TRANSFORMATION PLAN

IMPROVING OUTCOMES OF MATERNITY SERVICES IN SHROPSHIRE AND TELFORD & WREKIN

A FUTURE VISION AGREED IN PARTNERSHIP

2017 - 2021

Foreword

Across Shropshire, Telford and Wrekin each year around 5,000 babies are born. In planning and delivering maternity services, we often focus on the birth of a child and don't always think about the lifelong journey each child and their parents and carers will have. This plan aims to change that. The birth of a child is a very significant event and what happens before, during and after that event has a long-term impact on the emotional and physical wellbeing of the child, their parents and carers. In delivering the vision outlined in *Better Births*, together we will ensure we understand what we need to do so that services for pregnant women, babies and their families have a positive impact on children, their parents and carers in the longer term.

Our priority in transforming maternity services is ensuring the safety of women and their babies at all times. As an Local Maternity Services(LMS), we are aware that maternity services in Shropshire, Telford and Wrekin over the last few years have been under scrutiny in relation to safety and the care of women and their babies. We recognise this is very difficult for women and their families who are currently using the services in Shropshire or who have done so in the past. We have been considerate of the safety improvements that have been made to date and this plan and all its partners will ensure that learning from all external reviews is fully embedded as we move forward to enable the highest possible level of safety to be achieved for all.

This is the start of a new chapter for maternity services in Shropshire, Telford and Wrekin. Through the work of this plan a range of professionals will work together with women and their families to re-build trust and to provide assurance in relation to the quality and safety of services. We will ensure we listen to and learn from each other, constantly improving services and experiences and developing a learning culture.

Through implementing this plan we will strengthen how we work together in planning, delivering and improving services for pregnant women, babies and their families. Services will be safer. Women across Shropshire, Telford and Wrekin will have easy access to a range of good quality services for them and their babies regardless of where they live. Women will continue to have a choice in the care they receive and will be more likely to know the midwife that will care for them throughout pregnancy, birth and after their baby is born. The way we offer services will be different – the services women and their babies receive will be more personalised and designed around their individual needs and preferences.

We are delighted that right from the beginning of this journey of transformation, women and their families have come forward to work together with other maternity system partners to transform services. This is something we will build on throughout and beyond this plan to ensure that we always work in genuine co-production.

We would like to thank everyone who has helped to develop this plan and who will enable the transformation to be delivered over the coming years.

Christine Morris
Senior Responsible Officer: Shropshire, Telford and Wrekin LMS

The Shrewsbury and Telford Hospital NHS Trust
Shropshire County Clinical Commissioning Group
Telford and Wrekin Clinical Commissioning Group

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1 Introduction to the Plan

The National maternity Review *'Better Births, The Five Year Forward View for Maternity Care'*[i] *(Better Births)* was published in February 2016. This set out a vision for transforming maternity services for women and their families across England.

Shropshire, Telford and Wrekin have established a Local Maternity System (LMS) to ensure service transformation happens at a local level. This Plan describes how the LMS will transform local maternity services by 2020/21. It will deliver the requirements of Better Births, which are to:

Improve 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 after their baby is born;
- Most women receive continuity of the person caring for them during pregnancy, birth and after their baby is born;
- More women are able to give birth in midwifery settings (at home and in midwifery units)

Improving the safety of maternity care so that all services:

- Have reduced rates of still birth, neonatal death, maternal death and brain injury during birth by 20% and are on track to make a 50% reduction by 2030 as outlined in NHS England's 'Saving Babies Lives, A Care Bundle for reducing stillbirth'[ii].
- Are investigating and learning from incidents and sharing this learning through their LMS and with others;
- Are fully engaged in the development and implementation of the NHS Improvement Maternity and Neonatal Quality Improvement Programme.

BETTER BIRTHS VISION

"Our vision for maternity services across England is for them to become safer, more personalised, kinder, professional and more family friendly; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances.

And for all staff to be supported to deliver care which is women centred, working in high performing teams, in organisations which are well led and in cultures which promote innovation, continuous learning, and break down organisational and professional boundaries."

2 Our Vision

More **Women** and their families will:

- Be healthier during their pregnancy and will have a better understanding of how to keep themselves and their baby healthy
- Have better information about pregnancy and parenthood that is personal to their circumstances
- Have support with their emotional wellbeing throughout their pregnancy and after their baby is born
- Have more choice in the care they receive and will feel involved in decisions about their care
- Be able to access a wider range of services closer to home
- Know the midwife caring for them throughout pregnancy, birth and after the baby is born
- Give birth in a midwifery led setting
- Be involved in how services are designed and delivered

Staff will…

- Feel proud of the services they deliver
- Work within a learning culture and receive regular training alongside those they work with
- Be well supported by service leaders
- Act as advocates for the women they care for and feel empowered to deliver great service

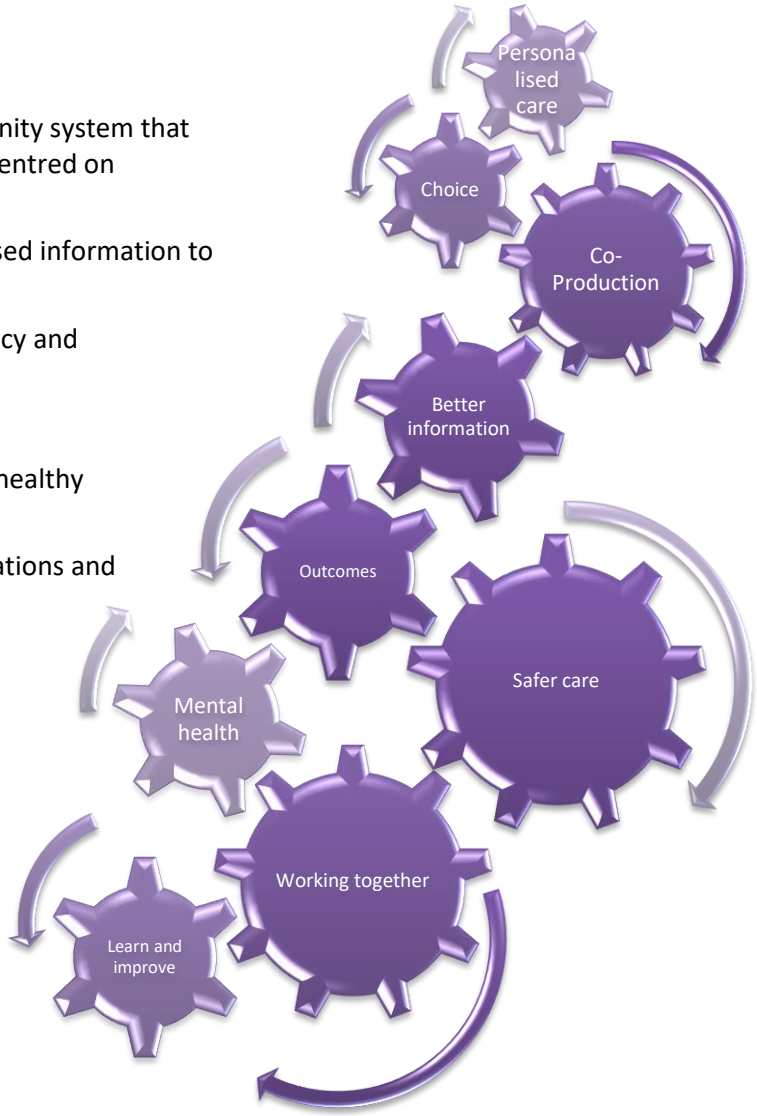
Services will be…

- Safer
- Designed and delivered in partnership with women and their families
- Working better together through community hubs
- Constantly learning and improving
- Sharing more information with each other

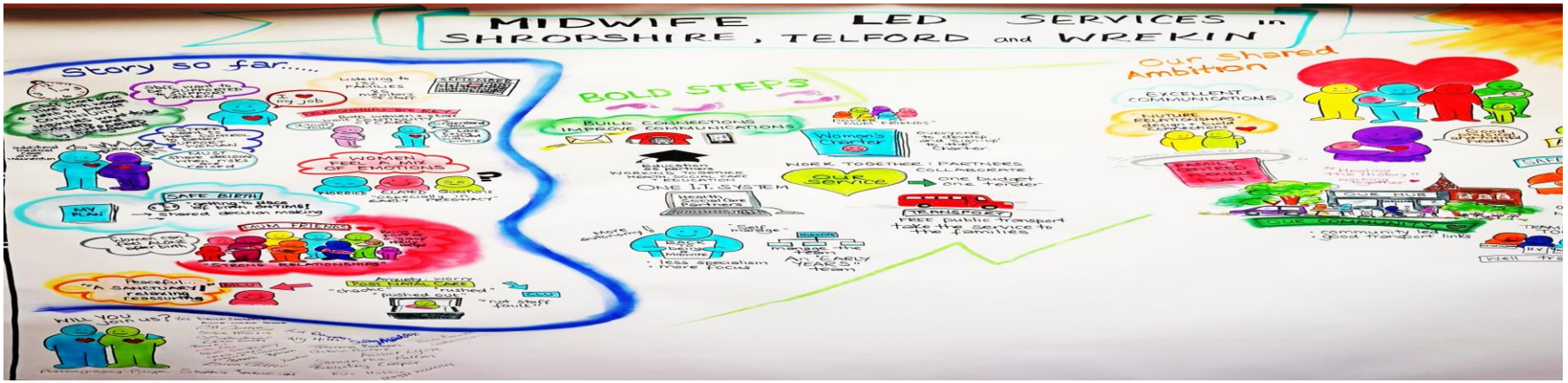
3 Our Pledge

We will:

- Work together as stakeholders in true co-production to design and deliver a local maternity system that provides women and their families with a safe, quality service that is personalised and centred on individual needs and circumstances.
- Ensure every woman has a personalised care plan. Women will be able to access unbiased information to help them make decisions about their care from a range of available choices.
- Ensure every woman knows the midwife who will deliver their care throughout pregnancy and once their baby is born.
- Ensure most women know the midwife who will deliver their care during labour.
- Ensure all women of child bearing age understand how and have the opportunity to be healthy and well before, during and after their pregnancy.
- Deliver safer care. We will improve protocols between professionals and across organisations and will evidence that we continuously improve services and learn from our experiences.
- Improve access to perinatal mental health services so that all women can access support with their emotional wellbeing.
- Improve consistency and availability of postnatal care.
- Ensure that those who work together train together. We will improve how professionals work together and learn from each other.
- Improve outcomes for women and their families by working together across health, social care and early help services.



4 Co-Production, Leadership and Governance



The Shropshire, Telford and Wrekin LMS is committed to co-production[iii].

This means that we strive to always work in partnership with a range of stakeholders in designing and delivering services, including those who receive or may receive maternity care.

We have developed this LMS plan in partnership with stakeholders to ensure the vision we propose is realistic. However, we know that we need to develop co-production even further and is something we will strive to do, embedding co-production at the heart of all activity as this plan is progressed. Co-production will become 'business as usual' by 2020/21.

We have started our co-production journey through the review of midwife-led services. Those who have used services, have an interest in midwifery led services and professionals working in or with midwifery led services have worked together with commissioners to start to design a future model of midwifery led care.

The image at the top of this section is the start of an illustration showing the ideas and thoughts of those who have used services, have an interest in midwifery led services and professionals working in or with midwifery led services about midwifery led services in Shropshire, Telford and Wrekin. This will be completed once all the service design workshops have taken place.

Co-production is a concept, rather than a single action. It is a way of working that brings professionals and those who use services together as equal partners in designing and delivering services. The midwife-led unit review, which is a key element of service transformation for maternity services, has been undertaken in co-production. However, in order for co-production to be fully implemented at all levels, further development will take place through the work of the LMS to embed a culture of co-production across the Shropshire, Telford and Wrekin Local Maternity System. This will involve:

- Formalising an understanding across the LMS on what co-production is and the principles that will guide its implementation
- Embedding a co-production ethos at all levels (LMS, Organisational, Service Delivery)
- Reviewing the effectiveness of the co-production approach, including :
    - the co-production process itself and how well everyone works together
    - social, wellbeing and environmental outcomes
    - the full costs and benefits, including added value

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The LMS will use a jigsaw model for the management of change, to ensure that co-production is effective at all levels.

