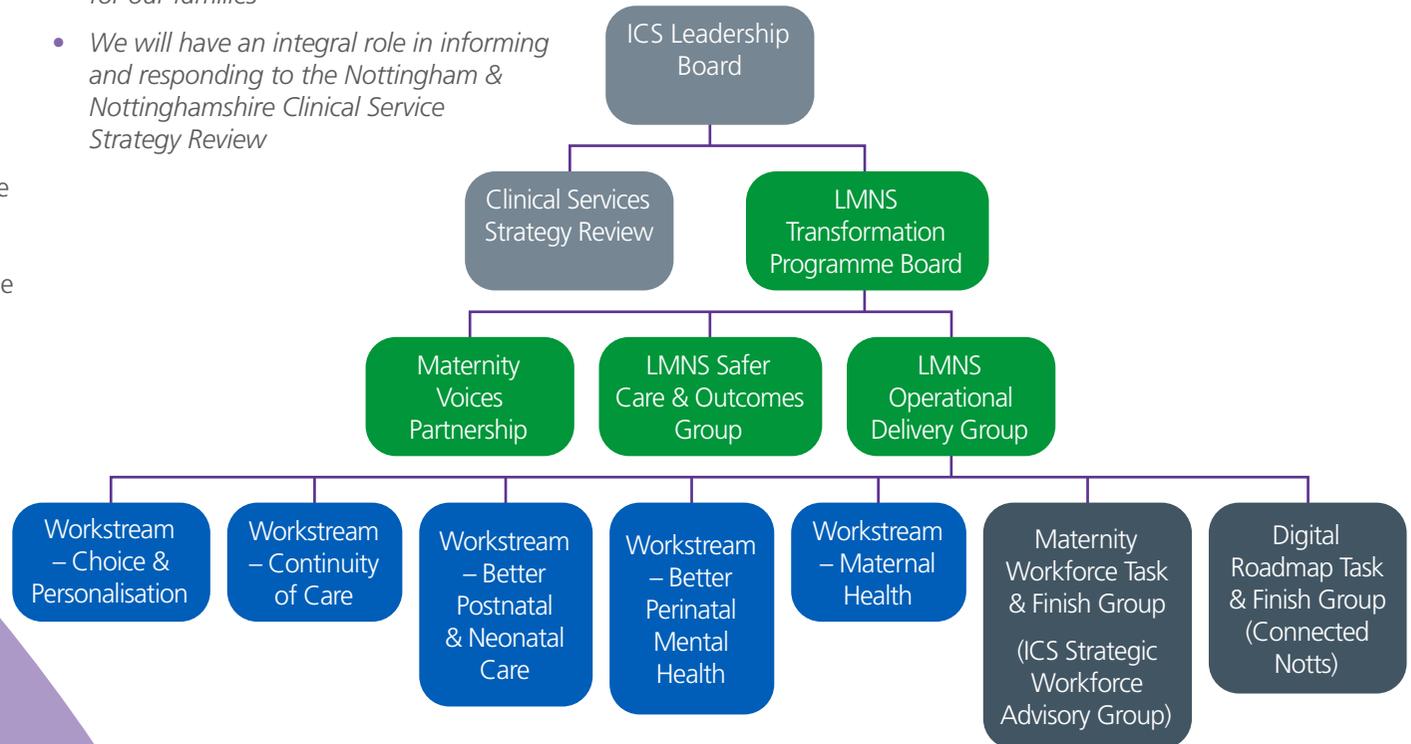
ICS Clinical Services Strategy Review: The ICS is developing a Clinical Services Strategy (CSS) for Nottingham and Nottinghamshire under the direction of the CSS Programme Board reporting to the ICS Board. The objectives are to develop a long-term strategy that is aligned with the NHS Long Term Plan. Significant work has taken place with stakeholders from across the system to build an overall picture of the future care model for Nottingham and Nottinghamshire. The Programme Board has agreed that Maternity and Neonatal Service pathways will be one of the priority areas for review. The review will encompass all service areas and locations throughout the ICS in primary, acute and community settings and will be considering all stages of care from prevention, through to acute care services to support a successful return to health for patients and on-going care. We are in a unique position as we have an established LMNS Programme Board with a partnership plan aligned to Better Births and the NHS LTP. We have representation at the CSS Maternity steering group and we will work in partnership with the Programme Board to ensure we continue to build upon what we know already supporting the CSS team with advice, guidance and contributions to shape a sustainable model.