The LMS will aim to have co-production embedded by 2021. To achieve this, new relationships between staff and people who use services will be developed where people who use services are recognised as experts in their own right. There will be respect for the experience and skills that everyone brings to the process and an emphasis on all the outcomes that people value, rather than just those, such as clinical outcomes, that currently the LMS organisations most commonly measure.

[1] For further information please see Appendix 8

The development and delivery of this plan is overseen by the Shropshire, Telford and Wrekin (LMS) Programme Board. The Shropshire, Telford and Wrekin LMS Programme Board is accountable to the Shropshire, Telford and Wrekin Sustainability and Transformation Plan (STP) Board.[v] The diagram below shows the governance structure for ensuring maternity transformation is delivered.

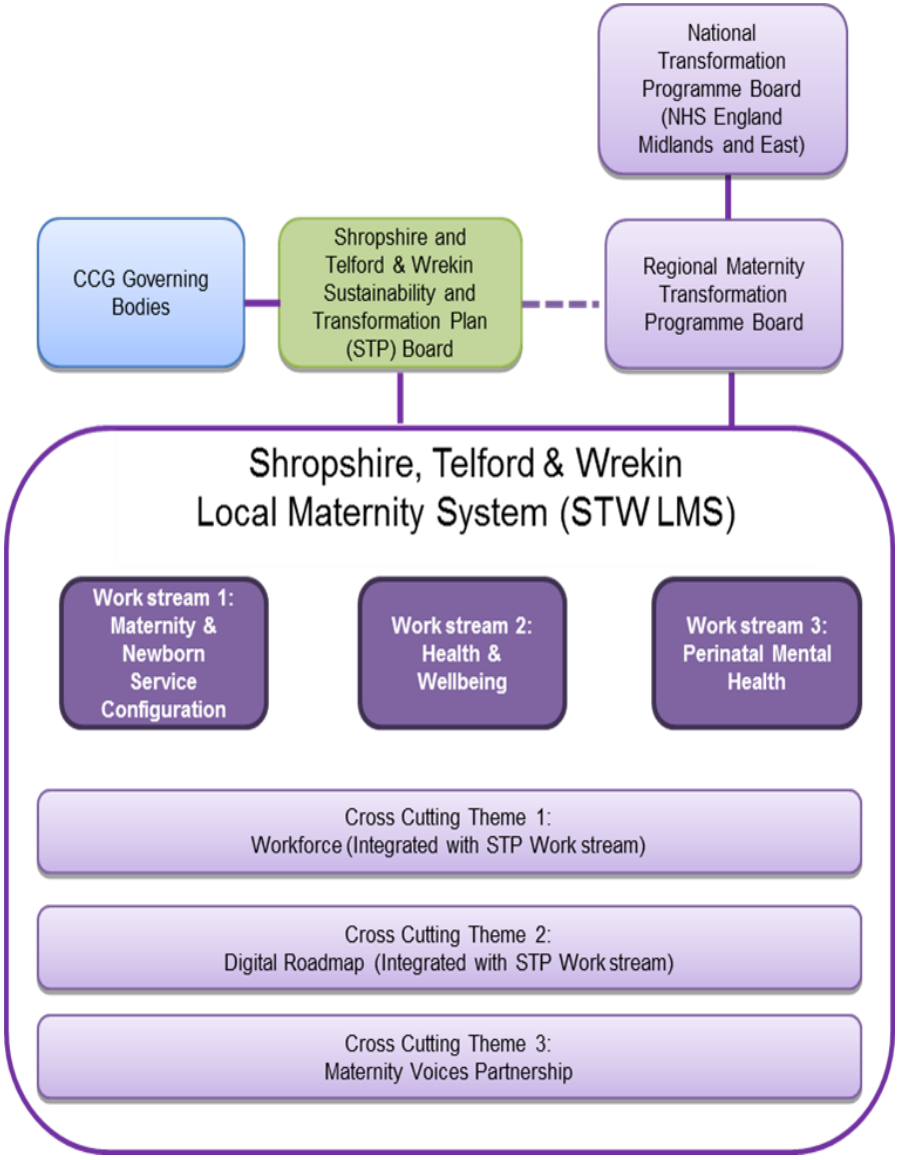
Statement from STP Chair

As Chair of the STP, one of the things that has struck me since I moved to Shropshire is the commitment and vitality within communities in support of their local health services. There is a strong sense across the county that people recognise what we do well and equally there is a shared understanding of where we must go further to transform the experience, sustainability, quality, safety and outcomes that we offer our patients.

The transformation of maternity services is part of the broader Sustainability and Transformation Plan (STP) of one health care system working together. Any changes will rightly be influenced by the knowledge and experience of mothers and their families. Some of whom we have already cared for and some we will care for in the future.

This LMS plan will therefore look forward to ensure that we provide a state of the art maternity service that uses the digital and technological advances that will support a modern workforce for the years to come.

Simon Wright: STP Chair

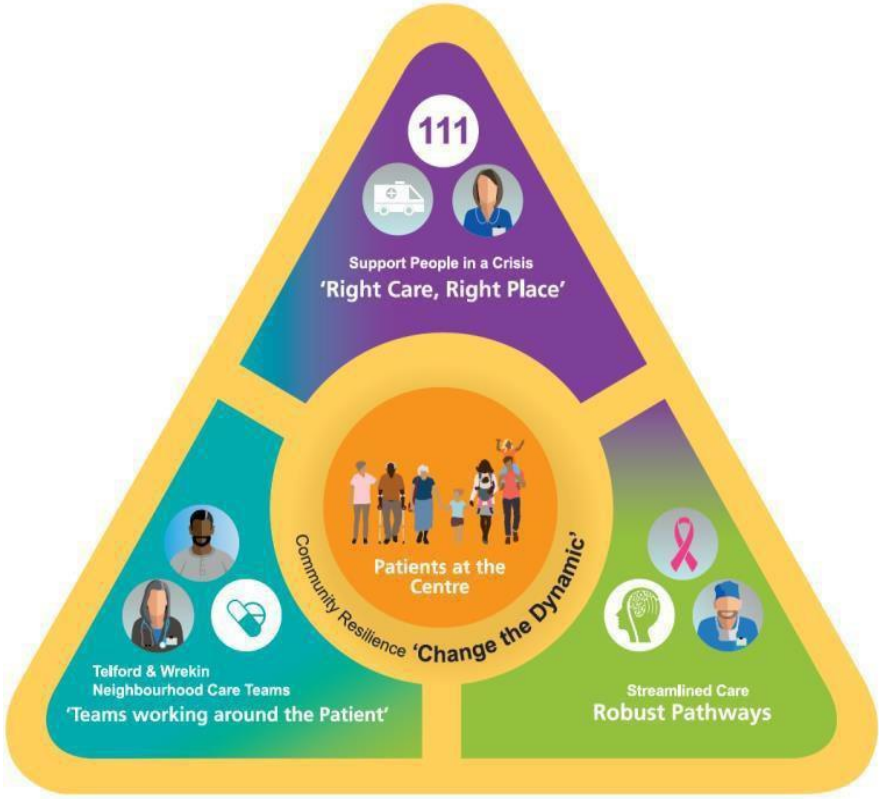


The LMS Programme Board will ensure the required transformation is achieved through the work of three workstreams and three cross-cutting themes.

Through the governance arrangements into the STP Board, the LMS will ensure that the maternity transformation adopts all of the STP principles where appropriate, including place based care.

Helping to deliver the STP vision

The transformation delivered through this plan is specific to maternity services. However, this will sit within the context of the broader Sustainability and Transformation Plan (STP) for Shropshire, Telford and Wrekin. In implementing this plan, consideration will be given to how the maternity transformation can support the delivery of the priorities of the STP, including the development and implementation of placed based models of care, which aims to bring care closer to home.



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[2] For further information please refer to Appendix 1

4.1 Workstreams

4.1.1 Workstream 1: Maternity & Newborn Service Configuration

The design of maternity and neonatal services is fundamental to ensuring service transformation. This workstream will look at what needs to change so that maternity and neonatal services offer the level of choice, personalisation and safety that Better Births requires.

4.1.2 Workstream 2: Health and Wellbeing

Maternity and neonatal services care for women and their babies during pregnancy, birth and in the early days after birth. However, enabling women and their families to live healthy lives needs much more than this. This workstream will focus on the transformation that needs to take place to enable women and their families to lead healthier, happier lives in the longer term. Partners across the health economy will work together to implement strategies and services to improve women's health before, during and after pregnancy as well as the health of their babies.

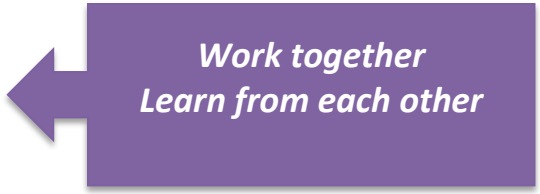
4.1.3 Workstream 3: Perinatal Mental Health

This workstream will transform services so that women and their families have much better access to information, advice and services to support them with emotional health and wellbeing during pregnancy and after their baby is born. Professionals will also have a better understanding of perinatal mental health.

4.2 Cross-cutting Themes

4.2.1 Cross-cutting Theme 1: Workforce

To enable the required transformation to occur, there needs to be significant changes to the existing workforce. This workstream will deliver improvements to the culture, skills and availability of the workforce.



4.2.2 Cross-cutting Theme 2: Digital Roadmap

A key focus of Better Births is around improving the use of technology in the delivery of maternity services. Through the Sustainability and Transformation Plan, this workstream will seek to implement technological improvements for women and their families as well as professionals in order to support the transformation required.

4.2.3 Cross-cutting Theme 3: Maternity Voices Partnership

The maternity voices partnership is responsible for ensuring that stakeholders, including women, their families and professionals always work together in designing and delivering maternity services. It will also improve communication between women and their families with professionals in relation to maternity services.

4.3 Delivery and Assurance

The LMS transformation programme will be monitored, assured and evaluated through measures that will evidence delivery against outcomes for women and their families, babies and staff.

A baseline self-assessment against the recommendations outlined in Better Births has been undertaken. [3]This will be updated throughout the life of the plan to evidence progress in transformation. The table below sets out the current position and projected improvements against key measures associated with delivering the requirements of Better Births.

Further detail about how the improvements will be delivered is contained within the 'Delivering the Vision' section of this plan.

Shropshire, Telford and Wrekin Local Maternity System – Improvement Plan					
Area of Improvement	**Position 31.03.2017**	**Target 31.03.2018**	**Target 31.03.2019**	**Target 31.03.2020**	**Target 31.03.2021**
Stabilised and adjusted rate of stillbirth (3 year rolling average)	4.0/1000 (2013-2015 average)	3.7/1000	3.4/1000	3.2/1000	3.0/1000
Stabilised and adjusted rate of neonatal death (3 year rolling average)	1.6/1000 (2013-2015 average)	1.5/1000	1.4/1000	1.3/1000	1.2/1000
Rate of direct maternal death	To be confirmed (5 year average)	n/a[4]	n/a	n/a	n/a
Rate of intrapartum brain injury	2.1/1000 (HIE rate[5])	1.9/1000	1.8/1000	1.7/1000	1.5/1000
% of women with personalised care plans	0%	0%	100%	100%	100%
% women booking before 12 weeks 6 days gestation	87.7%	91%	94%	96%	98%
% women booking before 9 weeks 6 days	41.6%	45%	50%	55%	60%
Choice available for[6] antenatal care	Measure in development	Measure in development	Measure in development	Measure in development	Measure in development

[3] Further information on the self-assessment can be found in Appendix 10
[4] Work is underway to develop measures that will evidence improvements in reducing the likelihood of maternal deaths and improving investigations
[5] Hypoxic Ischemic Encephalopathy is a reduction in the supply of oxygen to the brain and other organs (hypoxia)

% women able to choose from 3 places of birth	100%	100%	100%	100%	100%
% women able to choose from 4 places of birth	100%	100%	100%	100%	100%
Choice available for postnatal care	Measure in development	Measure in development	Measure in development	Measure in development	Measure in development
% women who have continuity of carer throughout antenatal and postnatal care	85%	90%	95%	98%	99%
% women who have continuity of carer throughout antenatal, intrapartum and postnatal care	Measure in development	Measure in development	20%	25%	30%
% women giving birth in midwifery led settings including home birth	14% (688/4928)	15%	17%	20%	25%
Increase in investment in Perinatal Mental Health Services	£27,000	£27,000	To be confirmed pending funding bid	To be confirmed. Awaiting amount of increased funding in CCG Baselines	To be confirmed. Awaiting amount of increased funding in CCG Baselines
Number of new women seen by Perinatal Mental Health services			96	240	360
Increase in the number of women reporting they are confident in	Measure in development	Measure in development	Measure in development	Measure in development	Measure in development

[6] Through working in co-production we will define what we mean by choice in antenatal care and choice in postnatal care, identify the current baseline and project our improvements over the course of transformation.

5 Patient Safety and Quality of Care

The safety of mums to be and their babies is the most important factor in delivering maternity services. The performance of service providers is monitored to ensure services are delivering appropriate, safe, quality care that is delivered at the right time.

In Shropshire, Telford and Wrekin each commissioning organisation (organisations that are responsible for planning and purchasing services for their local population) has processes in place to monitor the performance and quality of the services. These processes have recently been strengthened through the introduction of a separate Contract Quality Review Process for maternity services in Shropshire, Telford and Wrekin. In delivering this plan, the monitoring of performance, quality and safety will be further improved through the introduction of a quality and safety improvement system across the whole LMS.

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Serious Incidents

Serious incidents in healthcare are events where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant that they warrant particular attention. It is important that these events are reported on and investigated so that we can respond appropriately when things go wrong. This is a key part of the way that the we can continually improve the safety of the services provided and commissioned. The underreporting of safety events is often noted to be the result of an unfavorable culture that attributes 'blame' when things go wrong. In partnership, we wish to enable a safety culture to flourish reinforcing safety as our top priority. Ultimately, by reporting and investigating incidents, complaints and concerns, staff will be more confident in the care they provide and we will be better able to identify gaps in processes. This can only be achieved through good leadership, by building a shared vision and by helping everyone feel safe and accountable and proud to work within a supportive learning culture. The steps we will take to achieve this will be included in the Quality and Safety Improvement Framework.

Between April 2014 and October 2017 there have been 15 serious incidents reported (as defined by NHS England's serious incident criteria). Themes identified include:

- Monitoring babies' heart beats effectively before they are born
- Understanding changes to pregnant women's risk factors
- Ensuring babies are born in a place that can best meet their needs

Other incidents that are not categorised as serious incidents are thoroughly reviewed using a high risk case review process to ensure learning is identified and changes in practice are implemented. Through the transformation of maternity services, we will improve the way that we investigate and learn from incidents to help reduce the risk of similar incidents happening again. We will improve the way that we communicate and work with families when outcomes are not as expected.

[7] Further information on safety and quality of maternity services in Shropshire, Telford and Wrekin can be found in Appendix 6

Saving Babies' Lives

Partners within the LMS have developed and implemented a number of initiatives in order to improve safety of services in line with the requirements of the national Saving Babies' Lives initiative, which was launched in 2016. Saving Babies' Lives is designed to reduce stillbirth and early neonatal death. It brings together four elements of care in order to achieve the required reduction. The boxes below describe the improvements that have been made to date and the further work that will be delivered through maternity transformation.

Reducing smoking in pregnancy

Currently:

- All women are asked about their smoking status at booking.
- Women who are smoking at booking or have recently stopped are referred (unless they opt out) to the smoking cessation service.
- All women are offered a carbon monoxide test booking.
- All women should discuss smoking at each clinical contact.

Additional activity through maternity transformation:

- Smoking cessation services will be held alongside local antenatal services. This will allow women to attend both appointments on the same day in the same location.

Raising awareness of reduced fetal movement

Currently:

- All women are provided with a leaflet highlighting the importance of identifying reduced fetal movement at the start of the third trimester.
- All women are reminded of the importance of monitoring fetal movements throughout the third trimester.
- All women are encouraged to attend their local maternity unit for assessment and monitoring if they experience reduced fetal movements.
- Monitors, with on-board electronic analysis, are located in all of the midwife led units and the consultant unit.

Additional activity through maternity transformation:

- There will be investment in better equipment, which is standardised.

Risk assessment and surveillance for fetal growth restriction (FGR)

Currently:

- Women at highest risk of FGR are offered a number of ultrasound scans in the third trimester depending upon their level of risk. The service standards currently offered are not in line with guidance.

Additional activity through maternity transformation:

- Partners within the LMS will work together to achieve service standards in line with Saving Babies' Lives guidance.
- Ultrasound scan locations will be targeted to areas of high need across the STP footprint.
- Detection rates will be assessed using the new software (called GAP) in order to monitor the effectiveness of the service.

Effective fetal monitoring during labour

Currently:

- All staff members required to assess Cardiotogographs (CTG – the machine which monitors the baby's heartbeat and movements) are regularly trained in CTG interpretation

Additional activity through maternity transformation:

- Intrapartum CTGs (CTGs taken during labour) will be archived electronically for review and teaching.
- Intrapartum CTGs will be displayed live outside the labour room in order for staff to assess using fresh eyes on a regular basis throughout labour.
- There will be investment in better equipment, which is standardised.

Maternal and neonatal health safety collaborative

This is a 3 year national programme to support improvement in the quality and safety of maternity and neonatal units across England. The overall aim of the programme is to reduce the rates of maternal deaths, stillbirths, neonatal deaths and brain injuries that occur during or soon after birth by 20% by 2020 and 50% by 2030. The LMS are engaged with the collaborative and SaTH will join the collaborative in April 2018.

Joining the collaborative will help with building our capability in quality improvement and will provide us with structured support to develop innovative plans that lead to measurable improvements.

Sign up to Safety

A safety improvement plan has been in place since 2015. This has led to a number of safety improvements to date including enhanced training for professionals and investing in better equipment.

The findings from the external reviews that are currently ongoing will inform further developments in this area.

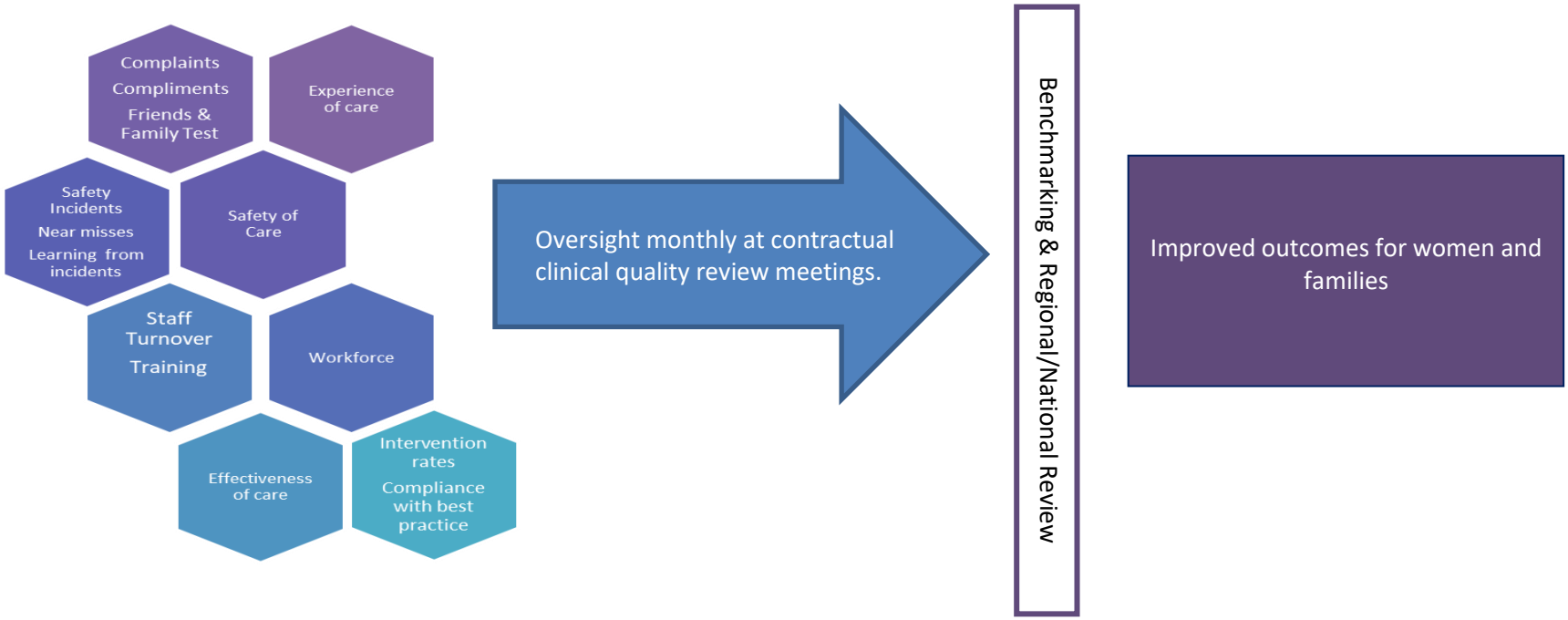
The National Maternity Safety Strategy published in November 2017 set out the Department of Health's ambition to reward those who have taken action to improve maternity safety, including a CNST incentive scheme. Clinical Negligence Scheme for Trusts (CNST) is a scheme that NHS providers pay into in order for the NHS Litigation Authority to handle all clinical negligence claims that may arise. Although membership of the scheme is voluntary, all NHS Trusts in England currently belong to the scheme. For SaTH maternity services as a whole, the cost of this is nearly £5.8million per year.

For 2018/19, SaTH will be submitting evidence of delivery of each of the 10 criteria in the CNST incentive scheme in order to receive a 10% reduction in CNST rate. This will release in the region of £580,000 which can be re-invested in safety improvement activities within maternity services. The ten safety improvement criteria that will be met are:

1. Are you using the National Perinatal Mortality Review Tool to review perinatal deaths?
2. Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?
3. Can you demonstrate that you have transitional care facilities that are in place and operational to support the implementation of the ATAIN Programme?
4. Can you demonstrate an effective system of medical workforce planning?
5. Can you demonstrate an effective system of midwifery workforce planning?
6. Can you demonstrate compliance with all four elements of the Saving Babies' Lives care bundle?
7. Can you demonstrate that you have a patient feedback mechanism for maternity services, such as the Maternity Voices Partnership Forum, and that you regularly act on feedback?
8. Can you evidence that 90% of each maternity unit staff group have attended an 'inhouse' multi-professional maternity emergencies training session within the last training year?
9. Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bi-monthly with Board level champions to escalate locally identified issues?
10. Have you reported 100% of qualifying 2017/18 incidents under NHS Resolution's Early Notification scheme?

[8] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/662969/Safer_maternity_care_-_progress_and_next_steps.pdf

In order to gain assurance, performance on services delivered is measured against quality indicators for maternity. In 2016/17, the services for Shropshire, Telford and Wrekin were within the expected range and in line with national performance. The diagram below illustrates the information considered as part of this process.



5.1 Safeguarding

Safeguarding is of paramount importance to all services provided across Shropshire, Telford and Wrekin. Throughout the LMS, safeguarding will be the 'golden thread' throughout all workstreams and cross-cutting themes.