5 DELIVERY OF THE LOCAL PRIORITIES – HOW?

The Nottinghamshire LMNS vision for maternity services is ambitious and there are challenges for us in delivering our plans due to changes in the demography of our population and the impact of this on the cost of maternity services. There are opportunities through early interventions and prevention, self-care and improvements in the quality and consistency of care.

On behalf of the Nottingham & Nottinghamshire Integrated Care System (ICS) the Local Maternity and Neonatal System (LMNS) Transformation Programme Board will oversee the development and progress of evolving delivery plans to take forward our priorities and ambitions. The plans will be aligned to the deliverables outlined within Better Births, Neonatal Critical Care Review, and the NHS Long Term Plan.

- Through a shared system Memorandum of Understanding (MOU) we will take account of related work across partners and agencies involved in the support and care of pregnant women and families across Nottingham & Nottinghamshire
- We will develop outcome measures for each priority to capture progress and the improvements in outcomes for our families
- We will have an integral role in informing and responding to the Nottingham & Nottinghamshire Clinical Service Strategy Review
- We will draw upon available transformation funding to create additional resource and capacity to test our new models of care and build a system which is responsive to quality improvement
- We will refresh our Delivery Plan based on the refreshed LMNS priorities



5.1 Working Together

Throughout this strategy we have described how we are already working collaboratively to design and deliver integrated maternity care. We bring together representatives from a wide range of organisations to develop our work

plans whilst working towards establishing shared clinical and operational governance arrangements to enable cross-organisational working and ensure the care we provide is seamlessly the right care in the right place, at the right time.

The partner organisations that are involved in developing and delivering our LMNS and maternity transformation plans are:

Representing service users	Healthwatch Nottingham City and Healthwatch Nottinghamshire
	Nottinghamshire Maternity Voices Partnership
	Small Steps Big Changes (led by Nottingham CityCare Partnership)
Maternity and neonatal service providers	Nottingham University Hospitals NHS Trust
	Sherwood Forest Hospitals NHS Foundation Trust
Public Health and early years providers	Child Health Information Service (CHIS), Nottinghamshire Healthcare NHS Trust (county) and Nottingham CityCare Partnership (city)
	Children's centres: Nottinghamshire Children and Families Partnership (county) and Nottingham City Council (city)
	Public health nursing: Healthy Families Programme, Nottinghamshire Healthcare NHS Foundation Trust (county)
	Small Steps Big Changes (led by Nottingham CityCare Partnership and funded by Big Lotto)
	Weight management: ChangePoint, Everyone Health
	Smoking cessation: Smokefree Lives Nottinghamshire, Solutions for Health (county), New Leaf, Nottingham CityCare Partnership (city)
Mental health providers	Insight Healthcare (psychology therapy)
	Nottinghamshire Healthcare NHSFT (mother and baby unit, perinatal psychiatry service, psychological therapy, child & adolescent)
	Trent PTS (psychology therapy)
	Turning Point (psychology therapy)
Other key providers	East Midlands Ambulance Service
	General Practice
	NHS 111 Service
	Social care (adult and children)
Commissioners	Nottingham and Nottinghamshire CCGs
	Nottinghamshire Children's Integrated Commissioning Hub
	Nottinghamshire County Council
	Public Health England

Glossary

BAME – Black, Asian Minority Ethnicity

CCG – Clinical Commissioning Group

COC – Continuity of Care

CQC – Care Quality Commission

CVS – Community and Voluntary Service

EMAS – East Midlands Ambulance Service

FOI – Freedom of Information

GDPR – General Data Protection Regulation

GNCCP – Greater Nottingham Collaborative Commissioning Partnership

HEE-EM – Health Education England – East Midlands

ICP – Integrated Care Providers/Partnership

ICS – Integrated Care System

JSNA – Joint Strategic Needs Assessment

LMNS – Local Maternity and Neonatal System

LTP – Long Term Plan

MDT – Multi-Disciplinary Team

NHCT – Nottinghamshire Healthcare Trust

NHSE/I – NHS England/Improvement

NICE – National Institute for Health and Care Excellence

NUH – Nottingham University Hospitals NHS Trust

PCN – Primary Care Networks

PCP – Personalised Care Plan

PET – Patient Experience Team

PHE – Public Health England

PPGs – Patient Participation Groups

PPI/E – Patient and Public Involvement/Engagement

SFHFT – Sherwood Forest Hospitals Foundation Trust