Processes are compliant with CQC best practice and national directives and reviewed on a frequent basis both across the LMS and by external agencies. All partners across the LMS work effectively in the interests of the child and adult.

Actions are currently being implemented across the maternity service that enhances safeguarding based on the recommendations outlined in the 2017 CQC report 'Review of Health Services for Children Looked-after and Safeguarding in Telford and Wrekin'[vi]. All actions are monitored via clinical quality review meetings to provide assurance regarding progress made.

Local safeguarding arrangements within maternity services include:

- ✓ Maternity Safeguarding Alert System
- ✓ Named midwife for safeguarding
- ✓ Specialist midwives for:
  - vulnerable women
  - bereavement
  - public health
  - young mothers
- ✓ Safeguarding and supporting women with additional needs group (SSWWAN)
- ✓ Named doctor and neonatologist are members of child death overview panel
- ✓ Teenage safeguarding pathway
- ✓ Strong links to multi agency safeguarding hubs
- ✓ Mandatory safeguarding training and supervision
- ✓ Safeguarding audits and links to local safeguarding boards

Shropshire, Telford and Wrekin have safety at the forefront of all planning and delivery of maternity services

All actions taken will improve the quality of care, providing seamless care to women and their babies across organisational boundaries and will provide personalised care to each woman, her baby and family

Safeguarding will be the 'golden thread' throughout the LMS

Concerns raised by service users will be heard and acted upon by whoever receives the issue anywhere across the LMS, and when things do go wrong, there will be swift learning taken following a high quality investigation

Greater continuity of care will be provided through visible multi-professional leadership, improving and integrating pathways that progress outcomes, including prevention, mental health, neonatal and postnatal care all accessible through a Community Hub Model

SSCB Shropshire's Safeguarding Children Board Child Protection
Keeping our Children Safe From Harm

Keeping Adults Safe in Shropshire Board

Telford & Wrekin Safeguarding Adults Board

Telford & Wrekin Safeguarding Children Board

6 About Shropshire, Telford and Wrekin

The county of Shropshire has borders with four English counties as well as having the English/Welsh border to the west. Therefore, in planning maternity transformation it is important to consider the needs of those accessing services in Shropshire, Telford and Wrekin as well as women from Shropshire, Telford and Wrekin who access services over the borders.

Shropshire Clinical Commissioning Group (CCG) covers a large geography with issues of physical isolation and low population density within a mix of rural and urban ageing populations. Shropshire is a large rural county with a population of approximately 308,000 that is set to rise to 320,600 by 2020.

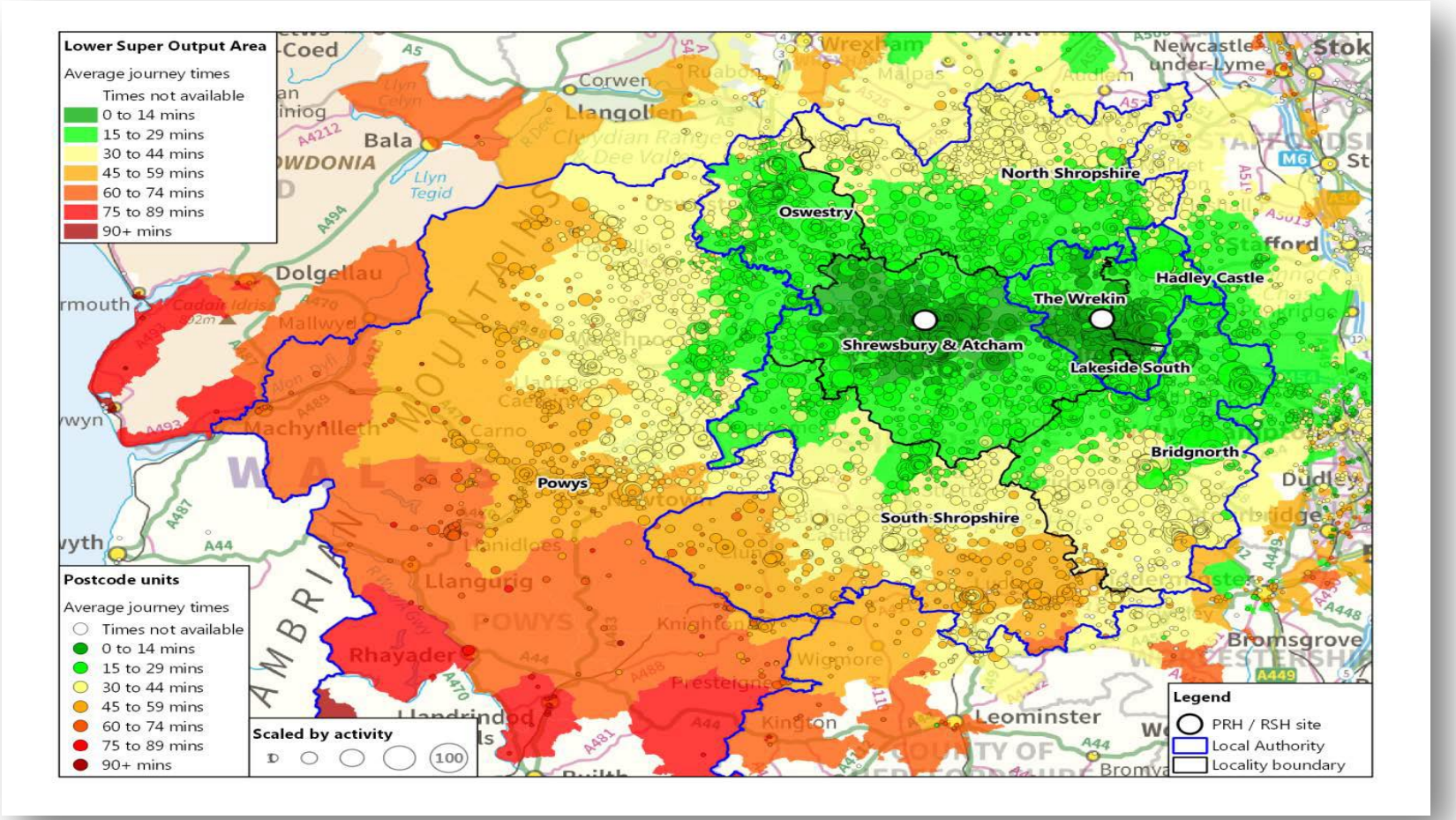
Telford & Wrekin CCG has a large, younger urban population within areas of rurality. Telford is ranked amongst the 30% of most deprived populations in England. The population is approximately 170,000 and due to grow to 198,000 by 2031; the percentage of people who are aged over 85 is set to increase by 130%. Telford and Wrekin has a higher proportion of households with dependant children than the national average and a lower proportion of households where all residents are aged over 65.

[9]

The Shropshire, Telford and Wrekin health and social care economy comprises two CCGs, four main NHS providers, two Councils and a range of smaller private and third sector providers.

The overall population within the footprint is approximately 480,000 people, but a number of outlying populations, most notably Powys, access services at providers within Shropshire; whilst Powys is not officially part of the LMS footprint, we believe it is important to include the Powys population in the LMS and for the community to be represented on the LMS Board.

[9] Further information about the demographics of the county can be found in Appendix 1.



As a large rural area, access to services is an important consideration in planning and designing services. This image shows the journey times to the two main hospitals from across the area. Patients using public transport may have significantly longer journey times.

7 Current Offer

7.1 Before getting pregnant

Across Shropshire, Telford and Wrekin a range of services are on offer to support people before getting pregnant. Healthy Lifestyles Services (Telford & Wrekin) and Help 2 Change (Shropshire) offer free advice, information and support around health and lifestyles to enable individuals to feel better, healthier and have more energy. They offer support and help around eating healthily, being more active, reducing alcohol consumption, stopping smoking and feeling better about yourself.

Contraception, sexual health and family planning clinics are available across the county to support planned pregnancies. In addition, specialist services are available within the county to help couples conceive (fertility services) and provide them with pre-conception advice (maternity services).

Women can access information, advice and support in relation to their mental health through local mental health services and their GP.

7.2 Care before the baby is born (antenatal care)

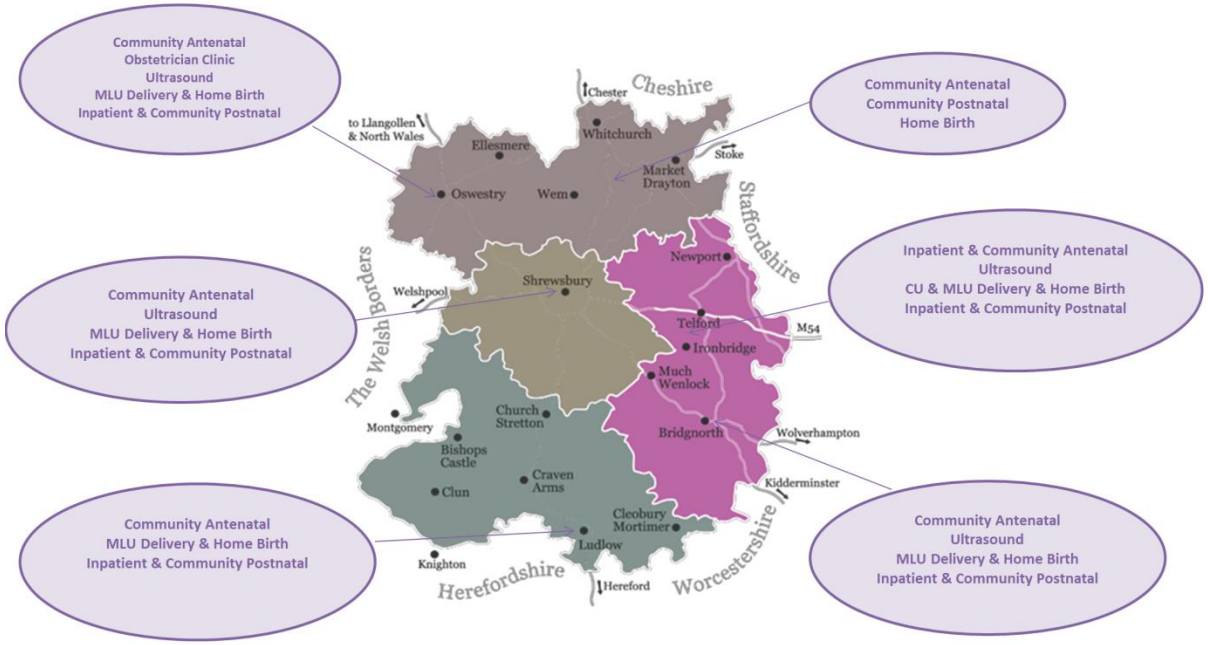
Around 5,500 women book to receive maternity services with the maternity services provider in Shropshire, Telford and Wrekin (Shrewsbury and Telford Hospitals Trust – SaTH) each year. The majority of routine antenatal care is delivered by community midwives. The smaller community teams have between 200-400 attendances a month, with the larger community teams having approximately 2,500 attendances a month.

Women have a hand-held record within which professionals document their antenatal care. Women take this document with them to appointments for the professionals to update.

Women are referred to maternity services in one of two ways – through their GP or by referring themselves through one of the midwife led units. Booking directly with the midwife led units is quicker, but essential information that the GP holds may not be shared. Women can choose how they access routine antenatal care. Women can access antenatal care at one of the 5 midwife led units, a clinic at their GP practice or through the midwife visiting them at home. Women with a higher level of need can access obstetric care through clinics at Princess Royal Hospital or Royal Shrewsbury Hospital. There are also obstetric clinics held in Ludlow and Oswestry midwife led units.

10

[10] For further information please refer to Appendix 2.6



This map shows which elements of service are available in different parts of the county. Through implementing Workstream 1, there will be more equity across the county with regards to the types of services available in the community.

- ✓ Women can access information online via the SaTH website and maternity apps.
- ✓ Women have continuity of carer during pregnancy. Community midwives work in small teams of 4-6, so women are likely to know the midwife they see during their pregnancy.
- ✓ Women can access specialist joint obstetric mental health clinics, which are held fortnightly.
- ✓ Women can access psychological therapies through the IAPT service.
- ✓ Most women who require in-patient care because of their mental health needs during pregnancy or in early motherhood, access services from the Brockington Unit in Stafford. The service provides assessment, treatment and care for women suffering from mental health problems associated with pregnancy and childbirth including severe postnatal depression and puerperal psychosis.

Across the county there is support to stop smoking during pregnancy through Help2Quit (Shropshire) and the Public Health midwifery service (Telford and Wrekin). Women access the service via a referral at booking (unless they opt out) and can also be referred to the service throughout their pregnancy by midwives and sonographers, as well as accessing the service through self-referral. All midwives and women support advisors receive annual training about smoking during pregnancy as part of the annual statutory training programme delivered by the public health midwife.

In Telford and Wrekin, a support programme is offered to all women with a BMI greater than 30 at booking. The service is called 'Healthy Mums' and offers support during pregnancy and after delivery until the child is 6 months old. The programme aims to support women to maintain a healthy weight gain during pregnancy and supports weight loss after delivery. Currently 71% (2016-17) women gain no more than the healthy 10kg during their pregnancy. In 2016-17 the service was averaging 52 referrals per month.

7.3 Giving Birth (Intrapartum Care)[11]

Women have a range of options in relation to where they choose to give birth in Shropshire, Telford and Wrekin. These are:

- 1 x Consultant Unit (CU) (Telford – Princess Royal Hospital)
- 1 x Alongside Midwifery Led Units (MLU) (on the same site as the consultant unit)
- 4 x Freestanding MLU (not on the same site as consultant unit – Shrewsbury, Oswestry, Bridgnorth, Ludlow)
- Home birth

Women giving birth in the consultant unit are not likely to know the midwife or doctor delivering their baby. However, those giving birth in a midwife led unit or at home are likely to know the midwife caring for them during labour.

Women who wish to use a different service provider for their care in labour can request funding from the Clinical Commissioning Group.

[11]Where numbers are given for 'births', this is the number of babies born. Where numbers are given for 'deliveries' this is the number of women who have given birth e.g. if a woman has twins, this will be one delivery but two births.

7.4 Care after the baby is born (postnatal care)

After giving birth, women and their babies receive care at one of the inpatient postnatal units or in the community. Women are likely to know the midwife providing their postnatal care. The midwife is likely to be one of the same midwives who provided care for the woman during her pregnancy. Once the baby is 10 days old, the midwives hand over the care to the Health Visiting Team. Some young vulnerable mothers will continue to be supported through the Family Nurse Partnership. Health visitors are trained to support women with their mental health needs and women can access more specialist services in the community or as an inpatient if they need to.

Both Shropshire and Telford & Wrekin offer a breastfeeding service. Shrewsbury and Telford Hospitals have been awarded the full UNICEF baby friendly Initiative, as well as Shropshire Children Centres. Across the county there is breastfeeding support offered by health visitors, breastfeeding facilitators and volunteers.

Both Telford & Wrekin Council and Shropshire Council commission 0-19 services including Health Visiting, School Nursing and Family Nurse Partnership. They offer a range of services to support during pregnancy and being a parent. They offer mandated visits for all women antenatal and postnatal at 10-14 days, 6-8 weeks, one year and two years. They also offer additional support, help and advice for families classed as targeted, vulnerable and complex. They offer support on a variety of areas such as breastfeeding, weaning, healthy eating, sleeping and parenting.

7.5 Care for new-born babies (neonatal care)

The majority of babies that are born are healthy and remain with their mother. During the first few days of their life, they are cared for by midwives who support their mother in the general care of the baby. Screening examinations of the babies are carried out by the midwives either in the hospital or community setting.

A proportion of babies will require an increased level of care provided by neonatal staff from the Neonatal Unit (NNU). The Neonatal Unit within the Shrewsbury and Telford Hospital (SaTH) is a Local Neonatal Unit (LNU). This is defined by British Association of Perinatal Medicine as: providing special care and high dependency care and a restricted volume of intensive care (as agreed locally) and would expect to transfer babies who require complex or longer-term intensive care to a Neonatal Intensive Care Unit (NICU). The two closest NICUs are located at the University Hospitals of North Midlands in Stoke and New Cross Hospital in Wolverhampton.

SaTH Maternity and Neonatal department completed a successful project in 2017 around the investigation of babies admitted to the NNU at term (i.e. not premature) and the possible ways to reduce the number of such admissions. Since then a range of professionals meet regularly to examine the background to babies admitted to the neonatal unit at term. The group are using the template suggested by the national ATAIN Programme (avoiding term admissions into neonatal units), which is led by clinical experts, to ensure their work is robust.

8 What do we know about the needs and preferences of women and the needs of their babies?

8.1 What women and their families say is important to them

During summer 2017, the views of women and their families in relation to maternity services were gathered and considered. This involved looking at existing feedback that the CCGs, SaTH and HealthWatch had received as well as gathering new information about what women and their families said was important to them. [12]

Existing feedback shows that in general women and their families are happy with the services they receive. Women and their families say that the following things are important to them:

[12] For further information on the views of women and their families please see Appendix 8.1

8.2 What does our data tell us? [13]

Across Shropshire, Telford and Wrekin there are an estimated 78,700 women of a child bearing age (16-44 years). Projections indicate that the numbers of women of childbearing age will be relatively static. Projections also indicate that the proportions of the population which are aged 0-4 years old will remain broadly similar in Telford, Wrekin, and Shropshire in 2025 and 2035.

In Shropshire there are on average 3,400 conceptions in women of all ages each year, 18% (615 conceptions) end in termination, which is lower than the national average. In Telford and Wrekin there are on average 2,615 conceptions in women of all ages every year. Just over a fifth, 21% (550 conceptions) end in termination, which is similar to the England average (21%).

In Telford and Wrekin, a total of 367 women smoked at delivery in 2015/16, compared to 295 women in Shropshire. Maternal smoking is significantly high in Telford and Wrekin. However, rates have started to decline in the past two years, falling below 20%. The rate of smoking in pregnancy in Telford and Wrekin was 18.1% in 2015/16, compared to 12.3% in Shropshire and 10.1% in England as a whole.

In 2014 in Telford and Wrekin the rate of under 18 conceptions was significantly higher than the England average and double the rate in Shropshire. Teenage conception rates in Telford and Wrekin have historically been significantly higher than the England average, whereas in Shropshire rates have been significantly lower.

In Telford and Wrekin, over a quarter women aged 16-44 years live in communities classified within the most deprived fifth of areas in England. This compares to 5.8% in Shropshire.

It is estimated that 71% of all adults in Telford and Wrekin carry excess weight (i.e. overweight or obese). This is significantly worse than the national average of 64.8%. It is estimated, that circa 22,250 women of child bearing age (15-44 years) carry excess weight in Telford and Wrekin. In Shropshire 65.2% of all adults are estimated to be overweight or obese, which is not significantly different to the England average.

Levels of breastfeeding (both initiation at birth and duration at 6-8 weeks) have been historically low in Telford and Wrekin, but rates have improved slowly. In 2015/16 almost a third, 33.5% of infants (655 babies) were not breastfed at birth, which is significantly worse than the average for England 25.7%. In Shropshire just under a quarter, 24.7% of infants (605 babies) were not breastfed at birth in 2015/16, which is similar to the national average. By 6-8 weeks of age breastfeeding has dropped further. In 2015/16 63.7% of infants were not receiving any breast milk in Telford and Wrekin (2,044 babies), which is significantly worse than the England average of 56.8%. In Shropshire 54.1% of infants (2,771 babies) were not breastfed at 6-8 weeks.

[13] For further information please refer to Appendix 2.1,2.5,2.5,3.1,3.2,3.3,3.4,3.7,5.1

Trends in infant mortality rates fluctuate due to the small number involved, but since the mid 1980s in Shropshire, Telford and Wrekin rates have been declining overall across the decades. The three year rolling average rates have been significantly higher than the England average for the past five years.

There are a similar number of perinatal deaths (stillbirths and deaths before 1 week) in Shropshire, Telford and Wrekin – on average 17 per year and rates are similar to the England average.

There are on average 2,100 live births in Telford and Wrekin each year, compared to on average 2,820 in Shropshire. There are on average 10 neonatal deaths within the first 4 weeks of life in Telford & Wrekin. The neonatal mortality rates in Telford & Wrekin from the period 2012-14 and 2013-15 were significantly worse than the England average. In Shropshire there are on average 6 neonatal deaths per year and rates are similar to the England average.

Of the women accessing SATH maternity services in 2016/17, 85.1% gave birth in the Consultant Unit at Princess Royal Hospital. This is in line with the findings of the national maternity review[1] (87% women nationally give birth in a consultant led unit). Most women in Shropshire, Telford and Wrekin give birth within the county. However, some women choose to give birth out of county. These are normally women living on the borders. The most frequent out of area hospitals accessed by Shropshire, Telford and Wrekin women to deliver are Wrexham Maelor, Worcester Royal Hospital and Hereford County Hospital.

Shrewsbury and Telford Hospitals Trust (SaTH) have around 5,000 births each year. Over 92% births are in relation to Shropshire, Telford and Wrekin patients, the remaining births are of patients from elsewhere. The number of babies born in Shropshire, Telford and Wrekin is summarised in the table.

SATH Maternity Services : Births 2016/17

Maternity Unit	Shropshire Patients	Telford & Wrekin Patients	Powys Patients	Patients from other areas
Consultant Unit	2,016	1,830	216	132
Shrewsbury MLU	142	0	0	0
Wrekin MLU	135	199	0	3
Bridgnorth MLU	67	2	0	8
Oswestry MLU	50	0	0	2
Ludlow MLU	31	0	0	5
Home	41	21	1	1
Born before arrival (without presence of midwife or obstetrician)/other	8	8	2	8
Total	**2,490**	**2,060**	**219**	**159**
Total Births 2016/17	**4,928**			

The number of births are projected to remain relatively static during the transformation timescale, with births projected to be 4,989 in 2020/21

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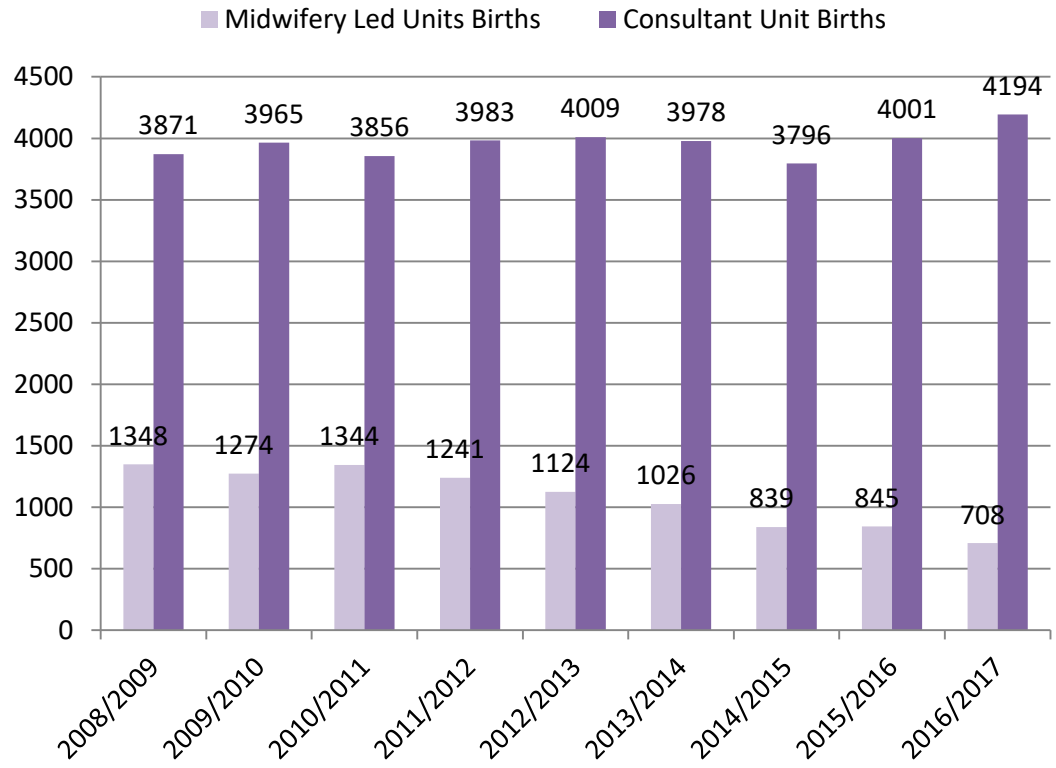
[14] For further information please refer to Appendix 2.1,2.6

Over the last nine years, the births within the midwife-led units or at home have steadily declined from approximately 1,350 (26% of total activity) to 708 (14% of total activity), as illustrated in the graph below.

SATH Summary Birth Figures 2008-2017



In Shropshire, Telford & Wrekin, many women intend to give birth at midwife led units, but go on to deliver in the consultant unit. In 2015 and 2016, 3,921 women intended to give birth in a MLU or at home. However, only 1,498 (38.2%) of women who intended to give birth in a MLU or at home actually did so. The change of intended place of delivery most commonly occurs during the antenatal period and is usually associated with a change in risk to the mother or the baby.

Through this transformation plan we will explore how we can enable more women to have a midwife led birth.

Most women (90%) and their babies receive inpatient postnatal care on either the Postnatal Care Ward at Princess Royal Hospital, the Wrekin MLU or Shrewsbury MLU. 10% of women receive some or all of their postnatal care at either Ludlow, Bridgnorth or Oswestry MLU.

This table shows the total bed days available at the MLUs compared to the bed days used in 2016/17

MLU	Total bed days available per year	Total bed days used 2016/17 (% utilisation)
Wrekin	13 x 365 = 4,745	Not available[15]
Shrewsbury	10 x 365 = 3,650	647 (18%)
Bridgnorth	4 x 365 = 1,460	321 (22%)
Oswestry	6 x 365 = 2,190	570 (26%)
Ludlow	4 x 365 = 1,460	239 (16%)

In 2016/17 the MLUs cared for around 2,074 women in the postnatal period that gave birth on the Consultant Unit. The majority of these women were cared for postnatally at Wrekin MLU (1,406). Shrewsbury cared for 331 women postnatally, with Ludlow, Oswestry and Bridgnorth caring for 91, 106 and 140 women respectively.

On average women who have a postnatal stay, stay at the MLUs for around two and a half days. The number of women having a postnatal stay varies across the MLUs. In 2016/17 the freestanding MLUs each had approximately 5-15 women each month having a postnatal stay. The alongside MLU has a higher number of women staying each month. After leaving the hospital/MLU, women receive postnatal care from midwives in the community.

[15] Data is currently recorded by site. Information about postnatal stays specifically in the MLU was not available at the time of writing this report, as information relating to Princess Royal Hospital includes activity in the consultant unit as well as the MLU.

Estimated prevalence rates of perinatal mental health difficulties for Shropshire, Telford and Wrekin are displayed in the below table.

Rates of perinatal psychiatric disorder	per thousand maternities	Estimated number of women affected per year – England	Estimated number of women affected per year – Shropshire (2,490 births)	Estimated number of women affected per year – Telford and Wrekin (2,060 births)	Estimated number of women affected per year – Shropshire, Telford and Wrekin (4,550 births)
Postpartum psychosis	2/1000	1,380	5	4	9
Chronic serious mental illness	2/1000	1,380	5	4	9
Severe depressive illness	30/1000	20,640	75	60	135
Post-traumatic stress disorder	30/1000	20,640	75	60	135
Mild - moderate depressive illness and anxiety states	100-150/1000	86,020	250 – 375	200 - 300	450 - 675
Adjustment disorders and distress	150-300/1000	154,830	375– 750	300 - 600	675 – 1,350

9 Finance & Sustainability

The Shropshire and Telford & Wrekin Health Economy is currently under significant financial pressure and the Sustainability and Transformation Plan (STP) describes the significant financial challenge (£126m) that the local health system needs to address over the next 5 years. STP partners are in agreement that in order for our NHS to continue to provide services for the future, changes need to be made now.

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There is not enough money for us to continue as we are and we need to make changes to take full advantage of recent rapid progress in treatments and technology.

The overall reconfiguration of acute hospital services in Shropshire (Future Fit) forms part of the system plan to find where £74 million could potentially be used differently and more effectively to improve services for the local population.

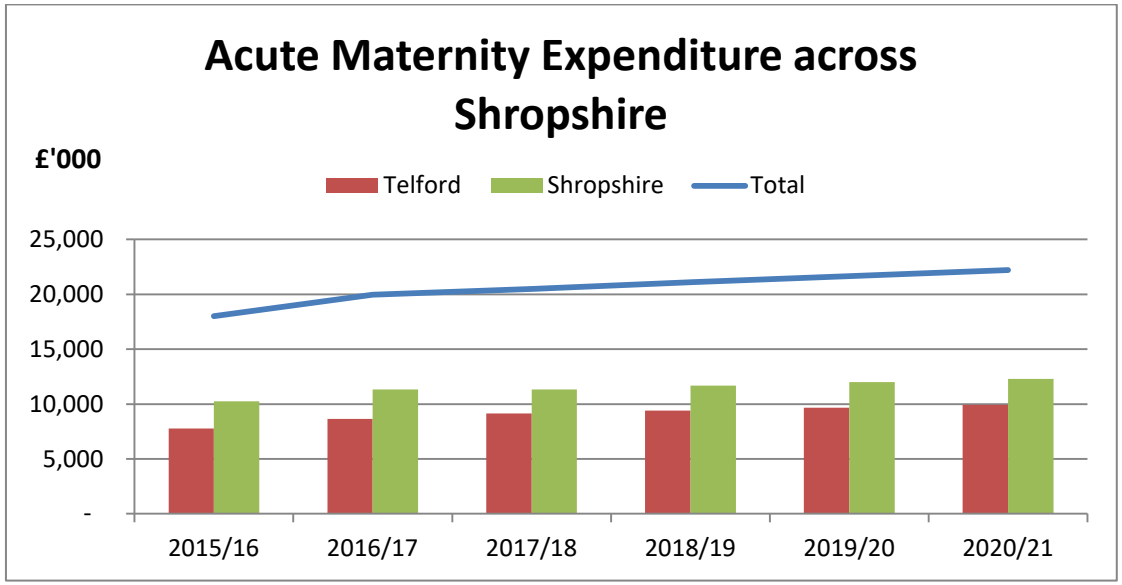
Added to the proposals NHS providers have a target of saving £62 million through efficiency improvements, successful implementation of the STP will put Shropshire and Telford & Wrekin in a good position at the end of the next five years to have services which are sustainable in the long term as well as meeting the public's healthcare needs more effectively.

The LMS sits within the STP and will need to deliver maternity transformation within this context. The current main provider of maternity services, Shrewsbury and Telford Hospitals NHS Trust, is currently running the service at a loss of £7m per year. This will need to be addressed as part of this plan.

Cost pressures have been identified by our main provider in terms of additional midwives to meet Birthrate plus standards and additional sonographers for extra scans. The outcome of the Midwife Led Unit (MLU) review may also have an impact on the financial sustainability of community MLUs. Savings opportunities should materialise due to a reduction in incidences of harm, time savings due to the development and rollout of an electronic care record, increasing home births and reductions in use of agency staff. As the plan progresses a full activity and finance model will be worked up in line with the current STP and Future Fit assumptions.

17

[16] For further information please refer to Appendix 1
[17] For further information please refer to Appendix 2.3



This graph shows how much is currently spent on maternity services across the local health economy. The spend has been split between the two clinical commissioning groups and shows how spend has increased over the last 3 years. The graph then goes on to show projected spend up to 2020/21 based on the current growth assumptions within the STP.

- **Note that 2017/18 figures are the forecast position for the year**
- **Note that 2018/19 projected figures are based on growth assumptions within the Shropshire STP (3.0% 2018/19, 2.7% 2019/20 and 2.6% 2020/21)**

On average 94% of the spend represented above is spent at Shrewsbury and Telford Hospitals NHS Trust.

The needs of women accessing maternity services are assessed and classified against three different pathways, which are defined at a national level (standard, intermediate and intense). The proportion of women within each of the different pathways in 2016/17 in Shropshire, Telford and Wrekin is provided in the table below and includes a comparison to other areas. The plan aims to reduce the number of women with high risk pregnancies and also therefore reduce the associated costs.

		Number (%) Women		
		Shropshire	Telford & Wrekin	West Midlands CCGs 2015/16
Stage of Pregnancy	**Level of Need**			
Antenatal	Standard	1450	892	49.20%
		-51%	-39%	
	Intermediate	1134	1147	41.80%
		-40%	-51%	
	Intense	264	220	9%
		-9%	-10%	
Delivery	Without complications/co-morbidities	2133	1720	-
		-80%	-78%	
	With complications/co-morbidities	528	473	-
		-20%	-22%	
Postnatal	Standard	1643	1097	70.60%
		(63.4%)	-55.80%	
	Intermediate	940	860	28%
		-36.30%	-43.70%	
	Intense	7	9	1.40%
		-0.30%	-0.50%	

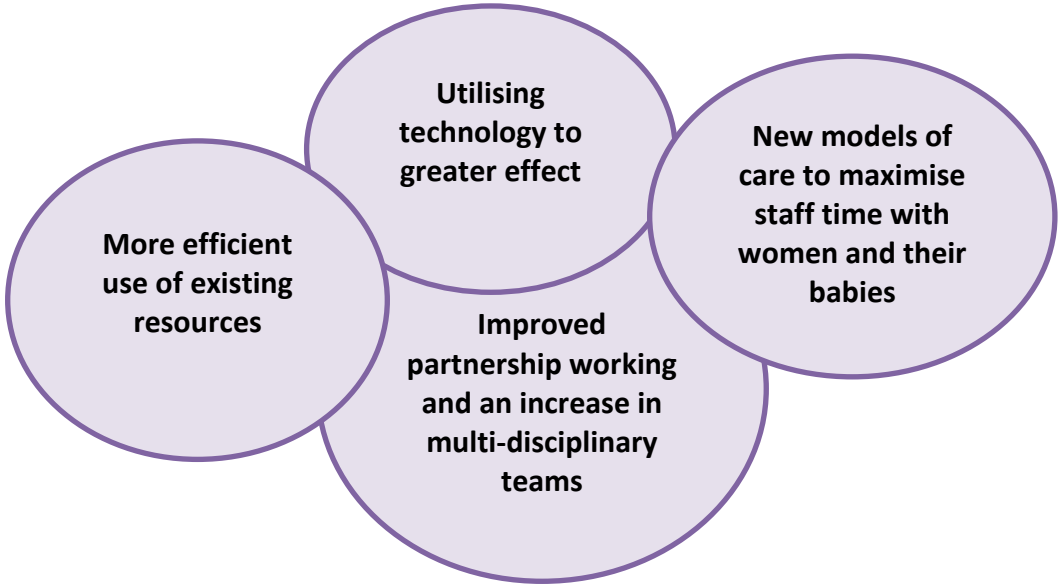
The maternity pathway payment system was introduced in April 2013 to:

- reduce variance in the way organisations describe and record antenatal and postnatal care
- encourage more proactive care, delivered closer to home
- encourage a more woman-focused approach to maternity care

For each of the stages shown above, a woman chooses her pathway provider, identified as the 'lead provider'. The commissioner makes a single payment to the lead provider of each stage to cover the cost of care, the level of which depends on clinical factors that affect the extent and intensity of care a woman is expected to need.

Women may still receive some of their care from a different provider for clinical reasons or to support their choice. This care is paid for by the lead provider that will have received the entire pathway payment from the commissioner.

The majority of the maternity transformation will need to be delivered by the Local Maternity System within existing resources. This will be achieved and sustained through:



The Local Maternity System has received funding from NHS England to support transformation activities. This funding (£77k 2017/18, £150k 2018/19) has been allocated to secure a Programme Manager, Project Support Officer and Clinical Backfill as well as co-production and engagement activity.

To support the pace and scale of transformation required, the Local Maternity System will seek to secure additional funding/reduce existing spend, where available. This will include the following:

- NHS England Transformation Funding
- West Midlands Perinatal Mental Health Service User Forum Development Funds 17/18
- Perinatal mental health community services development fund wave 2
- CNST Incentive Scheme

Further detail on funding the transformation is provided in Appendix 11.

10 Delivering the vision – the Programme of transformation

The programme of transformation is still in the early stages. Some of the detail in relation to specifically what will be delivered is not yet known. The details will be confirmed once the reviews set out in workstream plans are complete. Once all the reviews are complete the future maternity offer can be confirmed.

The proposals from each of the reviews will set out in detail how service, pathway and process improvements will be made to ensure the requirements of Better Births are delivered, including in relation to:

- ***Improving safety of maternity care***
- ***Personalised care planning***
- ***Choice of services***
- ***Continuity of carer***
- ***Increasing the number of women giving birth in midwifery led settings***
- ***Perinatal mental health***

Shropshire, Telford and Wrekin Maternity Offer		
	Current Offer	**Offer 31.03.2021**
Before Pregnancy	- All women have access to universal public health services relating to healthy lifestyles - Women with a specialist need have access to mental health services	- Women will receive targeted support to help them lead a healthy lifestyle before, during and after pregnancy - Staff receive regular training and up to date information about mental health and healthy lifestyles for those planning a family - All women have access to a pre-conception health check - All women have access to advice and support in relation to their emotional health and wellbeing
Antenatal	- Access to services is unclear and disjointed - All women have the same team of 4-6 midwives caring for them throughout their pregnancy - Women arrange their own appointments throughout pregnancy - Ultrasound scanning is available in most parts of the county - Day Assessment is available in some parts of the county - Obstetric clinics are available in some parts of the county - All women have hand held notes	- Access to services is through a single route, which is clear and well publicised - All women have the same team of up to 4 midwives caring for them throughout their pregnancy - Women are provided with a plan of all appointments at the start of pregnancy, which fit around their work and personal commitments - Ultrasound scanning is available in all parts of the county - Day assessment is available in all parts of the county

	- All women have access to general information within the handheld notes and online, including in relation to mental health - Women with an identified mental health need receive support through a specialist service	- Obstetric clinics are available in all parts of the county - All women have access to electronic, personalised care plans - All women have access to electronic personalised information and advice - All women have access to peer support - All women have access to support with their emotional health and wellbeing
Birth	- There is a full choice of birth settings available (Consultant Led Unit, Alongside Midwifery Unit, Standalone Midwifery Unit and Home Birth) - Some women know the midwife delivering their baby/ies	- There is a full choice of birth settings available (Consultant Led Unit, Alongside Midwifery Led Unit, Standalone Midwifery Led Unit and Home Birth) - Most women know the midwife delivering their baby/ies - More women have a midwifery-led birth
Neonatal	- Babies can access a Neonatal Unit offering Intensive Care, High Dependency and Special Care cots within the county - The reason for babies needing to access the neonatal unit are examined by a multi-disciplinary group using the ATAIN programme template and identify and implement service improvements. - Newborn Infant Physical Examination (NIPE) takes place within 72 hours at a time and place convenient for the mother. - Transitional Care: Babies that are small, early or those born to mothers with diabetes, but do not need specialist neonatal care, may require transitional care. Such care aims to keep mother and baby together. Currently in SaTH this is offered on the postnatal ward. There is no specific area on the ward. Babies and mothers are kept together and cared for by midwives. Some babies (up to 4) are kept in incubators.	- Babies can access a Neonatal Unit offering Intensive Care, High Dependency and Special Care cots within the county - The reason for babies needing to access the neonatal unit are examined by a multi-disciplinary group using the ATAIN programme template and identify and implement service improvements. - Newborn Infant Physical Examination (NIPE) takes place within 72 hours at a time and place convenient for the mother. - New transitional care models are in place to reduce unnecessary admissions to neonatal units, keep mother, and baby together. - Regular, multidisciplinary local reviews identify why a term baby has been admitted to the neonatal unit and implement service improvements.
Postnatal	- All women have the same team of 4-6 midwives caring for them in the community after they've had their baby/ies - Health Visitors trained in cognitive behavioural therapy support women with their emotional wellbeing - Women with an identified mental health need receive support through a specialist service	- All women have the same team of up to 4 midwives caring for them in the community after they've had their baby/ies. This is the same team of midwives who cared for them during pregnancy. - All women have access to support with their emotional health and wellbeing

		- All women have access to peer support - All women have access to electronic, personalised advice and information
Quality and Safety	- All women are asked about smoking status at booking. Women who are smoking at time of booking are referred to smoking cessation services - All women are offered a CO test at booking - Women at highest risk of fetal growth restriction are offered additional scans. Service standards are not currently in line with RCOG guidance. - Women receive information and guidance about reduced fetal movements throughout pregnancy. - CTG monitors, with on-board electronic analysis, are located in all of the MLUs and the CU. - The CCGs monitor the quality of services using a quality dashboard - The Patient Experience Team conduct investigations into patient safety incidents and ensure improvements are made. - Lead Midwife and Lead Consultant for risk add additional expertise to identifying and implementing improvements.	- All women are asked about smoking status at booking. Women who are smoking at time of booking are referred to smoking cessation services. - Smoking cessation services run alongside local antenatal services allowing women to attend both appointments on the same day in the same location - All women are offered a CO test at booking - Women at highest risk of fetal growth restriction are offered additional scans. Services offered are in line with RCOG guidance. - Ultrasound scan locations are targeted to areas of high need to improve uptake. - Women receive information and guidance about reduced fetal movements throughout pregnancy. - CTG monitors, with on-board electronic analysis, are located in all of the MLUs and the CU. - Intrapartum CTGs are archived electronically for review and teaching. - Intrapartum CTGs are displayed live outside the labour room in order for staff to assess using fresh eyes on a regular basis throughout labour. - The LMS partners monitor the quality of services across the pathway using a LMS joint quality dashboard. - The Patient Experience Team conduct investigations into patient safety incidents and ensure improvements are made. - Lead Midwife and Lead Consultant for risk add additional expertise to identifying and implementing improvements. - Detection rates using the GAP software assess the effectiveness of the service in the detection of FGR. - Enhanced training programme is in place to ensure high quality investigations are undertaken.

Workstream one: Maternity and newborn service configuration

This workstream includes:

- Review of the current service configuration for maternity and new-born services
- Implementation of the recommendations from the 'Action on Neonatal Mortality' programme
- Development and implementation of recommendations for service improvements in line with *Better Births* for midwifery led services, consultant led services and neonatal pathways
- Development and implementation of personalised care plans
- Development and implementation of outcomes and performance monitoring framework
- Development and implementation of improved quality and safety improvement system

Outcomes:

- Services are safer
- Women have a choice in the services they receive throughout pregnancy, during birth and after the baby is born
- Women understand the care they are receiving and feel involved in decisions about their care
- Women and their families find it easy to access a range of services related to pregnancy, birth and early parenthood
- Women receive care that is personal to their needs and circumstances

Key activities

Activities	Timeframe
Midwifery led services review	Q4 2017/18
Consultant unit review	Q1 2018/19
Neonatal pathways review	Q1 2018/19
Development of maternity offer	Q2 2018/19
Development and implementation of Personalised Care Plan Framework	Q1 2018/19
Development and implementation of new service pathways to improve transition	Q1 2018/19
Development and implementation of outcomes and performance monitoring framework	Q2 2018/19
Implementation of quality and safety improvement system	To be confirmed

Success will be measured by:

- A reduction in the rates of stillbirth and neonatal death, maternal death and brain injuries
- An increase in the number of women giving birth in community settings
- An increase in the number of women who have continuity of carer throughout pregnancy, birth and after their baby is born
- An increase in the proportion of women reporting they felt they had a choice about their care during pregnancy, birth and after their baby is born
- An increase in the proportion of women reporting that they understood about the care they received and felt involved in decisions about their care
- An increase in the number of women who have personalised care plans
- An increase in the number of women with access to electronic records and information
- Evidencing improvements in investigating and learning from incidents and sharing learning with others
- Evidencing full engagement in the development and implementation of the national maternity and neonatal quality improvement programme
- The proportion of women accessing maternity services before 10 weeks of pregnancy
- Earlier provision of appropriate information at the onset of pregnancy
- Fewer days spent accessing maternity care although receiving more care episodes for all women
- A reduction in the number of days in which women and their babies are separated whilst their baby receives care

Related recommendations in *Better Births*

1.1 : Every woman has a personalised care plan
1.3 : Women can choose the provider of their care through a NHS Personal Maternity Care Budget
1.4 : Women can make decisions about the support they need during birth and where they would prefer to give birth
2.1 : Every woman has a midwife who is part of a team of 4-6 midwives
2.2 : Each team of midwives has an identified obstetrician
2.3 : Community hubs should enable them to access care in the community from their midwife and from a range of others services, particularly for antenatal and postnatal care.
2.4 : Midwives liaise closely with obstetric, neonatal and other services to ensure women get what they need
3.1 : Providers have a board level lead for maternity services, routinely monitor quality and safety and take necessary action to improve
3.3 : Rapid referral protocols are in place to ensure that the woman and her baby can access more specialist care when they need it
3.4 : Teams collect data on quality and outcomes in order to improve services
3.5 : There should be a national standardised investigation process when things go wrong, to get to the bottom of what went wrong and why and how future services can be improved as a consequence.
3.6: There is already an expectation of openness and honesty between professionals and families, which should be supported by a rapid redress and resolution scheme, encouraging rapid learning and to ensure that families receive the help they need quickly
4.2: Women have access to their midwife as they require after having their baby
4.3 : There is smooth transition between midwife, obstetric and neonatal care and to ongoing care in the community
4.4 : A review of neonatal services has taken place
5.1 : Those who work together, train together
5.2 : Multi-professional training

5.4 : A nationally agreed set of indicators is in place to track, benchmark and improve the quality of maternity services
5.5 : Multi-professional peer review is available and used locally
6.1: Local Maternity System is in place
6.2 : Maternity Clinical Networks are in place and Shropshire, Telford and Wrekin are active members
6.3 : Commissioners are commissioning against clear outcome measures. Providers are empowered to make service improvements
6.4 : Early adopter sites are up and running

Workstream two: health and wellbeing	
This workstream includes: - Implementing the offer of preconception health checks - Enhancing existing initiatives and introducing new initiatives to improve the health and wellbeing of parents/carers and future parents/carers, including in relation to smoking, obesity, diabetes, hypertension, screening, immunisations and vaccines. - Enhance existing initiatives and introducing new initiatives to ensure every child gets the best start in life - Working across the health economy to ensure advice, support and services are in place for women before, during and after pregnancy in relation to health and wellbeing - Ensure services are in place to promote pregnancy planning and the promotion of contraceptive choices (including in the post partum period) - To ensure the workforce is well equipped to offer advice support and signposting to improve their health - Ensuring preventative services and advice during pregnancy are offered across the county within community hubs - Delivering a programme of Making Every Contact Count (MECC) training to a range of professionals - Strengthening links and pathways between maternity, health visiting and other professionals to offer early support with health and wellbeing	**Outcomes:** - Women have a healthy lifestyle before getting pregnant - Women are healthy during pregnancy - Women understand how to keep themselves and their baby healthy in the longer term - Professionals work within a culture where improving health and wellbeing and reducing health inequalities is understood and acted upon - Babies and infants are healthier and grow to be healthy children and adults

Key activities

Activities	Timeframe
Improve uptake and impact of making every contact count (MECC)	Q1 2018/19
Develop and implement new information and pathways in relation to contraception and sexual health.	Q1 2018/19
Improve training for professionals and access for women in relation to healthy lifestyle services	Q1 2018/19
Stop smoking services review	Q4 2018/19
Obesity services review.	Q1 2018/19
Diabetes services review.	Q3 2018/19
Hypertension services review.	Q3 2018/19
Breastfeeding services review.	Q2 2018/19
Screening Programmes review.	Q3 2018/19
Immunisation Programmes review.	Q3 2018/19

Success will be measured by:

- An increase in the uptake of screening and immunisations for pregnant women
- An increase in the update of screening and immunisations for babies and infants
- An increase in the number of professionals trained in MECC
- An increase in the range of professionals trained in MECC
- A reduction in the prevalence of obesity, smoking, diabetes and hypertension during pregnancy
- An increase in breastfeeding rates

Related recommendations in *Better Births*

2.3 Community Hubs should enable women to access care in the community from a range of services
2.4 Midwives liaise closely with obstetric, neonatal and other services to ensure women get what they need
4.2 Postnatal care must be resourced appropriately. Women should have access to their midwife as they require after having had their baby
4.3 There is smooth transition between midwife, obstetric and neonatal care and to ongoing care in the community
5.1 Those who work together, train together
5.2 Multi-professional training

Workstream three: Perinatal Mental Health

This workstream includes:

- Developing and publishing new information for women from pre-conception to 12 months post-delivery with advice on how to improve their emotional mental health and wellbeing
- Developing and implementing improved perinatal mental health services
- Improving partnership working
- Upskilling the workforce
- Promoting holistic care that supports parent-infant interaction and family relationships

Outcomes:

- Women understand how to improve their emotional mental health and wellbeing
- Women feel confident in managing their emotional health and wellbeing
- Women feel well supported in relation to their emotional health and wellbeing
- Professionals feel confident in their knowledge of perinatal mental health and the local services available

Key activities

Activities	Timeframe
Improved skills and pathways within primary care	Q4 2017/18
Improved skills and pathways within maternity services	Q4 2017/18
Improved information on and access to mental health advice and support in the community for women of childbearing age	Q1 2018/19
Increased availability of specialist perinatal mental health services	Q1 2018/19*

*If successful with a bid for early funding, the new service will commence during 2018/19. Otherwise, the transformation will occur in 2019/20 when the additional funds will be received.

Success will be measured by:

- An increase in the proportion of women reporting they are confident in managing their emotional mental health and wellbeing
- An increase in the proportion of women reporting that they receive regular information and advice in relation to managing their emotional mental health and wellbeing
- An increase in investment in Perinatal Mental Health Services
- An increase in the proportion of professionals who report they are confident in giving advice and support to pregnant women and new mothers in relation to their emotional mental health and wellbeing
- An increase in the range of services available for women in Shropshire, Telford and Wrekin in relation to perinatal mental health

Related recommendations in *Better Births*

2.3: Community Hubs should enable women to access care in the community from a range of services
2.4: Midwives liaise closely with obstetric, neonatal and other services to ensure women get what they need
3.3: Rapid referral protocols are in place to ensure that the woman and her baby can access more specialist care when they need it
4.1: There is significant investment in perinatal mental health services
4.2: Postnatal care must be resourced appropriately. Women should have access to their midwife as they require after having had their baby.
4.3: There is smooth transition between midwife, obstetric and neonatal care and to ongoing care in the community
5.1: Those who work together, train together
5.2: Multi-professional training

Cross Cutting theme one: workforce	
This workstream includes: – Establishing the current workforce baseline for the LMS. – Identifying future workforce configuration based on the transformed service model. – Implementation of role transformation. – Implementation of community hub teams. – Workforce planning to meet demand and manage turnover and retention; ensuring sufficient flexibility, capacity and capability in the service – Ensuring sufficient flexibility, capacity and workforce planning to meet demand. – Ensuring organisational Boards routinely monitor information about quality, including safety and take necessary action to improve quality. – Implementation of professional midwifery advocate roles (underpinning feedback/learning cycle). – Developing and implementing a robust workforce development plan across the local health economy to embed a culture of training together as well as ensuring the local health economy has the right numbers and skills of people with continuous development and multi-disciplinary team working. – Influencing cultural change to enhance flexibility and reach of the workforce in relation to health economy approach to care in ensuring a women focused ethos and culture of co-production. – Supporting learning and development systems. – Identifying and supporting Maternity Services Champions.	**Outcomes:** – Every woman knows the midwife who delivers her care throughout pregnancy, during birth and after the baby is born. – Every woman receives care that is joined up, as professionals involved in her care work closely together. – Women and their families receive a good quality service that is constantly improving. – People working in and with maternity services feel well supported and valued. – People working in and with maternity services feel proud of the services available. – People working in and with maternity services routinely work together and train together.

Key Activities

Activities	Timeframe
Establish the current workforce baseline for the LMS	Q4 2017/18
Identify future workforce configuration	Q4 2017/18
Develop and implement a workforce development plan across the local health economy	Q2 2018/19
Influence cultural change to ensure a women focused ethos and culture of co- production	Q4 2018/19

Success will be measured by:

- Appropriate skill mix within teams across the health economy taking into account role redesign and transformation
- An increase in the number of women who know the midwives caring for them during pregnancy, birth and after the baby is born
- An increase in the number of multi-professional training opportunities available
- An increase in the number of professionals accessing multi-professional training
- An improvement in satisfaction and advocacy rates reported through staff surveys

Related recommendations in *Better Births*

2.1 Every woman has a midwife who is part of a team of 4-6 midwives.
2.2 Each team of midwives has an identified obstetrician.
3.2 Boards should promote a culture of learning and continuous improvement to maximise quality and outcomes from their services, including multi professional training. CQC should consider these issues during inspections.
3.6 There is already an expectation of openness and honesty between professionals and families, which should be supported by a rapid redress and resolution scheme, encouraging rapid learning and to ensure that families receive the help they need quickly.
4.1 There is significant investment in perinatal mental health services.
4.2 Women have access to their midwife, as they require after having their baby.
5.1 Those who work together, train together.
5.2 Multi-professional training.

Cross Cutting theme two: Digital Roadmap	
This workstream includes: - Improving connectivity across the area to improve record keeping and information sharing. - Development and implementation of an electronic patient record. - Identification/development and implementation of Digital information/ apps for women and their families in relation to becoming pregnant, pregnancy and having a baby. - Identification of potential investment required in relation to software, infrastructure and equipment. - Identifying women's preferences in relation to format of an electronic personalised care plan. – Work with professional stakeholders to identify how systems can better link together/organisations can work from the same system to share information. – Work with information system providers to develop a system that meets the needs of women and the professionals working with them. – Work with women to develop an interactive digital maternity tool that is kept up to date.	**Outcomes:** – Women and their families only need to tell their story once. – Health professionals have up to date information at all times. – Every woman has easy access to a personalised care plan. – Every woman and their family has access to unbiased information through an interactive digital maternity tool.

Key Activities

Activities	Timeframe
Identify baseline and develop integrated improvement plan across LMS	Q1 2018/19
Develop and Implement Electronic Patient Record	Q4 2018/19
Develop systems around Web-based Patient Information	Q4 2017/18
Develop systems to enable effective Information Sharing	Q1 2018/19
Identify and implement solutions to improve connectivity and remote access	Q4 2018/19

Success will be measured by:

- An increase in the number of professionals with access to electronic patient records
- An increase in the number of women with access to electronic patient records
- An increase in the number of midwives with remote access to up to date electronic patient information
- A reduction in the number of professionals reporting issues with information sharing
- An increase in the number of women reporting that they only needed to tell their story once

Related recommendations in *Better Births*

1.1 Every woman should develop a personalised care plan, with their midwife and other health professionals, which sets out her decisions about her care, reflects her wider health needs and is kept up to date as her pregnancy progresses and after the birth.

1.2 Unbiased information should be made available to all women to help them make their decisions and develop their care plan drawing on the latest evidence, and assessment of their individual needs, and what services are available locally. This should be through their digital maternity tool.

5.3 Use of electronic maternity records should be rolled out nationally, to support sharing of data and information between professionals, organisations and with the woman. Commissioners and providers should invest in the right software, equipment and infrastructure to collect data and share information.

Cross Cutting Theme Three: Maternity Voices

This workstream includes:

- Ensuring that the LMS Plan is fully co-produced by the establishment of the Maternity Voices Partnership and that the Maternity Voices Partnership is self-sustaining
- Developing and implementing a co-production approach that all partners will use in designing, delivering and improving maternity services
- Develop and implement a communication and engagement plan
- Upskilling the workforce in the 'Experience Led Commissioning' approach to service re-design

Outcomes:

- Women and their families feel that they have a say in how services are designed and delivered
- Professionals from a range of agencies feel that they have a say in how services are designed and delivered
- Women and their families feel well informed about maternity services
- People who are or have used the services are fully engaged in the Maternity Voices Partnership Co-ordinating Group, if they wish to be
- People who use or have used the services, who wish to be, are part of the wider Maternity Voices Partnership and know how to participate
- The other workstreams are able to engage / know how to engage with people who are or have used maternity services.

Key Activities

Activities	Timeframe
Understand issues and ideas regarding information sharing and identify potential solutions	From Q3 2017/18
Design and implement co-production approach	From Q4 2017/18
Develop and implement a communication and engagement plan	From Q3 2017/18

Success will be measured by:

- A reduction in the number of professionals reporting issues with information sharing
- An increase in the number of women reporting that they only needed to tell their story once
- An increase in the number of women who feel involved in decisions about the care they receive
- An increase in the number of women and their families who feel they can influence improvements to services
- An increase in the number of women and their families who feel they can influence system change
- An increase in the number of women and their families who feel well informed about maternity services
- An increase in the number of women and their families who know where to go to get information about maternity services

Related recommendations in *Better Births*

1.2: Unbiased information should be made available to all women to help them make their decisions and develop their care plan

3.2: Boards should promote a culture of learning and continuous improvement to maximise quality and outcomes from their services, including multi-professional training. CQC should consider these issues during inspections

5.1: Those who work together should train together. The Nursing and Midwifery Council and the Royal College of Obstetricians and Gynaecologists should review education to ensure that it promotes multi-professionalism and that there are shared elements where practical and sensible

5.3: Use of electronic maternity records should be rolled out nationally, to support sharing of data and information between professionals, organisations and with the woman. Commissioners and providers should invest in the right software, equipment and infrastructure to collect data and share information.

RP16: Local maternity systems should be responsible for ensuring that they co-design services with service users and local communities

RP17: Maternity Voices Partnership will need to establish a committee structure

RP18: A Maternity voices partnership should have a defined programme of work and be adequately resourced

Appendices:

Appendix 1 Shropshire and Telford STP
Appendix 2 Maternity
Appendix 3 Health and Wellbeing
Appendix 4 Perinatal Mental Health
Appendix 5 Neonatal
Appendix 6 Safety and Quality
Appendix 7 Workforce
Appendix 8 Engagement and Co production
Appendix 9 Workstream Project Plans
Appendix 10 Self Assessment against Better Births and Performance Monitoring Framework
Appendix 11 Funding the Transformation

References: (End Notes)

[i] https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf

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[iii] http://coalitionforcollaborativecare.org.uk/wp-content/uploads/2016/07/C4CC-Co-production-Model.pdf

[iv] https://www.scie.org.uk/publications/guides/guide51/what-is-coproduction/index.asp

[v] http://www.sath.nhs.uk/wp-content/uploads/2016/11/Shropshire-and-Telford-Wrekin-STP-Full.pdf